



**CPMT MINUTES**  
**November 5, 2020**

Jean McCoy Conference Room, Sudley North Building  
Quorum was present to include in-person (socially distanced) and WebEx votes

**CPMT Members Present:**

Courtney Tierney, Chair, DSS  
Jeff Homan, Vice Chair, JCSU  
Lisa Madron, CS  
Carl Street, Private Provider  
Marlo Thomas, Parent Representative

**CPMT Members Via WebEx:**

Michelle Roper, PWCS  
Lisa Fouser, Parent Representative

**Other Staff Present:**

Jessica Webb, CSA

**Other Staff Present Via WebEx:**

Julie Arquette, CSA  
Shazia Chughtai, CSA  
Ron Pannell, PWCS  
She'la White, CSA

**Open Meeting:**

Courtney Tierney, Chair, opened the meeting at 2:01 PM.

**Approve Minutes**

Minutes from September 17, 2020, were presented. **MOTION** to approve as presented. [JH, LM: unanimous approval].

**Expenditures and budget review** – presented by Courtney Tierney

- Budget – Local budget as of October 31, 2020, was reviewed. Expenditures were 3 million less than originally projected due reduction in youth receiving residential services and COVID impacts on service provision.
- Expenditures – **MOTION** to approve expenditure approvals from 9/14/2020 – 10/30/2020. [JH, CS: unanimous approval].

**Mental Health Initiative Plan** – presented by Lisa Madron

The Mental Health Initiative Plan is a source of funding for mental health and substance abuse services for children and adolescents with serious behavioral health issues who are not mandated for CSA. The Virginia Department of Behavioral Health and Developmental Services (DBHDS) requires each Community Service Board to develop a plan for the use of MHI funds in collaboration with the CPMT. The CPMT

reviewed the Standardized Operating Procedures and recommended two minor edits. **MOTION** to approve as amended. [JH, CS: unanimous approval].

**FAPT Parent Representative Application** – presented by Jessica Webb

Parent representative application for FAPT West Team was reviewed from Heather Kauffman. **MOTION** to approve [JH, LM: unanimous approval]

**Utilization Management Reports**


- **RTC Status** – presented by She’la White. Residential report is attached.
  - Discussion was held regarding the increase in number of youth requiring out of state placement and local protocols that we can take to enhance case oversight on these cases. This is not unique to our locality, and Jessica advised that there is a state workgroup reviewing this matter and impact across the Commonwealth.
- **SPED Private Day School Status** – presented by Julie Arquette. Private Day report is attached.

**CSA Division Report** – presented by Jessica Webb

- State CQI final FY20 year-end data report came in a little over \$1M and an additional twenty kids were added over FY19 financials and demographics.
- Strategic Plan update- The Access, Assessment, and Shaping the Path committees have been established and will be led by Jessica, She’la, and Julie. The first meeting for each committee will be completed by the end of the year. Committee status will be reported in the January CPMT meeting.
- JLARC CSA Study – The JLARC study on CSA will be presented at the November 16, 2020, meeting. An update of study results and recommendations will be reviewed at the January CPMT meeting.
- “Tell Me Something Good” – one of the DSS youth was declined everywhere in VA and was sent out of state to Tennessee and made a lot of progress.

**CLOSURE**

Courtney Tierney closed the meeting at 2:45 PM. Next meeting is on January 7, 2021.

APPROVED:   
Clerk to Board

# CSA PROGRAM SUMMARY

(as of June 30, 2020)

		FY20 Budget	FY20 Revenue	Variance to Budget
State (includes Medicaid Holdback)		\$ 13,880,942	\$ 11,897,082	\$ (1,983,860)
PWC - Public Schools		\$ 274,411	\$ 326,177	\$ 51,766
<b>Revenue Total</b>		<b>\$ 14,155,353</b>	<b>\$ 12,223,259</b>	<b>\$ (1,932,094)</b>
CSA Program	CSA Category	FY20 Budget	FY20 Expenditures	
Admin	Admin	\$ 376,626	\$ 309,631	\$ 66,995
<b>Admin Total</b>		<b>\$ 376,626</b>	<b>\$ 309,631</b>	<b>\$ 66,995</b>
COMMUNITY BASED	2F - FC Prevention Non-Residential	\$ 991,268	\$ 1,386,934	\$ (395,666)
	2F1 - FC Prevention Non-Residential/	\$ 106,867	\$ 140,166	\$ (33,299)
	2G - Special Education - Private Da	\$ 13,726,874	\$ 10,711,963	\$ 3,014,911
	2h - Wraparound Services - SPED	\$ 80,000	\$ 47,633	\$ 32,368
	3 - Non-Mandated CB Service	\$ 779,745	\$ 658,305	\$ 121,440
<b>COMMUNITY BASED Total</b>		<b>\$ 15,684,754</b>	<b>\$ 12,945,002</b>	<b>\$ 2,739,752</b>
FOSTER CARE	2a - Therapeutic FC IV-E	\$ 84,144	\$ 74,199	\$ 9,945
	2a1 - Therapeutic FC	\$ 282,387	\$ 254,654	\$ 27,733
	2a2 - Therapeutic FC (NCFC & PA)	\$ -	\$ -	\$ -
	2c - FC IV-E	\$ 64,426	\$ 98,766	\$ (34,340)
	2e - Family FC	\$ 1,239,830	\$ 1,038,806	\$ 201,023
<b>FOSTER CARE Total</b>		<b>\$ 1,670,786</b>	<b>\$ 1,466,425</b>	<b>\$ 204,361</b>
RESIDENTIAL	1a - FC & TFC IV-E	\$ 71,263	\$ 94,254	\$ (22,991)
	1b - FC & TFC Non-IV-E	\$ 880,121	\$ 645,368	\$ 234,752
	1c - FC Prevention Residential	\$ 1,106,379	\$ 1,772,328	\$ (665,949)
	1d - Non-Mandated Res Service	\$ -	\$ -	\$ -
	1e - Special Education	\$ 2,249,844	\$ 1,815,024	\$ 434,819
	2i - Crisis Stabilization	\$ -	\$ -	\$ -
<b>RESIDENTIAL Total</b>		<b>\$ 4,307,606</b>	<b>\$ 4,326,974</b>	<b>\$ (19,368)</b>
<b>Expenditure Total</b>		<b>\$ 22,039,773</b>	<b>\$ 19,048,032</b>	<b>\$ 2,991,741</b>
<b>General Fund Tax Support</b>		<b>\$ 7,884,420</b>	<b>\$ 6,824,773</b>	<b>\$ 1,059,646</b>

# CSA PROGRAM SUMMARY

(as of October 31, 2020)

		FY21 Budget	YTD Actuals	Balance	Proj. FY21 Revenue	Variance to Budget
State (includes Medicaid Holdback)		\$ 17,511,516	\$ 2,753,334	\$ 14,758,182	\$ 14,770,695	\$ (2,740,821)
PWC - Public Schools		\$ 329,799	\$ 329,799	\$ -	\$ 329,799	\$ -
<b>Revenue Total</b>		<b>\$ 17,841,315</b>	<b>\$ 3,083,133</b>	<b>\$ 14,758,182</b>	<b>\$ 15,100,494</b>	<b>\$ (2,740,821)</b>
CSA Program	CSA Category	FY21 Budget	YTD Actuals	Balance	Proj. FY21 Expenditures	Variance to Budget
Admin	Admin	\$ 389,467	\$ 120,915	\$ 268,552	\$ 389,467	\$ -
<b>Admin Total</b>		<b>\$ 389,467</b>	<b>\$ 120,915</b>	<b>\$ 268,552</b>	<b>\$ 389,467</b>	<b>\$ -</b>
COMMUNITY BASED	2F - FC Prevention Non-Residential	\$ 2,210,029	\$ 251,570	\$ 1,958,459	\$ 1,750,000	\$ 460,029
	2F1 - FC Prevention Non-Residential/	\$ 115,556	\$ 52,162	\$ 63,394	\$ 115,556	\$ -
	2G - Special Education - Private Da	\$ 15,145,009	\$ 1,925,909	\$ 13,219,100	\$ 13,200,000	\$ 1,945,009
	2h - Wraparound Services - SPED	\$ 110,520	\$ 11,244	\$ 99,276	\$ 110,520	\$ -
	3 - Non-Mandated CB Service	\$ 779,745	\$ 39,900	\$ 739,845	\$ 779,745	\$ -
<b>COMMUNITY BASED Total</b>		<b>\$ 18,360,859</b>	<b>\$ 2,280,784</b>	<b>\$ 16,080,074</b>	<b>\$ 15,955,821</b>	<b>\$ 2,405,037</b>
FOSTER CARE	2a - Therapeutic FC IV-E	\$ 84,144	\$ 57,627	\$ 26,517	\$ 84,144	\$ -
	2a1 - Therapeutic FC	\$ 513,627	\$ 127,733	\$ 385,894	\$ 513,627	\$ -
	2a2 - Therapeutic FC (NCFC & PA)	\$ -	\$ -	\$ -	\$ -	\$ -
	2c - FC IV-E	\$ 64,426	\$ 14,150	\$ 50,276	\$ 64,426	\$ -
	2e - Family FC	\$ 1,228,678	\$ 253,745	\$ 974,933	\$ 1,228,678	\$ -
<b>FOSTER CARE Total</b>		<b>\$ 1,890,875</b>	<b>\$ 453,255</b>	<b>\$ 1,437,621</b>	<b>\$ 1,890,875</b>	<b>\$ -</b>
RESIDENTIAL	1a - FC & TFC IV-E	\$ 71,263	\$ 25,013	\$ 46,250	\$ 71,263	\$ -
	1b - FC & TFC Non-IV-E	\$ 981,505	\$ 207,216	\$ 774,289	\$ 981,505	\$ -
	1c - FC Prevention Residential	\$ 3,639,049	\$ (73,517)	\$ 3,712,566	\$ 2,000,000	\$ 1,639,049
	1d - Non-Mandated Res Service	\$ -	\$ -	\$ -	\$ -	\$ -
	1e - Special Education	\$ 2,245,290	\$ 580,249	\$ 1,665,041	\$ 2,000,000	\$ 245,290
	2i - Crisis Stabilization	\$ -	\$ -	\$ -	\$ -	\$ -
<b>RESIDENTIAL Total</b>		<b>\$ 6,937,107</b>	<b>\$ 738,961</b>	<b>\$ 6,198,146</b>	<b>\$ 5,052,768</b>	<b>\$ 1,884,339</b>
<b>Expenditure Total</b>		<b>\$ 27,578,308</b>	<b>\$ 3,593,914</b>	<b>\$ 23,984,393</b>	<b>\$ 23,288,932</b>	<b>\$ 4,289,376</b>
<b>General Fund Tax Support</b>		<b>\$ 9,736,992</b>			<b>\$ 8,188,438</b>	<b>\$ 1,548,555</b>

CPMT Approval Table

Agency: CS

Date	Case Manager	Client's Initials	Type Svcs*	Eligibility	Ser. Dates (start - end)	CM Request	FAPT Recommended	CPMT Approved	Comments
9/15/2020	Spence	KF	CB	FCP	10/01/20-03/31/21	\$6,572.00	\$6,572.00	\$6,572.00	
9/15/2020	Otchere	DK	RTC	M	10/01/20-03/31/21	\$57,307.20	\$57,307.20	\$57,307.20	
9/15/2020	Moussa	HW	CB	FCP	09/21/20-03/31/21	\$46,921.20	\$46,921.20	\$46,921.20	
9/15/2020	Sumner	GR	CB	N	09/15/20-03/31/21	\$3,750.00	\$3,750.00	\$3,750.00	
9/16/2020	Moussa	KSO	RTC	M	10/01/20-03/31/21	\$37,246.08	\$37,246.08	\$37,246.08	
9/21/2020	Gagliardi	CD	RTC	M	07/01/20-09/30/20	\$780.00	\$780.00	\$780.00	
9/21/2020	Otchere	SB	RTC	M	09/21/20-12/31/20	\$38,628.44	\$38,628.44	\$38,628.44	Revision Request
9/22/2020	Otchere	MB	CB	FCP	10/01/20-03/31/21	\$13,750.00	\$13,750.00	\$13,750.00	
9/22/2020	Colvin	EG	CB	N	10/01/20-12/31/20	\$2,054.64	\$2,054.64	\$2,054.64	
9/22/2020	Spence	AAB	CB	FCP	10/01/20-01/31/21	\$5,218.40	\$5,218.40	\$5,218.40	
9/23/2020	Vymetal-Taylor	JJ	RTC	M	10/01/20-12/31/20	\$47,422.00	\$47,422.00	\$47,422.00	
9/23/2020	Vymetal-Taylor	BC	RTC	M	10/01/20-12/31/20	\$61,932.50	\$61,932.50	\$61,932.50	
9/23/2020	Vymetal-Taylor	SR	RTC	M	10/01/20-12/31/20	\$17,160.00	\$17,160.00	\$17,160.00	
9/23/2020	Gagliardi	CD	RTC	M	10/01/20-12/31/20	\$56,031.68	\$56,031.68	\$56,031.68	
9/25/2020	Vymetal-Taylor	ST	CB	FCP	09/26/20-03/31/21	\$31,330.00	\$31,330.00	\$31,330.00	
9/29/2020	Nguyen	GJ	RTC	M	10/01/20-10/31/20	\$18,600.00	\$18,600.00	\$18,600.00	
9/30/2020	Nguyen	AK	RTC	M	10/01/20-12/31/20	\$53,662.00	\$53,662.00	\$53,662.00	
9/30/2020	Black	EW	RTC	M	10/01/20-12/31/20	\$52,818.82	\$52,818.82	\$52,818.82	
9/30/2020	Colvin	JF	CB	FCP	10/01/20-03/31/21	\$19,660.00	\$19,660.00	\$19,660.00	
9/30/2020	Colvin	UH	CB	FCP	10/01/20-03/31/21	\$9,510.00	\$9,510.00	\$9,510.00	
10/5/2020	Otchere	RD	CB	FCP	10/07/20-03/31/21	\$6,250.00	\$6,250.00	\$6,250.00	
10/6/2020	Otchere	SB	RTC	M	10/19/20-10/31/20	\$3,744.00	\$3,744.00	\$3,744.00	Revision Request
10/14/2020	Black	SH	CB	FCP	10/14/20-10/31/20	\$1,200.00	\$1,200.00	\$1,200.00	Revision Request
10/16/2020	Spence	SL	RTC	M	10/19/20-01/31/21	\$51,340.45	\$51,340.45	\$51,340.45	
10/21/2020	Black	JP	RTC	M	11/01/20-01/31/21	\$55,381.68	\$55,381.68	\$55,381.68	
10/23/2020	Vymetal-Taylor	ST	RTC	M	10/23/20-01/31/21	\$52,630.00	\$52,630.00	\$52,630.00	
10/27/2020	Colvin	EV	CB	FCP	10/27/20-04/30/21	\$7,200.00	\$7,200.00	\$7,200.00	
10/28/2020	Smith	JP	RTC	M	10/28/20-01/31/21	\$54,896.36	\$54,896.36	\$54,896.36	
10/28/2020	Spence	GL	CB	FCP	11/01/20-04/30/21	\$6,773.76	\$6,773.76	\$6,773.76	
10/28/2020	Spence	EB	RTC	M	11/01/20-01/31/21	\$55,032.16	\$55,032.16	\$55,032.16	
<b>Total CS</b>						<b>\$874,803.37</b>	<b>\$874,803.37</b>	<b>\$874,803.37</b>	

Agency: CSU

Date	Case Manager	Client's Initials	Type Svcs*	Eligibility	Ser. Dates (start - end)	CM Request	FAPT Recommended	CPMT Approved	Comments
9/16/2020	Moore	CC	RTC	M	10/01/20-12/31/20	\$47,752.00	\$47,752.00	\$47,752.00	
9/25/2020	Sizer	KA	RTC	M	10/01/20-12/31/20	\$53,779.20	\$53,779.20	\$53,779.20	
9/25/2020	Hoover	AW	RTC	M	10/01/20-12/31/20	\$52,818.82	\$52,818.82	\$52,818.82	
9/30/2020	Smith	JC	CB	FCP	10/01/20-03/31/21	\$6,780.00	\$6,780.00	\$6,780.00	
9/30/2020	Smith	AHG	CB	FCP	10/01/20-03/31/21	\$5,480.00	\$5,480.00	\$5,480.00	
10/6/2020	Fusco	KB	RTC	M	10/06/20-10/31/20	\$12,796.00	\$12,796.00	\$12,796.00	
10/14/2020	Porter	GA	CB	FCP	10/13/20-03/31/21	\$8,125.00	\$8,125.00	\$8,125.00	
10/14/2020	Clark	SH	CB	FCP	10/13/20-03/31/21	\$6,500.00	\$6,500.00	\$6,500.00	
10/21/2020	Clark	JK	RTC	M	11/01/20-01/31/21	\$47,577.00	\$47,577.00	\$47,577.00	
10/27/2020	Smith	HB	RTC	M	11/01/20-01/31/21	\$19,320.00	\$19,320.00	\$19,320.00	
<b>Total CSU</b>						<b>\$260,928.02</b>	<b>\$260,928.02</b>	<b>\$260,928.02</b>	

CB=Community Based; RTC=out of Home Placement; CRISIS=Agency Approved 14 Day Crisis; IEP=Private Day School; ILP=Independent Living

CPMT Approval Table

Agency: DSS

CPMT Date	Case Manager	Client's Initials	Type Svcs*	Eligibility	Ser. Dates (start - end)	CM Request	FAPT Recommended	CPMT Approved	Comments
9/15/2020	Combs	BG	CB	M	09/15/20-02/28/20	\$7,560.00	\$7,560.00	\$7,560.00	
9/16/2020	Burton	DJ	TFC	M	10/01/20-03/31/21	\$31,347.00	\$31,347.00	\$31,347.00	
9/16/2020	Combs	RD	CB	M	10/01/20-03/31/21	\$7,892.00	\$7,892.00	\$7,892.00	
9/23/2020	Annand	EG	RTC	M	10/01/20-12/31/20	\$49,402.00	\$49,402.00	\$49,402.00	
9/23/2020	Pena	VW	RTC	M	10/01/20-11/15/20	\$16,386.12	\$16,386.12	\$16,386.12	
9/23/2020	Pena	KM	CB	M	10/01/20-03/31/21	\$5,534.00	\$5,534.00	\$5,534.00	
9/25/2020	Thompson	CL	RTC	M	10/01/20-12/31/20	\$52,890.00	\$52,890.00	\$52,890.00	
9/25/2020	Duerr	ECC	CB	FCP	09/25/20-12/31/20	\$800.00	\$800.00	\$800.00	
9/29/2020	Burton	EAA	TFC	M	10/06/20-01/31/21	\$16,520.00	\$16,520.00	\$16,520.00	
9/29/2020	Pena	BR	CB	FCP	10/01/20-03/31/21	\$8,990.00	\$8,990.00	\$8,990.00	
9/29/2020	Pena	ZG	CB	FCP	10/01/20-03/31/21	\$9,878.40	\$9,878.40	\$9,878.40	
9/30/2020	Thompson	TB	RTC	M	10/01/20-12/31/20	\$32,588.24	\$32,588.24	\$32,588.24	
9/30/2020	Ryerson	LS	CB	M	10/01/20-11/14/20	\$6,125.00	\$6,125.00	\$6,125.00	
10/6/2020	Wittenburg	IM	CB	FCP	10/06/20-03/31/20	\$6,760.00	\$6,760.00	\$6,760.00	
10/7/2020	Smith	EF	CB	FCP	10/07/20-03/31/21	\$1,300.00	\$1,300.00	\$1,300.00	
10/7/2020	Grace	CP	IL	M	10/07/20-03/31/21	\$35,497.62	\$35,497.62	\$35,497.62	
10/7/2020	Grant	JPH	CB	FCP	10/06/20-03/31/21	\$1,250.00	\$1,250.00	\$1,250.00	
10/13/2020	Adkins	MB	TFC	M	10/16/20-03/31/21	\$35,131.50	\$35,131.50	\$35,131.50	
10/13/2020	Ryerson	HA	IL	M	10/13/20-03/31/21	\$26,967.10	\$26,967.10	\$26,967.10	
10/15/2020	Holmes	CTD	RTC	M	11/01/20-01/31/21	\$30,360.00	\$30,360.00	\$30,360.00	
10/20/2020	Blakely	CG	RTC	M	11/01/20-01/31/21	\$47,340.40	\$47,340.40	\$47,340.40	
10/20/2020	Hightower	JS	CB	M	10/20/20-04/30/21	\$9,445.36	\$9,445.36	\$9,445.36	
10/23/2020	McMullen	DS	RTC	M	11/01/20-01/31/21	\$30,360.00	\$30,360.00	\$30,360.00	
10/23/2020	Grace	EA	RTC	M	11/01/20-01/31/21	\$54,029.18	\$54,029.18	\$54,029.18	
10/27/2020	Wittenburg	AM	CB	FCP	11/01/20-04/31/21	\$2,210.00	\$2,210.00	\$2,210.00	
10/28/2020	Grant	JM	CB	FCP	10/28/20-04/31/21	\$12,800.00	\$12,800.00	\$12,800.00	
					<b>Total DSS</b>	<b>\$539,363.92</b>	<b>\$539,363.92</b>	<b>\$539,363.92</b>	

Agency: PWCS

CPMT Date	Case Manager	Client's Initials	Type Svcs*	Eligibility	Ser. Dates (start - end)	CM Request	FAPT Recommended	CPMT Approved	Comments
9/24/2020	Abramson	EPS	RTC	M	10/01/20-12/31/20	\$80,567.50	\$80,567.50	\$80,567.50	
9/28/2020	Raymo	JE	IEP	M	09/28/20-06/30/21	\$384.00	\$384.00	\$384.00	
9/30/2020	Danner	AB	CB	N	10/15/20-12/31/20	\$6,750.00	\$6,750.00	\$6,750.00	Revision request
10/8/2020	Naples	DM	IEP	M	07/01/20-02/28/21	\$40,120.36	\$40,120.36	\$40,120.36	
10/8/2020	Abramson	JH	IEP	M	10/05/20-06/30/21	\$44,175.69	\$44,175.69	\$44,175.69	
10/13/2020	Naples	FR	CB	FCP	10/13/20-03/31/20	\$24,342.75	\$24,342.75	\$24,342.75	
10/13/2020	Raymo	DP	IEP	M	09/01/20-06/30/21	\$72,960.00	\$72,960.00	\$72,960.00	
10/14/2020	Ellen Smith	SR	CB	FCP	10/13/20-03/31/21	\$11,720.00	\$11,720.00	\$11,720.00	
10/16/2020	Orr	EM	CB	N	10/16/20-04/30/21	\$14,320.45	\$14,320.45	\$14,320.45	
10/20/2020	Naples	TB	CB	FCP	10/20/20-4/30/21	\$14,010.00	\$14,010.00	\$14,010.00	
10/21/2020	Danner	LGM	CB	N	10/21/20-02/24/21	\$13,125.00	\$13,125.00	\$13,125.00	
10/23/2020	Orr	DN	CB	FCP	10/23/20-04/30/21	\$23,125.00	\$23,125.00	\$23,125.00	
10/26/2020	Raymo	EH	IEP	M	10/01/20-05/31/21	\$54,285.76	\$54,285.76	\$54,285.76	
10/26/2020	Raymo	SC	IEP	M	10/01/20-05/31/21	\$52,417.80	\$52,417.80	\$52,417.80	
10/26/2020	Raymo	MB	IEP	M	09/10/20-11/17/20	\$16,820.82	\$16,820.82	\$16,820.82	
10/26/2020	Raymo	JCD	IEP	M	09/01/20-06/30/21	\$44,753.15	\$44,753.15	\$44,753.15	
10/26/2020	Raymo	KH	IEP	M	08/16/20-05/31/21	\$34,456.76	\$34,456.76	\$34,456.76	
10/26/2020	Naples	JMO	IEP	M	08/12/20-06/30/21	\$73,892.00	\$73,892.00	\$73,892.00	
10/26/2020	Naples	JP	IEP	M	08/24/20-06/30/21	\$61,962.62	\$61,962.62	\$61,962.62	
10/26/2020	Naples	IT	IEP	M	08/19/20-03/31/21	\$39,844.74	\$39,844.74	\$39,844.74	
10/27/2020	Naples	RK	IEP	M	01/01/21-01/31/21	\$7,478.72	\$7,478.72	\$7,478.72	
10/27/2020	Naples	AG	IEP	M	09/03/20-12/31/20	\$1,785.00	\$1,785.00	\$1,785.00	
10/27/2020	Naples	JH	IEP	M	10/01/20-02/28/21	\$41,421.00	\$41,421.00	\$41,421.00	
10/27/2020	Naples	CA	IEP	M	11/01/20-02/28/21	\$29,621.00	\$29,621.00	\$29,621.00	
10/27/2020	Abramson	KS	IEP	M	10/12/20-06/30/21	\$44,829.00	\$44,829.00	\$44,829.00	
10/27/2020	Abramson	EH	CB	FCP	11/01/20-04/30/21	\$34,425.00	\$34,425.00	\$34,425.00	
10/27/2020	Abramson	AH	CB	N	11/01/20-04/30/21	\$3,320.00	\$3,320.00	\$3,320.00	
10/27/2020	Abramson	AS	IEP	M	11/01/20-06/30/21	\$71,433.76	\$71,433.76	\$71,433.76	
10/27/2020	Abramson	AW	IEP	M	11/01/20-06/30/21	\$50,342.10	\$50,342.10	\$50,342.10	
10/27/2020	Abramson	AB	IEP	M	11/01/20-06/30/21	\$51,933.30	\$51,933.30	\$51,933.30	
10/27/2020	Abramson	BC	IEP	M	11/01/20-06/30/21	\$79,674.00	\$79,674.00	\$79,674.00	
					<b>Total PWCS</b>	<b>\$1,140,297.28</b>	<b>\$1,140,297.28</b>	<b>\$1,140,297.28</b>	

CPMT Approval Table

Grand Total      \$2,815,392.59      \$2,815,392.59      \$2,815,392.59

CPMT Chair - Courtney Tierney

Signature: 

Date: Nov. 5, 2020

**Exhibit D: [THE COMMUNITY SERVICE BOARD NAME]  
Performance Measures for the Mental Health Initiative Fund**

The Agreement is between the Department of Behavioral Health and Developmental Services (“DBHDS” or “Department”) and the [THE COMMUNITY SERVICE BOARD NAME] (“CSB”), collectively hereinafter referred to as “the Parties”, entered into this Agreement to govern certain activities and responsibilities required for operating or contracting the Mental Health Initiative Fund (the “Program”). This Agreement is attached to and made part of the performance contract by reference.

**Purpose:** The Mental Health Initiative (MHI) Fund was established by the General Assembly in FY 2000 to create a dedicated source of funding for mental health and substance abuse services for children and adolescents with serious emotional disturbances (SED) who are not mandated for the Children’s Services Act (CSA). Specific language from the Appropriation Act states:

*“Out of this appropriation \$6,148,128 the first year and \$6,148,128 the second year from the general fund shall be provided for mental health services for children and adolescents with serious emotional disturbances and related disorders, with priority placed on those children who, absent services, are at-risk for custody relinquishment, as determined by the Family and Assessment Planning Team of the locality. The Department of Behavioral Health and Developmental Services shall provide these funds to Community Services Boards through the annual Performance Contract. These funds shall be used exclusively for children and adolescents, not mandated for services under the Comprehensive Services Act for At-Risk Youth, who are identified and assessed through the Family and Assessment Planning Teams and approved by the Community Policy and Management Teams of the localities. The department shall provide these funds to the Community Services Boards based on an individualized plan of care methodology.”*

- A. **Term:** This Agreement shall govern the performance of the Parties for the period of [START DATE] through [END DATE] (“Performance Period”).
- B. **CSB Responsibilities:** The CSB agrees to comply with the following requirements for the Program.
1. MHI funds must be used exclusively to serve currently unserved children and adolescents or provide additional services to underserved children and adolescents with serious emotional disturbances and related disorders that are not mandated to receive services under the Children’s Services Act (CSA).
  2. Children and adolescents must be under 18 years of age at the time services are initiated. MHI funds can be used to bridge the gap between the child and adolescent and adult service systems, if the service was initiated before the adolescent’s 18<sup>th</sup> birthday. MHI funds cannot be used to initiate new services once an adolescent turns 18 years of age.
  3. MHI funds must be used to purchase services that will be used to keep the child or adolescent in the least restrictive environment and living in the community that would not be available to the child or adolescent through another payer source.
  4. Services must be based on the individual needs of the child or adolescent and must be included in an individualized services plan. Services must be child-centered, family focused, and community-based. The participation of families is integral in the planning of these services.
  5. CSBs must develop policies and procedures for accessing MHI funds for appropriate children and adolescents that assure effective linkages with key stakeholder agencies and entities in the community (e.g., CSA, social services, schools, and juvenile justice services).
  6. Services shall be provided in the least restrictive and most appropriate settings, including homes, schools, and community centers.
  7. **Target Population for Mental Health Initiative Funds**
    - a. The target population to be exclusively served with MHI funds is children and adolescents with serious emotional disturbance and related disorders who are not mandated for services under the CSA. Serious emotional disturbance in children is defined as:



**Exhibit D: [THE COMMUNITY SERVICE BOARD NAME]**  
**Performance Measures for the Mental Health Initiative Fund**

- b. A defined serious mental health problem that can be diagnosed under DSM-V and/or all of the following:
    - i. Problems in personality development and social functioning that have been exhibited over at least one year's time; and
    - ii. Problems which are significantly disabling based upon the social functioning of most youngsters their age; and
    - iii. Problems that have become more disabling over time; and
    - iv. Service needs that require significant intervention by more than one agency.
  - c. Related disorders are not defined in the appropriations act. However, the assumption for the purposes of these guidelines is that the language "related disorders" allows the necessary flexibility to serve children with mental health or co-occurring mental health and substance use problems who may not fit the definition above but who, in the opinion of CSB clinical staff, are in need of services that can only be provided with the use of MHI funding. This shall be documented in the child's file and on the service plan.
- 8. Appropriate Services to be supported by Mental Health Initiative Funds**
- a. CSBs must follow the DBHDS Core Services Taxonomy categories and subcategories in providing, contracting for, and reporting these services. However, some flexibility exists in consultation with the Office of Child and Family Services (OCFS) to assure that the needs of individual children are met.
  - b. Services that are most appropriate for use of these funds include: emergency, outpatient, intensive in-home, intensive care coordination, Family Support Partners, Parent Child Interaction Therapy (PCIT), Trauma Focused Cognitive Behavioral Therapy (TF-CBT, Multi-systemic Family Therapy (MST), Family Functional Therapy (FFT), therapeutic day treatment, alternative day support (including specialized after school and summer camp, behavior aide, or other wrap-around services), and highly intensive, intensive, supervised family support services.
  - c. Given the population to be served, children and adolescents with serious emotional disturbances, services need to be appropriately intensive and comprehensive. Prevention and Early Intervention-Part C services are not appropriate uses of these funds.
  - d. All expenditures shall be linked to an individualized service plan for an individual child. Expenditures may be for something that is needed by more than one child, providing it can be linked to the individualized service plan of each child.
  - e. CSBs may use MHI funds to support personnel used to provide services to children and families. For example, the funds may be used to create a position dedicated to serving the non-CSA mandated population of children in the community; however, as stated above, each service provided shall should be linked to an individualized service plan for an individual child.
  - f. CSBs may use up to 5% of the total MHI fund allocation for administrative costs associated with the overall MHI fund management and administration. Administrative costs include non-direct service personnel and supplies.
  - g. MHI funds may not be used for residential care services or for CSA-mandated populations. MHI funding may not be used to purchase vehicles, furniture, or computers.
  - h. The CSB shall work collaboratively with its local Family Assessment and Planning Teams (FAPTs) and Community Policy and Management Teams (CPMTs) to establish a MHI Fund Protocol to specifically outline how these funds will be used to serve the non-CSA mandated population in the CSB's catchment areas. The MHI Protocol will be included in the CSB's MHI policies and procedures.

**Exhibit D: [THE COMMUNITY SERVICE BOARD NAME]**  
**Performance Measures for the Mental Health Initiative Fund**

- i. The CSB shall work collaboratively with its local Family Assessment and Planning Teams (FAPTs) and Community Policy and Management Teams (CPMTs) to establish a MHI Fund Protocol to specifically outline how these funds will be used to serve the non-CSA mandated population in the CSB's catchment areas. The MHI Protocol will be included in the CSB's MHI policies and procedures.
- j. The CSB shall seek input and guidance in the formulation of the protocol from other FAPT and CPMT member agencies.
  - a. The MHI Fund Protocol shall at minimum:
    - i. Clearly articulate the target population to be served within the SED, non-CSA mandated population;
    - ii. Establish defined protocols and procedures for accessing services, ensuring that all key stakeholder agencies have a method to link into services;
    - iii. Clearly articulate the kinds or types of services to be provided; and
    - iv. Provide for a mechanism for regular review and reporting of MHI expenditures.
- k. The CSB shall ensure that the FAPT(s) and CPMT(s) have had the opportunity to give input to and review its protocol for MHI funds. A copy of the plan shall be kept on file at the CSB.
- l. The CSB shall ensure that the FAPT(s) and CPMT(s) have had the opportunity to give input to and review its protocol for MHI funds. A copy of the plan shall be kept on file at the CSB.

- C. The Department Responsibilities:** The Department agrees to comply with the following requirements for the Program.
- 1. The Department shall distribute the funds in the regular semi-monthly electronic funds transfers, beginning with the July 1 payment of each state fiscal year.
  - 2. The Department shall establish a mechanism for regular review and reporting of MHI Fund expenditures.
- D. Payment Terms:** The Department shall provide [CSB] [\$AMOUNT, PAYMENT FREQUENCY AND DELIVERY]. The Department may, at its reasonable discretion, modify payment dates or amounts, or terminate this Agreement and will notify the CSB of any such changes in writing.
- E. Use of Funds:** The CBS may not use the funds provided under this Agreement for any purpose other than as described herein and allowable to carry out the purposes and activities of the Program. The CSB agrees that if it does not fully implement this program as approved or as subsequently modified by agreement of the Parties, the Department shall be able to recover part or all of the disbursed funds.
- F. Performance Outcomes:** Services shall have the purpose of keeping children in their homes and communities and preserving families whenever possible.
- G. Reporting Requirements:**
- 1. The CSB shall account for and report the receipt and expenditure of these restricted funds separately.
  - 2. The CSB shall report on the use of these funds through performance contract reports and the Community Consumer Submission (CCS). adhere to the current Core Services Taxonomy descriptions and classifications of services. This information will be reported through the CCS3 by using Consumer Designation Code 915 code.
  - 3. The CSB may carry-forward a balance in the MHI fund during the biennium in which the funds were distributed. If the CSB has a balance of 10% or greater, of the current allocation, at the end of the biennium, the CSB shall work with the OCFS to develop a plan to spend the end of the biennium balance.

**Exhibit D: [THE COMMUNITY SERVICE BOARD NAME]  
Performance Measures for the Mental Health Initiative Fund**

- H. Monitoring, Review, and Audit:** The Department may monitor and review use of the funds, performance of the Program, and compliance with this Agreement, which may include onsite visits to assess the CSB's governance, management and operations, and review relevant financial and other records and materials. In addition, the Department may conduct audits, including onsite audits, at any time during the term of this Agreement.
- I. Entire Agreement:** This Agreement and any additional or supplementary document or documents incorporated herein by specific reference contain all the terms and conditions agreed upon by the Parties hereto, and no other contracts, oral or otherwise, regarding the subject matter of this Agreement or any part thereof shall have any validity or bind any of the Parties hereto.
- J. Counterparts and Electronic Signatures:** Except as may be prohibited by applicable law or regulation, this Agreement and any amendment may be signed in counterparts, by facsimile, PDF, or other electronic means, each of which will be deemed an original and all of which when taken together will constitute one agreement. Facsimile and electronic signatures will be binding for all purposes.
- K. Conflicts:** In the event of any conflict between this Agreement (or any portion thereof) and any other agreement now existing or hereafter entered into, the terms of this Agreement shall prevail.

**Signatures:** In witness thereof, the Department and the CSB have caused this Agreement to be executed by the following duly authorized Parties.

**Virginia Department of Behavioral  
Health and Developmental Services**

By: \_\_\_\_\_

Name: Alison G. Land, FACHE

Title: Commissioner

Date: \_\_\_\_\_

**[Community Service Board Name]**

By: \_\_\_\_\_

Name: [CHAIRPERSON NAME]

Title: Chairperson

Date: \_\_\_\_\_

By: \_\_\_\_\_

Name: [EXECUTIVE DIRECTOR NAME]

Title: Executive Director

Date: \_\_\_\_\_

**Prince William County Community Services  
Standard Operating Procedure (SOP)**

**Title of SOP:** Mental Health Initiative (MHI) (aka CASI) Fund

**Program:** New Horizons

**Author:** Program Manager, New Horizons

**Referenced County and/or CS Policies:**

**Referenced Regulations:** Virginia Department of Behavioral Health and Developmental Services (DBHDS) Exhibit D: Prince William County Community Services Board Performance Measures for the Mental Health Initiative Fund

**Purpose:** To establish MHI fund protocol for expending the MHI fund for target population.

**Exceptions:** The CS Executive Director or designee may approve exceptions to this procedure within the constraints of the above-referenced policies and regulations.

~~**Definitions:**~~

**General:**

The Mental Health Initiative (MHI) Fund was established by the General Assembly in FY 2000 to create a dedicated source of funding for mental health and substance abuse services for children and adolescents with serious emotional disturbances (SED) who are not mandated for the Children's Services Act (CSA). Specific language from the Appropriation Act states:

*"Out of this appropriation \$6,148,128 the first year and \$6,148,128 the second year from the general fund shall be provided for mental health services for children and adolescents with serious emotional disturbances and related disorders, with priority placed on those children who, absent services, are at-risk for custody relinquishment, as determined by the Family and Assessment Planning Team of the locality. The Department of Behavioral Health and Developmental Services shall provide these funds to Community Services Boards through the annual Performance Contract. These funds shall be used exclusively for children and adolescents, not mandated for services under the Comprehensive Services Act for At-Risk Youth,*

*who are identified and assessed through the Family and Assessment Planning Teams and approved by the Community Policy and Management Teams of the localities. The department shall provide these funds to the Community Services Boards based on an individualized plan of care methodology.”*

**Procedures:**

**1. MHI Fund Protocol:**

PW CS in collaboration with PW CPMT agree to the target population to be served, services provided and protocol for accessing funds as defined below:

- MHI funds must be used exclusively to serve currently unserved children and adolescents or provide additional services to underserved children and adolescents with serious emotional disturbances and related disorders that are not mandated to receive services under the Children’s Services Act (CSA). Underserved refers to populations which are disadvantaged because of their ability to pay, ability to access care, or other disparities for reasons of race, religion, language group or social status.
- Children and adolescents must be under 18 years of age at the time services are initiated. MHI funds can be used to bridge the gap between the child and adolescent and adult service systems, if the service was initiated before the adolescent’s 18<sup>th</sup> birthday. MHI funds cannot be used to initiate new services once an adolescent turns 18 years of age.
- MHI funds must be used for services which will be used to keep the child or adolescent in the least restrictive environment and living in the community.
- MHI funds should not be used when another payer source is available.
- Services must be based on the individual needs of the child or adolescent and must be included in an individualized services plan. Services must be child-centered, family focused, and community-based. The participation of families is integral in the planning of these services.
- Services shall be provided in the least restrictive and most appropriate settings, including homes, schools, and community centers.

Target Population for MHI Funds:

- The target population to be exclusively served with MHI funds is children and adolescents with serious emotional disturbance and related disorders who are not mandated for services under the CSA. Serious emotional disturbance in children is defined as a diagnosable mental, behavioral, or emotional disorder in the past year, which resulted in functional impairment that substantially interferes with or limits the child’s

role or functioning in family, school, or community activities.

- Related disorders are not defined in the appropriations act. However, the assumption for the purposes of these guidelines is that the language “related disorders” allows the necessary flexibility to serve children with mental health or co-occurring mental health and substance use problems who may not fit the definition above but who, in the opinion of CSB clinical staff, are in need of services that can only be provided with the use of MHI funding. This shall be documented in the child’s file and on the service plan.

Criteria for Accessing MHI Services:

- The youth meets the CSA definition of the target population as a child or adolescent who is non-mandated for CSA services as indicated in the Code of Virginia 2.1-758.A1 and A2.
- The youth meets criteria for Serious Emotional Disturbance (SED) or related disorders or.
- The youth is in need of services that can only be provided with the use of MHI funding.
- The parent(s) or legal guardian(s) of the youth are actively participating in treatment planning.

Accessing MHI Funds:

CSA/FAPT and Community Stakeholders can make referrals to CS for determination of service needs of clients and their eligibility for use of MHI funds.

Types of Services that will be covered include: Emergency, psychiatric, outpatient, intensive in-home, intensive care coordination, case management, Trauma Focused Cognitive Behavioral Therapy (TF-CBT), and neurofeedback.

**2. MHI Policies and Procedures:**

All services to be provided utilizing MHI funds require Therapist 4 or Program Manager approval utilizing the MHI Eligibility Determination Checklist.

The following New Horizons services are MHI funded eligible services:

- Community-Based FAPT Case Management – MHI will be used for CSA Non-mandated clients receiving community-based ~~FAPT~~<sup>CSA</sup> funded services only. *MHI cannot be used for clients in placement, i.e., RTC, group home, TFC.*
- Neurofeedback – all neurofeedback services are to be recorded under MHI.
- No insurance, high co-pays, large deductibles, or poor MH benefits – will be used to provide individual, family therapy and meds only services.

- Psychiatric office visits for clients with no insurance, high co-pays, large deductibles, or poor MH benefits.
- Active Case Management may be provided under rare circumstances, i.e., client had Medicaid, it has lapsed, but is anticipated to be reinstated.

Therapist IV Instructions:

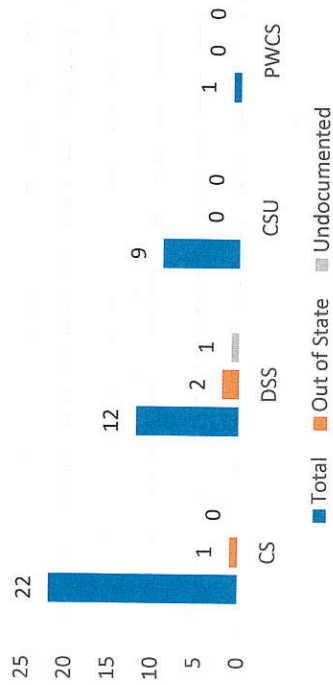
- Once determination is made that client meets criteria above to have services recorded under MHI, do the following:
  - Assign client to appropriate NH Team for eligible service, i.e., NH MH HB, NH MH OP, NH MH CM, NH PROB, NH SB OP, NH FAPT CM.
  - Assign client to XCASI Team.
  - Send a note thru Credible to the Reimbursement Manager, Accounting Services Coordinator I, and New Horizons Program Manager to have payor set to CASI, and include an effective date.
- Monitor client's status to ensure that MHI funding is being used appropriately, i.e., client has not moved from community-based services to RTC level, insurance changes
  - If status does change, will need to send a note to the Reimbursement Manager, Accounting Services Coordinator I, and New Horizons Program Manager to have CASI removed as payor.
  - Unassign client from XCASI Team.

**Additional Resources:** N/A

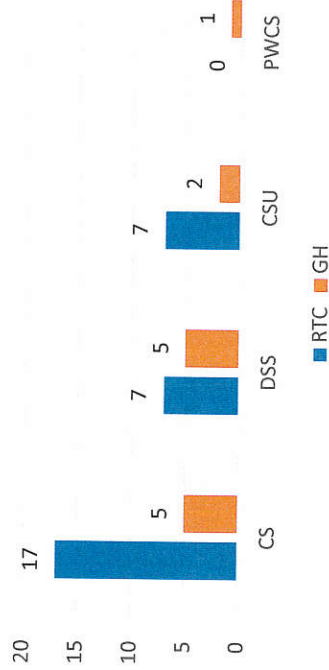
Residential Treatment Center Status  
 CPMT – November 05, 2020

RTC/GH Total: 44 (10/31/20)

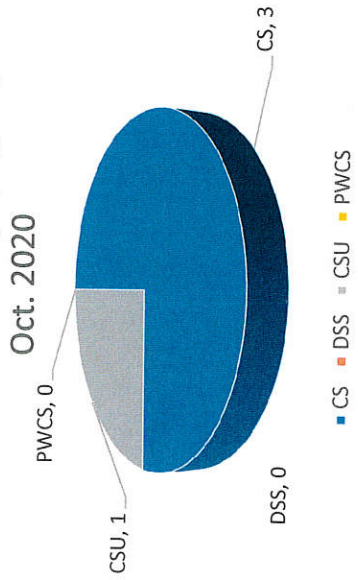
RTC/GH Statistics by Agency,  
 Oct. 2020



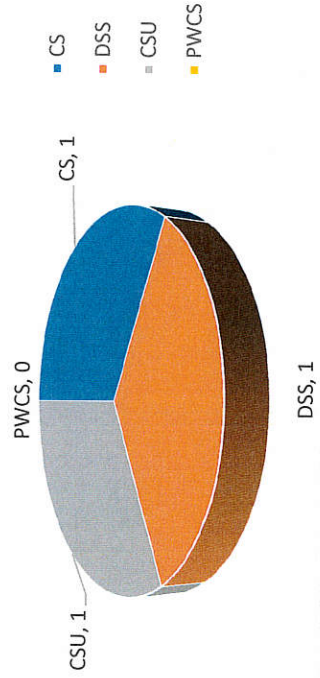
Placement Type, By Agency -  
 Oct. 2020



Number Admission, By Agency -  
 Oct. 2020

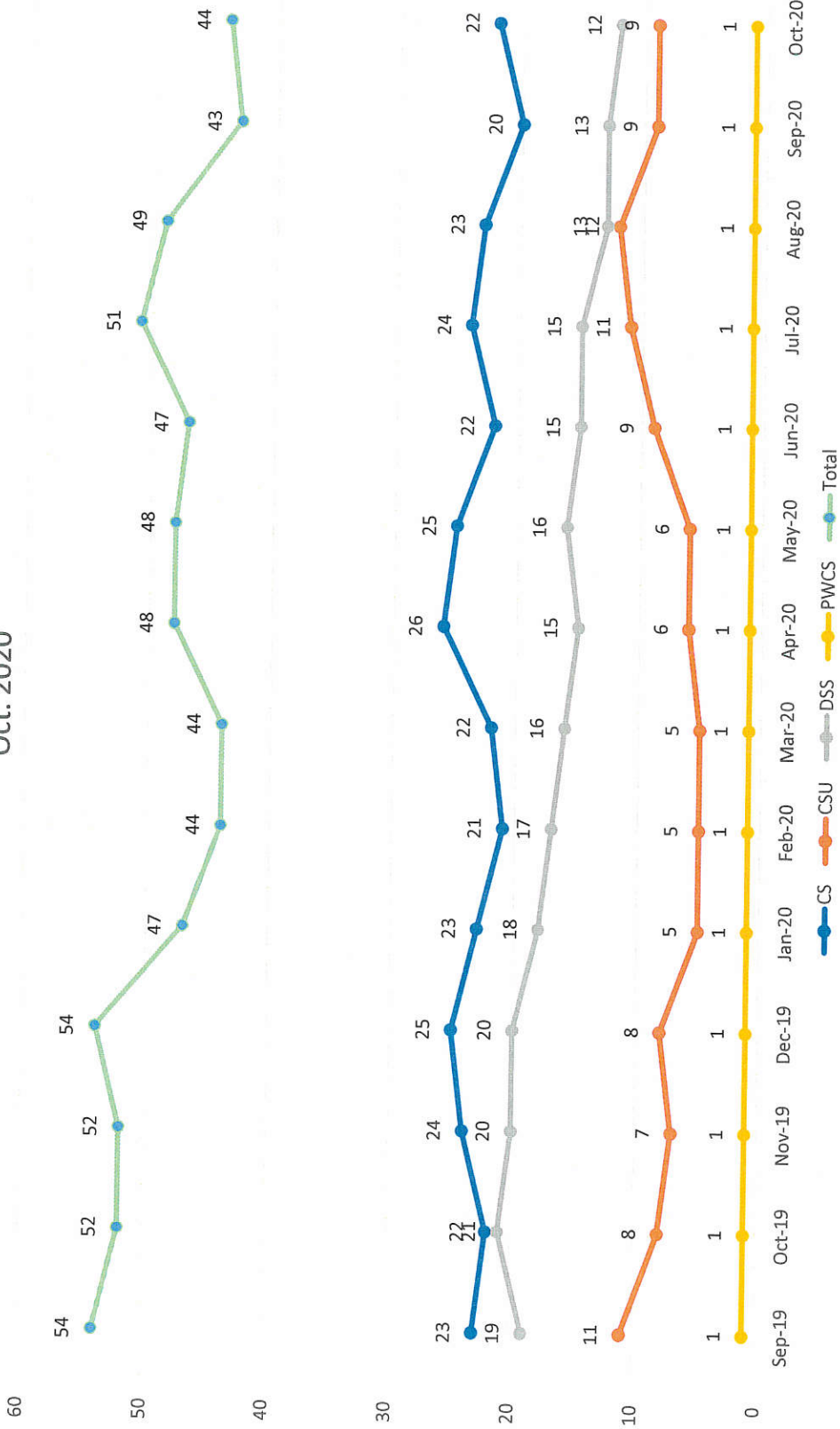


Number Discharge, By Agency -  
 Oct. 2020



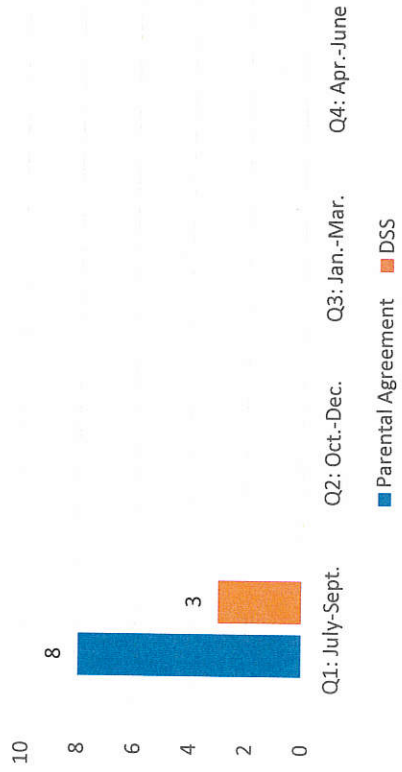


# Monthly Residential Count Oct. 2020

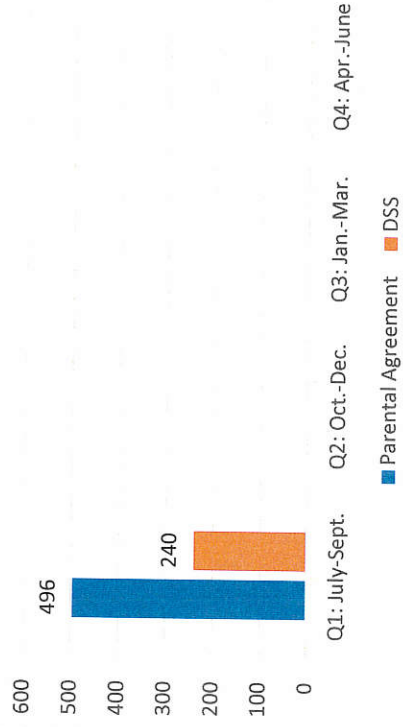


## Quarterly Reports of Discharges and Length of Stay by Placement Type

FY21 Number of Discharges, by Placement Type

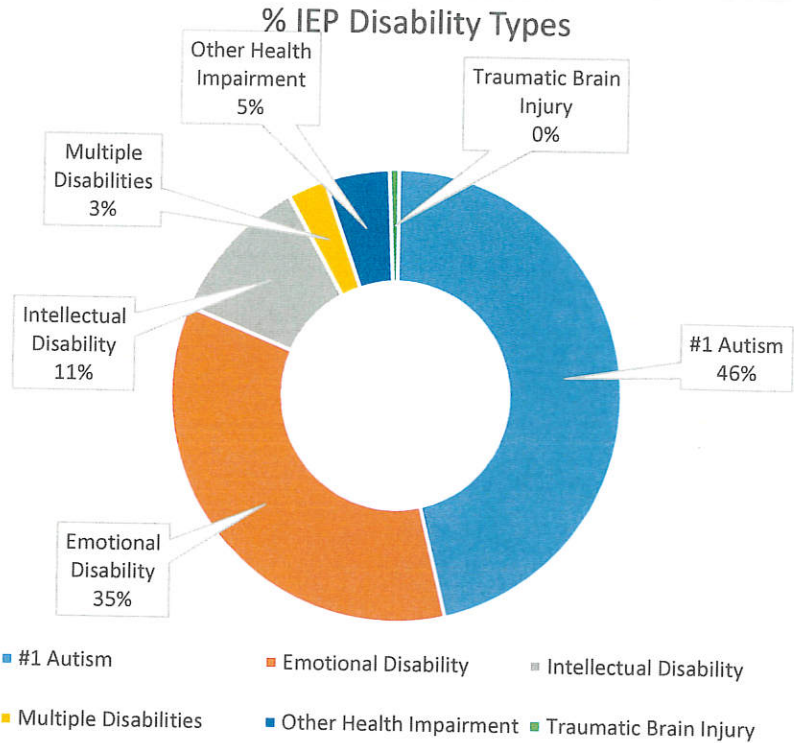


~~Area~~  
FY21 Length of Stay, in Days, by Placement Type



**NOV 5, 2020 PWCS IEP-driven Private Day School Placements  
through October 31, 2020: #149**

<b>Disability</b>	<b>No.</b>
#1 Autism	69
Emotional Disability	52
Intellectual Disability	16
Multiple Disabilities	4
Other Health Impairment	7
Traumatic Brain Injury	1
	<b>149</b>



*Further Breakdowns of all #149*

<b>AGES</b>	<b>No.</b>
5-12:	37
13-17:	70
18-22:	42

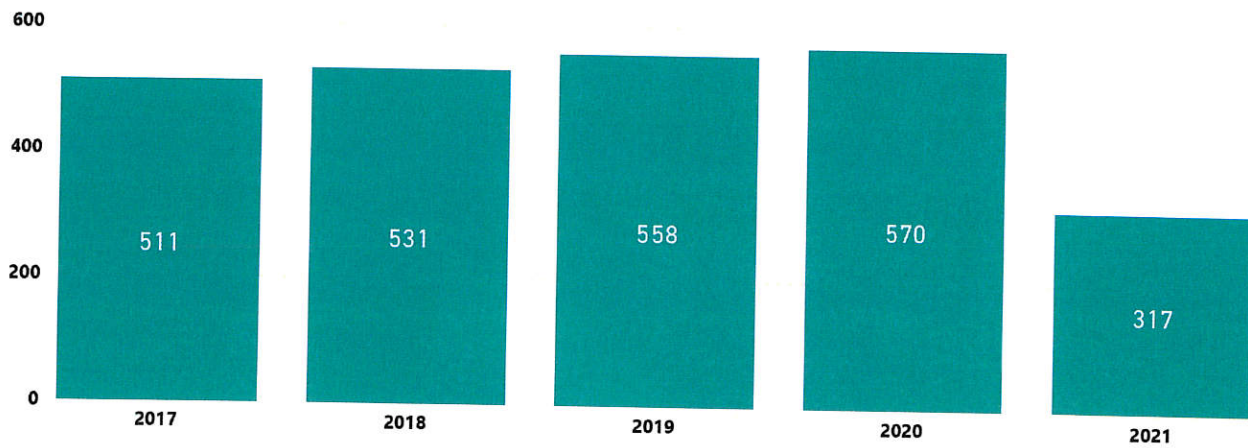
149

<b># of Disability Types per Each Age Group</b>			
	<b>5-12</b>	<b>13-17</b>	<b>18-22</b>
<b>Autism</b>	22	31	17
<b>ED</b>	8	30	13
<b>ID</b>	2	5	9
<b>Multi</b>	1	2	1
<b>OHI</b>	4	2	1
<b>LD</b>	0	0	0
<b>TBI</b>	0	0	1
	37	70	42

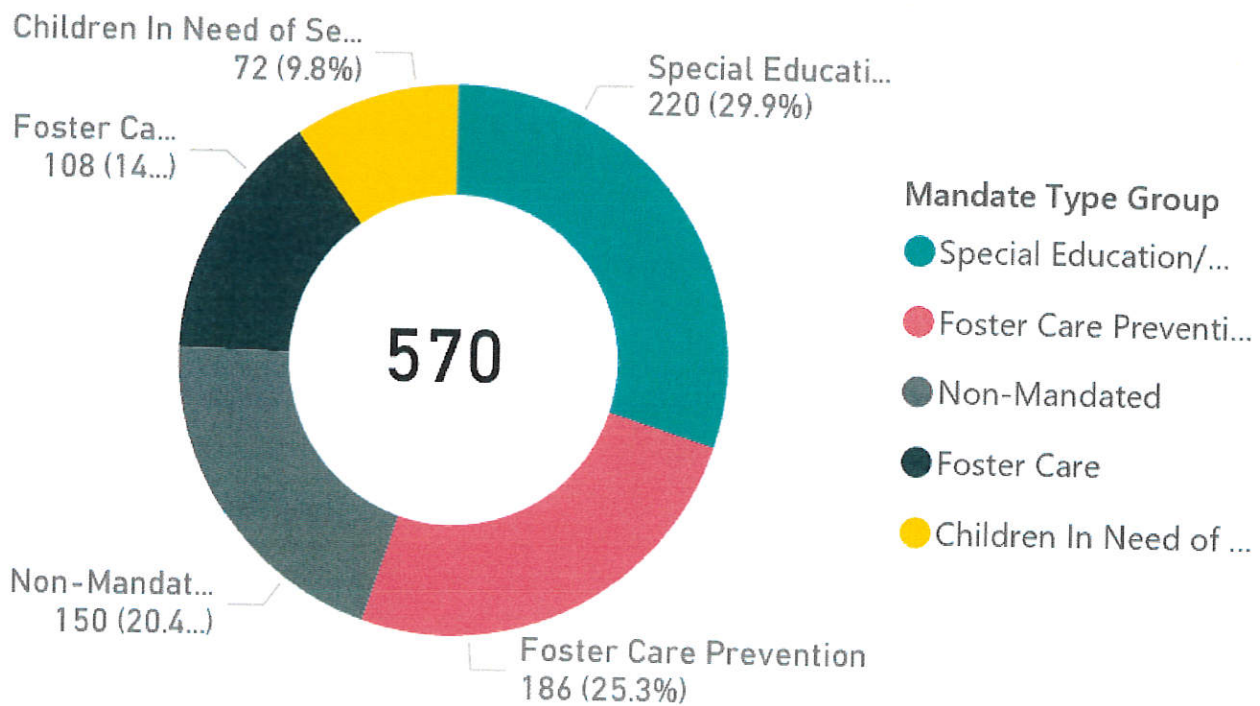
70  
51  
16  
4  
7  
0  
1  
149

## CPMT Data Report – 11/5/2020

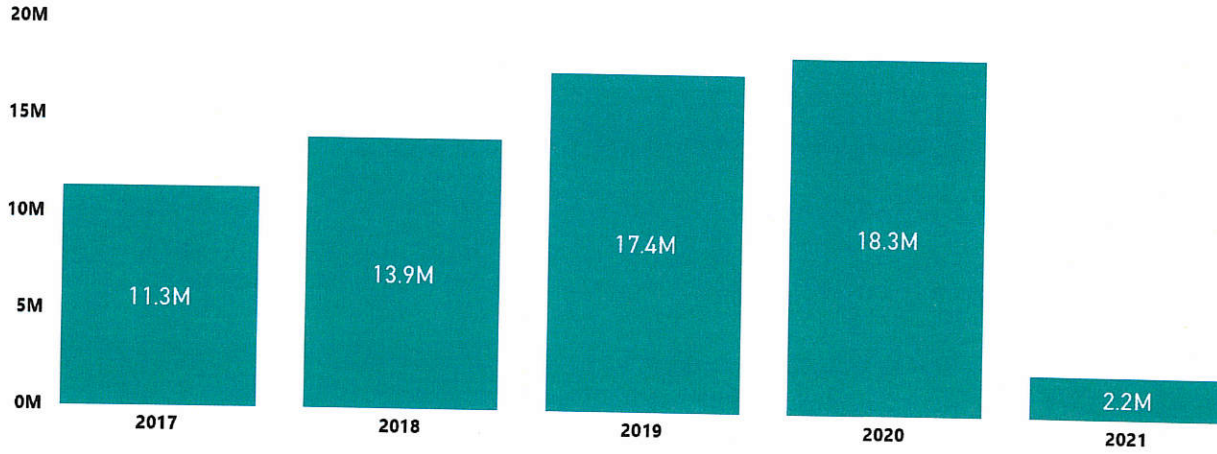
### Distinct Child Count



### Distinct Child Count By Mandate Type



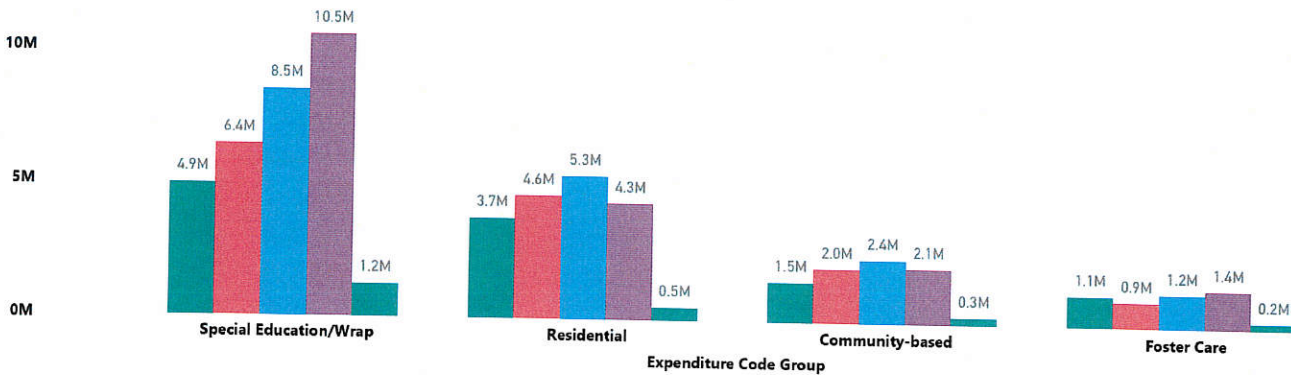
# Total Net Expenditures



## Total Net Expenditures By Expenditure Code



ProgramYear ● 2017 ● 2018 ● 2019 ● 2020 ● 2021



## Total Net Expenditures By Mandate Type\*

ProgramYear ● 2017 ● 2018 ● 2019 ● 2020 ● 2021

