

## FREDERICK COUNTY CPMT AGENDA

May 19, 2025  
1:00 PM  
107 N Kent St  
Winchester, VA  
1<sup>st</sup> Floor Conference Room

- I. Call to Order
- II. Adoption of Agenda
- III. Consent Agenda
  - A. Approval of April Minutes
  - B. Budget Request Forms
- IV. Executive Session
  - A. Funding Gap
- V. Agency/Member Announcements
  - A. Updates from Members
- VI. CSA Office
  - A. FAPT/CPMT Vacancy Updates
  - B. April Financial Report
  - C. SME Communication
  - D. FY25 CSA Service Gap Survey
- VII. Old Business
  - A. Retreat Planning
  - B. FAPT Process
- VIII. New Business
  - A. FY26 Contract Renewal
  - B. Translation Services
  - C. Administrative Memo #25-07
  - D. Administrative Memo #25-08
- IX. Informational Items
  - A. None
- X. Upcoming Meetings
  - CPMT- Monday, June 23, 2025, 1:00-3:00pm, 1<sup>st</sup> Floor Conference Room
  - Joint CPMT/FAPT Meeting- Tuesday, August 5, 2025, 1:00-2:00pm, 2<sup>nd</sup> Floor Public Works/CSA Conference Room
- XI. Adjourn

**\*\*Instructions for Closed Session:**

- Motion to convene in Executive Session pursuant to 2.2-3711(A)(4) and (16), and in accordance with the provisions of 2.2-5210 of the Code of Virginia for proceedings to consider the appropriate provision of services and funding for a particular child or family or both who have been referred to the Family Assessment and Planning Team and the Child & Family Team Meeting process, and whose case is being assessed by this team or reviewed by the Community Management and Policy Team
- Motion to return to open session-
- Certification that to the best of each member's knowledge, (1) only public business matters lawfully exempted from open meeting requirements, and (2) only such public business matters were identified in the motion by which the closed meeting was convened were heard, discussed, or considered in the closed meeting.
- Roll Call Affirmation
- Motion to Approve cases discussed in Executive Session

**CPMT Meeting Minutes: April 28, 2025**

The Community Policy and Management Team (CPMT) met in the 1<sup>st</sup> Floor Conference Room at 107 N Kent St, Winchester, VA 22601, on April 28, 2025, at 1:00 pm.

***The following members were present:***

- Jay Tibbs, Frederick County Administration
- Jerry Stollings, 26<sup>th</sup> District Juvenile Court Service Unit
- Denise Acker, Northwestern Community Services Board
- Dr. Tabitha Reeves, Frederick County Public Schools
- Tamara Green, Frederick County Department of Social Services

***The following members were not present:***

- Robert Johnson, Private Provider Representative, Grafton Integrated Health Network
- Leea Shirley, Lord Fairfax Health District

***The following non-members were present:***

- Jacquelynn Jury, CSA Coordinator
- Katherine Webster, UR/CQI Specialist
- Sarah Makomva, CSA Account Specialist

- I. Call to Order Jay Tibbs called the meeting to order at 1:00 pm.
- II. Introductions
- III. Adoption of Agenda
  - A. Denise Acker made a motion to adopt the April agenda. Tamara Green seconded; CPMT approved.
- IV. Consent Agenda- The following items were included in the Consent Agenda for CPMT's approval:
  - A. March 31, 2025 - CPMT Minutes. Jerry Stollings made a motion to approve the March minutes. Tamara Green seconded; CPMT approved.
  - B. Budget Request Forms- Confidential Under HIPAA. Jerry Stollings made a motion to approve the Budget Request Forms. Tamara Green seconded; CPMT approved.
- V. Executive Session
  - A. None
- VI. Committee Member Announcements
  - A. Denise Acker announced her new position is Director of Programs at NWCSB. She will oversee all children and adult mental health programs.
- VII. CSA Office Updates
  - A. CSA Committee Vacancy Updates
    1. The CSA Coordinator announced the parent representative positions for CPMT and FAPT are still vacant, and no interest has been expressed at this time.
  - B. March Financial Statement
    1. Total Net Expenditures as of March 2025- \$2,365,520.34 which represents 49% of the total allocation.
    2. State portion of non-mandated/protected fund allocation is \$34,011.00. Of that, \$23,825.28 or 70% has been spent.
    3. Combined state and local SpEd Wrap Allocation is \$239,535.00. Of that, \$123,943.00 or 52% has been spent.
    4. Total unduplicated Youth Served as of February is 99

- a. 68 in Community Based Services
- b. 16 in Private Day School
- c. 19 in Congregate Care
- d. 15 in TFC

C. FY25 CSA Service Gap Survey- The CSA Coordinator will compile the results of the Service Gap Survey and submit them to OCS. The CSA Coordinator will also provide a copy to CPMT.

#### VIII. Old Business

A. CSA Eligibility- The CSA Coordinator provided members with refresher training on CSA Eligibility. She also reviewed in detail the CSA Determination of Eligibility form, Foster Care Prevention Determination form, and CHINS Eligibility Determination Checklist.

B. FAPT Process Update- The CSA Coordinator provided an update on the FAPT structural changes after one year of implantation. She summarized FAPT members' improvements and challenges, mainly focusing on paperwork, meeting structure, and team culture. CPMT discussed. Several directives were initiated by CPMT to address continued difficulties:

1. Documentation Errors- CPMT directed meetings between the CSA Office, individual case managers struggling to complete documentation correctly, and the case manager's supervisor, to review specific errors. CPMT also charged the CSA Coordinator with providing training for case managers' Supervisors focusing on paperwork expectations.

- Desired Outcome- Provide supervisors with the knowledge to correct errors on paperwork when reviewed by supervisor prior to CSA submission.

2. FAPT Culture and Professionalism- CSA Coordinator will meet with CPMT members individually to discuss specific concerns.

- Desired Outcome- CPMT representatives will be able to directly address problematic items at his/her discretion.

3. FAPT Member Roles and Expectations- CPMT representatives will speak with FAPT members individually about his/her responsibilities during meetings including eliciting information/asking tough questions, providing a confidentiality statement, being empowered to have difficult conversations and make difficult decisions, use of electronic devices, and other items as they arise.

A joint FAPT/CPMT meeting will occur in August to discuss these topics in a group forum. The CSA Account Specialist will send a Doodle Poll to schedule a meeting date. Jay Tibbs asked the CSA Coordinator to send redistribute the FAPT Meeting Structure Policy developed from the CPMT retreat for reference.

- Desired Outcome- FAPT representatives will better understand roles, responsibilities, and expectations of each member, fostering a safe environment for open and honest discussion while reducing opportunities for misunderstanding.

C. Strategic Planning Retreat- The CSA Coordinator shared a proposal from Florican to facilitate the Strategic Plan retreat, she is also awaiting a revised proposal from UMFS as a second option. The CSA Coordinator will send the proposals to CPMT and FAPT members a Doodle poll to check their availability for the retreat.

D. Vendor Contracts

1. Use of Non-Contract Providers- Policy & Procedure Revisions. The CSA Coordinator reviewed the draft procedure for use of a non-contracted provider. CPMT members agreed with the process presented. The CSA Coordinator recommended approval of the revised Contract Administration Policy.

- Denise Acker made a motion to approve the Contract Administration Policy. Tamara Green Seconded; CPMT approved.

2. OCS Standard Model Contract- In a prior meeting, CPMT requested copies of the OCS standard model contract and current Frederick County APOS and contract addenda to compare requirements. These were provided for CPMT to review. After discussion, the team determined that reasons vendors give when declining a contract with FC CPMT cannot be mitigated and are common grievances among vendors across the Commonwealth. It was also expressed that the current contract process is as efficient as possible.

#### IX. New Business

- A. Administrative Memo #25-04- CSA Reimbursement of Private Day Special Education- FY 2026 – Effective July 1, 2025, The General Assembly will no longer reimburse localities for rate increases of more than 5% over the previous year rates. A rate sheet was created by OCS with the maximum daily tuition rates allowable. Anything over that daily rate must be paid through local only funds. This reimbursement cap is for private day school daily education rate only, not ancillary services or any educational charges for children placed in a PRTF.
- B. Administrative Memo #25-05- CSA Financial Reporting location change- With the revised OCS website planned for the summer, the CSA Financial reporting page will be moved to Local Government Reporting, requiring user access. This is not the same as the CQI Dashboard, which will still be available to the public.

#### IX. Informational Items

- A. None

#### X. Upcoming CPMT Meetings

- 3<sup>rd</sup> Monday, May 19, 2025, 1:00-3:00, 1<sup>st</sup> Floor Conference Room

#### XI. Adjourn at 3:13 pm

Minutes Completed By: Sarah Makomva



# Frederick County CSA Financial Report

April 2025

## Expenditures

Total Net Expenditure  
\$2,670,185.74 = 56%

## Protected

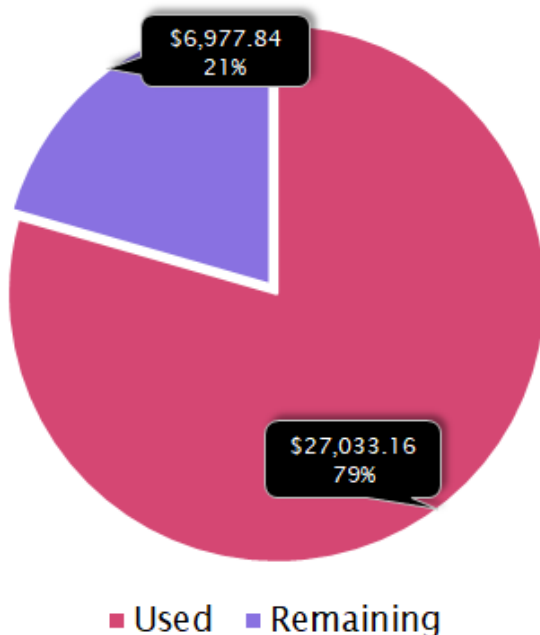
Total State Match: \$34,011.00  
Encumbered: \$2,962.00

## SpEd Wrap

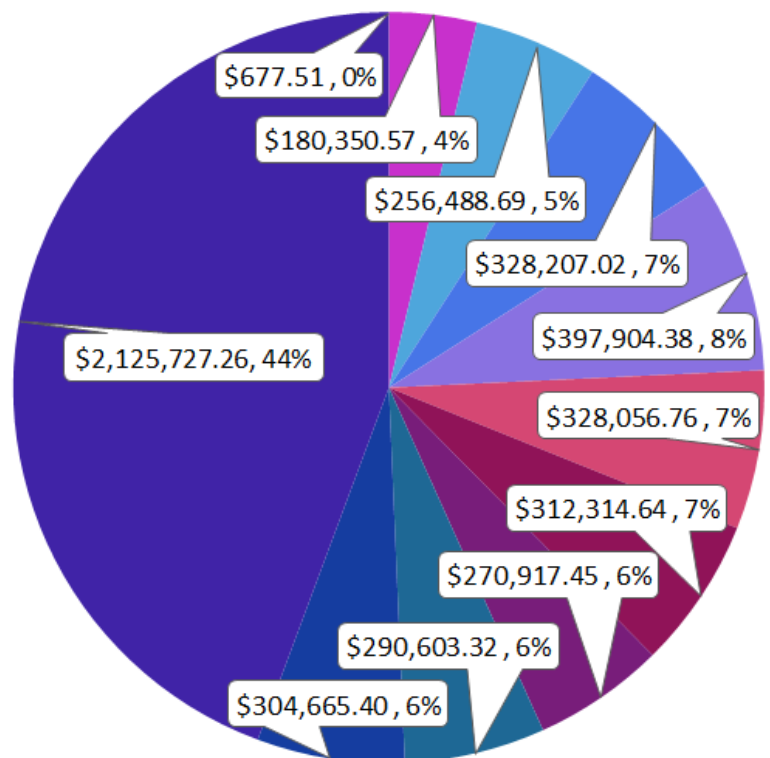
Total Allocation: \$239,535.00  
Encumbered: \$83,485.50

## Protected Funds

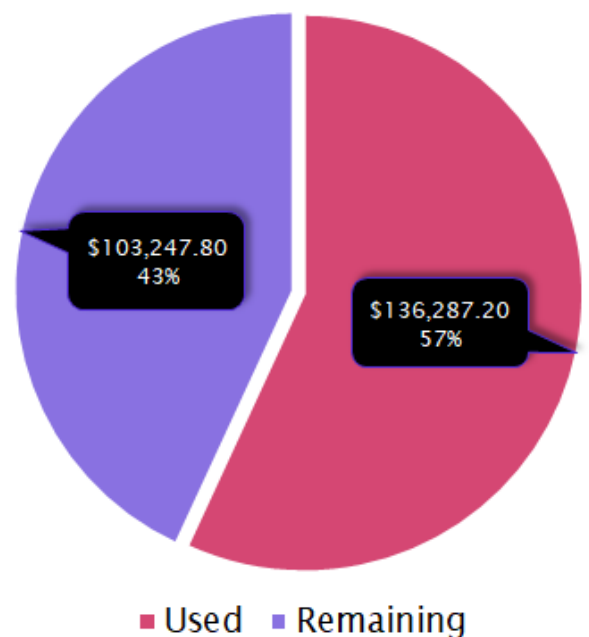
State Match Only



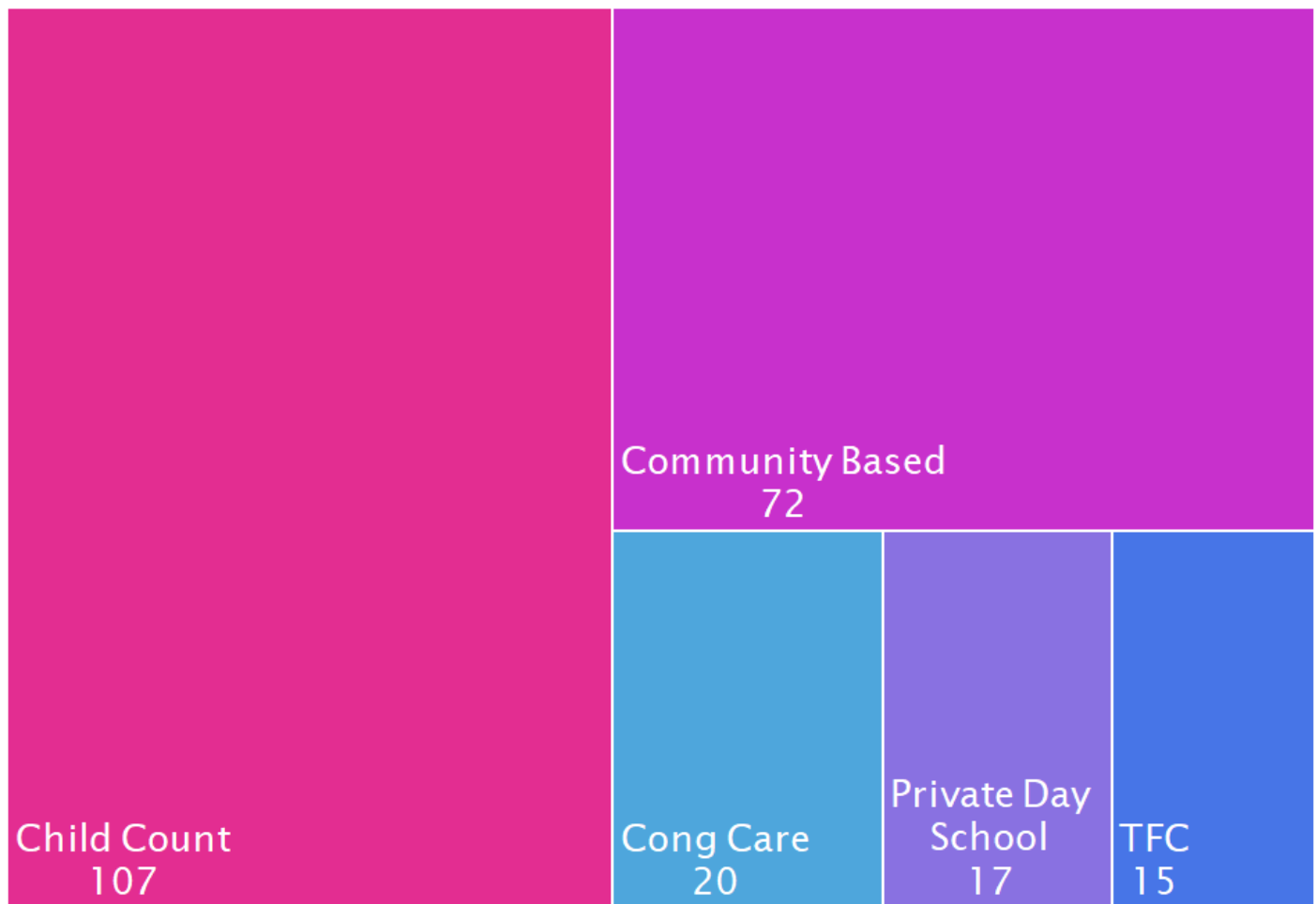
## Monthly Expenditures



## SpEd Wrap



# Service Placement Type



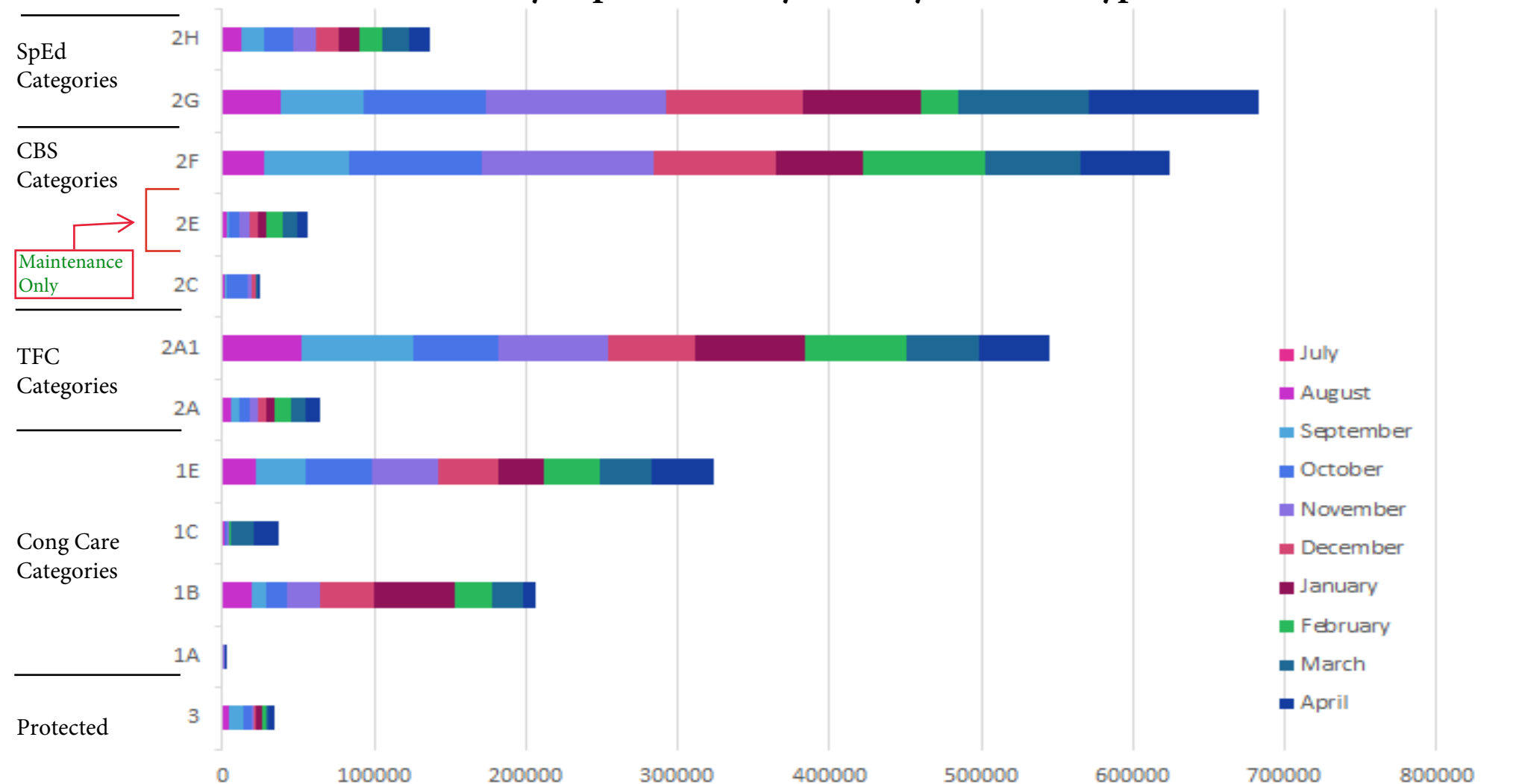
Unduplicated: Child Count, Congregate Care, Therapeutic Foster Care, Community Based Services

\*Possible duplication of Private Day School students with youth in Congregate Care

## Expenditure Trends



# Monthly Expenditures by Primary Mandate Type



## Primary Mandate Types (PMT):

1A- IV-E Congregate Care

1B- Non IV-E Congregate Care

1C- Parental Agreement Congregate Care

\*PMTs 1A-1C do not include Education

1E- Residential Education

\*Includes all services for RTC IEP and Education only for all other RTC placements

2A- IV-E Treatment Foster Home

2A1- Non IV-E Treatment Foster Home

2A2- Parental Agreement Treatment Foster Home

2C- IV-E Community Based Services

\*Only for youth placed in CFW Foster Homes

2E- Maintenance and Other Services

\*Only Basic Maintenance and Daycare for youth in Foster Care

2F- Non IV-E Community Based Services

\*Includes Daycare for youth not in Foster Care or IV-E CBS for youth placed in TFC or Cong Care

2G- Private Day School

2H- Special Education Wrap Around Services

3- Protected Funds

\*NonMandated

## FY2025 CSA Service Gap Survey: Planning Document

Please use this guide to plan and track your CPMT's responses to the 2025 CSA Service Gap Survey before visiting SurveyMonkey to submit your response. This document is not submitted to the Office of Children's Services; it is only to be used to plan CPMT responses to the official survey via the SurveyMonkey link ([https://www.surveymonkey.com/r/CSA\\_ServiceGapFY25](https://www.surveymonkey.com/r/CSA_ServiceGapFY25)).

### Critical Service Gaps

Please identify **three (3) to five (5)** services most important to further develop in your community. Consider services that do not exist in your community and those that do not adequately meet your locality's needs due to constraints such as insufficient capacity, poor quality, or prohibitive costs.

(Check the relevant boxes)

#### **Residential Services**

- ☐ Short-term Diagnostic (A&D)
- ☐ Group Home
- ☐ Residential Treatment
- ☐ Sponsored Residential Home Services

#### **Foster Care Services**

- ☐ Family Foster Care Homes
- ☐ Therapeutic Foster Care Homes
- ☐ Independent Living Services

#### **Community-Based Behavioral Health Services**

- ☐ Applied Behavior Analysis
- ☐ Assessment
- ☐ Case Management
- ☐ Family Therapy
- ☐ Group Therapy
- ☐ Individual Therapy
- ☐ Intensive Care Coordination (ICC)
- ☐ Intensive In-Home
- ☐ Medication Management
- ☐ Therapeutic Day Treatment
- ☐ Trauma Focused/Informed Services

#### **Evidence-based Behavioral Health Services**

- ☐ Brief Strategic Therapy
- ☐ Cognitive Behavioral Therapy
- ☐ Family Check-Up
- ☐ Functional Family Therapy
- ☐ Home Builders
- ☐ Motivational Interviewing
- ☐ Multisystemic Therapy
- ☐ Parent-Child Interaction Therapy

#### **Educational Services**

- ☐ Private Day School
- ☐ Residential School
- ☐ School-based Mental Health Services

#### **Crisis Services**

- ☐ Crisis Intervention/Stabilization
- ☐ Acute Psychiatric Hospitalization

#### **Individual/Family Support Services**

- ☐ Child Mentoring
- ☐ Family Partnership Facilitation
- ☐ Family Support Partner
- ☐ Parent Coaching
- ☐ Respite
- ☐ Transportation



For each critical service gap selected, please answer the two questions:

Are there specific populations with gaps in (selected) services in your locality?

(Please choose all that apply)

- ☐ Autism
- ☐ Intellectual Disability/Developmental Disability
- ☐ Potentially Disrupting or Disrupted Foster Care Placements
- ☐ Potentially Disrupting or Disrupted Adoptions
- ☐ Sex Offending/Sexually Reactive Behaviors
- ☐ Youth with Multiple Mental Health Diagnoses
- ☐ Youth Involved with the Juvenile Justice System
- ☐ Substance Abuse
- ☐ No, there are not any specific populations
- ☐ Other (please specify)

Are there specific age groups with gaps in (selected) services in your locality?

(Please choose all that apply)

- ☐ Pre-School Age (0-5)
- ☐ Elementary School Age (6-10)
- ☐ Middle School Age (11-13)
- ☐ High School Age (14-18)
- ☐ Transition Age (19-21)
- ☐ No, there are not any specific age groups

## **Barriers**

On a 5-point scale, with one (1) being 'Not At All' and five (5) being 'A Great Deal,' please indicate the impact the following barriers have had on your community's ability to develop the services you have identified. Also, please add specific comments under each barrier, as needed.

<b>Barrier</b>	<b>Rating (1 through 5)</b>	<b>Comments (as needed)</b>
Need for greater collaboration and consensus		
Lack of funding		
Lack of transportation		
Provider availability		
Need for more information and data		
Other (as needed)		

## **Changes to Community-Based Services Availability**

Has your locality initiated actions over the past year to address the perceived service barriers (from the list in the table above)?

- ☐ Yes
- ☐ No

(if yes):

What are those actions? Please provide comments below:

# FY2025 CSA Service Gap Survey

COMPLETE

**Started:** Tuesday, May 13, 2025 3:17:37 PM  
**Last Modified:** Tuesday, May 13, 2025 4:05:00 PM  
**Time Spent:** 00:47:22

Page 1: LOCALITY & CONTACT PERSON INFORMATION

Q1

Locality?

Frederick

Page 2: LOCALITY & CONTACT PERSON INFORMATION

Q2

Name?

Jackie Jury

Q3

Title?

CSA Coordinator

Q4

Telephone Number Including Area Code (XXX-XXX-XXXX)?

540-722-8395

Q5

E-mail Address?

jjury@fcva.us

**Q6**

**Residential Services**

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Respondent skipped this question

**Q7**

**Foster Care Services**

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Family Foster Care Homes

**Q8**

**Community-Based Behavioral Health Services**

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Respondent skipped this question

**Q9**

**Evidence-based Behavioral Health Services**

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Multi-systemic Therapy

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Parent Child Interaction Therapy

**Q10**

**Educational Services**

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Respondent skipped this question

**Q11**

**Crisis Services**

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Crisis Intervention and/or Crisis Stabilization

**Q12**

**Individual/Family Support Services**

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Respondent skipped this question

**Q13**

**Other Services**

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Respondent skipped this question

#### Page 4: Critical Service Gaps - Populations

##### **Q42**

Are there any specific populations where there are gaps in Multi-systemic Therapy in your locality?

Youth Involved with the Juvenile Justice System

#### Page 5: Critical Service Gaps - Age Groups

##### **Q43**

Are there any specific age groups where there are gaps in Multi-systemic Therapy? (Please choose all that apply)

Middle School Age (11-13)

#### Page 6: Critical Service Gaps - Populations

##### **Q46**

Are there any specific populations where there are gaps in Parent Child Interaction Therapy in your locality? (Please choose all that apply)

Autism

#### Page 7: Critical Service Gaps - Age Groups

##### **Q47**

Are there any specific age groups where there are gaps in Parent Child Interaction Therapy? (Please choose all that apply)

Pre-School Age (0-5)

#### Page 8: Critical Service Gaps - Populations

##### **Q58**

Are there any specific populations where there are gaps in Family Foster Care Homes services in your locality? (Please choose all that apply)

Potentially Disrupting or Disrupted Foster Care Placements

Page 9: Critical Service Gaps - Age Groups

**Q59**

Are there any specific age groups where there are gaps in Family Foster Care Homes services? (Please choose all that apply)

Elementary School Age (6-10)

Page 10: Critical Service Gaps - Populations

**Q84**

Are there any specific populations where there are gaps in Crisis Intervention and/or Stabilization (Please choose all that apply)

Youth with Multiple Mental Health Diagnoses

Page 11: Critical Service Gaps - Age Groups

**Q85**

Are there any specific age groups where there are gaps in Crisis Intervention and/or Stabilization services? (Please choose all that apply)

Middle School Age (11-13)

Page 12: Barriers

**Q94**

On a 5-point scale, with 1 being 'Not At All' and 5 being 'A Great Deal', please indicate the level of barrier you have had on your community's ability to develop the services that you have identified. Also, please describe each barrier, as needed. Barriers related to COVID-19 (i.e. lack of Internet service, lack of in-person services) should be described in the comments and/or the "Other barrier" response category.

Need for greater collaboration and consensus	4
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**Q95**

Comments:

Systems talk about collaboration, but resistance exists in practice, especially with schools.

### Q96

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Lack of funding	3
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### Q97

Comments:

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Some respondents felt funds exist but are underutilized or delayed.

### Q98

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Lack of Transportation	3
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### Q99

Comments:

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No regional transit outside Winchester. Families can't get to services or meetings.

### Q100

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Provider availability	4
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### Q101

Comments:

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Timely access to services/lengthy waitlists.  
Very few providers serve our locality, especially Spanish-speaking and EBP Trained.

### Q102

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Need more information and data	2
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### Q103

Comments:

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Need better visibility into what services are available locally.

### Q104

Q104

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Respondent skipped this question

Q105

Comments:

Respondent skipped this question

Q106

•

Respondent skipped this question

Q107

Comments:

Respondent skipped this question

#### Page 13: Changes to Community-Based Services Availability

Q108

Has your locality initiated actions over the past year to address the perceived services barriers?

Yes

#### Page 14: Changes to Community-Based Services Availability

Q109

What are those actions?

Cross-agency collaboration meetings (DSS, schools, CSU, and CSB coordinating on high-risk cases)

Expansion of therapeutic day treatment (TDT) partnerships

Efforts to streamline care and reduce service duplication

Advocacy or awareness initiatives (though not uniformly cited)



# FAPT Structure

## FAPT Procedures

Frederick County CPMT recognizes that children, youth and families in need of services through the CSA Office have likely experienced behavioral and/or emotional trauma. Families are often involved with multiple agencies and present with impairment in several settings. Discussing struggles within a family system at FAPT can create anxiety and shame. For that reason, it's essential to implement practices that promote a safe and open environment and encourage family engagement. Frederick County CPMT has adopted the following procedures to ensure that children, youth and families feel heard and are treated with dignity and respect throughout the process.

### Case Manager Responsibilities

#### Initial Introduction to CSA

Upon identification of the need for services funded through the CSA Office, case managers will obtain required authorizations to release and exchange information and provide the family with general information about CSA. This information shall include the following:

- What is CSA?
  - The CSA Office provides a structure to assess the strengths and needs of children, youth, and families, recommends services appropriate to address identified needs, and determines how those services can be obtained.
  - Services funded through the CSA Office are time limited.
  - If services are funded through the CSA Office, the household will be assessed a monthly contribution toward the cost of the services.

#### Submit Documentation

The case manager shall complete and submit the following documents by midnight the Tuesday prior to the scheduled FAPT meeting. Documentation not received by the deadline will result in the case being removed from the agenda.

- CSA Initial Referral (New cases)/FAPT Follow Up Form (Reviews)
- Complete Budget Request Form
- Signed Due Process/Rights & Safeguards Acknowledgement of Receipt
- MUAI-currently the CANS
- Foster Care Prevention form (if relevant)
- CSA Eligibility Determination form (New cases and/or new services not eligible under current eligibility)

The CSA Office will review the documentation to confirm all forms are present and completed accurately and in their entirety. Any corrections that need to be made will be noted and provided to the case manager by noon on Friday after submission. All corrections must be completed and submitted Monday at midnight, the day before FAPT. CPMT expectations include documentation to be completed thoroughly, accurately, and in its entirety. Case managers must provide all requested and relevant information in detail and requested services must align with the identified needs on the most recent CANS.

### Before FAPT Meeting

Case managers shall thoroughly prepare children, youth, and families for the FAPT meeting. A minimum of 1 day prior to the meeting, the case manager shall contact the family to provide more detailed information regarding FAPT and CPMT, the meeting process, and potential outcomes. This shall include:

- The role of FAPT
  - FAPT is a team of individuals who work with youth and families from DSS, CSU, FCPS, CSB, private provider, and a community member with lived experience.
  - FAPT assesses the strengths and needs of the family and determines what resources are available to address those needs.
  - If services cannot be provided by the community, private insurance, Medicaid, or other means, FAPT determines whether the child or youth meets eligibility criteria for the CSA Office to pay for the needed services.
  - FAPT makes a recommendation to CPMT to authorize funding.
  - FAPT monitors services to ensure they are meeting the needs of the service recipients.
- The role of CPMT
  - CPMT, among many responsibilities, reviews recommendations by the FAPT and decides whether to authorize funding through the CSA Office.
- What the child, youth, and family can expect
  - Each participant has a voice at the table and is encouraged to express their thoughts and/or concerns.
  - During the first meeting, a discussion will occur regarding state determined eligibility criteria and whether each criterion is met.
  - Although some discussions may be difficult to participate in, it is important to identify all the strengths and needs of the family to ensure eligibility criteria can be met and the most effective resources/services are considered. The meeting is a judgement-free environment, and the team will respect the privacy and dignity of the family.
  - The team often comes to a consensus, however there are occasions when individual members may disagree. When this happens, decisions are made by the majority of members while respecting the opinions of those who disagree. Alternative suggestions foster creative thinking and provide opportunities for consideration of more options.
- Review the Rights and Safeguards

### Meeting Structure

FAPT members are responsible for ensuring required documentation is completed and meetings run on schedule. Members will have roles or tasks assigned to each to assist the Chair in performing all required functions. The team will have a timekeeper to ensure meetings begin and end promptly at the scheduled time. The CSA Office will take notes as needed while providing guidance and consultation. The FAPT meeting will provide for open communication and respect among each participant. To accomplish this, the following components will be included in each meeting:

#### *Housekeeping Items*

- Welcome and Introductions- FAPT Chair
  - Meeting participants will introduce themselves and provide a summary of their role in their respective agency. An introduction in this manner will provide an opportunity to better connect with the family.
- Meeting Rules- FAPT Chair

- Family Engagement Principles- Defer to principles which will be posted.
- Confidentiality Statement
- Purpose of Meeting/Meeting Structure-
  - § Initial- The Chair will summarize the structure of the meeting and purpose to assess strengths and needs, eligibility, services requested, and action steps.
  - § Review- The Chair will summarize the structure of the meeting and purpose noting that continued eligibility, service goals, progress toward termination, and barriers will be reviewed.
  - § Ask participants if they have any other items they would like to add to the agenda.

### *Meeting Content*

Once housekeeping items are completed, the Chair should guide the team through the discussion ensuring each participant has an opportunity to add to the conversation. To facilitate the flow of the meeting and convey the importance of the youth and family's voice, the Chair shall guide participants as follows:

- Initiating the Discussion
  - The Chair will ask the youth and family if they would like to start or prefer the case manager to start the meeting by explaining what circumstances led to the referral. Or, if a case review, by summarizing what has occurred since the last meeting. By giving the youth and family this choice, the team encourages a safe environment where a family can decline if they feel uncomfortable or speak if desired while starting the discussion with important contextual information.
- Gathering Information
 

Once the initial discussion has begun, the case manager, youth, and family should be provided the opportunity to provide information and feedback. The Chair will ensure that the following information is provided:

  - Case Manager Report
 

The Case Manager is responsible for presenting pertinent information to establish eligibility and a clear understanding of youth and family needs. This includes providing the following information:

    - § If review, summarize prior FAPT meeting and action steps recommended.
    - § Summarize status of action steps.
    - § Provide pertinent information and/or events that occurred since the last meeting.
    - § Summarize the family's involvement in treatment.
    - § Identify what success will look like.
    - § Note any barriers to obtaining success.
  - Youth and Family Participation
 

The Chair shall encourage the youth and family to provide the following information:

    - § Identify strengths of the youth and/or family.
    - § Summarize their progress toward goals.
    - § Ensure the child is given the opportunity to provide their input.
    - § Ask if they have any questions or concerns.
  - Provider Participation
 

The Provider shall present the following information:

    - § Service goals and measurable progress towards meeting them.
    - § Discharge plan and what the client needs to do to accomplish discharge goals.

- Review Meeting

The Chair shall summarize and complete activities to end the meeting.

- Review service plan and action steps.
- Ask if there are any questions.
- Ensure each FAPT member agrees with services and action steps. The Chair should ensure individual members acknowledge acceptance or disapproval of the service plan.
- Explain Appeals process and provide family with a copy.
- Explain and Obtain signatures on Participation and Consent form.

# Amendment #1 to Agreement for Purchase of Services Between Frederick County CSA and [Vendor Name]

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This Amendment is entered into on this \_\_\_ day of \_\_\_\_\_, 2025, by and between Frederick County, Virginia ("County") and [Vendor Name] ("Provider") and serves as the first amendment to the original Agreement dated [Original Contract Date].

## 1. Purpose of Amendment

This amendment renews the Agreement for the period July 1, 2025 through June 30, 2026, as permitted under the original contract's renewal terms. It also incorporates the following updates applicable for FY26:

### **Frederick County Agreement for Purchase of Services**

- Section 14 Discrimination- The following paragraph is added:
  - E. In accordance with Executive Order 61 (2017), a prohibition on discrimination by the contractor, in its employment practices, subcontracting practices, and delivery of goods or services, on the basis of race, sex, color, national origin, religion, sexual orientation, gender identity, age, political affiliation, disability, or veteran status, is hereby incorporated in this contract.
- Add New Section:  
VIRGINIA FREEDOM OF INFORMATION ACT: Public inspection of all records is strictly governed by Code of Virginia 2.2-4342 and in accordance with the Virginia Freedom of Information Act (VA Code 2.2-3700 et seq). Any inspection of procurement transactions shall be subject to reasonable restrictions to ensure the security and integrity of the records. Cost estimates relating to a proposed procurement transaction prepared by or for a public body shall not be open to public inspection.

## 2. Continued Compliance

The Provider agrees to:

- - Submit current and valid licensure and certifications as required
- - Submit an updated Certificate of Insurance
- - Submit a FY26 Rate Sheet

All other terms and conditions of the original Agreement remain in full force and effect.

IN WITNESS WHEREOF, the parties have executed this Amendment as of the date written above.

Frederick County, Virginia	[Vendor Name]
By: _____	By: _____
Name: _____	Name: _____
Title: _____	Title: _____
Date: _____	Date: _____



# COMMONWEALTH of VIRGINIA

## OFFICE OF CHILDREN'S SERVICES

*Administering the Children's Services Act*

Scott Reiner, M.S.  
Executive Director

### Administrative Memorandum #25-08

**To:** CPMT Chairs  
CSA Coordinators

**From:** Kristi Schabo, Senior Policy and Planning Specialist *Kristi M. Schabo*

**Date:** May 7, 2025

**Subject:** Strategic Planning Resources

The State and Local Advisory Team (SLAT) and the Office of Children's Services (OCS) are excited to announce the release of the newly created strategic planning resources for Community Policy and Management Teams (CPMT) and local Children's Services Act (CSA) programs. These resources were developed by a workgroup comprised of SLAT members, CSA Coordinators, and OCS staff. These resources include a Strategic Planning Guidance Document, a Strategic Plan Template, and a Strategic Plan Review Form. While using these resources and forms is not required, they should be beneficial in the local strategic planning process.

These three resources are attached to this email and will be located on the Resources tab on the redesigned CSA website after July 1, 2025.

We are confident that you will find these resources vital in the strategic planning process of your local CSA programs.

Please direct any questions related to the content of this memo to Kristi Schabo ([kristi.schabo@csa.virginia.gov](mailto:kristi.schabo@csa.virginia.gov)).

***PLEASE NOTE:*** *the Strategic Plan Template and Review Form were created as Microsoft Word templates, allowing specific field settings. Although editing parameters exist, fields that appear in parentheses can be edited to include specific information. Additionally, the table layout of the form is unrestricted, allowing for the inclusion of unlimited data. Because of editing parameters, modifying the form's content and/or layout will require the password "CSA" (no quotes) to be entered while in design mode, which can be accessed from the developer tab.*

# Strategic Plan Review Form

<b>Locality:</b>	enter locality	<b>Date of Review:</b>	select date
<b>Vision:</b> enter vision			
<b>Mission:</b> enter mission statement			

1. Does the CSA Vision continue to support and reflect the priorities of the CPMT? Yes ☐ No ☐
2. Does the CPMT continue to support the CSA program mission? Yes ☐ No ☐
3. Do the goals, strategies, and benchmarks continue to align with the CSA program's Vision and Mission? Yes ☐ No ☐

Plan Goals	
<b>Focus Area</b>	enter focus area #1
<b>Goal 1:</b>	enter goal
<b>Goal 2:</b>	enter goal
<b>Goal 3:</b>	enter goal
<b>Focus Area</b>	enter focus area #2
<b>Goal 1:</b>	enter goal
<b>Goal 2:</b>	enter goal
<b>Goal 3:</b>	enter goal
<b>Focus Area</b>	enter focus area #3
<b>Goal 1:</b>	enter goal
<b>Goal 2:</b>	enter goal
<b>Goal 3:</b>	enter goal

4. Are the plan strategies accomplishing the intended goals? ☐ Yes ☐ No How do you know?

enter data

5. Are there changes to the plan that need to be made? ☐ Yes ☐ No If yes, list changes.

enter changes to the plan

6. Next steps:

enter next steps



enter locality name

– Strategic Plan

Plan Dates: 

select date

 to 

select date

Overall CSA Program Goal (Vision Statement): 

enter vision statement

CSA Program Mission Statement: 

enter mission statement

Focus Area: 

enter focus area

Goal #1:enter goal #1

Strategy	Target Date for Completion	Responsible Party	Benchmarks	Comments
Strategy #1: <div>enter strategy</div>	<div>select date</div>	<div>enter text</div>	<div>enter text</div>	<div>enter text</div>
Strategy #2: <div>enter strategy</div>	<div>select date</div>	<div>enter text</div>	<div>enter text</div>	<div>enter text</div>

Goal #2: 

enter goal #2

Strategy	Target Date for Completion	Responsible Party	Benchmarks	Comments
Strategy #1: <div>enter strategy</div>	<div>select date</div>	<div>enter text</div>	<div>enter text</div>	<div>enter text</div>
Strategy #2: <div>enter strategy</div>	<div>select date</div>	<div>enter text</div>	<div>enter text</div>	<div>enter text</div>

Goal #3: 

enter goal #3

Strategy #1: <div>enter strategy</div>	<div>select date</div>	<div>enter text</div>	<div>enter text</div>	<div>enter text</div>
Strategy #2: <div>enter strategy</div>	<div>select date</div>	<div>enter text</div>	<div>enter text</div>	<div>enter text</div>

Focus Area: enter focus area				
Goal #1: enter goal #1				
Strategy	Target Date for Completion	Responsible Party	Benchmarks	Comments
Strategy #1: enter strategy	select date	enter text	enter text	enter text
Strategy #2: enter strategy	select date	enter text	enter text	enter text
Goal #2: enter goal #2				
Strategy	Target Date for Completion	Responsible Party	Benchmarks	Comments
Strategy #1: enter strategy	select date	enter text	enter text	enter text
Strategy #2: enter strategy	select date	enter text	enter text	enter text
Goal #3: enter goal #3				
Strategy	Target Date for Completion	Responsible Party	Benchmarks	Comments
Strategy #1: enter strategy	select date	enter text	enter text	enter text
Strategy #2: enter strategy	select date	enter text	enter text	enter text

Focus Area: enter focus area				
Goal #1: enter goal #1				
Strategy	Target Date for Completion	Responsible Party	Benchmarks	Comments
Strategy #1: enter strategy	select date	enter text	enter text	enter text
Strategy #2: enter strategy	select date	enter text	enter text	enter text
Goal #2: enter goal #2				
Strategy	Target Date for Completion	Responsible Party	Benchmarks	Comments
Strategy #1: enter strategy	select date	enter text	enter text	enter text
Strategy #2: enter strategy	select date	enter text	enter text	enter text
Goal #3: enter goal #3				
Strategy	Target Date for Completion	Responsible Party	Benchmarks	Comments
Strategy #1: enter strategy	select date	enter text	enter text	enter text
Strategy #2: enter strategy	select date	enter text	enter text	enter text



# CSA Strategic Planning

Tools for Local Community Planning and Management Teams

May 2025

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# Introduction

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Section [2.2-5206.4](#) of *the Code of Virginia* requires Community Policy and Management Teams (CPMT) to “Coordinate long-range, community-wide planning that ensures the development of resources and services needed by children and families in its community including consultation on the development of a community-based system of services established under [§16.1-309.3](#).” Additionally, the Virginia Appropriation Act ([Chapter 2, Item 268.B.3](#)) requires that “Each locality receiving funds for activities under the Children’s Services Act (CSA) shall have a utilization management process...” As a result, local CPMTs are required to engage in a long-range strategic planning process that gathers input from stakeholders and formulates a plan to achieve the community’s vision for the Children’s Services Act (CSA) program. With this guidance and supporting documents, the State Executive Council for Children’s Services aims to support localities as they work to meet these statutory requirements.

## What is Strategic Planning

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In short, strategic planning defines what we do (our mission), what we strive to be (our vision), and our aspirations (our goals). Engaging in the strategic planning process helps a CPMT clearly define long-term goals and map how short-term strategies and corresponding benchmarks contribute to achieving them. This, in turn, provides a clear sense of where the CSA program is headed and enables a locality to ensure that the system operates in a manner that maximizes its impact.

Strategic planning is formally defined as a long-term, future-oriented process of assessment, goal setting, and strategy building that develops an explicit path between the present and a future vision. It is a disciplined effort to produce an actionable future-oriented plan that shapes and guides the work of the CPMT. Strategic planning and the corresponding activities are the responsibility of the CPMT. Strategic planning activities should be data-driven, inclusive of all CPMT members, and focused on building consensus, resulting in a comprehensive plan that addresses the locality’s needs and successfully carries out its programmatic mission. As a result, engagement by the entire CPMT in the strategic planning process is fundamental.

Effective strategic planning articulates where a CSA program is headed, the actions required to make progress, and how it will measure its success. By creating a strategic plan, CPMTs help ensure that all components of the CSA program are working toward the shared vision. Strategic planning enhances programmatic operations by soliciting input from various sources and fostering a consensus on a local program’s direction. Along with focusing energy and resources, the strategic planning process allows stakeholders to develop a sense of ownership of the CSA program’s vision and mission.

## **Strategic Planning Is**

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- A deliberate and collaborative process
- A future-oriented process of assessment, goal setting, and strategy
- Focused on long-term measurable programmatic goals
- Specific to each locality
- Driven by data
- Ongoing

## **Strategic Planning Is Not**

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- A to-do list for the short or long term
- Driven by one goal, one idea, or one set of demands
- All things to all people
- About everything a program does
- Full of jargon
- To be “left on the shelf”

## **Role of Continuous Quality Improvement (CQI) in Strategic Planning**

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The Code of Virginia ([§§2.2-2648 D.15](#), [2.2-5206.13](#), and [2.2-5208.5](#)) requires localities to review and analyze aggregate CSA data and develop long-range program plans. Historically, this activity has been referred to as “Utilization Management;” however, in 2019 a shift occurred, and the process is now known as Continuous Quality Improvement (CQI) to minimize confusion with CSA Utilization Review.

Continuous Quality Improvement is a data-driven decision-making process that ensures resources are expended effectively and efficiently. CQI focuses on detailed process improvements and data analysis to identify and address specific, isolated issues. While strategic planning and CQI aim to make programmatic improvements, CQI focuses on implementing small, incremental changes to processes and operations to enhance quality consistently. In contrast, strategic planning is a broader approach that focuses on long-term programmatic goals and defines the program’s overall direction and priorities. CQI is a key component of strategic planning, and it is not uncommon for several CQI-based activities to occur throughout the strategic planning process. The CQI process implements specific initiatives to achieve the broader organizational goals outlined in the strategy.

# Components of a Strategic Plan

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## **Vision Statement**

A CSA program's vision statement is an aspirational description of what the program or community aims to achieve in the future. It is the big-picture view and provides a clear guide for choosing current and future courses of action. The vision statement defines what the community wants the CSA program to accomplish in the long term and sets the tone for the strategic plan. All elements of the strategic plan should be aligned with the vision.

## **Mission Statement:**

A CSA program's mission statement is a declaration of its purpose and the reasons behind its existence. Developing a mission statement brings together the individual agencies of the CPMT, unifying their purpose in support of the local System of Care. Without a mission, a CPMT lacks the clarity of purpose and direction in its work and risks individual agencies remaining isolated in their respective areas of focus. Aligning the mission and vision statements is essential for consensus building and is the first crucial step to strategic planning, as both act as a foundation for the strategic plan.

## **Goals:**

CPMTs should utilize data to identify the strengths and needs of their local CSA program. Several resources and tools are available in the resources section of this document to assist with this process. The identified strengths and needs gathered from the programmatic data should inform strategic planning goals. Goals should be SMART (specific, measurable, achievable, relevant, and time-bound) and directly related to the mission and vision of the local CSA program. A SMART goal template, as well as a "Strategic Planning Might Ask" document, can be found in Appendix B and C to assist in developing strategic planning goals.

## **Strategies:**

Strategies are the specific courses of action the program will take to achieve its measurable goals.

## **Action Plan:**

The action plan is comprehensive, including detailed steps and timelines for implementing each strategy, along with benchmarks, responsible parties, and deadlines for milestones and plan completion.



# SWOT Analysis

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CPMTs need to have a mechanism to identify strengths and weaknesses, and a SWOT analysis can be a valuable tool to assist in the strategic planning process. A SWOT analysis is a strategic planning tool that evaluates a program's **S**trengths, **W**eaknesses, **O**pportunities, and **T**hreats. Knowing these points will help a program leverage its resources, shore up gaps, and realistically plan its path to the agency's overall vision. A comprehensive SWOT analysis will ground the strategic plan, ensuring that the goals, objectives, and strategies address observable challenges and maximize a program's resources.

**Steps in a SWOT Analysis:** There are several ways to complete a SWOT analysis; however, most formats include the following seven steps. Please see Appendix D for a SWOT analysis template.

- 1. Gather a Diverse Team (CPMT)**
- 2. Collect Data**
- 3. Brainstorm Strengths:**
  - What does the program do well?
  - What are the program's core competencies?
  - What makes the program different from others?
- 4. Identify Weaknesses:**
  - What resources are lacking?
  - What can the program do better?
  - What are the program's internal barriers?
- 5. Spot Opportunities:**
  - What state or local resources are available?
  - What other agencies can assist the program?
  - How broad is the locality's system of care?
- 6. Pinpoint Threats:**
  - What are the negative economic trends?
  - Where is the program vulnerable?
  - Have there been any legislative or political changes?
- 7. Synthesize and Strategize**
  - How can strengths be maximized?
  - How can weaknesses be addressed?
  - How can opportunities be seized?
  - How can threats be countered?

## Implementation and Plan Review

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Upon implementation of the plan, evaluation and monitoring are essential to the strategic planning process. To closely monitor the plan's progress toward goals and strategies, as well as the achievement of benchmarks, CPMTs must develop a plan review schedule. This review schedule should include the frequency of plan reviews, a structure for documenting plan reviews, and modifications made to the plan. A sample Strategic Plan Review template is available in Appendix E.

## Modifying the Plan

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It is essential to recognize that while a strategic plan may span several years, it is not intended to stagnate. Modification is a part of the monitoring process. If, during monitoring, the CPMT identifies that the strategies are not effectively addressing the plan's goals and objectives, it is appropriate to brainstorm the reasons and make adjustments as necessary to keep the plan moving forward. Likewise, if the locality or program identifies new priorities that need to be addressed mid-term, changing the plan is essential to moving toward the program's vision and keeping the strategic plan relevant. Some situations that may necessitate plan modifications include organizational restructuring, leadership changes, operational adjustments, legislative updates, budget or resource reallocations, and performance gaps.

## Reporting Results: “What do we do with the plan now?”

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Strategic plan reporting is the process of communicating how effectively a program is achieving its strategic goals. It involves collecting, analyzing, and openly sharing data with stakeholders in a structured way. This ensures that everyone understands the program's progress toward completing the strategic plan, as indicated by ongoing data reviews. CPMTs are responsible for Continuous Quality Improvement (CQI), which uses the following questions to evaluate strategic goal progress:



## Resources for use in the Strategic Planning Process

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The State Executive Council (SEC), State and Local Advisory Team (SLAT), and the Office of Children's Services (OCS) have developed various tools and resources to assist local CPMTs in strategic planning. While it is not necessary to utilize every resource, the following tools will provide CPMTs with information to fuel their strategic planning process.

### **CSA Data and Outcomes Dashboard (CQI) and CQI Tools:**

The CSA CQI tools consist of the CSA Data and Outcomes Dashboard (CQI), a Documentation Template with Instructions, and a set of uniform terms and definitions. CPMTs and local CSA partners can utilize the service's expenditure and performance data on the dashboard to identify areas of focus for strategic planning, develop long-range, data-driven action plans, and continually review them to ensure strategies are on track. The CQI Documentation Template enables CPMTs to track the data elements examined, the discussions that occurred, and the planning that followed. CQI tools can be found on the OCS website at <http://www.csa.virginia.gov/Resources/ContinuousQualityImprovement>. The Data and Outcomes Dashboard (CQI) information is updated monthly and available under the Applications section of the CSA homepage.

### **CSA Utilization Reports:**

The [CSA Utilization Reports](#) provide statewide and locality-specific service and expenditure data, filterable by mandate type, service placement type, service name, and expenditure category. Most reports include distinct child count, total expenditures, average annual expenditure, per diem, and total length of stay. CSA Utilization Reports are generally updated daily.

### **CSA Financial Reports:**

The [CSA Financial Reports](#) help track and analyze CSA allocations and expenditures. Numerous statewide and locality-specific reports allow comparisons across multiple fiscal years. These reports help identify local spending trends and changes over time.

### **CSA Performance Measures:**

The [CSA Performance Measures/Outcome Indicators Report](#) is an annual document of statewide performance and locality comparisons on the six performance measures established by the SEC:

- The percentage of youth who decreased their score on the Child Behavioral and Emotional Needs School Domain of the Child and Adolescent Needs and Strengths (CANS), the mandatory CSA assessment instrument, from a baseline assessment to the most recent reassessment.
- the percentage of youth who decreased their score on the School Domain of the CANS from a baseline assessment to the most recent re-assessment.
- The percentage of youth who had a reduced score on the Strengths Domain of the CANS from a baseline assessment to the most recent reassessment (indicating improvement).
- the percentage of youth receiving Community-Based Services (CBS) of all youth receiving CSA-funded services.
- the percentage of foster children in foster care who are in family-based placements; and
- the percentage of children who exit from foster care to a permanent living arrangement.

This report can be utilized in strategic planning to identify areas that require improvement. Strategic goals can be established to improve performance when a program's percentage falls below statewide or peer locality levels.

### **Service Gap Survey:**

Section [2.2-5211.1.2](#) requires that the CPMT report annually to OCS on “gaps in services needed to keep children in the local community and any barriers to the development of those services.” This requirement is met by the CPMT's annual submission of the “[Service Gap Survey](#).” The Service Gap Survey can serve as a strategic planning resource to identify critical services lacking in a region and opportunities to coordinate with neighboring CSA programs to attract needed services to the area as a long-term goal.

### **Local CSA Program Audit Reports:**

OCS Program Audits evaluate the effectiveness of internal controls and organizational practices applicable to the financial and operational activities of CSA. Local program audit reports can be found on the OCS website (<https://www.csa.virginia.gov/LocalGovernment/Index/0>).

# Appendix A

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## Definitions

**Action Plan** is comprehensive, including detailed steps and timelines for implementing each strategy, as well as the responsible parties and deadlines for milestones and plan completion.

**Benchmark** is a reference point against which an agency can compare its processes, operations, and products.

**Continuous Quality Improvement (CQI)** is an ongoing cycle of collecting data and using it to make decisions to improve programs and services. CQI is the repeated process of identifying and analyzing data for strengths and challenges, testing, implementing, learning from, and revising solutions.

**Data/Data Point** is a fact or measure that is represented numerically and/or graphically. Examples include the percentage or number of something, a pattern, or a percentage change (decrease or increase) over time.

**Focus Area** is a specific aspect or domain in which a program chooses to concentrate strategic planning efforts. Some CSA-specific focus areas are training, service delivery, administrative procedures, and local policy.

**Goal** is a desired outcome, result, or achievement in the strategic planning process.

**Key Performance Indicators** are the measurable metrics used to track progress toward achieving goals and objectives.

**Mission Statement** is a concise description that encapsulates the purpose of a company, defining its culture, goals, and values.

**Outcome** is a measurable and observable result or change for an individual, group, organization, system, or community that results from the provision of services or support. It can also include changes that are observed after modifications to the ways services or supports are delivered.

**Performance Measure** is a description or result of work, used to tell a story about whether an agency or activity is achieving its objectives and if progress is being made toward attaining its goals.

**Responsible Party** is a person or group accountable for completing assigned work and activities towards the achievement of a goal.

**Results-Based Accountability** is a framework that utilizes a data-driven decision-making process to help communities and organizations consider and take action to address problems.

**SMART Goals** are organizational goals that are specific, measurable, attainable, relevant, and time-specific.

**Strategic Planning** is the process of developing a high-level plan for achieving a program or organization's long-term goals or objectives. Strategic plans provide a framework for future decision-making and guide resource allocation broadly.

**Strategy** refers to a specific course of action that the program will take to achieve its measurable goals, objectives, and strategic issues.

**Target Date for Completion** is a deadline by which a goal is to be accomplished, or a period during which a planned actions are to be taken.

**Utilization Management** is a process of reviewing aggregated, program-level data to determine if program funding, resources, and approaches are adequate and provided efficiently. This is a Code of Virginia requirement for CPMTs.

**Utilization Review** is a process of reviewing individual cases to determine if the appropriate treatment plan and services are in place based on the client's current level of need. This review includes formal assessment of the necessity, efficiency, and appropriateness of the services and treatment plan for an individual.


**Vision Statement** is a future-oriented declaration that describes a program's long-term goals and aspirations.

## Appendix B

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### SMART Goal Formula for Strategic Planning

**What do you want to accomplish  
(what is the change you want to achieve)?**



**How will you measure this change?**



**What is the time frame to achieve this change?**

## Appendix C

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### Questions to Ask in the Strategic Planning Process

#### When Developing Your Strategic Plan:

- Where are we now?
- Where do we want to go? What is our vision?
- What are the barriers to achieving our CSA Vision?
- Who needs to be involved?
- Who are we missing?
- What are we already doing well?
- What do we want this plan to accomplish?
- Do we possess the necessary skills, resources, etc.?
- How will we know if this plan is successful?

#### When Reviewing Your Strategic Plan:

- Does the CSA Vision continue to support and reflect the priorities of the CPMT?
- Does the CPMT continue to support the CSA Team Mission?
- Do the goals, strategies, and benchmarks continue to align with the CSA Vision?
- Are we making progress toward the goal and strategies? If so, how do we know?
- If not, what barriers, challenges, or needs are hindering progress?
- What specific steps will be taken to address these barriers, challenges, and needs?
- Which benchmarks have we achieved?
- Are CPMT members actively engaged in the activities outlined in the Strategic Plan? How do we know?
- Is the Strategic Plan having the desired impact? How do we know?
- What specific updates will be made to the Strategic Plan?



## Appendix D

### SWOT Matrix Template

#### INTERNAL FACTORS

STRENGTHS +	WEAKNESSES –
<i>What do we do well? What internal resources do we have? What advantages do we have over similar programs?</i>	<i>What factors within our control hinder our ability to be more effective? What areas need improvement? What does our program lack?</i>

#### EXTERNAL FACTORS

OPPORTUNITIES +	THREATS –
<i>What opportunities exist in our area of expertise that we can benefit from? Is the opportunity sustainable or one-time?</i>	<i>What factors out of our control detract from our ability to be more effective?</i>

[https://www.smartsheet.com/sites/default/files/2022-12/IC-Simple-SWOT-Matrix-Template-11542\\_WORD.docx](https://www.smartsheet.com/sites/default/files/2022-12/IC-Simple-SWOT-Matrix-Template-11542_WORD.docx)

## Appendix E

### Strategic Plan Review Form

<b>Locality:</b>	enter locality	<b>Date of Review:</b>	select date
<b>Vision:</b> enter vision			
<b>Mission:</b> enter mission statement			

1. Does the CSA Vision continue to support and reflect the priorities of the CPMT? Yes ☐ No ☐
2. Does the CPMT continue to support the CSA program mission? Yes ☐ No ☐
3. Do the goals, strategies, and benchmarks continue to align with the CSA program's Vision and Mission?  
Yes ☐ No ☐

Plan Goals	
<b>Focus Area</b>	enter focus area #1
<b>Goal 1:</b>	enter goal
<b>Goal 2:</b>	enter goal
<b>Goal 3:</b>	enter goal
<b>Focus Area</b>	enter focus area #2
<b>Goal 1:</b>	enter goal
<b>Goal 2:</b>	enter goal
<b>Goal 3:</b>	enter goal
<b>Focus Area</b>	enter focus area #3
<b>Goal 1:</b>	enter goal
<b>Goal 2:</b>	enter goal
<b>Goal 3:</b>	enter goal

4. Are the plan strategies accomplishing the intended goals? ☐ Yes ☐ No How do you know?

enter data
------------

5. Are there changes to the plan that need to be made? ☐ Yes ☐ No If yes, list changes.

enter changes to the plan
---------------------------

6. Next steps:

enter next steps
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# COMMONWEALTH of VIRGINIA

## OFFICE OF CHILDREN'S SERVICES

*Administering the Children's Services Act*

Scott Reiner, M.S.  
Executive Director

### ADMINISTRATIVE MEMORANDUM #25-07

**To:** CPMT Chairs  
CSA Coordinators  
CSA Fiscal Agents  
CSA Report Preparers

**From:** Kristy Wharton, Chief Financial Officer

**Date:** May 9, 2025

**Subject:** Changes to the CSA Local Allocation and Supplement Process for FY 2026

The recently signed Virginia Appropriation Act (Chapter 725) for FY 2026 (Item 268. B.) contains changes to the CSA pool allocation and supplemental process for localities. The distinction between base and supplemental allocations and the requirement to provide a specific pool allocation for the fiscal year to localities was removed. As a result, CSA will no longer be providing annual allocations for sufficient funding. This change will also remove the need for localities to submit supplement requests to increase their allocations during the fiscal year.

Please note that eliminating the allocations will not impact the availability of state CSA funding to reimburse eligible expenses based on the funds the General Assembly appropriates. All CSA-eligible expenditures submitted for reimbursement will continue to be processed monthly, and reimbursements will be issued to localities via the existing electronic funds transfer process.

This change will require localities to determine their own local matching fund requirements for CSA-eligible expenditures for the fiscal year based on historical financial data, anticipated changes in the number of children served, and the types and costs of services to be provided.

The Office of Children's Services will modify all financial reporting tools (e.g., the Pool Transaction History Report) to reflect these changes by removing the references to the base allocations.

This change does not impact the allocations of Protected (non-mandated) or Special Education Wraparound (SPED-Wrap) funds. SPED-Wrap will continue to be allocated and increases to those allocations will still require approval from the OCS. Protected amounts remain unchanged from the prior year.

OCS is making the required changes for the CBDRS and LEDRS applications. Localities should notify the appropriate parties that provide their software applications that interface with the CSA reimbursement process of this change.

If you have any further questions or concerns, please contact me via email or at 804 662-9819.