

PATRICK COUNTY  
COMMUNITY POLICY AND MANAGEMENT TEAM  
Wednesday, February 19, 2025

**3:30 PM**

Patrick County School Board  
Large Conference Room

MEETING AGENDA

I. Call to Order

II. Roll Call

**21<sup>st</sup> District Court Service Unit:**

- ☐ Mr. Rob Hiatt, CSU Director- CPMT Chair
- ☐ Ms. Holly Johnson, CSU Alternate

**Piedmont Community Services:**

- ☐ Ms. Dana DeHart, PCS Clinical Director – CPMT Vice-Chair
- ☐ Ms. Rhonda Brown, PCS Alternate

**Patrick County Dept. of Social Services:**

- ☐ Ms. Carol Craig, PCDSS Director
- ☐ Ms. Tammy Martin, PCDSS Alternate

**Patrick County Schools:**

- ☐ Mr. Andy Bowlin, PC Schools
- ☐ Ms. Kim Kendrick, PC Schools Alternate

**Patrick County Health Department:**

- ☐ Ms. Pam Rorrer, Health Dept.

**Patrick County Board of Supervisors:**

- ☐ Mr. Steve Marshall, Patrick County Board of Supervisors

**Patrick County Administration Office:**

- ☐ Ms. Lori Jones, Patrick County Administration
- ☐ Ms. Ruth Russell, Alternate County Administration

**Private Provider:**

- ☐ Ms. Crystal Peterson-Barker, Private Provider Rep.

**Parent Representative:**

- ☐ Ms. Tamika Reynolds, Parent Rep.

**Others attending the meeting:**

- ☐ Ms. Michelle Corns, CSA Coordinator / FAPT Chair
- ☐ NONE

III. Recognition of Guests and Public Comment

IV. Approval of the Agenda

V. Approval of the January 22, 2025 Minutes

VI. FAPT Updates from CSA Coordinator – Michelle Corns

- VII. Old Business
  - a. Expenditures/CSA Pool Reimbursement Report – PC DSS
  - b. CSA Monthly Pool Reimbursement Report (FY25 December)
  - c. Enhanced Technical Assistance report from CSA
- VIII. New Business
  - a. None
- IX. Closed Session pursuant per Code of Virginia §2.2-3711(A)(15) for discussion of cases
  - a. FAPT Cases
  - b. FAPT Utilization Management report
  - c. New Foster Care cases/ 866 funding/ IEP
  - d. Amendments and Revisions to Prior Approved Funding Requests
- X. Return to Open Session
- XI. Certification of Closed Session Discussion and Roll Call.
- XII. Approve funding per FAPT recommendation.
- XIII. Approve funding for new Foster Care Maintenance/IEP cases.
- XIV. Next meeting: Wednesday, March 26, 2025, at 2:00 PM.
- XV. Adjournment

Note: CPMT Board Members; if you are unable to attend, please give this information to your CPMT alternate.



## CSA FY 25 - POOL REIMBURSEMENT REQUEST REPORT—PART 1

DATE: February 04, 2025	FOR PERIOD ENDING: January 31, 2025 Report ID: 43219 File Name: csa_141_M_2025_1_1.txt
LOCALITY: Patrick -FIPS 141	Contact Person: Darlene Martin Phone Number: 276-693-5980

### PART 1 - EXPENDITURE DESCRIPTION

EXPENDITURE DESCRIPTION		LOCAL MATCH RATE (a)	GROSS TOTAL EXPENDITURES THIS PERIOD (b)	EXPENDITURE REFUNDS THIS PERIOD (c)	NET TOTAL EXPENDITURES (b minus c) (d)	LOCAL MATCH (a x d) (e)	STATE MATCH (d-e) (f)
1.	CONGREGATE CARE / MANDATED AND NON-MANDATED RESIDENTIAL SERVICES						
1a.	Foster Care - IV-E children in Licensed Residential Congregate Care; pool expenditures for costs not covered by IV-E (i.e., non room-and-board)	\$0.3174	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1b.	Foster Care - all others in Licensed Residential Congregate Care	\$0.3174	\$29,730.50	\$5,470.00	\$24,260.50	\$7,700.28	\$16,560.22
1c.	Residential Congregate Care- CSA Parental Agreements ; DSS Noncustodial Agreements	\$0.3174	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1d.	Non-Mandated Services/Residential/Congregate	\$0.3174	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1e.	Educational Services - Congregate Care	\$0.2539	\$64,185.82	\$5,073.00	\$59,112.82	\$15,008.74	\$44,104.08
2.	OTHER MANDATED SERVICES						
2a.	Treatment Foster Care - IV-E	\$0.2539	\$39,741.65	\$0.00	\$39,741.65	\$10,090.40	\$29,651.25
2a.1	Treatment Foster Care	\$0.2539	\$73,811.92	\$0.00	\$73,811.92	\$18,740.85	\$55,071.07
2a.2	Treatment Foster Care - CSA Parental Agreements ; DSS Noncustodial Agreements	\$0.2539	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

2b.	Specialized Foster Care - IV-E ; Community Based Services	\$0.2539	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2b.1	Specialized Foster Care	\$0.2539	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2c.	Family Foster Care - IV-E ; Community Based Services	\$0.1270	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2d.	Family Foster Care Maintenance only	\$0.2539	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2e.	Family Foster Care - Children receiving maintenance and basic activities payments; independent living stipend/arrangements	\$0.2539	\$11,901.49	\$0.00	\$11,901.49	\$3,021.79	\$8,879.70
2e.1	State Kinship Guardianship	\$0.2539	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2e.2	Federal Kinship Guardianship	\$0.2539	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2f.	Community - Based Services	\$0.1270	\$67,519.99	\$746.00	\$66,773.99	\$8,480.30	\$58,293.69
2f.1	Community Transition Services - Direct Family Services to Transition from Residential to Community	\$0.1270	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2g.	Special Education Private Day Placement	\$0.2539	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2h.	Wrap-Around Services for Students With Disabilities	\$0.2539	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2i.	Psychiatric Hospitals/Crisis Stabilization Units	\$0.2539	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3.	Non-Mandated Services/Community-Based	\$0.1270	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.	<b>GRAND TOTALS: (Sum of categories 1 through 3)</b>		<b>\$286,891.37</b>	<b>\$11,289.00</b>	<b>\$275,602.37</b>	<b>\$63,042.36</b>	<b>\$212,560.01</b>

## CSA FY 25 - POOL REIMBURSEMENT REQUEST REPORT—PART 2

### PART 2 - EXPENDITURE REFUND DESCRIPTION

Information regarding total expenditure refunds reported in Part 1, Line 4(c).

EXPENDITURE REFUND DESCRIPTION	CODE	AMOUNT
Vendor Refunds and Payment Cancellations	010	\$0.00
Parental Co-Payments	020	\$0.00
Payments made on behalf of the child (ex: SSA, SSI, VA benefits, &##133;)	030	\$11,289.00

Child Support Collections through DCSE	040	\$0.00
Pool prior-reported expenditures re-claimed under IV-E	050	\$0.00
Other: #getforminfo.COMMENTS#	090	\$0.00
<b>TOTAL REFUNDS :</b> Note: This total must agree with the GRAND TOTAL of all expenditure refunds Part 1, Line 4, Col (c).		<b>\$11,289.00</b>

The expenditures and refunds reported herein were incurred in accordance with provisions of the Comprehensive Services Act, and have not been reported on a previous claim. Documentation is maintained to support the expenditure and refund amounts reported, and to demonstrate that each expenditure and refund was made on behalf of a specific child (or list of specific children) and complies with the CSA Manual, COV and Appropriation Act requirements including utilization management and FAPT criteria.



# COMMONWEALTH of VIRGINIA

Scott Reiner, M.S.  
Executive Director

## OFFICE OF CHILDREN'S SERVICES *Administering the Children's Services Act*

**TO:** Rob Hiatt, CPMT Chair, Patrick County CSA  
Michelle Corns, CSA Coordinator, Patrick County CSA

**FROM:** Courtney Sexton, Program Consultant  
Office of Children's Services

**RE:** OCS Program Consultation: Observations and Recommendations, Patrick County

**DATE:** February 11, 2025

---

### **I. Background**

Pursuant to HB 2212 (2021 Special Session), the Office of Children's Services (OCS) is required to provide for the effective implementation of the Children's Services Act (§2.2-5200 et seq.) in all localities by (i) regularly monitoring local performance measures and child and family outcomes; (ii) using audit, performance, and outcomes data to identify local programs that need technical assistance; and (iii) working with local programs that are consistently underperforming to develop a corrective action plan for submission to the Office and the State Executive Council for Children's Services (SEC).

### **II. Initial Determination**

In June 2024, OCS Program Consultant, Courtney Sexton, was made aware that the Patrick County CSA Program may be interested in the Enhanced Technical Assistance Program. The consultant contacted Rob Hiatt, CPMT Chair, Patrick County and Michelle Corns, CSA Coordinator, Patrick County, to offer programmatic assistance through the Enhanced Technical Assistance Program (ETA). After meeting with the CPMT in September 2024, the locality requested engagement in this process to address needs in service planning, record retention, and administrative functionality.

### **III. Observations**

Observations of the Patrick County CSA Program began in October 2024 and concluded in December 2024. Observations included the following:

1. The local CSA program has seen a significant increase in expenditures, year-over-year, beginning in Fiscal Year 2021 (FY21). This increase encompasses not only an increase in the number of children and families served, but also a marked increase in the dollar amount expended per child.
2. Administrative processes and failure to align practices with state and local policy have resulted in large, reoccurring, local-only expenditures. Despite attempts by the CSA Office and CPMT to rectify this situation, this continues to the present. This may negatively impact the program when CSA dollars must be utilized to cover expenses that may otherwise be funded, in part, through the State Pool.
3. During a period wherein the local Department of Social Services lacked a permanent Director, standard processes lapsed, resulting in the failure of the local DSS to apply for Promoting Safe and Stable Families (PSSF) grant funding. A new DSS Director has been hired and has undertaken efforts to realign DSS practices, however, at the time of this report, DSS has not applied for PSSF funding.
4. During the observation period, the CPMT initiated action to remove the Parent Representative from the FAPT. This removal was initiated due to the appointed member's noncompliance with meeting attendance policies and failure to respond to communications from the CSA Office. CPMT continues active efforts to recruit a Parent Representative for the FAPT.
5. FAPT meetings are well-attended by both parents and members of the team. Local policy dictates that parents must be present for meetings in order for case discussion to occur.
6. When families, including foster parents, attend meetings by phone, their attendance and/or agreement with the plan is not routinely captured in the documentation.
7. While FAPT members are attentive and do engage in some case discussion in meetings, it was observed that the CSA Coordinator is consistently tasked with both facilitating the meeting and leading case discussion. Other members participate and engage only occasionally, dependent upon their familiarity with the child and/or family. This impacts the quality and scope of assessment and service planning.
8. While FAPT members are generally friendly and welcoming to families, it is noted when the team is engaged with a parent(s) with whom they may have complicated history, tension is palpable in the meeting. This impacts the team's ability to engage and build rapport with these families.
9. While some providers do attend and participate FAPT meetings for the children and families they serve, this is not consistent. This results in limited provider perspective in the service and Utilization Review planning processes.
10. In FAPT meetings, case managers often cannot provide necessary information to the team when asked. This is most prevalent in cases managed through the LDSS. Gaps in knowledge include but are not limited to the status of Termination of Parental

Rights (TPR), VEMAT scores, and scheduling for court dates. For children in Therapeutic Foster Care Placements (TFC), LDSS case managers place much of the burden of providing information and updates to the FAPT on the TFC case manager and/or foster parents. This impacts the FAPT's ability to engage in appropriate service planning and may erode the relationship between the local child-serving system and providers/families.

11. Therapeutic Mentoring is heavily utilized within the locality. While it is understood, due to the rural location of the locality, providers and service types may be limited, excessive use of mentoring may indicate that children and families receive this service regardless of its appropriateness in meeting their needs.
12. In most instances, FAPT does not review the CANS Assessment in-meeting. Through review, it was noted that CANS Assessments are frequently out-of-date or are incongruent with the circumstances of the child and family. This indicates that CANS Assessments are not being completed appropriately.
13. FAPT does not consistently establish SMART goals for services. This impacts the FAPT's ability to drive service planning and delivery and monitor the efficacy and efficiency of services in meeting the needs of children and families over time (Utilization Review).
14. In some instances, it was observed that the member agency providing case management services for FAPT may not be the most appropriate, given the concerns of the child/family and the nature of their involvement with CSA.
15. Individual Family Service Plans (IFSPs) are not reflective of the current circumstances of the child and family as submitted to the CSA Office. This includes a lack of current placement information, Title IV-E and Medicaid eligibility, medication information, and case updates. It is noted that IFSPs may be generally incomplete or are not completed appropriately.
16. The CPMT reports that there is no active strategic/long-range plan for Patrick County CSA, as required by the Code of Virginia.
17. When the initial verbal report of observations was presented to the CPMT, members were engaged and receptive to the feedback of the consultant.

#### **IV. Recommendations**

*Recommendations for the Patrick County Children's Services Act follow but may not be complete. Additional recommendations will be made as needed:*

##### **Policy**

1. It is recommended the Patrick County CPMT engage in a review of local policy and procedure to ensure alignment with the Code of Virginia, SEC Policy and the policy of member agencies. Policy should be revised as needed



2. Once this initial policy revision has been completed, it is recommended that Patrick County CPMT engage in an annual review of the local policy manual. To promote continuity, it is recommended the CPMT establish an annual review date of the local policy manual.
3. It is recommended that Patrick County CPMT review local forms to ensure they are conducive to appropriate documentation practices.

Further, it is recommended that CPMT, FAPT, and the CSA Office work with case managers to ensure documentation is completed appropriately and submitted to the CSA Office in compliance with local policy. This should be monitored on an ongoing basis by the FAPT and reported to the CPMT as necessary. Barriers to compliance with local policy should be addressed in a timely manner.

4. It is recommended that CPMT work with the FAPT to develop and implement family engagement practices. To ensure continuity, these practices should be captured in the local procedure manual.
5. It is recommended CPMT and FAPT work together to develop policy/practice that supports robust service planning. This may include the establishment of a family-centered meeting flow, the incorporation of the CANS Assessment into service planning, discharge planning and thorough Utilization Review. To ensure continuity, these practices/procedures should be captured in the local policy/procedure manual.
6. It is recommended Patrick County CPMT and FAPT work to align local Utilization Review policy/practices with SEC Policy.
7. It is recommended Patrick County CPMT examine local vendor contracts for the inclusion of requirements for provider attendance at FAPT meetings. Dependent upon local policy, providers may elect to attend meetings virtually, in person or by telephone. If current contracts do not include these provisions, it is recommended that Patrick County CPMT, in consultation with their legal counsel, consider the inclusion and enforcement of these provisions in future contract cycles.

8. To ensure newly appointed team members and their alternates are prepared for meaningful engagement, it is recommended Patrick County establish onboarding policy/procedure for new FAPT and CPMT members/alternates as they are appointed.

Special consideration should be given to the Parent Representative position, as potential responsibilities of this position may vary from those of other members. It is recommended, when establishing the role of these members, CPMT consult guidance documents available on the OCS website. These documents include Best Practices for Elevating Parent Voice and Core Competencies for Local CSA Leaders, CPMTs, and FAPTs.

9. To ensure case managers are prepared to present cases to the FAPT, it is recommended CPMT establish an onboarding policy /procedure for case managers.
10. It is recommended that CPMT establish policy addressing the development, implementation, and regular review of a strategic/ long-range plan.

### **Training**

1. CPMT members, FAPT members, and their alternates should complete all available training modules for their respective teams on the Commonwealth of Virginia Learning Center (COVLC) and provide certificates of completion to the CSA Office. Certificates of completion for these modules should be maintained in the locality.
2. It is recommended FAPT members, CPMT members, team alternates and CSA staff engage in FAPT and CPMT Roles and Responsibilities Training provided by the Office of Children's Services. Following this training, it is recommended that CPMT and FAPT hold a joint meeting to discuss and plan for how information from this training will be integrated into local practice.
3. It is recommended FAPT members, CPMT members, team alternates, CSA staff, and local case managers participate in Family Engagement Training through the Office of Children's Services. Once this training has been completed, it is recommended CPMT and FAPT meet within one month to discuss and plan for how information from this training can be integrated in local policy/practice.

4. In an effort to assist the local FAPT in conducting more robust service planning, discharge planning, and Utilization Review, it is recommended FAPT members, CPMT members, team alternates, local case managers, and CSA staff participate in the CANS and Service Planning training provided by the Office of Children's Services. Once this training has been completed, it is recommended CPMT and FAPT meet to discuss and plan for how information from this training will be incorporated into local policy and practice.
5. To assist the CPMT in developing a strategic/long-range plan, it is recommended the Patrick County CPMT engage in CQI and Strategic Planning training provided by the Office of Children's Services.

### **Process**

1. It is recommended CPMT and FAPT work together to develop and implement practices for inviting providers to FAPT meetings. This should be monitored by the FAPT and/or the CSA Office on an ongoing basis and reported to the CPMT.
2. It is recommended CPMT and FAPT engage in a self-evaluation of local family engagement practices. Participation in the Family Engagement Training will provide additional information that can be utilized during this process. Once opportunities for improvement are identified, it is recommended improvement strategies are developed and implemented.
3. It is recommended FAPT engage in active efforts to ensure FAPT meetings are family friendly. FAPT may consider the following opportunities: where family members sit, the provision of supplies for the family (a copy of the plan, pens, tissues, etc.) completing introductions/name tents, ensuring families understand the purpose of the FAPT and their own role on the team and encouraging families to share information, ask questions, or seek clarification in every meeting. FAPT may utilize the Best Practices for Elevating Parent Voice guidance document, available on the OCS Website to assist in strengthening these practices.

4. To address inconsistencies in engagement of the FAPT members, it is recommended that CPMT work with these members to determine barriers to full participation in meetings.

CPMT may consider the following strategies: sending members to sit in on FAPT meetings for observation and support, holding periodic joint meetings with the FAPT where barriers are discussed, and individual meetings between CPMT and FAPT members from corresponding member agencies. If utilizing the former strategy, it is important that CPMT provide equitable support for FAPT members who are not employed through a member agency (Parent Representative, Private Provider etc.). When identified, barriers should be addressed appropriately.

5. It is recommended CPMT and FAPT work with case managers to address instances in which the case manager does not have needed information for service planning. FAPT should have established procedures for proceeding with case reviews when a case manager cannot provide adequate information for the team to engage in holistic discharge planning.
6. It is recommended the CPMT and FAPT work together to determine whether the locality's frequent use of Therapeutic Mentoring services best meet the needs of children and families.
7. In an effort to bring new providers and services to the locality, it is recommended the CPMT and CSA Office work with providers to communicate interest in expanding services. Regionalization with other local CSA Offices or existing regional groups may be beneficial in encouraging providers to serve the area.

For assistance in securing local access to evidence-based services, the local program may contact the Virginia Center for Evidence-Based Partnerships at Virginia Commonwealth University (<https://www.cep-va.org/>).

8. It is recommended that FAPT members are knowledgeable about various services and providers available in the locality. A concerted effort should be made by FAPT to recommend services which most closely align with the needs of individual children and families.

9. It is recommended the CPMT work with the local CSA Office to develop and implement policies and practices that diminish the need for local-only expenditures due to program error.
10. It is recommended CPMT work with the LDSS to ensure a request is submitted for Promoting Safe and Stable Families (PSSF) grant funding and this funding is utilized when appropriate.

Further, FAPT members should become knowledgeable of available funding streams and make a concentrated effort to access the appropriate funding stream for each service recommendation. The document, Funding Sources for Child Specific Services, is available on the OCS Website to assist in this process.

11. It is recommended that CPMT work with the CSA Office to ensure administrative processes are defined and actionable in accordance with the Code of Virginia and SEC Policy.
12. It is recommended that the CPMT and FAPT continue to recruit for the vacant Parent Representative position on the FAPT. Guidance documents available on the OCS Website include Recruiting and Retaining Parent Members on Interagency Teams and Core Leadership Competencies for Local CSA Leaders, CPMTs, and FAPTs.
13. It is recommended that CPMT develop and implement a long-range or strategic plan. This plan should be reviewed regularly to assess progress.

## **V. Conclusion**

Following this report, the Office of Children's Services will be in contact with Patrick County CPMT to discuss the recommendations herein. During this conversation, the CPMT will be given the opportunity to discuss concerns or questions resulting from this report. If the CPMT wishes to respond to this report in writing, response is due to the Office of Children's Services within 30 days of issuance.

Following Issuance of the report and prior to meeting with the Program Consultant, CPMT must meet to discuss potential strategies to address each recommendation contained herein. As successful implementation of this plan relies on the full participation of the local child-serving system, it is recommended that FAPT members are included/consulted during this meeting/process.

Pursuant to COV§2.2-2649.19, the Patrick County CPMT will be asked to develop a Program Enhancement Plan to be implemented over one (1) year. OCS will provide consultation on plan development and implementation.

Once developed, it is recommended that the CPMT review the Program Enhancement Plan at least monthly. This plan will be reviewed and updated quarterly with the Program Consultant. The consultant will complete observations for each team, providing feedback intended to inform plan updates. The consultant may issue additional recommendations throughout the engagement period.

Respectfully submitted,

Courtney Sexton, BA  
Program Consultant  
Office of Children's Services