

**Albemarle CPMT
Charlottesville CPMT
VIRTUAL
Joint Committee Meeting Minutes
Wednesday
JANUARY 19, 2022**

Present: Neta Davis, Ryan Davidson, Jennifer Wells, Alice Micklem, Erin Callas, Katie Ralston, Sue Moffett, Ashley Marshall, Michelle Busby, Martha Carroll

Absent: Misty Graves, Tarn Singh, Christa Galleo, Kevin Kirst, Beth Baptist

Quorum for Albemarle: Yes

Quorum for Charlottesville: Yes

*Neta Davis, Chair for Albemarle CPMT, called the meeting to order at 3:20 pm
Neta read the following statement:*

“This meeting is being held pursuant to and in compliance with Ordinance No. 20-A (16), An Ordinance to Ensure the Continuity of Government During the COVID-19 Disaster. The members who are electronically present at this meeting are... [Neta Davis, Ryan Davidson, Jennifer Wells, Alice Micklem, Erin Callas, Katie Ralston, Sue Moffett, Ashley Marshall, Michelle Busby, Martha Carroll]. The opportunities for the public to access and participate in the electronic meeting are posted on the Albemarle County website www.albemarle.org/community/county-calendar.”

Agenda Item: Review & Approval of the Agenda/ Acceptance of Consent Agenda including Minutes and Financial Reports

Presenter: Chair

Discussion/Summary: Neta asked if there was a motion from Charlottesville to approve the consent agenda including the January Agenda, November minutes and December financial reports. Neta also asked for a motion from Albemarle.

Documents/Resources: January Agenda, November minutes and December financial reports.

Next Steps/Action(s) Taken: Ashley Marshall made a motion to approve the consent agenda for Charlottesville which was seconded by Erin Callas. Alice Micklem made a motion to accept the consent agenda for Albemarle which was seconded by Ryan Davidson, the motion passed for both Charlottesville and Albemarle.

Agenda Item: FAPT Update

Presenter: CSA Coordinators

Discussion/Summary: Jennifer said County FAPT started using Adobe sign for certain documents. So far it has gone smoothly but they have not been able to use adobe for live staffings. Anything that can be prepped in advance has worked. Charlottesville and

Albemarle have been working together to discuss use of adobe for both FAPT's. Charlottesville has done a few tests runs to see how it will work for them.

Documents/Resources: n/a

Next Steps/Action(s) Taken: informational

Agenda Item: Review of Routine FC Expenses and FAPT Approved Expenses

Presenter: CSA Coordinators

Discussion/Summary: Neta asked if anyone has questions about Albemarle's expenses. No questions.

Documents/Resources: Albemarle Routine Foster Care Expense Forms and FAPT Approved Expenses for Albemarle/Charlottesville

Action: n/a

Agenda Item: CSA Coordinator Update

Presenter: CSA Coordinators

Discussion/Summary: Jennifer wanted to bring up a couple of issues for CPMT. The first is the DCSE process for referral to residential treatment that was created a long time ago. The Charlottesville DCSE office that worked with CSA Coordinators no longer exists. Years ago, the state required a policy for parental copays. At the time, the CPMT's decided we would only assess for residential placements and use DCSE for the referrals. DSS and DJJ placements were also being referred to DCSE. There was a contact person at DCSE who handled these cases. An application would be filled out then given to that contact who would run their calculations and a court date was set. The parents would go to court and the Judge would determine what they paid. If they were receiving benefits, we didn't refer them. The Judge could also waive payments. A lot of our parents were getting benefits, so we didn't have many copayments coming in. Also, if kids were placed in a 90-day placement they did not refer because of timing and they only referred for kids in long term residential placements. So now there is not a Charlottesville office and all cases fall into a state/local bucket and are treated as a DSS case. We had a placement that a parent had to prove her child was not in foster care. It was showing DSS as the responsible agency. We also had parents that reached out to the attorney's office because it looked like their child was involved with DSS. We have to send any correspondence to DCSE by mail. We can no longer call and talk to a contact person or use email. Each case will be assigned to different workers who may not be familiar with our process. The question is does CPMT feel it is worth going thru this process for a minimum amount of money. It applies primarily to Region Ten cases. Things have changed since the time when our policy was originally created. Because of IACCT and eligibility under a Family of One (Medicaid) after 30 days in placement, the only thing we are paying for is education. Jennifer and Katie are asking what needs to change in local policy. What do they need to update and revise? The question is what CPMT wants to update. Mary will be checking in with Kevin Wasilewski on how much money we do recoup through this process. This might be information which might help in this decision. Katie said the checks received were very low amounts \$2, \$8 and is this really worth going through this process? Katie said she has a few cases to refer but is hesitant because of what happened with the other family. She is also worried about the audit process coming up because we need to be following our local policy. Should they

talk with state DCSE office about getting a point person? She understands that DJJ no longer refers to DCSE. Should we pause this process until we decide what we are doing? If we put this process on hold, when would it be revisited? Around the time of the next CSA Conference? Should we talk with other localities to find out what they are doing? Are we really getting enough money to make it worth it? Neta asked if make sense to have a motion to pause the process with a date to re-evaluate.

Another issue that came up with the FY22 provider agreements were outpatient providers who said they cannot accept the current case conferencing rate. It was set at \$60 per hour and has been the same since the original policy was established. This allows therapists and mentors to participate in treatment meetings. Feedback from the outpatient providers is that the rate is too low. For FY22 there wasn't anything we could do about it, but Jennifer agreed to bring it up to CPMT about increasing rates for FY23. We have therapists but we also have mentors who are unlicensed. Rates are considerably different based on the type of provider. What is fair and what is equitable? Current policy is that we don't pay over the hourly rate for case conferencing, so if a provider's hourly rate is less than the maximum allowable rate that is the most we will pay. This is a local policy, and we would need a policy change to increase the rate. We decided to compensate outpatient therapists for participating in these meetings to encourage their participation by paying them for being in this meeting. When this rate was set, we were using a lot more Medicaid therapists. Ryan asked how to determine how to set the new rate? Is there a benchmark? Jennifer said it's a unique thing in our locality. Neta asked if it was ok if one simple answer is if case conferencing is a separate service and we would include a unit price which would basically be paying their hourly rate by not separating it as a separate service. We don't have anything to compare it to. The \$60 rate was a competitive rate when it was set, and it no longer is. Is it helpful for CPMT to think about this? Should we remove case conferencing? Or define it as being an hourly rate. Jennifer said we need to address this sooner than later. Neta says we want therapists and mentors to be in these meetings. How could you in a business model pay only \$60 an hour when these providers can get paid \$120 an hour with a regular patient. If we set a rate that is higher than case conferencing, then therapists and mentor should get that same rate. If we keep case conferencing separate and raise the wage it will not be as cost effective as doing their hourly rate. As long as we are virtual it's the same amount of time. Once we go back to face to face it isn't the same amount of time. A one-hour meeting might take two hours with prep and travel time. It sounds like most of CPMT agrees the rate should be raised. Jennifer said it's a change in local policy, but we would need to define what the rate can be. Katie said if CPMT members could give feedback that Katie and Jennifer can revise the policy and bring back to next month's meeting. Are we looking at regular hourly rate? Or 20% less than normal hourly rate? Neta suggested asking some providers if they think that is reasonable. Jennifer thinks the providers would be happy with any increase. Should we have a minimum rate for mentors? No more than 80% of the hourly rate for a licensed provider?

We do not require provider agreements for all services, concrete and substance monitoring services are examples of those that are exempt. We recently had an exempt provider raise their rates mid-year. Jennifer would like to see some sort of abbreviated agreement to lay some guidelines around purchasing/invoicing for those otherwise

exempt providers. It seems there is a need to have something in place for these folks. Jennifer will run this by the County Attorney.

Recently the County ran into an unfortunate situation. There is a potential need for a resource. We had a foster care child that went without placement for several days and had to be housed at our DSS building. Years ago, CAFF had a program called Assessment Homes. Short term foster homes that could be an emergency placement for children. It doesn't happen super often but when it does happen it causes a lot of crises. This situation took two DSS staff 24 hours for 4 days. Some providers have stopped taking Medicaid and won't take our kids. There is a bill in process requiring provider to accept in state placements and not being allowed to discharge without a plan in place. We need something for these children. What can we develop in our community when these kinds of situations come up? Alice wanted to add some information to this situation. The need in our community is not just for kids with special needs. We do a great job with kinship placements but the youth that don't have family there are not other places available. Alice thinks there is an enormous need for foster care placements. Not just for high need kids. Katie wonders if Program could be called in to talk about this. Jennifer feels like Program helped back in the day. Neta agrees that Program is a good place to talk about this. Each individual kid has real reasons but not necessarily the same reasons. At one time there was a run-away line for kids that needed to get out of their homes short term. (Ready Kids, CAFF, HUD dollars). In the early days there was a pilot program for professional foster parents requiring them to accept any child referred to them. This issue will be taken to Program

Documents/Resources: n/a

Next Steps/Action(s): Sue made a motion to put the DCSE policy on pause for Charlottesville until June 2022. Martha seconded. Alice made a motion on behalf of Albemarle to put the policy on pause until June 2022. Erin seconded. Both motions passed. Katie and Jennifer will draft policy on the case conference rates and send out to CPMT members before the February meeting.

Agenda Item: OCS Communications

Presenter: CSA Coordinators

Discussion/Summary: The password has changed from 90 days to 42. If you go behind the secure part of CSA IT, training will be required. DSS does annual IT Security training and this can count as training. You need your date that training was completed. If you don't have that information you would have to complete the training from OCS. Policies around family engagement have been approved. Jennifer asked if there were any questions?

Documents/Resources: Administrative Memo #22-01 and 22-17

Next Steps/Action(s): informational

Agenda Item: Program Sub-Committee Update**Presenter:** Katie Ralston for Christa Galleo**Discussion/Summary:** Jennifer mentioned family engagement and CSA Family guide will be sent to Program. The provider satisfaction surveys have been sent out via email for several months. There seems to be confusion about the intent about the survey. It might need to be reworded. The response rate has been very low. Program has been discussing ways to improve that response rate. Katie asked if there were any questions about the survey? Erin asked if the surveys are online or mailed out. Katie said after FAPT someone in the office sends an email to the CSA caseworker reminding that caseworker to send out the survey. They know who needs to receive the survey. It can be emailed or even texted out. Ryan said confusion aside it was good to see positive responses. Katie said there were lots of nice comments about the workers. Neta asked Katie and Jennifer if Program is going to try to refine the wording? Katie said they knew it might have to be revised depending on the types of responses they received. Program will discuss creating a better forward or revamping layouts or targeting the questions to the type of survey they would receive. Neta said it sounds great.**Documents/Resources:** n/a**Next Steps/Action(s):****Agenda Item: Other Business- Work Plan Review****Presenter:** Chair and CSA Coordinators**Discussion/Summary:** Neta shared her screen. This is a draft version tweaking our goals around our work with a racial equity lens. Misty updated it. Neta wants to take a look at it today and revisit it with Misty next month. It has been edited for CPMT members to apply a lens with themselves and their agencies. Expectation that we take our experiences back to our agencies.

5.1.2 she added CPMT to create opportunities to include diverse membership.

5.1.2 CPMT would write a DEI statement to be included in our contracts or a mission statement

Erin and Neta stated that this is an improvement. Neta asked if there was anything missing? No comments from CPMT

Documents/Resources: template shared at meeting on screen**Next Steps/Action(s):** Neta said each member should come prepared in February to talk about what our organizations are doing**Agenda Item: Other Business- Agency Updates****Presenter:** CPMT members**Discussion/Summary:** Neta asked for agency updates. Nothing for this month**Documents/Resources:****Next Steps/Action(s):****Agenda Item: Update on Meeting Hybrid****Presenter:** CPMT members**Discussion/Summary:** The difference between the City and County. When the city opens to the public will City go back to in person meetings? Albemarle has been open

to the public, but meetings have remained virtual. It's a little confusing. Misty previously said that City space would be the most accommodating for a hybrid meeting. The city is focused to open in March. Earliest would be March the 18th. It's a fluid situation. The city's emergency order ends on March 18th should City Council not take further action. The County is looking for a 12 month roll out. The city will have some meetings that will remain hybrid and CPMT is not a meeting that can be hybrid. They anticipate going face to face in April. If the city requires meetings to be in person and the county is still requiring virtual. How is this going to work? How does it affect our CPMT members who serve both city and county?

Documents/Resources:

Next Steps/Action(s): informational

Neta Davis Chair for Albemarle CPMT, adjourned the meeting at: 4:25 PM

Next scheduled meeting: February 16, 2022 @ 3:15-5:00 Virtual meeting by ZOOM

Respectfully Submitted:

Lisa Jordan