

MANUAL OF POLICIES AND PROCEDURES

KING WILLIAM COUNTY

COMMUNITY POLICY AND MANAGEMENT TEAM

Revised 12/2023

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NOTE: as of 07/01/2015, the acronyms CSA and OCS refer to the Children’s Services Act and the Office of Children’s Services

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Chapter I. Introduction

Mission Statement: *The King William County Community Policy and Management Team shall Manage the cooperative effort in King William County to better serve the needs of troubled and at-risk youths and their families and to maximize the use of state and community resources.*

Goal: To provide services and funding that are child-centered, family-focused and community-based.

Philosophy: The Children's Services Act (CSA) is driven by the philosophy that troubled and at risk youth are best served by a community system of care that is comprehensive, coordinated, and responsive to the strengths and needs of troubled youth and their families. This system is designed to encourage creativity in serving families, and to remove barriers, whether they are programmatic, cultural or fiscal.

Purpose: The purpose of this document is to outline the policies and procedures that govern provision of services to at risk families and youth pursuant to the Children's Services Act, including policies for servicing target and eligible population.

Planning Procedures: The Community Policy and Management Team (CPMT) will annually prepare a plan for targeted and eligible at risk youth and families in its communities and will designate the services to be provided through the Children's Services Act funding. The team will secure input from the Family Assessment and Planning Team (FAPT), the community and parents, and will identify the population to be served. It will also identify the specific community services and early intervention programs to be provided.

Long-range, community-wide planning will ensure development of resources and services. The final plan will be presented to the Board of Supervisors for its review, comment, and provision of local matching funds in accordance with the recommended budget.

Confidentiality: All information about specific youth and families obtained by the CPMT and the FAPT members in the discharge of their responsibilities shall be confidential under all applicable laws, mandates, and licensing requirements. Proceedings held to consider the appropriate provision of services and funding for a particular child or family or both who have been referred to the FAPT and whose case is being assessed by this team or reviewed by the CPMT shall be confidential and not open to the public, unless the child and family who are the subjects of the proceeding request, in writing, that it be open. (COV § 2.2-5210)

Non-Discrimination Statement: No person shall, on the grounds of race, religion, color, national origin, gender, lifestyle choice, socioeconomic status or handicap be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in connection with services purchased and/or provided by the CPMT, FAPT, its activities, or its contractors.

Frequency of Review: Review of all policies and procedures will be done on an annual basis and updated as necessary.

Saving Clause: Should any portion of this Manual of Policy and Procedure be found to be void or otherwise unenforceable, such other portions as are not so determined shall remain in force.

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Chapter II. Eligibility for Services

Eligibility For Referral to the Family Assessment & Planning Team

Youth and families who are eligible for funding for services through the Children's Services Act and for assessment by the FAPT are those designated as follows unless other authority applies. The Children's Services Act defines the broad population of youths and their families who are eligible for funding for services through the State Pool of funds: In order to be eligible for funding for services through the State Pool of funds, a youth or family with a child, shall meet one or more of the criteria specified in Items 1 or 2 below: (COV § 2.2-5212 A)

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 settings such as at home, in the community, 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 process 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 resources or routine collaborative processes across agencies, and requires coordinated services by at least two agencies.

Items 3, 4, and 5 below describe children and families who are part of the target population and for whom services are mandated.

3. Children placed for purposes of special education in approved private school educational programs, previously funded by the Department of Education through private tuition assistance;
4. Children with disabilities placed by local social service 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 (IEP) 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;
5. Children for whom foster care services, as defined by § 63.2-905, are being provided to prevent foster care placements, and children placed through parental agreements, entrusted to local social service agencies by their parents or guardians or committed to the agencies by any court of competent jurisdiction for purposes of placement in suitable family homes, child-caring institutions, residential facilities or independent living arrangements, as authorized by § 63.2-900.

Items 6 and 7 below describe children and families for whom services are targeted but not mandated.

6. Children placed by a juvenile and domestic relations court in accordance with provisions of § 16.1-286, in a private or locally operated facility or nonresidential program; or in a community or facility-based treatment program in accordance with the provisions of subsections B or C of § 16.1-284.1
7. 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 § 66-14.

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For purposes of determining eligibility for the State Pool of funds, “child” or “youth”, means (i) a person less than eighteen years of age and (ii) any individual through twenty-one years of age who is otherwise eligible for mandated services of the participating state agencies including special education and foster care services. COV § 2.2-5212B.

All non-emergency, potential residential facility placements of the above eligible and target populations which would be funded with Children’s Services Act funding must be staffed by the FAPT first to ensure that all appropriate community resources have been considered prior to placement. In order to recommend a child for residential placement, the FAPT must find that one or more of the following apply:

- 1). Youth is at risk of residential placement;
- 2). Youth is at risk of removal from the home;
- 3). Youth requires intensive services coordinated among more than two agencies; and/or
- 4). Youth is returning to the community from a residential placement.

Nothing in this section shall prohibit the use of state pool funds for emergency placements, provided the youth are subsequently assessed by the FAPT process within 14 days of admission and the emergency placement is approved at the time of placement.

Youths and families for whom assessment by a FAPT is not required, but for whom funds from the State Pool may be directly accessed to pay for specified services include the following:

- 1). Students for whom an IEP is in effect and whose IEPs require non-residential (Private Day) services;
- 2). Children who require foster care Maintenance Payments only; and/or
- 3). Children and families who are eligible or targeted for services under the Children’s Services Act who need emergency services such as, but not limited to, shelter. Such Youth to be subsequently assessed by the FAPT process within 14 days of admission and the emergency placement is approved at the time of placement.

Nonetheless, it is the practice of KWC CSA that all cases requesting CSA funding be staffed by the FAPT.

Unless otherwise required by State law or policy, no funds shall be expended for services for youths or families who are not mandated in any fiscal year in which supplemental funds are requested or expected to be needed, except that funds included in the annual plan which are designated for non-mandated services may be used for families and youth in accordance with provisions of Section 16.1-284.1.

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Chapter III. Organization

Provision of Services: Per the Code of Virginia and the King William County Board of Supervisors, the Community Planning and Management Team (CPMT) is comprised of an elected official or appointed official or his designee from the KWC Board of Supervisors, the agencies designated by the Children’s Services Act (Community Services Board, Juvenile Court Services Unit, Department of Health, Department of Social Services, and the Local School Divisions), parent representative(s), and a representative of a private organization or association of providers for children’s or family services (if such organizations or associations are located within the locality). Agency heads now or in the future named in resolutions of the Board of Supervisors shall be permanent members of the CPMT.

Each CPMT member who is an agency head will appoint a representative from his/her agency to serve on the Family Planning and Assessment Team (FAPT). In addition, the CPMT shall appoint at least one and no more than two parents members to the FAPT. FAPT members must possess authority to access services within their respective agencies.

Persons serving on the FAPT or CPMT 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 Interest Act, or a fiduciary interest. Parent representatives who are employed by a public or private program that receives CSA funds pursuant to this Manual may serve as a parent representative on the FAPT or CPMT provided that they do not, as a part of their employment, interact directly on a regular and daily basis with children or supervise employees who interact directly on a daily basis with children. Notwithstanding this provision, foster parents may serve as parent representatives. COV § 2.2-5205

King William County (KWC) Code does not require the CPMT and the FAPT Members to file Statement of Economic Interests (SOEI) forms.

The KWC CPMT will review KWC Code when appointments are made, or new members are onboarded.

Pursuant to Office of Children’s Services (OCS) Memo #18-12, non-salaried citizen members (i.e., parent and private provider representatives) must file the “long-form” SOEI disclosure upon appointment to their positions as required by § 2.2-5205 and § 2.2-5207 of the COV.

KWC CPMT will ensure that all parties not representing a public agency complete the proper form upon appointment and maintain filing in accordance with Administrative Memo #18-02 dated January 16, 2018. (CPMT action – 02/28/2023)

Persons who serve on a FAPT or CPMT shall be immune from any civil liability for decisions made about the appropriate services for a family or the proper placement or treatment of a child who comes before the Team, unless it is proven that such person acted with malicious intent.

The CPMT will meet monthly on the fourth Tuesday or on call of the Chair. The FAPT will meet monthly on the second Wednesday or on call of its Chair.

Members are expected to attend all meetings, or to send an agency representative to attend instead.

Per the King William County Board of Supervisors, the hired position of KWC CSA Coordinator shall coordinate with the CPMT and the FAPT and help administer the King William County Children’s Services Act. The KWC CSA Coordinator is currently housed with and supervised by the KWC DSS.

[INSERT KWC CSA Organization Chart FOLLOWING THIS PAGE]

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Chapter IV. FAPT Procedures

The FAPT will operate in accordance with Robert's Rules of Order. The majority vote applies. A quorum shall consist of 50% of the appointed members.

The FAPT will annually elect a Chairperson and a Vice-Chairperson. Secretarial duties shall be the responsibility of the CSA Coordinator.

The duties of the Chairperson shall be:

- a.) To preside at all meetings of the FAPT.
- b.) To appoint committees necessary for operation of the FAPT.
- c.) To work closely with the Chairperson of the CPMT.
- d.) To perform any other duties determined by the FAPT.

The Vice-Chairperson of the FAPT shall in the absence of the Chairperson, perform the duties of the Chairperson and any other duties assigned by the FAPT.

The Secretary of the FAPT shall assure that accurate records of all meetings are maintained.

Procedures Related to Family Assessment and Planning Teams (FAPT):

Referrals: Referrals to the Family Assessment and Planning team may be made by any of the following:

- 1). Judges through a FAPT agency.
- 2). Any community agency, whether or not represented on the FAPT.
- 3). Self-referrals by parent and/or youth.

The Chairperson of the FAPT will be the single point of access for referrals from any source.

The FAPT shall be bound by all applicable laws and regulations including those related to foster care, special education and court systems requirements.

- When an agency wishes to make a referral to the FAPT for review of a child's and/or family's situation, that agency's representative will contact the chairperson of the FAPT to request a staffing at the next regular meeting of the FAPT or within 10 days, whichever is deemed by the FAPT Chair to best meet the needs of the child. The chairperson of the FAPT will then schedule the staffing.
- When a parent wishes to make a self-referral to the FAPT for review of a child's and/or family's situation, that parent will contact the chairperson of the FAPT to request a staffing at the next regular meeting of the FAPT or within 10 days, whichever is deemed by the FAPT Chair to best meet the needs of the child. The chairperson of the FAPT will then schedule the staffing.

Any resulting recommendations from the FAPT that would necessitate the expenditure of State Trust Fund or Pool Funds will be transmitted by case manager to the chairperson of the CPMT. The CPMT will convene and act at its regular meeting for consideration and approval of the request prior to arranging services for which funds are required. CPMT Chair may call a special meeting if he/she deems necessary.

Appropriate family members will be invited to participate in all aspects of assessment, planning, and delivery of services. To assure that families are full participants in the assessment and planning process, members of the FAPT will prepare the family for the assessment and planning process in the following ways. These responsibilities shall be assumed by the assigned Case Manager.

- Meet with the family to explain the FAPT process and to obtain their consent for release/exchange of information by involved agencies and individuals. It shall be communicated to the parents/guardians orally and in writing that the consent to exchange/release information may be amended or repealed in whole, or in part, by their initiative at any point in time;

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- Provide families with appropriate notice of meetings and actions related to them;

- Invite the parents/guardians and, when appropriate, the child, to be present during the assessment and planning meeting
- Establish meeting times, places, and procedures that facilitate family participation;
- Support the family in preparing to present the child/family strengths, needs, and goals to the FAPT;
- Assess the family's need for transportation and child care, and facilitate the provision of support services to allow for their participation;

Documentation of efforts to involve the family (and the child when appropriate) will be included in the record of the meeting. Through this process, family members will have direct access to the FAPT through the designated Case Manager for input or to request changes.

The Case Manager will be assigned from the agency which makes the original referral. In the case of a self-referral, the FAPT chairperson will assign a Case Manager. If the family member is not satisfied with the response of the FAPT, he/she can appeal to the CPMT through its chairperson for reconsideration (See Chapter IX). The family will be notified of the designation of Case Manager as soon as it is made and will be notified of the identity of the chairperson of the FAPT and CPMT at or immediately following the initial FAPT meeting.

Prior to youth/family situation being reviewed by the FAPT, an Individual Family Services Plan (IFSP) may be drafted by the designated Case Manager for review by the FAPT. In cases of self-referral, an IFSP may be developed at or after the first FAPT staffing. The FAPT will take into consideration the appropriateness and cost effectiveness of the services planned. The service plan shall not be implemented without the consenting signature of the custodial parent and/or agency or individual legally serving in the place of the parent, unless otherwise ordered by the court, upheld by the appropriate judicial or administrative appeals process, or authorized by law.

Based on an approved IFSP, the designated Case Manager for the case will ensure that implementation of the plan is initiated immediately upon approval and will oversee the coordination and provision of services to the youth/family.

The designated Case Manager for each case will be responsible for ensuring that all monitoring and reporting on progress related to the IFSP is accomplished. All IFSPs utilizing Funds Pool resources for the provision of services shall be reviewed and, if appropriate, revised by the FAPT every six months. The FAPT or the Case Manager may request more frequent IFSP reviews on a case-by-case basis. Whenever the time frames indicated above exceed those required through the IEP or foster care planning procedures, the shorter required time frames shall take precedence.

If the FAPT has developed a recommended IFSP that involves expenditures from the local State Funds Pool allocation, the designated Case Manager will contact the CPMT chairperson to request inclusion on the agenda of the next CPMT meeting or a special called meeting, as deemed appropriate by the CPMT Chair, at which he/she will present the recommendations. The Case Manager shall present the IFSP to the CPMT. The CPMT shall act upon recommendations of the FAPT. If the CPMT denies the FAPT recommendation, the CPMT shall return the IFSP to the FAPT with recommendations for revision. The revision(s) will be reconsidered by the FAPT within 5 working days. The FAPT will resubmit the IFSP to the CPMT which shall act upon it within 5 working days. If the CPMT again denies the FAPT recommendation, a joint meeting of the CPMT, FAPT and the child/family shall be scheduled within 5 working days. Alternatively, if changes in the IFSP are suggested which are agreeable to the Case Manager, parents, child (if applicable) and a majority of CPMT members present, those changes may be made at the CPMT level and further FAPT action would not be required at that time.

The referring agency will be responsible for obtaining the appropriate consent to exchange client information and will arrange for the prompt release of records to the FAPT. All members of the FAPT will

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take the necessary actions to ensure confidentiality of all proceedings. In the case of self-referrals, the family is responsible for presentation of appropriate information. The fact that the family presents the information negates the requirement for consent to release information, although any relevant information in the possession of an agency can only be released with proper consent. Refusal to consent to release of information in the possession of an agency may constitute cause to deny services due to lack of sufficient information.

If there is not consensus among FAPT members regarding the recommendations, the FAPT, by majority vote, may request a review by the CPMT by contacting the CPMT chairperson.

Audio or video recording of FAPT meetings will only be allowed when the person(s) desiring to record the meeting notifies the FAPT Chair in writing at least two (2) days prior to the meeting and all members of the family being discussed agree to such taping. It shall be the obligation of the person seeking to tape the meeting to secure all such consent.

The FAPT shall limit any one case presentation to one half-hour. This time limit shall only be extended when a majority of the FAPT members present agree to such extension.

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Chapter V. CPMT Procedures

The CPMT meetings will operate in accordance with Robert's Rules of Order. The majority vote applies. A quorum shall consist of 50% of the appointed members.

Each agency represented on the CPMT will be responsible for quality assurance for services for which their agencies are responsible. In the case of self referral, the assigned Case Manger will be responsible for quality assurance (see Chapter IV. FAPT Procedures). The CPMT will annually review programs approved by the CPMT for quality assurance and funds management.

The CPMT will annually elect a Chairperson and a Vice-Chairperson. Secretarial duties shall be the responsibility of the CSA Coordinator. The duties of the Chairperson shall be:

- a.) To preside at all meetings of the CPMT.
- b.) To appoint committees necessary for operation of the CPMT.
- c.) To work closely with the Chairperson of the FAPT.
- d.) To perform any other duties determined by the CPMT.

The Vice-Chairperson of the CPMT shall, in the absence of the Chairperson, perform the duties of the Chairperson and any other duties assigned by the CPMT.

The Secretary of the CPMT shall assure that accurate records of all meeting are maintained.

The CPMT shall meet monthly, or more frequently if the Chair determines, to manage the implementation of the Children's Services Act for At-Risk Families and Children. CPMT activities will include (but shall not be limited to) the following:

- a.) Formulation, review, and revision of policies needed for the efficient and effective implementation of the Children's Services Act;
- b.) Planning annually for development of needed fiscal and programmatic resources;
- c.) Considering approval or disapproval of expenditures of CSA funds when expenditures are proposed by the FAPT or when CPMT consideration is otherwise requested by the FAPT, the CPMT Chairman, or a child or his/her family or representative.

Audio or video recording of CPMT meeting will only be allowed when the person(s) desiring to record the meeting notifies the CPMT Chair in writing at least two (2) days prior to the meeting and all members of the family being discussed agree to such taping. It shall be the obligation of the person seeking to tape the meeting to secure all such consent.

The CPMT shall limit any one case presentation to one half hour. This time limit shall only be extended when a majority of the CPMT members present agree to such extension.

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Chapter VI. Inter-locality Transfers

Referrals To Other Localities:

Any member agency becoming aware of a family residing in King William who is being served by a FAPT-initiated IFSP and is changing legal residence to another locality in Virginia shall notify the Case Manager within 3 working days. The Case Manager will confirm the family's intent to relocate and, upon receiving such confirmation, will obtain a signed consent from the family for the release of FAPT record to the CPMT in the locality to which the family plans to move. The Case Manager shall also obtain from the family their new address, phone number, and the date of their anticipated change of legal residence. The Case Manager shall inform the FAPT of the family's intent to relocate.

The CSA Coordinator will coordinate services in the new jurisdiction within the policies and procedures established by the CPMT. The CPMT fulfills its responsibility for the provision of services to the child and family for up to 30 calendar days after the FAPT paperwork is received by the CSA of the new locality of residence. The Case Manager and/or the CSA Coordinator shall inform service providers and the fiscal agent of planned changes in the child/family's legal residence and the date on which King William's financial responsibility for services will terminate. [revised 03/28/2017]

Upon confirmation of the family's intent to relocate, the Case Manager will notify the CSA Coordinator who will contact the locality to which the family is relocating to advise of the impending move. The CSA Coordinator shall ascertain the requirements for referral to the receiving locality and shall forward official notice by fax or certified mail or secure email to the appropriate contact person in that community. [revised 03/28/2017]

All material required by the receiving locality will be forwarded by fax or certified mail at the earliest possible date in order to facilitate a smooth transition in the provision of services.

Referrals From Other CPMTs

When any member of the FAPT or CPMT becomes aware that a youth has been served through the CPMT pool of funds in another locality, or otherwise receives notice/becomes aware that the family has changed their legal residence to King William County, the CSA Coordinator will be informed. The previous locality's CPMT within 3 working days will be requested to provide an appropriate referral.

The King William CPMT will require the following information in writing from the transferring CPMT upon referral, whether locally initiated or initiated by the original locality to be considered a "complete referral".

1. Name (s) of youth and family members, and
2. Current address and phone number in King William County, and
3. The planned or actual date of change in legal residence, and;
4. The current IFSP with related supportive information and documents.

Upon receiving a complete referral, the FAPT chairperson will be notified and the case will be scheduled for review by the FAPT chairperson within 10 working days. The FAPT chairperson will assign an appropriate Case Manager (unless one has been identified earlier in the referral process) who will contact the family. The family will be assisted as necessary to meet with the FAPT and will be invited to participate in the review process. The Case Manager will also communicate with the referring Case Manager regarding background of youth/family and services provided to date, if necessary. This information will be presented at the FAPT review.

When possible, the FAPT will attempt to receive appropriate information regarding case services prior to the relocation to ensure a smooth transition of services.

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Within 30 days of receipt of a complete referral from another CPMT, and obtaining sufficient proof that the youth/family is legally residing in King William County, the King William FAPT will assess the existing IFSP to determine if the plan should be adopted or amended before implementation. FAPT procedures for considering new referrals will be followed to the extent possible, but every effort will be made to allow for continuity of service provision in the transfer process.

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Chapter VII. Fiscal Procedures

The CSA funds in the interagency budget allocated from the State Funds Pool, the Trust Fund, and any other source will be managed in accordance with the policies and procedure of the County by the Finance Officer who acts as the fiscal agent, in accordance with any specifications of the Children's Services Act. The State Funds Pool shall be used exclusively for the direct purchase of services for children and their families deemed eligible for such services by the King William County CPMT polices. Pool funds shall not be used to supplant existing programs supported in any way by Federal or State funds.

(See Appendix C – FUND STREAMS AVAILABLE TO LOCAL GOVERNMENTS FOR CHILD-SPECIFIC PURCHASED SERVICES)

Except as otherwise allowed by policy, only the King William County CPMT or its Chair has the authority to approve the expenditure of funds from the State Funds Pool. The CSA Coordinator shall prepare a "Purchase of Services Order" form from the FAPT- and CPMT-approved IFSP. This authorization shall include, at a minimum, a child/family identifier, a summary of demographic information required for reporting purposes, a description of the services(s) to be purchased, the duration and frequency of delivery of services, the cost of services by unit and by total to be expended, and the provider of the service(s).

The expenditure of funds will be accomplished by the fiscal agent following authorization by the CPMT. Authorization shall occur via a signed "Purchase of Services Order" form, and a completed "Vendor Invoice" form. (See Appendix A for forms and instructions).

The CPMT fiscal agent shall maintain records that are necessary to document that each expenditure from the State Funds Pool has been made on behalf of a specific child (or list of specific children). It is not necessary for the fiscal agent to maintain a child's actual name in the office so long as an identifier is used that can be traced under an audit to the child.

The fiscal agent 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. The fiscal agent shall also generate a year-to-date compilation of expenditures and a statement of current obligations on a monthly basis which shall be provided to the CPMT Chair, if requested.

An audit of funds management will be provided annually in the County's annual audit.

Those agencies whose services normally include emergency services and shelter care, and whose funds for purchase of these services are now in the State Funds Pool may access the pool directly for purchase of those services, up to a maximum of \$1,000 per child on an emergency basis within a 14 day period within the agency's guidelines in the policy for emergency services and shelter care, provided the youth are subsequently assessed by the FAPT process within 14 days of admission.

Respite care may be funded if necessary for mandated cases on an emergency basis, and if the situation meets the DSS criteria established for placement of a child in respite care. The respite care placement shall be reviewed by the FAPT within 14 days of placement. The agency providing emergency respite services is authorized to spend a maximum of \$1,000 per child within a 14-day period. The DSS and/or any other agency providing emergency respite care, shelter, or other emergency services may access the State Funds Pool for the provision of these services. The DSS agency Director or other CPMT authorized person shall submit a signed "Purchase of Services" and "Vendor Invoice" form with his/her signature to the fiscal agent. This shall serve as a reimbursement request form for services rendered by the submitting agency and shall be paid directly by the fiscal agent.

The fiscal agent is authorized to reimburse the DSS or the respite care services provider up to a maximum of \$1,000 per child (within a 14 day period) for these expenditures without prior approval by the CPMT, provided appropriate documentation is submitted.

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In the event that the above time and financial limits are not adequate, the DSS and/or the respite care agency shall arrange for an emergency FAPT meeting and, if necessary, an emergency CPMT meeting. The Department of Social Services or the respite care agency shall NOT be reimbursed for any expenditure which is not of an emergency nature and which exceeds either the time frame or financial limits established herein.

The FAPT has been authorized by the CPMT to approve expenditure for an Assessment for the appropriateness of Intensive In-Home services and/or up to 30 days of Intensive Care Coordination or Crisis Stabilization services, on a case by case basis, in order for said services to begin immediately; said services to be billed to Medicaid, MHI funds (for a non-mandated child), and/or CSA State Funds Pool. The CPMT will ratify such actions at a regularly scheduled meeting. (CPMT action – 01/25/2005; revised 09/27/2016)

In emergency situations, the KWC CPMT give the KWC CPMT Chair, or his designee, authority to authorize up to \$5,000 for an IFSP until the KWC CPMT meets again to vote on the expenditure. (CPMT action – 03/27/2018)

Parents/guardians are required to apply for Medicaid when a non-mandated service that can be funded by Medicaid is requested. Exceptions can be made on a case by case basis. (CPMT action – 04/28/2009)

Therapeutic Day Treatment (TDT) and non-mandated funds: There should be enough non-mandated funds (non-mandated pool funds and MHI funds) for each school system to have one non-mandated TDT slot/year – TDT services intended to prevent future/additional services for these children by both CSU & CSA; CSB will serve as FAPT Case Manager, have parents apply for Medicaid, and conduct the Parent Contribution Assessment. (CPMT action – 06/23/2009) Payment for TDT services is the priority use for Non-Mandated funds. However, Non-Mandated funds can be used for other services on a case by case basis. (CPMT action – 01/24/2017)

The CSA Coordinator has been authorized by the CPMT to sign the Children's Services for at Risk Youth County of King William Agreement for Purchase of Services as the representative of the Buyer (King William County); such Agreement serving as a legal contract between King William County and Providers (Vendors) of services to at Risk Youth. (CPMT action – 10/23/2012)

The CSA Coordinator has been authorized by the CPMT to sign Placement Agreements on behalf of the KWC CPMT once the placement and funding have been approved by the CPMT. (CPMT action – 10/23/2012)

The CSA Coordinator has been authorized by the CPMT to extend the service delivery period of an authorized Purchase of Services Order, without bringing the request back to the CPMT, when circumstances warrant such an extension, and when the extension will not exceed the authorized encumbrance amount or the maximum authorized units of service. The CSA Coordinator will inform the CPMT of any such actions. (CPMT action – 10/23/2012)

The CSA Coordinator has been authorized by the CPMT to correct the unit cost up to 5% on an authorized Purchase of Services Order, and thus change the encumbrance amount, without bringing the request back to the CPMT, in the circumstance of an incorrect unit cost having been presented to and authorized by the CPMT. The CSA Coordinator will inform the CPMT of any such action. (CPMT action – 10/23/2012)

The CPMT Chair and Fiscal Agent, with CPMT input and relevant agency consultation shall develop an annual Funds Pool Allocation plan for approval by the CPMT and will subsequently present the budget to the County Administrator and Board of Supervisors for appropriation. This plan ordinarily will include:

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- a.) Number of mandated target youth receiving services and the associated costs:
 - for the previous year,
 - estimated for the current year, and
 - projected for the coming year.
- b.) Number of non-mandated target youth receiving services and the associated costs:
 - for the previous year,
 - estimated for the current year, and
 - projected for the coming year.
- c.) Number of “other eligible” youth projected to receive services and the associated projected expenses for the coming year.

The priorities for funding shall be:

- a.) First, mandated cases;
 - b.) Second, targeted cases, as funding is available; and,
 - c.) Third, other eligible cases, as funding is available.
- (See Chapter II for definitions of above case types.)

Unless otherwise required by State law or policy, no funds shall be expended for services to youths or families who are not mandated in any fiscal year in which supplemental funds are requested or expected to be needed, except that funds allocated in the annual plan designated for non-mandated services may be used for families and youth in accordance with provisions of State Policy.

Contracts for the provision or operation of services will be reviewed by the CPMT and upon approval, the Chairperson of the CPMT will be authorized to sign the contracts. The authority to develop grants and to contract for the implementation of services approved in the overall interagency budget is implicitly conveyed to the CPMT by the Board of Supervisors by its having taken action establishing the CPMT and empowering it to act.

The CPMT will obtain bids on the development of new services in accordance with applicable State and Local procedures.

4.4.1 Reimbursement and Children Placed Outside Community and Across Jurisdictions

“Notwithstanding any provision of this chapter to the contrary or any practice or previous decision-making process of the state executive council, Office of Children’s Services, state and local advisory team, any community policy and management team, any family assessment and planning team or any other local entity placing children through the Children’s Services Act (CSA), the following restrictions shall control:”

1. “In the event that any group home or other residential facility in which CSA children reside has its licensure status lowered to provisional as a result of multiple health and safety or human rights violations, all children placed through CSA in such facility shall be assessed as to whether it is in the best interests of each child placed to be removed from the facility and placed in a fully licensed facility and no additional CSA placements shall be made in the provisionally licensed facility until and unless the violations and deficiencies relating to health and safety or human rights that caused the designation as provisional shall be completely remedied and full licensure status restored.”
2. “Prior to the placement of a child across jurisdictional lines, the family assessment and planning teams shall (i) explore all appropriate community services for the child, (ii) document that no appropriate placement is available in the locality, and (iii) report the rationale for the placement

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decision to the community policy and management team. The community policy and management team shall report annually to the Office of Children’s Services on the gaps in the services needed to keep children in the local community and any barriers to the development of those services.”

3.“Community policy and management teams, family assessment and planning teams or other local entities responsible for CSA placements shall notify the receiving school division whenever a child is placed across jurisdictional lines and identify any children with disabilities and foster care children to facilitate compliance with expedited enrollment and special education requirements.” [COV § 2.2-5211.1](#)

Policy Manual for the Children’s Services Act, July 2015; Revisions: July 2016; January 2018; January 2019

9.1.3 Wraparound Services for Students with Educational Disabilities

The State Executive Council (Policy 4.1.3) has extended the “special education mandate” established under [§2.2-5211.B.1](#) as follows:

The special education mandate may be utilized to fund non-residential services in the home and community for a student with a disability when the needs associated with his/her disability extend beyond the school setting and threaten the student’s ability to be maintained in the home, community, or school setting.

Under this eligibility category, the typical CSA processes of multi-disciplinary FAPT consultation, CPMT approval and IFSP development can and, where appropriate, should be utilized to develop and fund additional services not part of the IEP to address non-educational needs that may benefit the student and/or facilitate a more effective return to the public schools. It should however, be made clear to the parents of a student being served via an IEP that any such additional services are separate from those specified in the IEP and therefore subject to CSA policies and procedures and not IDEA.

Each year, a specific level of funding is made available to each locality to provide such Wraparound services. To be eligible for these services the child must have an educational disability, as evidenced by a current IEP. The services must be provided in the home or community. These services cannot be provided in the public school setting during the normal educational day.

In accessing these funds, all of the typical CSA processes (e.g., FAPT recommendation/CPMT approval of the placement, completion of the IFSP) are required.

CSA User Guide, July 1, 2016; updated September 1, 2018
Adopted 3/28/2017

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Chapter VIII. PARENTAL FINANCIAL CONTRIBUTIONS

Part of the philosophy of the Children's Services Act, adopted by the King William County Community Policy and Management Team, is that parents (including legal guardians or custodians) are active and equal participants in all aspects of planning and implementing services for their children. It is expected that parents will attend CPMT and FAPT meetings and will provide input and opinions during the planning process, that parents will actively participate in the delivery of services and that parents will share in the costs of services at a level consistent with their ability to pay.

Parents' inability pursuant to this policy to provide financial contributions, once verified in writing, shall not prevent the delivery of services to any child. However, parental unwillingness to accept financial Co-responsibility for the provision of services, or their unwillingness to cooperate in the planning and delivery of services, may be viewed by the Community Policy and Management Team as being detrimental to the effectiveness of services and may disqualify the family from receiving CSA-funded services.

Under the authority of Virginia Code 2.1-252.3 and 2.1-254.4, as amended, the following policies and procedures shall be used to assess the ability of parents or legal guardians to contribute financially to the cost of services for all children qualifying for services planned or administered under the King William County Community Policy and Management Team or the Family Assessment and Planning Team and, when not specifically prohibited by federal or state law or regulation, to determine the appropriate parent, legal guardian or custodial financial contribution required to reimburse all or part of the costs of services.

Except as provided below, all parents, legal guardians or financially responsible custodians of children receiving services through or under the Children's Services Act shall be responsible for financial contributions in line with the schedules and worksheet calculations adopted by the King William County Community Policy and Management Team.

Parents, guardians or custodians of children receiving educational services contained on an Individualized Education Plan (IEP) are exempt from the parental contribution requirement for those services, per PL 94-142.

Parents, guardians or financially responsible custodians of children and those in the custody of the Department of Social Services (or in non-custodial foster care, and receiving residential services) shall be assessed by the case manager and approved by FAPT for financial contributions pursuant to the presumed amount on the charts in Section 20-108.2 of the Code of Virginia, 1950, as amended.

Any income received by the Department of Social Services for a child in the custody of the Department of Social Services shall be reimbursed to the fiscal agent of the CPMT. The amount due the fiscal agency shall be determined monthly by comparing (a) the total monthly expenditure for the child, and (b) an amount which equals one hundred (100) percent of the income actually received for the child during that month. The lesser of those two amounts shall be remitted to the fiscal officer.

Parents, guardians, or financially responsible custodians of all other children receiving services through and under the Children's Services Act shall be assessed by the case manager and approved by FAPT for financial contributions pursuant to the following formula. The monthly contribution towards the cost of all non-residential, non-custodial services shall be 5% of each parent's (or guardian's or financially responsible custodian's) monthly gross income or the actual cost of services, whichever is less.

The reference herein to parents shall be defined as the "parent or parents with legal custody or living in the same household as the child who will receive services." The gross income shall include any moneys received for child or spousal support and shall not include any moneys paid for child or spousal support. Parents, guardians or financially responsible custodians of children receiving residential services through or under the Children's Services Act who receive Supplemental Security Income (SSI), Social Security, VA benefits, or other moneys on behalf of the child, shall be required to immediately inform the

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source of the moneys of the child's change in residence; and unless otherwise provided, eighty (80) percent of such financial support received by the parent shall be diverted to the fiscal agent for the Community Policy and Management Team.

All parents, guardians or financially responsible custodians shall be assessed the financial contribution amount and informed of the same in writing prior to the commencement of services.

Parents, guardians or financially responsible custodians dissatisfied with the financial contribution may request financial relief through the Community Policy and Management Team by completion of the Request For Financial Relief Package which is made part of this policy.

The FAPT and CPMT can use discretion as to waiving the Parent Contribution assessed for IFSP (non-mandated) services, complying with the Parental Financial Contributions process as detailed in this chapter and with Parental Contribution documents located in Appendix A.

The CPMT waived the Parental Contribution Assessment for the MPNN CSB's Summer Enrichment or TDT program.
(CPMT action, 05/24/2016)

The CPMT's Fiscal Agent has the responsibility for billing and collection of financial contributions from parents, guardians or custodians. The moneys received will be transferred to the King William County Children's Services Account as a reimbursement. In the event that a court order is necessary for the assessment or collection of these contributions the matter shall be referred to the Division of Child Support Enforcement to pursue.

PARENTAL NOTICE

When referral for Children's Services Act services is made, the initial Case Manager gathering information from the family shall ensure that the family (parent, guardian or custodian) receives a full explanation of the Children's Services Act process and that the parents, legal guardians or financially responsible custodians are advised of the expectation that they will assume an active role in the planning and delivery of services for the children and that this includes their financial contribution to the cost of services as determined by their assessed ability to pay;

As FAPT proceeds to evaluate and discuss possible services for the family the case manager shall assume these responsibilities:

1. Assessing the parents', guardians' or financially responsible custodian's monthly gross income, the number of family members and the corresponding level of financial contribution based upon these policies and procedures.
2. Informing the parents, guardians or custodians in writing of the financial assessment and the level of financial contribution that will be expected;
3. Obtaining a signed consent on the Parental Contribution Agreement or the Request for Financial Relief Form once a specific service plan has been developed;
4. Reaffirming or revising the parental contribution agreement each time the service plan is reviewed or revised (including revisions due to changes in family income and the nature of services).

[revised October, 2014]

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Chapter IX. DUE PROCESS PROCEDURES

Nothing within the following review process precludes any other right of appeal under existing state or federal law.

Any youth or family dissatisfied with the action of the FAPT, including but not limited to the denial of access to the team, assessment, planning or implementation of services, may file a written request for review to the CPMT.

At the conclusion of FAPT review meetings, the youth/family will be provided with appropriate notice of meetings and actions related to them. Upon request, the FAPT shall provide the youth/family with a copy of the IFSP and a written notice of the proposed action taken, including their right to a review by the CPMT. (See Appendix A – CSA FOR AT-RISK YOUTH AND FAMILIES KWC FAPT/CPMT CHILD/FAMILY RIGHTS)

A review may be requested by the youth or family for any action including, but not limited to, denial of access to the FAPT, dissatisfaction with the FAPT assessment, planning or implementation activities, or improper notification of meetings and actions by the FAPT. **THE CRITERIA FOR ELIGIBILITY AS ESTABLISHED HEREIN BY THE CPMT SHALL NOT IN ITSELF PROVIDE SUFFICIENT GROUNDS FOR DUE PROCESS REVIEW.**

The youth and family shall submit a written request for review to the CPMT within 10 calendar days of receipt of the FAPT notice. The CPMT must hold a review within 30 calendar days after receiving a request for review. The CPMT may uphold or alter the FAPT decision.

The CPMT shall respond in writing to the youth and family's request for a review.

Once a CPMT decision has been made on a request for review, there can be no further appeal on that particular request unless new information is introduced. The CPMT decision is final in all requests for review.

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Chapter X. DUTIES/PROCESSES

KWC CSA Case Manager Duties:

- Presenting a Case to the FAPT
 - Meet with parents; give Child/Family Rights; obtain signed Release of Information form
 - Administer CANS (the CANS highlights needs/areas of concern & is helpful in directing or modifying service requests); work with parents to make proposed service plan
 - Identify possible Service Provider(s)
 - Make sure Provider(s) are listed on the Service Fee Directory of the CSA website (www.csa.virginia.gov) & print a copy of the page describing the requested service(s) to give to the CSA Coordinator
 - Negotiate child-specific services, including frequency, intensity, cost
 - Fill out all required FAPT Referral paperwork (see FAPT Referral Packet Checklists, Checklist Instructions, and Parental Contribution Assessment paperwork)
 - At least one week prior to the FAPT meeting:
 - Contact CSA Coordinator for FAPT presentation plans (meeting presentation time; e-mail vote request, etc.)
 - Parent/Guardian/Caretaker must be informed of meeting time and invited to attend
 - Inform Service Provider(s) of meeting time and invite to participate in person or by phone
 - Inform any other FAPT members whose agency is involved in any aspect of the child's life that the child is being presented
 - Make 7 copies of the IFSP, Section I, pp 1 & 2 to hand out to the FAPT members (or arrive a little early so CSA Coordinator can make copies)
 - Give complete FAPT Referral Packet to CSA Coordinator along with Contact Information for Purchase Orders and Invoices
 - Be prepared to answer questions/discuss the case including previous services/interventions and outcomes
- Presenting a Case to the CPMT
 - Attend meeting prepared to answer questions/discuss the case
 - If CM cannot attend meeting, please give all information/discuss the case with a representative of your agency who can attend to present the case
 - Parents/Guardians/Caretakers are to be informed of meeting date in case they want to participate, but are not required or expected to attend
- Managing a Case
 - Notify Parents/Providers of FAPT & CPMT decisions
 - Maintain a folder containing all CSA documentation on each child
 - Sign Purchase Orders
 - Check invoices for accuracy before signing and sending to CSA Coordinator for payment; depending on the invoice, CM may be able to resolve any issues; or, draw CSA Coordinator's attention to any discrepancies
 - CM is responsible for requesting and monitoring receipt of monthly progress reports from Provider – make a copy and give to CSA Coordinator; preferably with the monthly invoice; if a report is not received, check 'N' on the invoice – CSA Coordinator will hold invoice for payment until report is received
 - Stay in contact with Child/Parents/Provider; visit Provider
 - Continuation of services or Changes in services: Administer CANS/fill out required paperwork (see FAPT Referral Packet Checklists, Checklist Instructions, and Parental Contribution Assessment paperwork); present at FAPT & CPMT
- Closing a Service or a Case – fill out required paperwork (see FAPT Discharge Packet Checklist) whenever a service ends, and give to the CSA Coordinator

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King William County CSA Coordinator Duties:

Purpose: The purpose of the position of the KWC Children's Services Act (CSA) Coordinator is to facilitate high quality, child centered, family focused, cost effective services to at-risk youth and their families within the King William County government structure as organized under the Virginia CSA. The KWC CSA Coordinator serves as manager of the system process to create improved outcomes for children and families.

Organization: The CSA Coordinator reports to the KWC CPMT and the KWC Board of Supervisors. The CSA Coordinator is currently supervised by the Director of Social Services and is currently housed in the Department of Social Services.

Responsibilities:

- Assist the KWC Community Policy & Management Team (CPMT) with the development, implementation & revision of local policies & procedures regarding the operation of the CSA program, including fiscal operation, that are in compliance with state law and policy
- Implement, in collaboration with local partner agency (Court Services Unit, Community Services Board, Department of Social Services, local School divisions, Health Department) staff and other KWC CPMT members, the policies, procedures and guidelines adopted by the State Executive Council
- Monitor and provide information to the KWC CPMT on partner agency policy changes, legislative changes or any local, state or federal policy, guideline or legal changes that affect the operation of the CSA program; including monitoring of legislation during the General Assembly session
- Assist with planning and projection of needs of the KWC CSA budget
- Monitor program funding to determine compliance with prescribed policy, procedures and operating standards, program regulations, or contractual requirements
- Ensure CSA requirements are met in order for KWC to receive state reimbursement for funded services
- Monitor program expenditures; report the types of services provided to families and the expenditures associated with those services to the KWC CPMT
- Prepare and submit Supplemental Allocation Funding Requests and other fiscal documents as needed
- Prepare and submit required fiscal and other reports to the state
- Reconcile monthly Medicaid Adjustment reports with the monthly Medicaid report provided by Fiscal Agent – including children's names and payment amounts
- Ensure that logistical arrangements are made for meetings of the CPMT and FAPT, including, but not limited to: the meeting agenda, notifying participants, providing a confidentiality agreement, taking minutes, and ensuring the proper representation of members on the CPMT and FAPT as required by the Code of Virginia
- Revise local forms as needed to be consistent with current policy and procedures
- Assist the CPMT in developing measurable outcomes and a plan for collecting and analyzing data regarding those outcomes
- Ensure family involvement and engagement in the FAPT process
- Keep timely and complete case files on each CSA child in a secure location in accordance with the Library of Virginia Retention Schedule
- Provide case managers and the FAPT information on vendors, services, treatment options and modalities

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- Inform case managers of required forms, documents, and other paperwork; of the pending expiration of POSOs; and due dates of the mandatory uniform assessment instrument
- Identify the most appropriate funding sources for services and assure all resources have been explored prior to use of CSA funding
- Notify Case Managers of CPMT meetings and actions
- Prepare Purchase of Services Orders (POSOs) and invoices for authorized program expenditures; obtain signatures; mail to Services Vendors
- Process correctly submitted monthly invoices for payment
- Properly collect Parental Contributions, Vendor refunds, Payments on Behalf of Children, etc.; ensure such collections are correctly credited to CSA expenditure lines; notify delinquents
- Provide training and technical assistance in the provision of efficient and effective services that are responsive to the needs and strengths of at-risk youth and their families
- Promote effective communication and collaboration between agencies, service providers, and KWC residents
- Represent KWC CSA at local, regional and state CSA meetings/trainings; report pertinent information to the CPMT and FAPT
- AS NEEDED: take CPS calls; work in KWC Emergency Shelter

02/2015

King William County CSA Fiscal Agent Duties:

Responsibilities:

- Disperse payments to CSA services providers according to County Policy
- Prepare and submit monthly CSA Pool Reimbursement Request Reports
- Access monthly Medicaid reports; share with CSA Coordinator
- Reconcile actual CSA Pool Reimbursements with CSA Pool Reimbursement Request Reports, received Parental Contributions and other payments, and Medicaid Reimbursement reports
- Sign properly authorized and prepared Purchase of Services Orders
- Keep hard copies of paid invoices and other fiscal CSA documents in a secure location in accordance with the Library of Virginia Retention Schedule

02/2015

[INSERT KWC CSA Request/Fiscal Process FOLLOWING THIS PAGE]

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King William County CSA Receipts and Payments Process:

Receipts:

NOTE: All receipts should be in the form of a check or Money Order

1. Vendor Refunds, Parental Co-Payments, Payments made on behalf of a child (SSA, SSI, VA benefits, etc.), Child Support Collections; or any other receipts date-stamped as received by KWCDSS front desk or CSA Coordinator
2. KWCDSS front desk enters payment record details on spreadsheet
3. CSA Coordinator writes receipt, as needed; mails receipt, as needed (Parent Co-Pay); copies for child's CSA record and for FAPT Case Manager's record
4. CSA Coordinator fills in and signs/dates KWC CSA Revenue Transmittal Form; copies along with the check or Money Order for child's CSA record; KWC Fiscal Office; and Monthly CSA Payment record
5. CSA Coordinator writes the type of receipt (Vendor Refund, Parent Co-Pay, etc.) on the copies
6. CSA Coordinator hand-delivers check or Money Order with signed KWC CSA Revenue Transmittal Form to KWC Treasurer's Office; KWC CSA Revenue Transmittal Form is signed by Treasurer's Office and a copy given to CSA Coordinator, which is filed in the child's CSA record

Payments:

NOTE: The following process is followed only after all KWC CPMT requirements for KWC CPMT Invoice payment have been met

1. CSA Coordinator enters KWC CPMT Invoice payment information into KWC DSS/CSA Data Set/Financial information Program once monthly; CSA Coordinator keeps a copy of that month's payment information
2. CSA Coordinator and/or DSS Office Manager export payment information to KWC Finance Program
3. CSA Coordinator gives original invoices and copies of corresponding Purchase of Services Orders (POSOs) to KWC Finance Office
4. KWC Finance Office writes/sends out payments to CSA Providers/Vendors. KWC payment to CSA Providers/Vendors occurs once a month on the last working day of the month. Both KWC Finance Office and KWC CSA Coordinator keep financial records on CSA payments made. CSA keeps original POSOs and invoice copies in each CSA child's record. KWC Finance keeps original invoices and POSO copies.

05/2015

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Chapter XI. ETHICS/CONFLICT OF INTEREST/RISK MANAGEMENT

King William County CPMT and FAPT Ethical and Conflict of Interest Standards:

General Ethical Standards

It is every Member's obligation to make sure that the Team conduct enhances the public's trust in the KWC CPMT/FAPT and its mission. Therefore, when engaged in CPMT/FAPT activities, every Member should:

1. Avoid activities which conflict or may appear to conflict with the best interest of the CPMT/FAPT and its clients. Activities such as having a personal involvement with a current or potential vendor, grantee, or recipient of services fall within this category;
 2. Decline a gift, gratuity, favor, food, transportation, lodging or entertainment for the performance of CPMT/FAPT duties or offer to influence decisions made on behalf of the CPMT/FAPT. Exceptions to this rule would be promotional items of nominal value (\$30 per person). If uncertain as to the value of the gift in question or of the appearance of impropriety, clarification should be sought from the CSA Coordinator (CPMT Chair?);
 3. Refrain from participating in or otherwise influencing the selection of staff, consultants, or vendors who are relatives or personal friends;
 4. Not allow personal beliefs and practices whether they be religious, lifestyle, dietary, etc. to enter into the professional relationship with the client;
 5. Show respect for and be courteous to Team Members, clients and the public;
 6. Disclose all potential conflicts of interest in any matter to the CPMT Chair (CSA Coordinator?);
 7. Ensure that all information which is confidential, privileged or nonpublic, is not disclosed to third parties.
- This list is not exclusive and other actions may constitute a breach of General Ethical Standards.

Professional Standards

Each Member is expected to show professionalism in the manner in which they dress and interact with clients and Team Members. Inappropriate language (profanity) is specifically prohibited during client interactions and in the Team meetings. KWC CPMT/FAPT Members must always maintain the highest professional standards and shall:

1. Maintain the best interest of the client as the primary professional obligation;
2. Carry out his/her professional duties and obligations with integrity and objectivity;
3. Have and maintain competence in the provision of client services;
4. Not exploit the relationship with a client for personal benefit, gain, or gratification;
5. Protect the confidentiality and privacy of all information acquired from the client or others regarding the client and the client's family unless:
 - A. The client authorizes in writing the release of specified information; or
 - B. The information is released under the authority of a statute or an order of a court of competent jurisdiction; or
 - C. Otherwise authorized by the *Code of Virginia*;
6. Not allow another profession, occupation, affiliation, or calling to affect the professional relationship with the client;
7. Develop and maintain the required skills and competence to perform the job.

This list is not exclusive and other actions may constitute a breach of Professional Standards.

Disclosure of Conflicts

Any known or possible breaches of these standards or of the Conflict of Interest statute should be disclosed. The disclosure should be made to the CPMT Chair as soon as possible. All reports of possible breaches will be treated confidentially to the fullest extent permitted by law. All reports will be investigated and, if needed, appropriate action taken based upon the policies of the organization(s). Retaliation against a person who suspects and reports in good faith is a violation of this policy.

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Statutory language to guard against conflict of interest is found in §2.2-5205 and §2.2-5207 requires non-salaried CPMT and FAPT citizen members (parental and private provider representatives) to complete a Statement of Economic Interests Form upon appointment.

Sections §2.2-5205 and 2.2-5207 require that CPMT and FAPT parental and private provider representatives abstain from decision-making where there may be a personal or fiduciary interest. Essentially, all CPMT and FAPT members are expected to avoid any activity which might be perceived as or actually benefitting them personally.

CSA User Guide, July 1, 2015; updated September 1, 2018

Gifts and Other Things of Value Received

1. Items of value (over \$30 per person) for work performed for the KWC CPMT/FAPT received because of the Member's association with the KWC CPMT/FAPT must be declined, or, in the case of honorariums and stipends, turned over to the KWC CSA.
2. Notwithstanding this rule, a Member may accept (1) the free participation in an event or dinner to which he/she has been invited as a member of a group or organization, or (2) may accept a meal or other event of value greater than \$30, provided approval of the CPMT Chair has been given and such acceptance does not constitute a conflict of interest under the Virginia Conflict of Interest Act.
3. Although token gifts (valued at less than \$30) may be accepted, they should be declined in all circumstances when the intent of the giver is to obtain special consideration.

Violation Policy

1. If a Conflict of Interest report is investigated and found to be valid, the Member shall have the option to discontinue his/her relationship with the conflicting party or remove him/herself from the Team.
2. If there is a conflict of interest with a Member service provider identified on a specific IFSP, then that provider shall abstain from the vote on the service on the specific IFSP.
3. If a breach of ethics report is investigated and found to be valid, the Member shall remove him/herself from the Team.

Chapter IX adopted 01/2015

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**KWC CPMT and FAPT
Risk Management: Preventing Fraud**

There is always risk of fraud in any organization.

The KWC CPMT/FAPT considers these actions specific fraud risks:

- Any dishonest or fraudulent act
- Misappropriation of funds, securities, supplies, or other assets
- Impropriety in handling or reporting of money or financial transactions
- Profiteering as a result of insider knowledge of organization/agency activities
- Disclosing confidential and proprietary information to outside parties
- Disclosing to other persons securities activities engaged in or contemplated by the organization/agency
- Accepting or seeking anything of material value greater than \$30 from contractors, vendors, or persons providing services/materials to the organization/agency
- Destruction, removal, or inappropriate use of records, furniture, fixtures, and equipment
- Any other activities or events that cause benefit to an individual or group at the unauthorized expense of the organization/agency

Violation Policy/Procedure for Reporting Suspected fraud/abuse:

- If a member of the FAPT or CPMT suspects another member or FAPT Case Manager of fraud, the member will report the suspicion to the Chair of the respective Team, who will investigate along with the Chair of the other Team and the CSA Coordinator.
- If the suspected member is the Chair of the FAPT or CPMT, the member will report the suspicion to the Chair of the other Team and also to the CSA Coordinator, who will investigate together with the King William County Director of Financial Services.
- If the CSA Coordinator is the suspected person (whether Chair of the FAPT, or not), the member will report the suspicion to the Chair of the CPMT, who will investigate together with the King William County Director of Financial Services and make referrals as necessary to the King William County Administrator and/or the Commonwealth Attorney.

Risk Management: Internal Controls

Internal Controls are provided by the KWC CSA Practices/Procedures and Division of Duties, including, but not limited to the following:

- FAPT and CPMT signatures approving Individual/Family Service Plans and Purchase of Services Orders
- KWC DSS front desk records receipts of CSA checks/money orders
- Receipts mailed to parents/other payers
- CSA Coordinator and Treasurer's Office signatures on CSA Revenue Transmittal Form
- Collections recorded in Thomas Brothers
- Entry of all POSOs and invoice payments in Thomas Brothers
- Provider payments held until progress reports received
- Payments require division of duties among CSA Coordinator, KWC Finance Office, and KWC DSS Office Manager
- Monthly financial report to CPMT
- CSA Coordinator/FAPT members & CM/CPMT knowledge of alternate funding sources

11/22/2016

[INSERT KWC CSA Fraud/Risk Questionnaire FOLLOWING THIS PAGE]

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Chapter XII. Family Engagement Policy and Practice
ICC Policy and Procedures
Strategic Plan

King William County Family Engagement Policy and Practice

Background

On March 25, 2010, the State Executive Council enacted specific policy to better enable the Office of Comprehensive Services (OCS) and local Community and Policy Management Teams to carry out the legislative intent of the Comprehensive Services Act (CSA) regarding “*family participation in all aspects of assessment, planning and implementation of services*” ([COV 2.2-5208](#)) The State Executive Council is the statutory entity authorized to:

“...provide for the establishment of interagency programmatic and fiscal policies developed by the Office of Comprehensive Services for At-Risk Youth and Families, which support the purposes of the Comprehensive Services Act ...”
(COV 2.2-5208)

The statutory requirement to provide for family participation in CSA is based on fundamental, underlying values of CSA, values which are shared across the agencies represented on the SEC and reflected in the Practice Model developed by the Children’s Services System Transformation (Attached).

Community Policy and Management Teams (CPMTs) are responsible for developing policies and procedures, including those that govern any Family Assessment and Planning Team (FAPT) and/or authorized multidisciplinary team (MDT) within their jurisdiction, to “provide for family participation in all aspects of assessment, planning and implementation of [CSA] services” (COV § 2.2-5208). The State Executive Council (SEC) maintains that any reasonable definition of this legislative requirement to provide for family¹ participation must go beyond simply inviting family members to attend FAPT/MDT meetings and informing them about the decisions made through the FAPT/MDT process.

The SEC’s Family Engagement Policy Statement is organized around seven tenets, which are listed as follows:

- Provide for family participation as envisioned in the CSA process from its inception as well as support the Children’s Services Systems Transformation,
- Ensure the inclusion of all those that the youth considers part of their “family” or who are involved or affected by the services,
- Assure that CPMTs have written policies for the Family Assessment and Planning Team (FAPT) or Multi-Disciplinary Team (MDT) that encourage family involvement,
- Encourage CPMT policies to streamline redundant or duplicative processes across the involved child serving agencies,
- Assist CPMTs to have processes that are driven by the youth and the family to assure the most effective family participation,
- Assure that family members are aware of and understand both the CSA process and their rights under that process; and
- Enable CPMTs to develop multi-disciplinary teams through a blanket approval process of the SEC.

Each of these tenets (“Items”) will be discussed below along with the procedures that will be utilized by the King William County CPMT and its partnering agencies (Social Services, Community Services Board, Public Schools/special education, and Court Services) for implementing each item.

Item I

The CPMT and its agencies will provide for family participation as envisioned in the CSA process from its inception as well as support the Children’s Services Systems Transformation.

Procedure:

The King William County CPMT agencies will make every effort to fully engage families in the treatment planning process for a child or youth. Respectful inclusion and empowerment of families are essential in assuring the best possible outcomes for the child. The CPMT will adopt a local Family Engagement policy that will provide guidance to CPMT agency case managers on expected procedures and practice in supporting the policy.

CPMT agencies will improve quality and meaningful family involvement through assisting the family in identifying their strengths, asking the family what they believe their needs are, being culturally aware and competent, and thoughtfully considering the input of the family members.

Item II

The CPMT and its represented agencies will ensure the inclusion of all those that the youth and family consider part of their “family” or who are involved or affected by the services to be provided.

Procedure:

CPMT agencies will make every effort to include those identified by the youth and family as family or other supporters in the child’s service planning. This includes the practice of creative, innovative, and flexible ways to be inclusive of those identified. Understanding that ‘family’ can be defined in various ways, going beyond immediate and extended family members to adoptive and foster family, legal custodians, etc. Positive and effective outcomes are expected when there is a team effort, shared decision making, and participation with all involved in the child’s life.

Item III

The CPMT will assure that there are written policies for FAPT that encourage family involvement.

Procedure:

Families contributing in a concrete way to the identification of their family’s and children’s needs are more likely to participate in services designed to keep the family together or to complete tasks in order to have their children safely returned. With this document and its attachments, the CPMT is fulfilling the obligation in SEC policy stating that “CPMTs must have written policies for FAPT agencies that outline the processes that will ensure the best chance of family involvement.”

All ‘family’ or other supporters identified by the youth and family under Item 2 will be notified of the date, time and place of the meeting by one of the following: by phone if there is a current working number available; written invitation if there is a current valid mailing address or by email if there is a current valid email address provided. Such notification shall be from the agency FAPT case manager.

Item IV

Encourage CPMT policies to streamline redundant or duplicative processes across the involved child serving agencies.

Procedure:

Through ongoing continuous quality improvement methods, CPMT agencies will review existing policies and procedures to eliminate any redundancy and duplication for the management of the Individual Family Service Plans (IFSPs) and other documentation while remaining consistent with state and federal requirements.

Item V

The CPMT will adopt local processes that are driven by the youth and the family to assure the most effective family participation.

Procedure:

Local Family Engagement guidance provides expectations on how CPMT agency case managers can practice a family centered approach. The CPMT representatives will be responsible to how these processes are practiced and monitored within each respective agency which include but are not limited to:

- explain the meeting's purpose, process and goal,
- encourage parents and youth to identify whom they wish to include as support persons,
- explain the responsibilities of the FAPT to the parents,
- explain the responsibilities parents and children have to the CSA system and to service providers; and
- ensure understanding of the parameters of confidentiality during the FAPT meeting.

By answering any questions the family may have and addressing any concerns raised prior to the FAPT meeting, the family's feeling of inclusion and value will be enhanced.

Item VI

The CPMT agencies will assure that family members are aware of and understand both the CSA process and their rights under that process.

Procedure:

When CPMT agencies are working with families and the needs of the child and family seem like they may meet CSA criteria for services (Appendix B), contact the CSA office for a referral. The CSA office may only take referrals from CPMT partnering agencies (Social Services, Community Services Board, Public Schools/special education, and Court Services). When a case is referred and a FAPT date is scheduled, CSA referring Case Managers are responsible for assuring that the identified family:

- 1) Understand the local CSA process and are provided *information on the timelines* for receiving and reviewing referrals for services.
- 2) Are notified in a timely manner before the child is assessed or offered services.
- 3) Are provided *written information in the parent's native language* or that interpretation is provided.
- 4) Are aware that their *written consent* must be provided before beginning the provision of any services that are part of the IFSP, upheld by the appropriate appeals process, or authorized by law.
- 5) Are aware that they may read, review and *receive written information* regarding the child's record upon request, unless otherwise ordered by the court; and understand the process for receiving the information they wish to review.
- 6) Understand the responsibilities of all parties to maintain *confidentiality*.
- 7) Are provided information on how to *receive appropriate assistance and services* from local human services professionals and are aware of their right to choose the provider for those services.
- 8) Are aware of the *right to review, disagree with and/or appeal* any part of the child's assessment or service plan.
- 9) Understand the *locality's appeal process* to the CPMT if the FAPT and family members disagree on a course of action.
- 10) *Should participate* during the entire process during which a FAPT discusses their child and family situation.

It is also important that families understand that each child serving agency has its own appeal process. The agency-specific appeal processes are available and appropriate routes to take for any conflict resolution with those agencies. Use of the CSA process in no way negates the use of the separate appeal process of another agency.

Appendix A

Virginia Children's Services Practice Model

We believe that all children and communities deserve to be safe.

1. Safety comes first. Every child has the right to live in a safe home, attend a safe school and live in a safe community. Ensuring safety requires a collaborative effort among family, agency staff, and the community.
2. We value family strengths, perspectives, goals, and plans as central to creating and maintaining child safety, and recognize that removal from home is not the only way to ensure child or community safety.
3. In our response to safety and risk concerns, we reach factually supported conclusions in a timely and thorough manner.
4. Participation of parents, children, extended family, and community stakeholders is a necessary component in assuring safety.
5. We separate caregivers who present a threat to safety from children in need of protection. When court action is necessary to make a child safe, we use our authority with respect and sensitivity.

We believe in family, child, and youth-driven practice.

1. Children and families have the right to have a say in what happens to them and will be treated with dignity and respect. The voices of children, youth and parents are heard, valued, and considered in the decision-making regarding safety, permanency, well-being as well as in service and educational planning and in placement decisions.
2. Each individual's right to self-determination will be respected within the limits of established community standards and laws.
3. We recognize that family members are the experts about their own families. It is our responsibility to understand children, youth, and families within the context of their own family rules, traditions, history, and culture.
4. Children have a right to connections with their biological family and other caring adults with whom they have developed emotional ties.
5. We engage families in a deliberate manner. Through collaboration with families, we develop and implement creative, individual solutions that build on their strengths to meet their needs. Engagement is the primary door through which we help youth and families make positive changes.

We believe that children do best when raised in families.

1. Children should be reared by their families whenever possible.
2. Keeping children and families together and preventing entry into any type of out of home placement is the best possible use of resources.
3. Children are best served when we provide their families with the supports necessary to raise them safely. Services to preserve the family unit and prevent family disruption are family-focused, child-centered, and community-based.
4. People can and do make positive changes. The past does not necessarily limit their potential.
5. When children cannot live safely with their families, the first consideration for placement will be with kinship connections capable of providing a safe and nurturing home. We value the resources within extended family networks and are committed to seeking them out.
6. When placement outside the extended family is necessary, we encourage healthy social development by supporting placements that promote family, sibling and community connections.
7. Children's needs are best served in a family that is committed to the child.
8. Placements in non-family settings should be temporary, should focus on individual children's needs, and should prepare them for return to family and community life.

We believe that all children and youth need and deserve a permanent family.

1. Lifelong family connections are crucial for children and adults. It is our responsibility to promote and preserve kinship, sibling and community connections for each child. We value past, present, and future relationships that consider the child's hopes and wishes.

2. Permanency is best achieved through a legal relationship such as parental custody, adoption, kinship care or guardianship. Placement stability is not permanency.
3. Planning for children is focused on the goal of preserving their family, reunifying their family, or achieving permanency with another family.
4. Permanency planning for children begins at the first contact with the children's services system. We proceed with a sense of urgency until permanency is achieved. We support families after permanency to ensure that family connections are stable.

We believe in partnering with others to support child and family success in a system that is family-focused, child-centered, and community-based.

1. We are committed to aligning our system with what is best for children, youth, and families.
 - Our organizations, consistent with this *practice model*, are focused on providing supports to families in raising children. The *practice model* should guide all of the work that we do. In addition to practice alignment, infrastructure and resources must be aligned with the model. For example, training, policy, technical assistance and other supports must reinforce the model.
 - We take responsibility for open communication, accountability, and transparency at all levels of our system and across all agencies. We share success stories and best practices to promote learning within and across communities and share challenges and lessons learned to make better decisions.
 - Community support is crucial for families in raising children.
2. We are committed to working across agencies, stakeholder groups, and communities to improve outcomes for the children, youth, and families we serve.
 - Services to families must be delivered as part of a total system with cooperation, coordination, and collaboration occurring among families, service providers and community stakeholders.
 - All stakeholders share responsibility for child safety, permanence and well-being. As a system, we will identify and engage stakeholders and community members around our *practice model* to help children and families achieve success in life; safety; life in the community; family based placements; and life-long family connections.
 - We will communicate clearly and often with stakeholders and community members. Our communication must reinforce the belief that children and youth belong in family and community settings and that system resources must be allocated in a manner consistent with that belief.
3. We are committed to working collaboratively to ensure that children with disabilities receive the supports necessary to enable them to receive their special education services within the public schools. We will collaboratively plan for children with disabilities who are struggling in public school settings to identify services that may prevent the need for private school placements, recognizing that the provision of such services will maximize the potential for these children to remain with their families and within their communities.

We believe that how we do our work is as important as the work we do.

1. The people who do this work are our most important asset. Children and families deserve trained, skillful professionals to engage and assist them. We strive to build a workforce that works in alignment with our *practice model*. They are supported in this effort through open dialogue, clear policy, excellent training and supervision, formal and informal performance evaluation and appropriate resource allocation.
2. As with families, we look for strengths in our organization. We are responsible for creating and maintaining a supportive working and learning environment and for open, respectful communication, collaboration, and accountability at all levels.
3. Our organizations are focused on providing high quality, timely, efficient, and effective services.
4. Relationships and communication among staff, children, families, and community providers are conducted with genuineness, empathy, and respect.
5. The practice of collecting and sharing data and information is a non-negotiable part of how we continually learn and improve. We will use data to inform management, improve practice, measure effectiveness and guide policy decisions. We must strive to align our laws so that collaboration and sharing of data can be achieved to better support our children and families.

6. As we work with children, families, and their teams, we clearly share with them our purpose, role, concerns, decisions, and responsibility.

Appendix B

Structured, Facilitated Family Engagement Models

Throughout the country, and in Virginia, there is evidence that a deliberate, structured approach to working with families, professionals, and community partners such as a family engagement model makes a significant difference in the lives of children and families. Data from agencies using family engagement models reflect better outcomes for youth in care and a cost savings to localities. Additionally, evidence-based family engagement practice also improves worker satisfaction through a shared responsibility in decision-making and reduction in caseloads.

The family engagement model being adopted by the Virginia Department of Social Services requires that a Family Partnership Meeting be held at key decision points throughout the family's involvement with the agency. These key points are:

- When a CPS investigation or Family Assessment has been completed and the family is identified as “very high” or “high” risk of abuse/neglect and the child is at risk of out of home placement,
- Prior to removing a child, whether emergency or considered,
- Prior to any change of placement for a child already in care, including a disruption in the adoptive placement,
- Prior to a change of goal; and
- When requested by parent (birth, foster, adoptive or legal guardian, youth or social worker).

Family Partnership Meetings involve the parents and their identified supports, relatives, the social worker, professionals working with the family, and other relevant community partners. These meetings are facilitated by a trained individual that is not if practical the case- carrying social worker for the child or family.

The goal is to involve birth families and community members, along with resource families, service providers and agency staff, in all placement decisions, to ensure a network of support for the child and the adults who care for them. FPM meetings improve the agency's decision-making process, encourage the support and “buy in” of the family, and help develop specific, individualized, and appropriate interventions for children and families. The team seeks a consensual decision regarding a placement that both protects the child and preserves or reunifies the family.

**King William County
Community Policy and Management Team
Intensive Care Coordination Policy**

The Intensive Care Coordination (ICC) Policy of the King William County Community Policy and Management Team (KWC CPMT) is to follow the guidelines of the Memorandum of Agreement (MOA) for provision of ICC services between the KWC CPMT and the Middle Peninsula Northern Neck Community Services Board (MPNNCSB). The goal of ICC is to support families in meeting the needs of their children in the home/community with the intent to use ICC whenever possible/appropriate to either avoid Residential Treatment Center (RTC) placement or to facilitate the return from RTC as quickly and safely as possible. (See Appendix A of the attached MOA for ICC Service Description.)

11-2015

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MEMORANDUM OF AGREEMENT

This Memorandum of Agreement entered into this ____ day of _____ 2015, between the **King William County Community Policy and Management Team (KWC CPMT)**, P.O. Box 187, King William, VA 23086, hereinafter called the "Purchasing Agency" and the **Middle Peninsula Northern Neck Community Services Board (MPNNCSB)**, P.O. Box 269, Ark, Virginia, 23003, hereinafter called the "Providing Agency."

WITNESSETH that the Providing Agency and the Purchasing Agency, in consideration of the mutual covenants, promises and agreements herein contained, agree as follows:

SCOPE OF SERVICES: The Providing Agency shall provide Intensive Care Coordination services when such services are requested and approved for CSA payment by the purchasing agency. Intensity and duration of service will be determined in collaboration between the Providing Agency, Purchasing Agency, and the Family referred for services, but must be consistent with the approved service model. See Appendix A for a detailed service description.

PERIOD OF PERFORMANCE: Beginning November 1, 2015 and ending upon written notification by either the Purchasing agency or the Providing Agency.

HOLD HARMLESS: All parties agree to hold harmless each other from any claims, damages, and actions of any kind or nature, whether at law or in equity, arising from or caused by the performances of services by the parties pursuant to this Agreement.

CLIENT CONFIDENTIALITY: The parties agree to adhere to all applicable federal and state laws or regulations dealing with client rights and the confidentiality of client information. Disclosure of information may be made only with the consent of the client or, if applicable, his authorized representative, except in emergencies or otherwise required or permitted by law.

ASSIGNMENT: This Agreement may not be assigned, sublet, or transferred without the mutual consent of the parties.

RESOLUTION OF DISPUTES: In the event of a dispute arising out of the operation of the services in this Agreement, either party has the right to notify the other party of the existence of such a dispute and to request and obtain a prompt and timely meeting between the Director of Youth & Family Services and the Purchasing Agency. In the event that the matter cannot be resolved at that level, the Purchasing Agency reserves the right to meet with the Board's Executive Director and CPMT Chairperson to attempt to resolve the issue.

AMENDMENTS TO THE AGREEMENT: New arrangements that revise, extend, or otherwise alter the scope of this Agreement shall be included as an addendum to the Agreement with the proper execution by all parties.

INDEMNIFICATION:

1. The MPNNCSB agrees to indemnify and hold harmless, to the extent permitted by law, the Purchasing Agency in regard to any claims, made by or on behalf of a client or other party which are based upon the acts or omissions of the MPNNCSB, any MPNNCSB employees or agents, or which are otherwise based upon matters that are the responsibility of the MPNNCSB under this agreement, and do not involve any act, omission, or responsibility of the Purchasing Agency, its employees or agents under this agreement.
2. The Purchasing Agency agrees to indemnify and hold harmless, to the extent permitted by law, the MPNNCSB and the municipal corporations of which they are a part, in regard to any claims made by or on behalf of a client or other party which are based upon the acts or omissions of the Purchasing Agency, any of its employees or agents or which are otherwise based upon matters that are the responsibility of the Purchasing Agency under this agreement, and do not involve any act, omission, or responsibility of the MPNNCSB, its employees or agents under this agreement.

LAWS AND REGULATIONS: By signature on this Agreement, the parties certify compliance with federal, state, and local laws and regulations applicable to the performance of the services described herein.

ANTI-DISCRIMINATION: The MPNN CSB certifies that it will conform to the provisions of the *Federal Civil Rights Act of 1964*, as amended, as well as the *Virginia Fair Employment Contracting Act of 1975*, as amended, where applicable, the *Virginians With Disabilities Act*, the *Americans With Disabilities Act* and § 2.2-4311 of the *Virginia Public Procurement Act (VPPA)*. In every contract over \$10,000 the provisions in “a” and “b” below apply:

a. During the performance of this contract, the MPNNCSB agrees as follows:

1. The CSB will not discriminate against any employee or applicant for employment because of race, religion, color, sex, national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment, except where there is a bona fide occupational qualification reasonably necessary to the normal operation of the CSB. The CSB agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.
2. The CSB, in all solicitations or advertisements for employees placed by or on behalf of the CSB, will state that such CSB is an equal opportunity employer.
3. Notices, advertisements and solicitations placed in accordance with federal law, rule or regulation shall be deemed sufficient for the purpose of meeting these requirements.

b. The CSB will include the provisions of ”1” above in every subcontract or purchase order over \$10,000, so that the provisions will be binding upon each sub contractor or vendor.

IMMIGRATION REFORM AND CONTROL ACT OF 1986: The MPNNCSB certifies that they do not and shall not during the performance of this contract, knowingly employ any unauthorized alien as defined in the *Federal Immigration Reform and Control Act of 1986, as amended* (§ 2.2-4311.1 *Code of Virginia*).

DRUG FREE WORKPLACE: During the performance of this contract, the MPNNCSB agrees to (i) provide a drug-free workplace for its employees; (ii) post in conspicuous places, available to employees and applicants for employment, a statement notifying employees that the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana is prohibited in the MPNNCSB's workplace and specifying the actions that will be taken against employees for violations of such prohibition; (iii) state in all solicitations or advertisements for employees placed by or on behalf of the MPNNCSB that the MPNNCSB maintains a drug-free workplace; and (iv) include the provisions of the foregoing clauses in every subcontract or purchase order of over \$10,000, so that the provisions will be binding upon each sub-contractor or vendor. For the purposes of this section, “drug-free workplace” means a site for the performance of work done in connection with a specific contract awarded to a CSB, the employees of whom are prohibited from engaging in the unlawful manufacture, sale, distribution, dispensation, possession or use of any controlled substance or marijuana during the performance of the contract.

COMPANSATION AND METHOD OF PAYMENT: The Providing Agency shall be paid by the Purchasing Agency as follows: \$60.00 per hour, not to exceed the total amount for each case by the Purchasing Agency. All

fees for service will be reimbursed to the Providing Agency by the Purchasing Agency upon the timely receipt of monthly billing statement, expenditure documentation and statistical reporting.

TERMINATION OF AGREEMENT: Either the Purchasing Agency or MPNNCSB may terminate this agreement at any time upon ninety (90) days advance, written notice to the other party.

Attached: Appendix A / Program Description

IN WITNESS WHEREOF: The parties have caused this Agreement to be duly executed intending to be bound thereby.

**King William County Community Policy
And Management Team**

**Middle Peninsula-Northern Neck
Community Services Board**

By: _____

By: _____

Title: _____

Title: _____

Date: _____

Date: _____

Approved as to Form

By: _____

Title: _____

Date: _____

Appendix A: Intensive Care Coordination (ICC) Service Description

Service Definition:

Intensive Care Coordination (ICC) 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.

Model Description:

The State Executive Council (SEC) requires that all ICC services be delivered through the High Fidelity Wraparound (HFW) model. HFW is an evidenced-informed practice grounded in System of Care values:

- Individualized and family and youth driven services
- Strengths-based practice
- Reliance on natural supports and building self-efficacy
- Team-based practice

- Outcomes-based service planning
- Cultural and linguistic competence

ICC using the HFW approach is a process of care management through which the Intensive Care Coordinator facilitates a team process for the identification of youth/family strengths and needs, the enrichment and strengthening of the family support network, and the development of family competence and confidence in meeting their child's needs.

The HFW model follows a “structured” series of four phases (Engagement and Team Preparation, Planning, Implementation, Transition) with associated activities. Therefore ICC will include:

- Specific youth/family orientation and engagement practices. ***(First 30 days)***
- Development of a short-term Crisis Stabilization Plan which targets pressing needs identified by the family. The development of this plan is done by collaborating with system partners (who may already have a crisis plan in place) and utilizing family and youth voice. ***(Immediately and reviewed ongoing)***
- Completion of a unique form of assessment called a Strengths, Needs and Culture Discovery (SNCD) which is distinct from traditional clinical assessments as its purpose is to tell the family story, does not emphasize diagnosis and avoids a problem-oriented focus. In the Discovery, the youth and family tell their story, share their unique strengths and family culture, define their needs and goals, and come up with a family vision. The Discovery process is informed by system-requirements and mandates if they exist, and the facilitator is responsible for communicating with system partners to understand these mandates. ***(Completed at the end of the first 30 days)***
- The formation of a youth and family team to identify and carry out action plans that are different from traditional service plans by being frequently revised, driven by youth and family preference, with a focus on needs as opposed to services, and the significant reliance on natural supports to accomplish desired outcomes. ***(Team is developed over the first 30 days, meets after the discovery is completed, and meets at least monthly for the duration of services)***
- Completion of a Functional Assessment on the team-defined potential crisis behaviors in order to better understand the function/purpose of the behaviors as well as what is reinforcing the behaviors. ***(Uses both community based services and natural supports and is an ongoing goal during the implementation phase)***
- Development of a Crisis Prevention Plan incorporating the Functional Assessment, as well as youth and family voice regarding what the results of the Crisis Prevention Plan should be, and use of a measurement strategy that will determine if the Crisis Prevention Plan is accomplishing what the team wants it to achieve. ***(Uses both community based services and natural supports and is an ongoing goal during the implementation phase)***

- Development of a purposeful transition plan that incorporates formal and natural supports in the community. ***(Transition phase can last approximately two weeks to eight weeks with the team planning for the continued needs of the family)***

Per OCS, ICC services delivered through this model may include both facilitation and case management activities if such case management activities are deemed necessary and appropriate by the team. Appropriate case management activities may include but are not limited to such things as: maintaining communications between team members, assisting the youth/family with referrals and service linkages, and advocating for youth/family when needed and desired.

Staffing Requirements:

All staff will meet the following credentialing requirements as required by the Office of Comprehensive Services:

- Supervisors of ICC will have a clinical license in the State of Virginia (LPC/LCSW), and at least four years of clinical work experience.
- ICC staff will 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.

All ICC staff will receive/participate in weekly clinical supervision with their licensed supervisor.

Pursuant to SEC Policy, effective July 1, 2014, all ICC providers and supervisors will be trained in the HFW model.

Because of the intensity of services required, caseloads for any one Intensive Care coordinator will not exceed 12, and will ideally remain between seven and 10.

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KWC CPMT Strategic Plan Goals

Goal # 1: Work to ensure increased utilization of Community-Based Services to more effectively address the needs of individual children and families.

Data used to measure this goal will be: Community-Based Expenditure reports from the OCS website and CANS reports comparisons

Goal # 2: Increase pool of Community-Based Services Providers with the expectation of evidenced-based services and demonstrated effective outcome measures.

Data used to measure this goal will be: Presentations to the CPMT three or more times annually by Community Services Providers who may be able to address identified Services Gaps; listing C-B Services Providers serving KWC CSA population

Adopted 08/28/2017