Children's Services Act

Dinwiddie County
Community Policy and Management Team

Bylaws, Policies & Procedures

July 1993
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Philosophy

The Dinwiddie County Community Policy and Management Team (CPMT) are committed to providing child-centered, family-focused, community-based services for children in the least restrictive environment. The Team will strive to strengthen the family and to enhance the self-esteem and integrity of each family member by promoting self-sufficiency for each youth and their family. The Team will serve and advocate for intensive treatment services through a comprehensive, collaborative system of care.

The Dinwiddie County Department of Children's Services Code of Ethics provides guiding principles for expected ethical practices and behavior of the Community Policy and Management Team (CPMT) and the Family Assessment and Planning Team (FAPT). This code applies to all staff connected with CSA. This is referenced in **Appendix C**.

Dinwiddie County's CSA Strategic Plan Priorities

On a biannual basis, the Dinwiddie CPMT will establish an annual plan for the utilization of state pool funds and other resources. The long-range plans of member agencies will be reviewed in order to integrate them into the long range plans for at-risk youths and families. Refer to **Appendix H** for the Dinwiddie County CSA Strategic Plan Priorities.

Projected and Measured Outcomes

Projected Outcomes:

(1) Decrease the frequency and amount of time spent in out of home placements
(2) Increase the amount of youth returning to their original placement
(3) Increase the effective use of community based services

Measured Outcomes:

(1) Document identified number of youth who were diverted from out of home placements
(2) Document the frequency and length of stay from an out of home placement
(3) Document the services, interventions and transitional process that allowed for more youth to return to their community placements

The outcomes listed above will be made available from the appropriate reports and sources.

Section A – Community Policy and Management Team

I. Establishment -

The Dinwiddie County Community Policy and Management Team (CPMT) shall be established and function as prescribed in Section 2.2-5205 of the Code of Virginia.

II. Membership -

Public agency members shall include the Director of Special Education, Director of Social Services, Director of the 11th District Court Service Unit, Senior Public Health Nurse of Dinwiddie Health Department, and the Clinical Manager of District 19 Community Service Board. Membership shall also include the County Administrator or his/her designee who shall be appointed by the Dinwiddie County Board of Supervisors. In the event that a public agency's Director or Manager is not available, he/she may designate an alternate to represent their agency's interests at CPMT meetings. A parent representative and Private Provider and Private Provider Alternate representatives shall be appointed by the Dinwiddie County Board of Supervisors for a two year term.

III. Meetings -

CPMT meetings shall take place on the fourth Wednesday of each month. There will be no meeting scheduled for the month of July. The meeting schedule may be adjusted as needed. Emergency meetings may be called as needed.

There must be four (4) voting members (simple majority) present in order to hold an official meeting.

The Executive Session will be held in accordance to the Virginia Code 2.2-3711 et seq.

IV. Chairperson -

Each meeting shall be facilitated by a designated Chairperson. The CPMT Chair shall serve a term of one fiscal year and rotate on the following schedule:

Court Service Unit
County Administrator (or designee)
Public Health
Mental Health
Schools
Social Services

This rotation schedule shall be flexible. The CPMT must approve the individual serving as Chair and the individual has the ability to decline if unable to serve. The Private

Provider Representative and Parent Representative will not Chair but remain a voting member of CPMT.

The individual who is next in the rotation shall serve as "Vice-Chair" and assume responsibilities of the Chair in the event that he/she is unable to attend a meeting.
Duties of the CPMT Chair shall be as follows:

1. Confer with CSA Coordinator monthly to develop meeting agendas
2. Facilitate CPMT meetings
3. Review and share information received from the Office of Children's Services with the CPMT as appropriate
4. Participate in Regional and Statewide CPMT User's Groups
5. Sign off on CSA certifications/documentation as appropriate

The CSA Coordinator shall register each CPMT Chair with the Office of Children's Services.

Refer to **Appendix D** for the CSA Coordinator/Director of Children's Services Job Description/Responsibilities. Refer to **Appendix E** for the County of Dinwiddie CSA Structure.

Section B – Eligibility for Services

I. Interagency Policies for the Provision of Services to Eligible Populations

The CSA establishes a broad range of populations of children potentially eligible to be served. The Act provides policies for identifying mandated, non-mandated and other eligible populations (Section 2-752.1). Included in these policies are definitions of the various eligible groups and funding available.

A "child" or "youth" is defined as:

- a person less than 18 years of age, and
- any individual through 21 years of age who is otherwise eligible for mandated services from the participating state agencies including special education and foster care services (Section 2.1-758.B).

A. Eligible Populations

Youth, and their families, meeting one or more of the criteria below are eligible for services provided with CSA Pool Funds (Section 2.2-5212):

1. "The child or youth has emotional or behavioral problems which:

a. Have persisted over a significant period of time or, though only in evidence for a short period of time, are of such a critical nature that intervention is warranted;

b. Are significantly disabling and are present in several community settings such as at home, in school or with peers; and

c. Require services or resources that are unavailable or inaccessible or that are beyond normal agency services or routine collaborative processes across agencies or require coordinated interventions by at least two agencies.

2. "The child or youth has emotional or behavioral problems, or both, and currently is in, or is at imminent risk of entering, purchased residential care. In addition, the child or youth requires services or resources that are beyond normal agency services or routine collaborative processes across agencies, and requires coordinated services by at least two agencies.

3. "The child or youth requires placement for purposes of special education in approved private school educational programs."

4. "The child or youth requires foster care services as defined in (Section 63.2-905)."

B. Within the definition of eligible population, the Mandated Target populations are as follows:

1. Children and youth placed for purposes of special education in approved private school educational programs, previously funded by the Department of Education through private tuition assistance;

2. Children and youth with disabilities placed by local social services agencies or the Department of Juvenile Justice in private residential facilities or across jurisdictional lines in private, special education day schools, if the individualized education program indicates such school is the appropriate placement while living in foster homes or child-caring facilities, previously funded by the Department of Education through the Interagency Assistance Fund for Non-educational Placements of Handicapped children;

3. Children and youth for whom foster care services, as defined by Section 63.2-905, are being provided;

4. Children and youth placed by a juvenile and domestic relations district court, in accordance with the provisions of Section 16.1-286, in a private or locally operated public facility or nonresidential program or in a community or facility-based treatment program in accordance with the provisions of subsections B or C of Section 16.1-284.1 and

5. Children and youth committed to the Department of Juvenile Justice and placed by it in a private home or private facility in accordance with Section 66-14.

C. Within the definition of eligible population, the Non-Mandated Target Populations are:

1. Children placed by a juvenile and domestic relations court, in accordance with the provisions of Section 16.1-286, in a private or locally operated public facility or nonresidential program, plus
2. Children committed to the Department of Juvenile Justice and placed by it in a private home or in a public or private facility in accordance with Section 66-14.

D. Other eligible population

All children not identified in mandated or non-mandated populations who meet criteria listed previously in item A.

II. Funding from the Dinwiddie Community Pool of Funds is available for services for these populations as follows:

A. First Priority: Mandated Targeted population.

B. Second Priority: Non-mandated Targeted population.

C. Third Priority: Other Eligible population.

III. Impact of Legal Residency on Eligibility for Services

A. The Dinwiddie CPMT is responsible for payment of services identified in the IFSP for all children who are residents of Dinwiddie County.
B. In the event, the child's/family's legal residency changes, the following policy shall govern payment for services:

1. The sending CPMT jurisdiction is responsible for (a) providing written notification to the receiving CPMT jurisdiction of changes in the child/family's residence to include the following: Name of youth and family members; date of change in residence; current address and telephone number of parent in receiving locality, as well as address and telephone number of other parent if parents are separated; verification of custody; and a current Individual Family Service Plan and other Family Assessment and Planning Team documents; and (b) informing service providers of changes in the child/family's residence.

2. The sending CPMT jurisdiction pays for the services until thirty (30) calendar days after the receiving CPMT receives, in writing, the information listed in the above paragraph.

3. When the residence of the child/family transfers to a new CPMT, the receiving CPMT must review the current Individual Family Service Plan and adopt or revise and implement within thirty (30) calendar days.

Section C – Family Assessment and Planning Team

I. Appointment

The Dinwiddie Community Policy and Management Team, hereinafter referred to as CPMT, will appoint the members of the Dinwiddie County Family Assessment and Planning Team (FAPT) and the alternate parent representative.

II. Membership

A. A representative from the Dinwiddie County Department of Social Services, the Eleventh District Court Service Unit, District 19 Community Service Board, Dinwiddie County Public Schools, the Dinwiddie County Health Department (as requested), Private Provider (or alternate Private Provider Representative) and a Parent Representative shall sit on FAPT. These representatives have the authority to access services in their respective agencies. The decisions of the FAPT will not override waiting lists internal to specific agencies. The CPMT will be committed to giving priority to the FAPT cases when recommended for services should a waiting list exist.

B. The Parent Representative will not be an employee of any public or private agency directly related to providing services under the Children's Services Act. The FAPT will make every attempt to reasonably accommodate parent's schedules when scheduling meetings.

C. When a family and youth are known to other public or private agencies not aforementioned, a representative may be invited to the meeting to discuss that specific family; however, this person or representative does not have "membership" and does not have authority to make decisions required of FAPT members (they do not have a "vote").

III. Decision Making and Operational Procedures

A. Referral Source

Referrals to FAPT can be accepted from the following sources:

1. Referrals for a family or child should be made through a member agency with that agency taking responsibility for the referral form, supporting documentation and presentation at the FAPT meeting. However, Parent/Guardian may make direct referrals to FAPT via the CSA Coordinator's review and acceptance of the referral. The Parent/Guardian must complete the new "Parent/Guardian Referral Form", consent to exchange information form and submit the specified documents identified in the Parent/Guardian Referral Form. It is the Parent/Guardian's responsibility to acquire the required documentation and not individual departments. If the CSA Coordinator finds that this referral is not appropriate then it will not be accepted for FAPT.

   Once the Parent/Guardian Referral has been presented at FAPT by the Parent/Guardian then FAPT can approve this referral for services. FAPT will then determine which agency is the designated case manager for this referral. If FAPT cannot agree on the designated case manager then this referral will be presented to CPMT by the CSA Coordinator for CPMT to make a decision. If FAPT denies this referral then the Parent/Guardian can request to go through our appeal process with CPMT.

2. Families and youth who have received services from a CPMT from another jurisdiction. In such cases the thirty (30) day transfer period will be observed.

3. State and local agencies, both public and private, including all FAPT agencies as well as those not represented on FAPT.

   Referrals are made by a FAPT member or agency by submitting a completed referral form (with any supporting information to include but not limited to the CANS) to the CSA Coordinator, who places the case on the agenda. If the referral is not complete, it

will be returned to the referral source and not placed on the agenda.

The referring agency is responsible for securing a signed release of information form. A release of information form must be signed by a parent(s) or legal guardian in order for the case to be heard by FAPT.

The staff person making the referral, or an appropriate designee/representative, must be at the FAPT meeting to present the cases.

B. Criteria for Referral to FAPT

1. Children at risk of foster care who may need pool funded services requiring FAPT approval. There must be documentation that the child is at risk of Foster Care within six months. Criteria for those defined as "at risk" are as follows:

    a. children who are the subject of an investigation/family assessment related to abuse/neglect and require services to be protected

    b. children with serious emotional disturbance whose parents have not demonstrated an ability to meet the child's needs through the treatment process and require services to be maintained in the home

    c. children with serious disabling conditions who cannot be maintained at home without pool funded services

    d. children with a combination of serious behavioral problems who cannot be maintained at home without pool funded services Treatment and legal remedies to curtail said behavior and to restore parental control must be demonstrated and documented.

    e. children whose parents have filed a petition for relief of custody

    f. children who are at risk of an out of home placement

2. Children in foster care who need pool funded services that require FAPT approval; the services requiring FAPT approval are In-Home or the creation of a new service.

3. Children requiring special educational services, documented by an IEP. The local school division demonstrates that the local school is unable to meet the child's educational needs in the community.

4. Children receiving pool funded services needing review.

5. Children/families ordered by the Court to be assessed.

6. Multi problem and or multi agency cases which require assessment and planning assistance from other community services, but who are not eligible for pool funded services unless they meet one of the above criteria.

C. Referral Information

A referral consists of a completed referral form which includes the status of the case and services provided by the referring agency.

D. Procedural Issues

1. Dinwiddie County will have one FAPT. The team will meet twice per month. The list of members is provided in **Appendix A**.

2. Referrals will be placed on the FAPT agenda by the CSA Coordinator within thirty (30) days or as soon as possible according to agenda availability.

3. The Referral Form, Release of Information Form, Individualized Family Service Plan, can be found in the CSA files.

4. Presenters will provide a thorough social history to include the history of interventions which have been ineffective and the agency's involvement with the case. Other team members will share information regarding their involvement. Each case review should take, as a general rule, no longer than one hour (to complete the presentation, treatment plan and recommendations).

5. The FAPT will schedule follow up reviews on a case-by-case basis to insure that the interventions have been implemented and some effect can be noted. The CSA Coordinator will determine in which cases a follow-up will occur.

6. For cases being referred from FAPT to CPMT, the CSA Coordinator will present the case and all requests for funding on behalf of the Case Manager. The paperwork will need to be submitted to FAPT or it will not be presented until the information is provided.

7. A Case Manager shall be assigned for each case that comes before FAPT. This assignment shall be made at the initial staffing. If there is no clear

case manager at the presentation, the FAPT will appoint a Case Manager by consensus (formal vote if necessary). If unable to resolve, the matter shall be referred to the CPMT.

8. The responsibilities of the FAPT Chairperson include the following:

   a. screening referrals and returning incomplete referrals to source,

   b. determining priority of referrals for scheduling; and

   c. being responsible for adhering to the time schedule/agenda.

   d. presenting cases to CPMT for funding as well as maintaining the CSA file and financial data.

   The CSA Coordinator will serve as FAPT Chair. Future consideration will be given to a rotating FAPT Chair from other FAPT members annually when applicable as deemed by CPMT.

9. The FAPT members will make decision by consensus, using a formal voting procedure when they deem it necessary. Those members eligible to vote are the designated agency representatives (one each) from Court Services, Social Services, Mental Health, Dinwiddie County Public Schools, the Health Department (when requested) and the Parent Representative, Private Provider. In cases of a tie, the Case Manager will discuss with his/her supervisor or CPMT member from their agency for guidance. FAPT and CPMT members will determine if the vendor will be a voting party in this process. If there is no clarity as to whether the child is placed and the private provider is at the meeting then the private provider will need to recuse themselves.

10. In order to assist in preparation for FAPT meetings, case managers who invite someone other than the usual participants are to call the CSA Coordinator prior to the meeting to inform them of who is coming and why they are being invited.

11. If the duties of Case Manager are reassigned from one person to another due to a shift in agency involvement or court decision, etc. the CSA Coordinator should be notified immediately. The change will be effective the last business day of the month.

E. Family Participation

The Coordinator will notify families when their cases are scheduled for review.
The FAPT will make reasonable attempts to plan meeting times which enable families to attend. Attempts to notify families of the meeting will be documented with a

copy of the letter sent to the family. If parents do not attend, documentation of a follow-up contact is required and a meeting scheduled to have the family sign the Individualized Family Service Plan (IFSP). In such cases the referring agency will be responsible for scheduling a meeting to obtain parental signature(s). If required signatures are not obtained, the case will return to the FAPT for further action. Information will be provided in the family/child's native language or mode of communication.

The IFSP cannot be implemented without the consenting signature or verbal approval of the custodial parent, agency or legal person serving in the place of the parent, unless otherwise ordered by the court, upheld by the appropriate appeals process or authorized by law.

F. FEM/FPM (Family Engagement Model/Family Partnership Meeting) Guidelines

When appropriate families will participate in the Family Engagement Model process through a Family Partnership Meeting. Refer to **Appendix B** for FEM/FPM Guidelines.

G. MHI (Mental Health Initiative)

When appropriate, referrals will be made for MHI funding to eligible children and adolescents under age 18. Refer to **Appendix F** for MHI Guidelines.

H. ICA (Independent Clinical Assessment)

When appropriate, referrals will be made for an ICA (District 19 Community Service Board). Refer to **Appendix G** for the referral process.

I. ICC (Intensive Care Coordination/High Fidelity Wraparound Services)

ICC Services are available to eligible FAPT cases in accordance with the April 2013 State Executive Council ICC policy. Refer to **Appendix I** for the ICC process.

J. IACCT (Independent Assessment and Care Coordination Team)

Refer to **Appendix J** for the OCS Guidance for CSA Community Policy and Management Teams Regarding the DMAS/Magellan Independent Assessment and Care Coordination Team (IACCT) Process.

K. Disposition of Referral and/or Services

The FAPT has the following options in order to dispose of a referral or to "close" a case from Further FAPT review:

1. Develop a plan of service (IFSP) and determine the need for follow-up.

2. If no follow-up is needed, the case may be closed from further review by FAPT, with a plan of services being implemented by the case manager.

3. If follow-up is needed, the case is reviewed as necessary until FAPT determines that no further follow-up is needed. The case is then closed to further review by FAPT.

4. FAPT can determine that the referral is not appropriate or that no services are available and close the case from further FAPT review until a new referral is initiated.

5. Declined services/no longer agreeable to services and no longer resides in this jurisdiction.

III. Duties and Responsibilities

The Family Assessment and Planning Team (FAPT) shall assess the strengths and needs of troubled youths and families who are approved for referral to the team. The FAPT shall also identify and determine the services required to meet these unique needs.

Specific responsibilities of the FAPT include the following:

A. Review referrals of youth and families to the team;

B. Provide for family participation in all aspects of assessment, planning and implementation of services;

C. Develop an Individual Family Service Plan (IFSP) for youths and their families, to be reviewed by the FAPT, which provides for appropriate and cost-effective services;

D. Refer the youth and family to community agencies and services in accordance with the IFSP.

E. Recommend to the CPMT expenditures from the local allocation of the state pool of funds. Recommendations and approvals by CPMT are forwarded to FAPT Case Managers by the CSA Coordinator. The Case Manager will be responsible for monitoring and reporting on the progress being made in fulfilling the IFSP developed for each youth and family. Such reports will be made to the FAPT and CPMT.

F. Determine the need for closure.

V. Implementation and Monitoring of the Individual Family Service Plan (IFSP)

A. Completing the IFSP

The Case Manager duties may be shared or one person can assume this responsibility. This determination will be made by the FAPT members and based upon previous work with the family and the amount of work required to effectively manage the case. The FAPT will designate the primary case manager to insure completion of case management tasks, noting such on the IFSP.

B. The duties of a Case Manager are as follows:

1. Monitor all aspects of the case, family, treatment planning, service delivery, effectiveness of services and monthly reports from provider.
2. Coordinate services, work with service providers to establish goals and objectives.
3. Complete and monitor the required forms.
4. Gather information on the family.
5. Gather income of parents and complete appropriate forms.
6. Reviewing service plan to determine progress on goals and objectives.
7. Represent FAPT in court and inform CPMT of the need for an attorney, when appropriate.
8. If that member is unable to attend a FAPT meeting they must provide an alternate to represent them.
9. Complete CANS (Birth to 21) according to the needs and status of the case.
10. Provide follow-up report to FAPT before closing case either verbal or written so that FAPT records can be kept current.
11. Contact with youth and family is required to be determined by agency and vendors requirements
12. Duties of the Case Manager may be delegated in accomplishing some tasks.
13. At least 48 hours prior to the meeting of the FAPT, the Case Manager must submit the IFSP to the CSA Coordinator.

14. The Case Manager assigned to the case is to present the IFSP and recommendations to the CSA Coordinator at FAPT. The Case Manager must provide current Foster Care Service Plans, IEP, legal agreements that involve funding from CSA and any documentation needed for the case.

15. Invite providers, *guardian ad litem* or other interested parties to the FAPT meetings as appropriate.

C. Determination and Assignment of Case Manager

1. There will be, at least, one Case Manager for each case, this Case Manager may request assistance as needed.
2. FAPT will select the AGENCY to be responsible for Case Management according to the Agency with the greatest expertise/most involvement in the major issues of the client/family or specific agency policy/protocol.
3. The assignment of Case Manager will be determined by consensus. If there is no consensus, a formal vote will be taken. The individual with the most votes shall be designated Case Manager. This designation can be appealed to the agency supervisors if issues remain.

D. Review of IFSP

1. What measurable/observable progress is the child and family making toward achieving the objectives in the Individual Family Service Plan?

2. Why are the child and family making progress or not making progress? This question is essential because it not only helps identify roadblocks to success, it helps identify interventions that work in particular settings and that may be transferable to other settings.

3. What new strengths and needs have been uncovered as a result of implementation of the IFSP? The answer to this question assists the FAPT in making IFSP revisions related to the development of new objectives and the implementation of contingency plans.

4. What resources are needed but are not available? This answer can assist the Community Policy and Management Team in future planning for and development of child-centered, family-focused and community-based services.

5. The family/child will be invited to review meetings. Documentation of effort to schedule the meeting will be required as in Section C, Family Participation. If present, the parent(s) will sign the review.

Section D – Management of the Community Pool Funds

I. Cost Containment Requirements

Because of greatly increasing costs in CSA, the state is requiring that we document how we have implemented specific cost containment methods. In order to accomplish this, the following policy was approved by CPMT.

1. CPMT must approve all proposed residential placements; as case manager begins to think residential may be needed, the case should be placed on the CPMT agenda for prior approval.

2. Each residential placement will include a contract with specific outcomes expected (to be completed by the Provider) in addition to the monthly reports now required, so the case manager can monitor progress.

4. Assess use of In-Home and distinguish between In-Home and Mentoring; use contracts which specify outcomes/expectations.

5. Establish and mandate use of a service fee policy.

II. Access to funds

A. Only the Dinwiddie CPMT has the authority to approve funds from the Community Pool of Funds for services.

**In emergency situations, the authorized CPMT representative may grant funding up to $10,000 per case upon notification from the CSA Coordinator. These emergency funds must be reviewed for approval at the next CPMT meeting.

B. There are exceptions to this policy:

1. Foster Care – Children who are in the custody of local departments of social services may have services paid by the Community Pool of Funds without review by a FAPT or approval by the CPMT. These services include all mandated services required of Foster Children <u>except Residential, Intensive In-Home or the creation of a new service</u>. In-Home or the creation of new services must be approved by FAPT and CPMT. Services not requiring FAPT or CPMT prior approval: These emergency funds must be reviewed for approval at the next CPMT meeting.

a. Regular, state-approved, monthly foster care maintenance & clothing allowance payment per age group. This is approved by CPMT at the beginning of the fiscal year.

b. An annual expenditure for other services, not to exceed the specified amount per child, per year (ex., clothing, school items, other special needs, etc…)

c. An annual expenditure for medical services not to exceed $1,000.00 per child for those children who have a Medical spend-down.

d. Emergency temporary services to prevent disruption of foster care placement.

2. Emergency Services

Emergency placements/services provided to youth are sequentially assessed by the family assessment and planning team process within 14 days of admission and the emergency placement is approved at the time of placement (Section 2.2-5209).

Community agencies which normally are required to provide emergency services and shelter care shall have access to the Community Pool of Funds as indicated above.

3. Respite Care

Respite care services may be utilized under this policy if respite care is necessary on an emergency basis and if the situation meets the criteria established for placement of a child in respite care. In the event respite care is necessary, the agency authorizing respite care services is authorized to purchase the service on an emergency basis and is authorized to make payment without prior CPMT approval. Non-emergency respite care is not covered under this policy; regular FAPT procedures apply.

The authorizing agency is required to refer the child for an emergency review by a CPMT. The CPMT is authorized to approve an additional $1,000.00 or 30 days for emergency services and/or respite care prior to the next meeting of the CPMT.

Any service after the emergency has been met must go to FAPT.

In the event that the above time and financial limits are not adequate, the local authorizing agency is responsible to arrange for an emergency meeting of the FAPT and, if necessary, for an emergency meeting of the CPMT. The local Department of Social Services or other CPMT Agency shall not submit invoices for any expenditure which is not of an emergency nature and which exceed either the time or financial limits established herein.

The local Department of Social Service and/or other Dinwiddie County CPMT Agency shall not submit invoices for any expenditure which is not of an emergency nature and which exceeds either the time or financial limits established herein.

The local Department of Social Services and/or other Dinwiddie County CPMT Member Agency shall submit invoices to the Fiscal Agent/CSA Coordinator for Emergency Services Expenditures.

4. Special Education Services

Special Education Services based on provision in the Individualized Educational Plan (IEP).

III. Access to funds – Approval for FAPT Recommendations to the CPMT

A. All recommendations for payment for services on the IFSP other than those listed in Section I must come before the CPMT for authorization.

B. The CPMT will meet and take action on FAPT recommendations at regularly scheduled meetings which are held on the fourth Wednesday of each month.

C. Emergency meetings of the CPMT may be called as needed to act on FAPT recommendation.

D. The priorities for funding shall be:

1. Targeted, Mandated cases;
2. Targeted, Non-Mandated cases;
3. Other eligible cases, as funding is available

E. A record of all referrals and disposition of them shall be kept by the CPMT.

Section E – Payment for Services

I. The POSO form shall serve as the Community Policy and Management Team's (CPMT) authorization for the expenditure of funds. The CSA Coordinator maintains the original and sends a copy to the Case Manager.

II. The Fiscal Agent (DSS) shall expend funds for the purchase of services and will, on a monthly basis, submit a request for reimbursement of the state-share of expenses from the State Fiscal Agent on the appropriate forms.

III. Payment for Services

A. After FAPT recommendations are developed to provide services to a child and family, the CSA Coordinator shall use the IFSP to prepare a Services Voucher to generate the (POSO) with details of the service being provided.
B. Approval/Denial will be made by the CPMT immediately following the CSA Coordinator's presentation of the case.
C. The Case Manager must submit the returned POSO to the CSA Coordinator before payments can be made.
D. The Case Manager shall review and electronically/verbally approve invoices and submit them to the CSA Coordinator for processing to go to the Fiscal Agent for payment.
E. The Fiscal Agent will only pay invoices for which there is a correct POSO on file.
F. On a monthly basis, the CSA Coordinator will compare encumbered funds with actual expenditures and will either unencumbered or request a supplement for mandated cases.
G. The CSA Coordinator shall provide the CPMT with a Fiscal Report no less than on a quarterly basis.

IV. Parental Financial Contributions for CSA Services

A. Purpose of seeking parental contributions – Virginia law includes a provision for localities to assess and collect fees from parents. This process may help in holding parents responsible and accountable as well as increase parental involvement and commitment to the service plan.

B. Who will be expected to contribute – All biological parents of children receiving services with a cost to CSA, EXCEPT: 1) Parents of children receiving IEP directed services; 2) Parents of children in foster care who have had support ordered by the court to support required by DCSE.

State law provides that children have a right to a free public education; therefore, a fee cannot be charged to the parents in these instances. If a child is receiving special education services and another service, such as in-home, the parent may be assessed a fee for the in-home services.

C. How will the level of contribution be determined – The sliding fee scale will be used in calculating a percentage of income, not to exceed the cost of the service. Please note that there is a minimum $25 per month fee in all cases in which the parent is expected to contribute. That will be per service.

D. Who is responsible for assessing parental contribution – The Case Manager/CSA Coordinator is responsible for completing this process as a part service planning with the family.

Each case which comes to the CPMT for funding must include the Case Manager's recommendation regarding a fee; i.e., the case is exempt from fee, amount of fee assessed, etc…

E. What forms or agreements are needed – Once the Case Manager determines the amount, the parent should sign an agreement or statement agreeing to pay the specified amount. The Case Manager should direct the parent to mail the contribution each month to:

Dinwiddie Accounting Office
P.O. Box 107
Dinwiddie, VA 23841

The check or money order must include the name of the child for whom the contribution is being made. A receipt will be sent to the parent.

F. Does the parent have the right to appeal – YES; our policy currently provides procedures for the parent to appeal the services plan; the assessment of the fee will become a part of the services plan and therefore can be appealed by the parent. The appeal procedures are located in Section F of this manual.

G. Parental Placements are assessed for co-payments as indicated in the Dinwiddie County CSA Parental Agreement.

Section F – Miscellaneous

Non-payment of parent's co-payment obligations will result in legal procedures.

I. Non-discrimination

It is the policy of the Dinwiddie County Community Policy and Management Team (CPMT) to ensure that services are provided to all identified children and families without regard to sex, race, age, religion, socio-economic status, disabling conditions, sexual orientation or national origin. The Dinwiddie CPMT will act in compliance with all applicable State and Federal Statutes regarding the non-discriminatory provision of service.

Alleged violations of this policy shall be submitted to the CPMT, via the CSA Coordinator, in writing. The CPMT shall review all alleged violations, received in writing, of this policy within five (5) days of receipt. The CSA Coordinator shall respond, in writing, within three (3) days, after review by the CPMT. A copy of the complaint and response shall be maintained in the records of the CPMT.

II. Procurement procedures

The Dinwiddie CPMT is responsible for ensuring that all services and programs are solicited and contracted for in accordance with established County and State procurement requirements. Services and program contracts will require services providers to make application to all other payment sources (direct client pay, third-party insurance, Medicaid, etc.) before use of Pool Funds.

III. Grant funding proposals

The CPMT will review and approve all requests for grant funds from the State Trust Fund and will submit to the Dinwiddie County Board of Supervisors for approval.

IV. Complaints and Appeal Procedures

The service plan and assessment of fees developed by FAPT may be appealed by the child and/or family, in part of whole. The following process shall be followed for the appeal of a FAPT service plan.

The child and/or family shall advise the referring agency, in writing, of its decision to appeal a service plan within ten (10) days of notice after the FAPT meeting. The request for appeal from the child and/or family shall identify the objective(s) from the service plan begin appealed and state the reason(s) for the appeal.

Upon receipt of this notice, the referring agency shall hold an informal conference to discuss the appeal. Present at this conference should be representatives of the referring agency, the child and/or family/parent/guardian. The informal conference shall be held within five (5) days of receipt of the appeal notice. If the referring agency agrees with the child and/or family, the modified service plan shall be referred to the next meeting of the FAPT for acceptance.

The youth/family can request a review of actions taken, including but not limited to denial of access to the Family Assessment and Planning Team, dissatisfaction with the Family Assessment and Planning Team assessment, plan, implementation of services or improper notification of meetings. Eligibility for services has been indicated in Dinwiddie County's Community Policy and Management Team and shall not provide a form for due process review.

If the referring agency denies the appeal or if the FAPT denies the modified service plan, the parent, child and/or family must submit a written request for appeal within ten (10) days of the denial to ask the CPMT to review the appeal. The child and/or family shall be notified in writing of the date, time and location that the CPMT will consider review of their appeal. This must be held within thirty (30) days from when the request has been received. The parent, case manager and CPMT will be present at the appeal as there may be a need for further details or/and questions. The parent/guardian will leave the meeting. Then, the CPMT will make a determination regarding the appeal and inform the parent/guardian and case manager (orally if possible on the same review date). Within ten (10) days the family, parent, case manager will receive a written notice of the outcome of the appeal from the CPMT. During the appeal process, the CPMT will not discuss any information that was not originally presented at the FAPT meeting or during the appeal review. CPMT policies as well as the eligibility process are not items for deliberation. If needed, information will be provided for the youth/family through an official translator or in their native language.

The appeal process does not supersede other appeal rights which may be governed by regulatory policy or statute. There is no appeal body other than the court beyond Dinwiddie County's CPMT. **For any petitions before the Court related to a Child In Need of Services/Supervision it will be followed up with previously outlined Foster Care Prevention Guidelines as well as a written recommendation for services from FAPT.**

V. Recording of FAPT/CPMT/FEM/FPM meetings

It shall be policy of the Dinwiddie Comprehensive Act (CSA) program that, given the confidential nature of staffing, FAPT, CPMT and FEM/FPM meetings not be electronically recorded by any means (tape recorded, video recorded, etc…). Minutes/notes shall be incorporated into the IFSP at each meeting and may be provided to parents upon request. The FPM Plan forms will be given to the parents at the completion of the FPM meeting or if deemed necessary at an agreed upon timeframe by the facilitator, case manager and parent.

APPENDIX A

Dinwiddie County
Family Assessment and Planning Team (FAPT)

Agency	Title
Department of Social Services	Social Worker
Dinwiddie County Public Schools	School Social Worker (DCPS) School Social Worker (DCPS)
Dinwiddie Court Service Unit	Probation Officer
Dinwiddie Counseling Services	Mental Health Case Manager
Parent Representative	Parent
Private Provider	Private Provider
Dept. of Children's Services	Director
Dept. of Children's Services	CSA Management Specialist

Dinwiddie County
Community Policy and Management Team (CPMT)

Agency	Title
Department of Social Services	Director
Dinwiddie County Public Schools	Director of Special Education
11th District Court Service Unit	Director/Probation Supervisor
Dinwiddie Counseling Services	Clinical Manager
Dinwiddie Health Department	Public Health Nurse
County Adminstration	Designee
Parent Representative	Parent
Dept. of Children's Services	Director
Vendor Representative	Private Provider
Dept. of Children's Services	CSA Management Specialist

** School Social Workers rotate meetings based on which cases are being staffed. Team members may select a temporary alternate to appear on their behalf when they are not available to attend set meetings.

APPENDIX B

FAMILY ENGAGEMENT MODEL
DINWIDDIE COUNTY FAMILY PARTNERSHIP MEETINGS

Children's Services Practice Model

- **We believe that all children & communities deserve to be safe**
- **We believe in family, child and youth-driven practice**
- **We believe that children do best when raised in families**
- **We believe that all children & youth need and deserve a permanent family**
- **We believe in partnering with others to support child / family success in a system that is family-focused, child-centered and community-based**
- **We believe that how we do our work is as important as the work we do**

Family Partnership Meetings (FPM)

- Purpose

A team collaboratively develops ideas and establishes a consensual decision making process for the child or family to use throughout the family's involvement with the agency

- Structure

A meeting facilitated by a trained individual that is not the social worker or the social worker's supervisor for the child or family

Family engagement recognizes that:

- All families have strengths;
- Families are the experts on themselves;
- Families deserve to be treated with dignity and respect;
- Families can make well-informed decisions about keeping their children safe when supported;
- Outcomes improve when families are involved in decision-making; and
- A team is often more capable of creative and high-quality decision-making than an individual.

Critical Decision Points when Family Partnership Meetings (FPM) Should Take Place

- High or very high risk cases
- Emergency removal situations or when child placement out of the home is being considered (With the hope that the FPM would be held prior to or immediately following an ERO)
- Prior to change of placement (FC)
- Prior to change of goal (FC)

- At the request of the family, foster family or social worker/ case manager if at one of the above-listed decision points

Timeliness of meetings:

- **Foster Care Prevention**: these will be scheduled as soon as the social worker/supervisor/ case manager identifies the need for the FPM and has discussed this process with the family and completed the participant lists. When possible, the meeting will be scheduled at least 5 days prior to the next court hearing so there is time to complete background checks, conduct home visits, research services, etc. The FPM Facilitator will meet with social workers/case managers and their families to discuss the FPM process and to assist with identifying meeting participants as identified by the parents/guardians and children.

- **CPS removals**: If possible, the FPM will be held prior to the removal of a child from their caretakers. If this is not possible due to imminence, a FPM will be held prior to the five day hearing.

- **At risk of out-of-home placement & high risk service planning cases:** these will be scheduled as soon as the social worker/case manager or supervisor identifies the need for FPM and has discussed this process with the family and completed the participant lists. The FPM Facilitator will meet with social workers/ case managers and their families to discuss the FPM process and to assist with identifying meeting participants as identified by the parents/guardians and children.

- **Prior to placement change or goal change in foster care:** As soon as the social worker/ case manager or supervisor has identified that a child is in need of placement change, at risk of placement change/disruption or prior to change in foster care goal, they will contact the FPM Facilitator to begin scheduling an FPM.

Who attends the FPM?

- Parents
- Children (if age appropriate)
- Relatives and fictive kin (non-relatives who function in the role of a relative)
- Friends and relative supports as identified by the parents and children (and possibly any other agency as appropriate)
- Caregivers for the child
- Professionals involved with the family
- GAL
- Relevant community partners

What is the role of the facilitator?

- Focus the group on an identified task (making placement arrangements for a child, developing a service plan towards reunification)
- Move the group through the problem solving decision-making process (facilitating the actual FPM)
- Strive to develop a consensus with all participants, but always with agency staff in attendance (If consensus cannot be reached, the agency will be expected to make final decisions and recommendations)
- Committed to encouraging professional development in agency staff
- The facilitator is not the case worker or supervisor, but is someone highly skilled and specifically trained facilitator (4-day certification training required)

Structure of Family Partnership Meetings

- Introduction (purpose & goal, consensus goal, agency owned, building on strengths, participants, roles and relationship to family/child/case, guidelines for meeting, questions prior to mtg.)
- Identify the Situation (Define the concern, why are we here)
- Assess the Situation (safety needs, risk concerns, strengths/supports, services past/present, past history/stressors, participants' perception of situation, worker's recommendations)
- Develop Ideas (ideas usually fall into 3 areas – placement/custody, action to provide safety, services to reduce risk)
- Reach a Decision (safety & protection in the least restrictive/least intrusive manner, action plan developed, timely linkage to services with prioritization)
- Recap/Evaluation/Closing (Everyone knows who will do what/when, questions are answered, follow-up meeting is scheduled if needed)

Process:

- Social worker/ case manager will discuss this process with the family and have the parents/caretakers and child (if age appropriate) complete the participants form. When able, the worker and the FPM Facilitator will complete this process together. They will provide the family with the brochure on family partnership meetings.

- Worker completes the referral form and at least the mandatory fields on the FPM participant list (social worker/ case manager, supervisor, GAL, community participants, and guardians). Worker/ case manager or supervisor will submit referral form and participant lists to The FPM Facilitator (or CSA Coordinator). Referral is reviewed for worker/ case manager and supervisor available dates as well as others if known, also includes assessment of

emergency or non-emergency (specify deadline by which FPM would need to be scheduled)

- The FPM Facilitator, with the assistance of the worker/ case manager will coordinate a date/time/location for the FPM and will contact the participants including the family to formally invite to the FPM, answer questions they have, etc. Standing participants during the initial implementation will be the social worker/ case manager, CSA, GAL if assigned, and all other parties identified by the child and family. If the family is inviting any other party to the meeting, they must notify the case manager within three days prior to the meeting.

- FPM will be scheduled after consulting calendars in this order: social worker/ case manager, facilitator, GAL, family, supervisor (as we can often find back-up). The Guardian Ad Litem will be contacted directly about their schedule. If scheduling becomes difficult and there is a definite turnaround time within which the FPM needs to be held, the case manager's supervisor will contact the party who's having trouble with their schedule to resolve the issue. If there is time and if the worker has not already provided to the family, the FPM Facilitator will mail a brochure to the family to include the date/time/location of the FPM.

- The FPM Facilitator will meet with the social worker/ case manager prior to the FPM to discuss any issues that might come up during the FPM and any safety concerns or barriers that present themselves during the FPM.

- The FPM Facilitator will prepare the written report in the meeting. If we are able to print copies at the location, we will do so. If not, the report will be reviewed verbally and will be distributed as soon as possible to participants either by the FPM Facilitator or the social worker. Following the meeting, the report will be provided to mandatory participants who were not present (Judge, attorneys, etc who were unable to be present) and other participants as identified and requested by the parents/guardians.

- Social worker/ case manager will update OASIS or other required data tracking system with FPM information and staff case with supervisor and agency legal counsel.

- Participants will be asked to complete a comment card. The FPM Facilitator will keep these and they will be reviewed during program review by the CSA Coordinator

- A copy of the written report will be submitted to the CSA Coordinator for review by FAPT. The social worker/ case manager will represent the FPM at the next appointed FAPT meeting. The family/ child will be given the option of attending the FAPT meeting.

- FAPT will develop an Individual/ Family Service Plan (IFSP) as they would in any other FAPT review inclusive of:
    - Goals/Objectives with responsible parties
    - Timeframes
    - Funding requirements
    - Parental co-pay (if applicable)
    - Utilization Review frequency

- Upon recommendation from the FAPT, the CPMT will review the Individual /Family Service Plan (IFSP) as presented by the CSA Coordinator in order to review funding requirements and utilization review.

- It shall be policy of the Dinwiddie Children's Services Act (CSA) program that, given the confidential nature of staffing, FAPT, CPMT and FEM/FPM meetings not be electronically recorded by any means (tape recorded, video recorded, etc…). Minutes/notes shall be incorporated into the IFSP at each meeting and may be provided to parents upon request. The FPM Plan forms will be given to the parents at the completion of the FPM meeting or if deemed necessary at an agreed upon timeframe by the facilitator, case manager and parent. (refer to CSA Manual & Dinwiddie CPMT Bylaws)

- The CSA Appeal Process will be available to all families receiving services through the Office of Children's Services. (refer to CSA Manual)

Benefits of family engagement

- Shared decision-making
- Families are more likely to comply and be successful with a plan that they've helped develop versus one prescribed for them
- Helps prevent children from placement outside the family home
- More children are placed with relatives and in community-based placements

Commitment by all CSA agencies to support the Family Engagement Model:

- CSA will provide support to all agencies in their efforts to administer the Family Partnership Meeting Model.
- CSA will make every effort to participate in identified Family Partnership meetings to the extent possible.
- The CSA representative will provide information regarding CSA processes to the family at the conclusion of the FPM if a referral for funding is recommended.
- A CSA brochure (when available) will be provided to the appropriate family members explaining the policies of CSA.

- CSA will make every effort to schedule FAPT meetings at times when family members are available following the initial referral when they are not required to be present.
- The CSA Coordinator will follow up with utilization review of the services for each assigned case and coordinate all FAPT meetings while CSA funding is being provided for the child/youth.
- FAPT reviews will be held at a minimum of every ninety days.

11/11 & 8/15

APPENDIX C
(Adopted 12/19/12)

Dinwiddie County Department of Children's Services Code of Ethics

General Overview

This Dinwiddie County Department Children's Services Code of Ethics provides guiding principles for expected ethical practices and behavior of the Community Policy and Management Team (the "CPMT") and the Family Assessment and Planning Team (the "FAPT"). This code applies to all CPMT and FAPT members (each a "Covered Person").

Covered Persons will support the Code of Ethics by: (1) informing employees under their responsibility about this Code of Ethics, (2) ensuring that all employees under their responsibility are aware of and have access to current policies and procedures and (3) promoting compliance with business practices and policies.

Each Covered Person is responsible for complying with laws, policies and procedures applicable to his or her work. Additionally, Covered Persons are responsible for staying current with applicable laws, policies, procedures and standards by attending training on a regular basis as prescribed by the Chairperson of the CPMT or his/her designated representative.

In all Dinwiddie County Department of Children's Services ("Department") business dealings, Covered Persons will:

- Perform their work under the Children's Services Act and other applicable law diligently, promptly and efficiently, while maintaining a respectful attitude toward employees, public officials, colleagues, associates and citizens.
- Evaluate decisions so that the best services or product is obtained at a minimal cost without sacrificing quality and fiscal responsibility.
- Exercise due diligence and control over the input, knowledge, preservation, output, and dissemination of information to which we are entrusted.
- Safeguard and be trustful stewards of the County's and Department's resources of people, dollars and property.

- Ensure the accuracy and integrity of all business and financial records and/or statements that reflect the business transactions of the County and the Department.
- Pledge that any expenditure of funds from the County or Department accounts under our responsibility is directed toward a valid business purpose in accordance with policy and procedure.
- Immediately report any alleged or suspected fraud, waste and/or abuse of any County resources directly to the Chairperson of the CPMT, and if their response is not satisfactory, then to the whole CPMT board.
- Retain and destroy all County and Department records in accordance with appropriate record retention and disposition policies, procedures and rules including but not limited to the Virginia Freedom of Information Act, Public Records Act, Records, Retention and Disposition Schedule of the Library of Virginia.
- Protect and properly use County and Department property, facilities, equipment and electronic systems by using them with care and respect, following County and Department guidelines for their protection and maintenance, guarding against waste fraud and abuse, maintain a cost consciousness, and remaining alert to opportunities for improving performance and reducing costs.
- Avoid direct and indirect conflicts of interest relating to all financial, operational and administrative practices, including but not limited to procurement transactions between the County/Department and their affiliated organizations.
- Maintain a safe working environment by complying with all environmental and workplace safety rules and by demonstrating a commitment to provide a productive work environment, one that is free from threats, intimidation and violence.

Reporting Requirements

Questions or interpretation and application of this Code of Ethics are handled through the Chairperson of the CPMT or his/her designated representative. Covered Persons must immediately report to the Chairperson or his/her designated representative any alleged or suspected violation of the Code of Ethics. If the complaint is not addressed satisfactorily by the Chairperson, then Covered Persons must then report the matter to the whole CPMT board.

Virginia Conflict of Interest Act Requirements

Any person serving on the CPMT or FAPT as a primary representative or alternate who does not represent a public agency shall file a statement of economic interests as set out in § 2.2-3117 of the State and Local Government Conflict of Interests Act (§ 2.2-3100 et seq.) at the time of their appointment. Persons representing public agencies shall file such statements if required to do so pursuant to the State and Local Government Conflict of Interests Act.

CPMT or FAPT members who are parent representatives or who represent private organizations or associations of providers for children's or family services shall abstain from decision-making involving individual cases or agencies in which they have either a personal interest, as defined in § 2.2-3101 of the State and Local Government Conflict of Interests Act, or a fiduciary interest.

Confidentiality Statement for CPMT Members*

Due to the nature and purpose of CPMT meetings, confidential case information may be shared with mandatory participants who were not present (Judge, Attorneys, etc. who were unable to be present). If applicable, this information may be shared with other participants as identified and requested by the parent/guardian and agencies that are listed on the *Consent to Exchange Information* form signed by the child's parent/guardian.

I will, therefore, hold all client specific information confidential and will use such information only for the above mentioned purpose for which it was obtained.

I further understand that I may be held personally responsible for any violation of the rules of confidentiality.

Confidentiality Agreements for FAPT Members

Each FAPT member is required to sign the FAPT/Family Partnership Meeting Confidentiality Statement, attached hereto as **Exhibit A**.

*By signing this agreement, I agree to the confidentiality statement for CPMT members if I am a CPMT member.

I hereby agree I have fully read and agree to the provisions of this Code of Ethics.

Signed:

____

Exhibit A
Dinwiddie County
Family Assessment and Planning Team ☐
Family Engagement Model/Family Partnership Meeting ☐

Confidentiality Statement

Child's Name(s): ___________ Date: ____________
Parent/Guardian's Name: __________

Due to the nature and purpose of the above identified meeting, confidential case information may be shared with mandatory participants who were not present (Judge, Attorneys, etc. who were unable to be present). If applicable this information may be shared with other participants as identified and requested by the parent/guardian and agencies that are listed on the *Consent to Exchange Information* form signed by the child's parent/guardian.

I will, therefore, hold all client specific information confidential and will use such information only for the above mentioned purpose for which it was obtained.

I further understand that I may be held personally responsible for any violation of the rules of confidentiality.

Name	**Agency/Relationship/Contact Phone#**

Appendix D

Director of Children's Services

General Definition of Work

Performs intermediate professional work overseeing the administration, finance and budgeting of the County Children's Services Act, Virginia Juvenile Community Crime Control Act and Juvenile Community Services Programs as well as other state and federal grants, manages program, coordinates services, supervises staff, prepares fiscal reports of grants and program funding, and related work as apparent or assigned. Work is performed under the general direction of the Division Chief, Finance and Administrative Services. Departmental supervision is exercised over all personnel within the department.

Qualification Requirements

To perform this job successfully, an individual must be able to perform each essential function satisfactorily. The requirements listed below are representative of the knowledge, skill and/or ability required. Reasonable accommodations may be made to enable individual with disabilities to perform the essential functions.

Essential Functions

Coordinates and schedules cases and reviews for the Family Assessment and Planning Team and Community Policy Management Team meetings; notifies appropriate individuals of meetings; chairs meetings; creates agendas, service plans and documents meeting minutes.
Works with agencies and case managers to develop cost effective care programs which emphasize objectives, least restrictive family setting, family responsibilities and resources.
Supervises and assists with the provision of Virginia Juvenile Community Crime Control Act and community service programs; reviews and assists with cases as needed.
Manages and inputs fiscal reports to the Department of Juvenile Justice; manages grant reports and procedures; seeks alternative funding for services; assesses clients co-payments, payments and delinquencies.
Recruits and selects department employees; develops staff schedules, assigns, directs the work of and trains department personnel; disciplines, suspends and terminates employees; coaches, counsels and evaluates the performance of assigned personnel.
Negotiates, creates, monitors and visits vendors; enters into contracts and determines compliance with all program policies.
Handles routine administrative duties and services; prepares a variety of reports and correspondence; testifies in court.
Prepares and presents monthly updates of caseload, expenditures for County and all other programs; presents information to various boards, or others if needed.
Attends, participates in and organizes various community based services, meetings, committees and groups;

Knowledge, Skills and Abilities

Thorough knowledge of the philosophy, objectives, practices and techniques of social work, counseling, special education and youth corrections; thorough knowledge of community and statewide resources available for at-risk youth and their families; general knowledge of current socio-economic and health concerns in the community; general knowledge of training resources available across agencies; ability to plans and supervise the work of subordinates; ability to communicate ideas effectively both orally and in writing; ability o prepare and maintain detailed records and budget information; ability to establish and maintain effective working relationships with court personnel, clients and families, County officials, vendors, service providers and the general public.

Education and Experience

Bachelor's degree with coursework in human services, or related field and extensive experience in behavioral science, corrections, education or administration including moderate experience in youth-related and/or family services, or equivalent combination of education and experience.

Physical Requirements

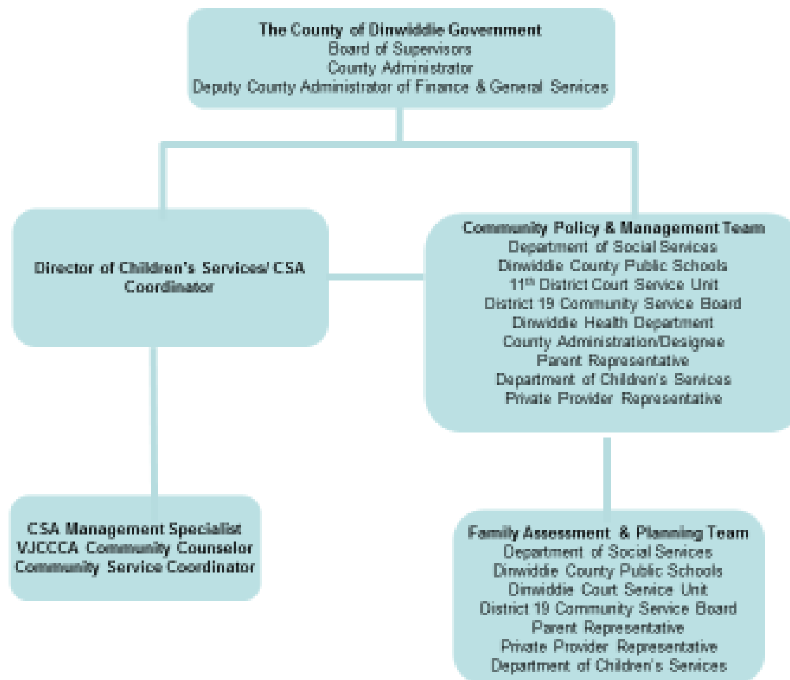
This work requires the occasional exertion of up to 10 pounds of force; work regularly requires speaking or hearing and reaching with hands and arms, frequently requires sitting, using hands to finger, handle or feel, lifting and repetitive motions and occasionally requires standing, walking, climbing or balancing, stooping, kneeling, crouching or crawling and pushing or pulling; work has standard vision requirements; vocal communication is required for expressing or exchanging ideas by means of the spoken word; hearing is required to perceive information at normal spoken word levels; work requires preparing and analyzing written or computer data, operating motor vehicles or equipment and observing general surroundings and activities; work occasionally requires exposure to outdoor weather conditions; work is generally in a moderately noisy location (e.g. business office, light traffic).

Special Requirements

Possession of an appropriate driver's license valid in the Commonwealth of Virginia.

Springsted – March 2008- Dinwiddie County, Virginia

APPENDIX E



APPENDIX F

D19 Mental Health Initiative (MHI) Funding Guidelines

MHI funds should not be used when another payer source is available. MHI funds must be used exclusively to serve new, currently un-served children and adolescents or provide additional services to underserved children and adolescents with serious emotional disturbances and related disorders that are **not mandated** to receive services under the CSA. Children and adolescents must be under 18 years of age at the time services are initiated. MHI funds can be used to bridge the gap between the child and adult service systems, if the service was initiated before the adolescent's 18th birthday. MHI funds cannot be used to initiate new services once an adolescent turns 18 years of age.

MHI-funded services must be based on the individual needs of the child or adolescent and must be included in an individualized services plan. Services must be child-centered, family focused, and community-based. The participation of families is integral in the planning of these services.

Target Population for Mental Health Initiative Funds

The target population to be exclusively served with MHI funds is children and adolescents with serious emotional disturbance and related disorders who are not mandated for services under the CSA. Serious emotional disturbance in children is defined, per Exhibit D of the Performance Contract, as a diagnosable mental, behavioral, or emotional disorder in the past year, which resulted in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities. The language regarding "related disorders" allows the necessary flexibility to serve children with mental health or co-occurring mental health and substance use problems who may not fit the definition above but how, in the opinion of CSB staff, are in need of services that can only be provided with the use of MHI funding. This shall be documented in the child's file and on the service plan.

Appropriate Services to be Supported by Mental Health Initiative Funds

Services that are most appropriate for use of these funds include: emergency, outpatient, intensive in-home, intensive care coordination, case management, Family Support Partners, Parent Child Interaction Therapy (PCIT), Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Multi-Systemic Family Therapy (MST), Family Functional Therapy (FFT), therapeutic day treatment, alternative day support (including specialized after school and summer camp, behavior aide, or other wrap-around services), and highly intensive, intensive, supervised family support services. All expenditures shall be linked to an ISP for an individual child. Services should be provided in the least restrictive and most appropriate settings, including homes, schools, pre-schools, community centers, group homes, and juvenile detention centers. Prevention and early intervention services **are not** appropriate uses of these funds. **MHI funds may not be used for residential care services, partial or full hospitalizations, or for CSA-mandated populations. MHI funding may not be used to purchase vehicles, furniture, or computers.**

Referral Procedures for Mental Health Initiative Funds

Per DBHDS, these funds do not have to go through the FAPT for review, unless the locality desires. In that case, the FAPT/Lead Agency representative presents a case for staffing. FAPT reviews criteria to determine whether case is eligible for MHI funds. If case meets eligibility criteria/child is considered a viable candidate for MHI funds, a referral to the D19 MHI Case Manager is made. The following documentation must be completed and forwarded to the D19 MHI Case Manager when a referral is made:

IFSP; CANS (optional); D19 authorization to disclose confidential information forms (2) for CSA vendor and FAPT/CPMT.

The D19 MHI Case Manager reviews the referral packet, determines eligibility for MHI-funded services and completes the required D19 Mental Health Initiative ISP Summary Form. The ISP Summary Form is then forwarded to CPMT chair/designee for final authorization/processing. Once approved by CPMT chair/designee, MHI CM will contact consumer/responsible party (i.e., parent/legal guardian), complete SED checklist, MHI CM ISP, and gather supporting documentation for identified MHI vendor to begin services***. Services will not be initiated until D19 has received signed MHI vendor contract and has forwarded copy of approved MHI ISP summary form to vendor, accordingly.***

**An authorized CPMT representative must sign the Mental Health Initiative ISP Summary Form to indicate approval for use of Mental Health Initiative Funds.*

Accountability and Reporting Requirements for Mental Health Initiative Funds (MHI)

D19 will maintain an open/enrolled case and case record on all children receiving MHI-funded services.

The D19 MHI Case Manager should ensure that all funds are obligated by June 30th of each year, with all funds being expended by September 30th of each year.

The D19 MHI Case Manager will monitor MHI services and expenditures by contacting the child, parent(s) and vendors at least twice a month. The MHI Case Manager will review all MHI invoices to ensure accuracy; and to make certain that all invoices must be accompanied by monthly summaries.

**** Although these funds are designed to address some of the gaps in funding for services for non-CSA mandated children and adolescents, in addition to this dedicated source of funding, a collaborative, interagency approach with creative and innovative treatment strategies will be necessary to serve this challenging population of children and families in need.***

Created: November 2012
Revised: August 2013
November 2013
October 2016
January 2021

APPENDIX G

FAPT referral to District 19 CSB's Independent Clinical Assessment (ICA)

for children/adolescents without Medicaid

Date of referral: ______________________________ Locality: ______________________________

Name of Child: ____ DOB: _______________

FAPT is requesting an ICA for which service(s): _____ Intensive In-Home

_____ Therapeutic Day Treatment

_____ Mental Health Skill Building Services

Please note:

The parent/legal guardian must call (804)863-1689, ext. 3160 to schedule the ICA assessment appointment. When calling, they should inform the receptionist that they have been referred by their FAPT team. District 19 CSB will follow the Department of Medical Assistance Services (DMAS) guidelines for providing ICAs, and we will be charging the Medicaid rate. The current rate for an ICA is $252.00. This form should be signed by the CSA Coordinator and promptly faxed to Diana Barnes at (804)863-1695. ICAs for non-Medicaid children will *not* be initiated without this signed, faxed form.

By signing this agreement, the referring FAPT has agreed to reimburse D19 for an ICA (assessment) of the above-named child, upon receipt of D19's invoice.

____ ________________________

Signature of CSA Coordinator Date

____

Printed name of CSA Coordinator

Effective 3/2018

For FAPT Referral to District 19 CSB's Independent Clinical Assessment (ICA)

for Children/Adolescents without Medicaid

When a FAPT identifies a child/adolescent without Medicaid that the team feels is in need of Intensive In-Home (IIH), Therapeutic Day Treatment (TDT), or Mental Health Skill Building Services (MHSB), the CSA Coordinator for that locality needs to complete the FAPT Referral to D19 for Children/Adolescents without Medicaid. The form will ask for the following information:

- Date of referral
- Locality
- Name of the child
- Date of birth of the child
- Service FAPT is requesting the ICA for (IIH, TDT, MHSB)
- The signature and date of the CSA Coordinator will be required on the referral form

The CSA Coordinator needs to fax the referral form to District 19 Attn: Diana Barnes at (804) 863-1695 prior to the ICA appointment. This form is proof that the FAPT has referred the child for an ICA and is agreeing to pay for the ICA. D19 will not complete ICA assessments on children/adolescents without Medicaid if we have not received the referral form from the CSA Coordinator.

The parent/legal guardian must call (804) 863-1689 x3160 to schedule the ICA appointment. They should inform the receptionist they have been referred by their FAPT. The current Medicaid timelines with regard to scheduling of appointments will also be followed. Children/adolescents referred for IIH will be offered an appointment within five (5) days of the day they call for an appointment. Children/adolescents referred for TDT and MHSB will be offered an appointment within ten (10) days of the day they call for an appointment.

District 19 will charge $252.00 to the CSA for each ICA completed. This is the current Medicaid rate. District 19 will bill the CSA monthly for any ICAs completed.

Effective 3/2018

Appendix H

DINWIDDIE COUNTY CSA STRATEGIC PLAN PRIORITIES

APPENDIX I

Dinwiddie CSA Intensive Care Coordination

Intensive Care Coordination shall include facilitating necessary services provided to a youth and his/her family designed for the specific purpose of maintaining the youth in, or transitioning the youth to, a family-based or community based setting. Intensive Care Coordination Services are characterized by activities that extend beyond regular case management services that are within the normal scope of responsibilities of the public child serving systems and that are beyond the scope of services defined by the Department of Medical Assistance Services as "Mental Health Case Management."

Population to be Served by Intensive Care Coordination

Youth shall be identified for Intensive Care Coordination by the Family Assessment and Planning team (FAPT). Eligible youth shall include:

1. Youth placed in out-of-home care[1]
2. Youth at risk of placement in out-of-home care[2]

[1]Out-of-home care is defined as one or more of the following:
• Level A or Level B group home
• Regular foster home, if currently residing with biological family and due to behavioral problems is at risk of placement into DSS custody
• Treatment foster care placement, if currently residing with biological family or a regular foster family and due to behavioral problems is at risk of removal to higher level of care
• Level C residential facility
• Emergency shelter (when placement is due to child's MH/behavioral problems)
• Psychiatric hospitalization
• Juvenile justice/incarceration placement (detention, corrections)
[2] At-risk of placement in out-of home care is defined as one or more of the following:
• The youth currently has escalating behaviors that have put him or others at immediate risk of physical injury.
• Within the past 2-4 weeks the parent or legal guardian has been unable to manage the mental, behavioral or emotional problems of the youth in the home and is actively seeking out-of-home care.
• One of more of the following services has been provided to the youth within the past 30 days and has not ameliorated the presenting issues:

o Crisis Intervention
o Crisis Stabilization
o Outpatient Psychotherapy

- Outpatient Substance Abuse Services
- Mental Health Support

NOTE: Intensive Care Coordination cannot be provided to individuals receiving other reimbursed case management including Treatment Foster Care-Case Management, Mental Health Case Management, Substance Abuse Case Management, or case management provided through Medicaid waivers.

Providers of Intensive Care Coordination

Providers of ICC shall meet the following staffing requirements:
1) Employ at least one supervisory/management staff who has documentation establishing completion of annual training in the national model of "High Fidelity Wraparound" as required for supervisors and management/administrators (such documentation shall be maintained in the individual's personnel file);

2) Employ at least one staff member who has documentation establishing completion of annual training in the national model of "High Fidelity Wraparound" as required for practitioners (i.e., Intensive Care Coordinators). Such documentation shall be maintained in the individual's personnel file.

Intensive Care Coordination shall be provided by Intensive Care Coordinators who possess a Bachelor's degree with at least two years of direct, clinical experience providing children's mental health services to children with a mental health diagnosis. Intensive Care Coordinators shall complete training in the national model of "High Fidelity Wraparound" as required for practitioners. Intensive Care Coordinators shall participate in ongoing coaching activities. Providers of Intensive Care Coordination shall ensure supervision of all Intensive Care Coordinators to include clinical supervision at least once per week. All supervision must be documented, to include the date, begin time, end time, topics discussed, and signature and credentials of the supervisor. Supervisors of Intensive Care Coordination shall possess a Master's degree in social work, counseling, psychology, sociology, special education, human, child, or family development, cognitive or behavioral sciences, marriage and family therapy, or art or music therapy with at least four years of direct, clinical experience in providing children's mental health services to children with a mental health diagnosis. Supervisors shall either be licensed mental health professionals (as that term is defined in 12 VAC35-105-20) or a documented Resident or Supervisee of the Virginia Board of Counseling, Psychology, or Social Work with specific clinical duties at a specific location pre-approved in writing by the applicable Board. Supervisors of Intensive Care Coordination shall complete training in the national model of "High Fidelity Wraparound" as required for supervisors and management/administrators.

Training for Intensive Care Coordination

Training in the national model of "High Fidelity Wraparound" shall be required for all Intensive Care Coordinators and Supervisors including participation in annual refresher training.
And ongoing coaching shall be coordinated by the OCS with consultation and support from the Department of Behavioral Health and Developmental Services.

REFERRAL PROCESS FOR INTENSIVE CARE COORDINATION:

The CSA case manager/Lead Agency representative will present the case for staffing at the FAPT. FAPT reviews the criteria listed above to determine whether case is eligible for ICC services. *If case meets eligibility criteria and the child is considered a viable candidate for ICC funded services, the CSA case manager will identify an approved provider from the CPMT approved provider listing and complete the referral process.

As appropriate, CSB staff who will assume role as FAPT representative responsible for monitoring the ICC services for the designated case, with periodic reports provided to the FAPT.

APPENDIX J

(See the enclosed document)

Guidance for CSA Community Policy and Management Teams Regarding the DMAS/Magellan Independent Assessment and Care Coordination Team (IACCT) Process
December 20, 2016

Guidance for Local Children's Services Act (CSA) Programs on the Virginia Department of Social Services (VDSS) Implementation of the In-Home Services and the Family First Prevention Services Act (FFPSA)
July 1, 2021

CSA Guidance: Congregate Care Placements (What CSA Programs Need to Know aobut the Use of Medicaid, Title IV-E, and Implementation of the Family First Prevention Services Act (FFPSA) as it Applies to Children in Foster Care and Congregate Care Placments {Congregate Care Guidance}
July 1, 2021

CSA Administrative Memo #21-09: Special Education – Transitional Services in the Public School Setting
May 14, 2021