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SENATE BILL NO. 1179

AMENDMENT IN THE NATURE OF A SUBSTITUTE

(Proposed by the Senate Committee on Rehabilitation and Social Services
on February 6, 2009)

(Patron Prior to Substitute—Senator Hanger)

A *BILL to amend and reenact § 2.2-2648 of the Code of Virginia, relating to the State Executive Council; increases membership and establishes term limits.*

Be it enacted by the General Assembly of Virginia:

1. That § 2.2-2648 of the Code of Virginia is amended and reenacted as follows:

§ 2.2-2648. State Executive Council for Comprehensive Services for At-Risk Youth and Families; membership; meetings; powers and duties.

A. The State Executive Council for Comprehensive Services for At-Risk Youth and Families (the Council) is established as a supervisory council, within the meaning of § 2.2-2100, in the executive branch of state government.

B. The Council shall consist of one member of the House of Delegates to be appointed by the Speaker of the House and one member of the Senate to be appointed by the Senate Committee on Rules; the Commissioners of Health, of Mental Health, Mental Retardation and Substance Abuse Services, and of Social Services; the Superintendent of Public Instruction; the Executive Secretary of the Virginia Supreme Court; the Director of the Department of Juvenile Justice; the Director of the Department of Medical Assistance Services; *the Governor's Special Advisor on Children's Services*; the chairman of the state and local advisory team established pursuant to § 2.2-5202; ~~two~~*four* local government representatives to include a member of a county board of supervisors or a city council and a county administrator or city manager, to be appointed by the Governor; *one public provider, to be appointed by the Governor, a three private provider representative representatives from a facility facilities* that ~~maintains~~ *maintain* membership in an association of providers for children's or family services and ~~receives~~ *receive* funding as authorized by the Comprehensive Services Act (§ 2.2-5200 et seq.), to be appointed by the Governor, who may appoint from nominees recommended by the Virginia Coalition of Private Provider Associations; and a parent representative. The parent representative shall be appointed by the Governor for a term not to exceed three years and shall not be an employee of any public or private program that serves children and families. *The Governor's appointments shall be for a term not to exceed three years and shall be limited to no more than two consecutive terms.* Appointments of legislative members shall be for terms coincident with their terms of office. Legislative members shall not be included for the purposes of constituting a quorum.

C. The Council shall be chaired by the Secretary of Health and Human Resources or a designated deputy who shall be responsible for convening the council. The Council shall meet, at a minimum, quarterly, to oversee the administration of this article and make such decisions as may be necessary to carry out its purposes. Legislative members shall receive compensation as provided in § 30-19.12 and nonlegislative citizen members shall receive compensation for their services as provided in §§ 2.2-2813 and 2.2-2825.

D. The Council shall have the following powers and duties:

1. Hire and supervise a director of the Office of Comprehensive Services for At-Risk Youth and Families;

2. Appoint the members of the state and local advisory team in accordance with the requirements of § 2.2-5201;

3. Provide for the establishment of interagency programmatic and fiscal policies developed by the Office of Comprehensive Services for At-Risk Youth and Families, which support the purposes of the Comprehensive Services Act (§ 2.2-5200 et seq.), through the promulgation of regulations by the participating state boards or by administrative action, as appropriate;

4. Provide for a public participation process for programmatic and fiscal guidelines and dispute resolution procedures developed for administrative actions that support the purposes of the Comprehensive Services Act (§ 2.2-5200 et seq.). The public participation process shall include, at a minimum, 60 days of public comment and the distribution of these guidelines and procedures to all interested parties;

5. Oversee the administration of and consult with the Virginia Municipal League and the Virginia Association of Counties about state policies governing the use, distribution and monitoring of moneys in the state pool of funds and the state trust fund;

6. Provide for the administration of necessary functions that support the work of the Office of Comprehensive Services for At-Risk Youth and Families;

7. Review and take appropriate action on issues brought before it by the Office of Comprehensive

60 Services for At-Risk Youth and Families, Community Policy and Management Teams (CPMTs), local
61 governments, providers and parents;

62 8. Advise the Governor and appropriate Cabinet Secretaries on proposed policy and operational
63 changes that facilitate interagency service development and implementation, communication and
64 cooperation;

65 9. Provide administrative support and fiscal incentives for the establishment and operation of local
66 comprehensive service systems;

67 10. Oversee coordination of early intervention programs to promote comprehensive, coordinated
68 service delivery, local interagency program management, and co-location of programs and services in
69 communities. Early intervention programs include state programs under the administrative control of the
70 state executive council member agencies;

71 11. Oversee the development and implementation of a mandatory uniform assessment instrument and
72 process to be used by all localities to identify levels of risk of Comprehensive Services Act (CSA)
73 youth;

74 12. Oversee the development and implementation of uniform guidelines to include initial intake and
75 screening assessment, development and implementation of a plan of care, service monitoring and
76 periodic follow-up, and the formal review of the status of the youth and the family;

77 13. Oversee the development and implementation of uniform guidelines for documentation for
78 CSA-funded services;

79 14. Review and approve a request by a CPMT to establish a collaborative, multidisciplinary team
80 process for referral and reviews of children and families pursuant to § 2.2-5209;

81 15. Oversee the development and implementation of mandatory uniform guidelines for utilization
82 management; each locality receiving funds for activities under the Comprehensive Services Act shall
83 have a locally determined utilization management plan following the guidelines or use of a process
84 approved by the Council for utilization management, covering all CSA-funded services;

85 16. Oversee the development and implementation of uniform data collection standards and the
86 collection of data, utilizing a secure electronic client-specific database for CSA-funded services, which
87 shall include, but not be limited to, the following client specific information: (i) children served,
88 including those placed out of state; (ii) individual characteristics of youths and families being served;
89 (iii) types of services provided; (iv) service utilization including length of stay; (v) service expenditures;
90 (vi) provider identification number for specific facilities and programs identified by the state in which
91 the child receives services; (vii) a data field indicating the circumstances under which the child ends
92 each service; and (viii) a data field indicating the circumstances under which the child exits the
93 Comprehensive Services Act program. All client-specific information shall remain confidential and only
94 non-identifying aggregate demographic, service, and expenditure information shall be made available to
95 the public;

96 17. Oversee the development and implementation of a uniform set of performance measures for
97 evaluating the Comprehensive Services Act program, including, but not limited to, the number of youths
98 served in their homes, schools and communities. Performance measures shall be based on information:
99 (i) collected in the client-specific database referenced in subdivision 16, (ii) from the mandatory uniform
100 assessment instrument referenced in subdivision 11, and (iii) from available and appropriate client
101 outcome data that is not prohibited from being shared under federal law and is routinely collected by the
102 state child-serving agencies that serve on the Council. If provided client-specific information, state child
103 serving agencies shall report available and appropriate outcome data in clause (iii) to the Office of
104 Comprehensive Services for At-Risk Youth and Families. Outcome data submitted to the Office of
105 Comprehensive Services for At-Risk Youth and Families shall be used solely for the administration of
106 the Comprehensive Services Act program. Applicable client outcome data shall include, but not be
107 limited to: (a) permanency outcomes by the Virginia Department of Social Services, (b) recidivism
108 outcomes by the Virginia Department of Juvenile Justice, and (c) educational outcomes by the Virginia
109 Department of Education. All client-specific information shall remain confidential and only
110 non-identifying aggregate outcome information shall be made available to the public;

111 18. The Council shall oversee the development and distribution of management reports that provide
112 information to the public and CPMTs to help evaluate child and family outcomes and public and private
113 provider performance in the provision of services to children and families through the Comprehensive
114 Services Act program. Management reports shall include total expenditures on children served through
115 the Comprehensive Services Act program as reported to the Office of Comprehensive Services for
116 At-Risk Youth and Families by state child-serving agencies on the Council and shall include, but not be
117 limited to: (i) client-specific payments for inpatient and outpatient mental health services, treatment
118 foster care services and residential services made through the Medicaid program and reported by the
119 Virginia Department of Medical Assistance Services and (ii) client-specific payments made through the
120 Title IV-E foster care program reported by the Virginia Department of Social Services. The Office of
121 Comprehensive Services shall provide client-specific information to the state agencies for the sole

purpose of the administration of the Comprehensive Services Act program. All client-specific information shall remain confidential and only non-identifying aggregate demographic, service, expenditure, and outcome information shall be made available to the public;

19. Establish and oversee the operation of an informal review and negotiation process with the Director of the Office of Comprehensive Services and a formal dispute resolution procedure before the State Executive Council, which include formal notice and an appeals process, should the Director or Council find, upon a formal written finding, that a CPMT failed to comply with any provision of this Act. "Formal notice" means the Director or Council provides a letter of notification, which communicates the Director's or the Council's finding, explains the effect of the finding, and describes the appeal process, to the chief administrative officer of the local government with a copy to the chair of the CPMT. The dispute resolution procedure shall also include provisions for remediation by the CPMT that shall include a plan of correction recommended by the Council and submitted to the CPMT. If the Council denies reimbursement from the state pool of funds, the Council and the locality shall develop a plan of repayment;

20. Deny state funding to a locality where the CPMT fails to provide services that comply with the Comprehensive Services Act (§ 2.2-5200 et seq.), in accordance with subdivision 19;

21. Biennially publish and disseminate to members of the General Assembly and community policy and management teams a state progress report on comprehensive services to children, youth and families and a plan for such services for the next succeeding biennium. The state plan shall:

a. Provide a fiscal profile of current and previous years' federal and state expenditures for a comprehensive service system for children, youth and families;

b. Incorporate information and recommendations from local comprehensive service systems with responsibility for planning and delivering services to children, youth and families;

c. Identify and establish goals for comprehensive services and the estimated costs of implementing these goals, report progress toward previously identified goals and establish priorities for the coming biennium; and

d. Include such other information or recommendations as may be necessary and appropriate for the improvement and coordinated development of the state's comprehensive services system; and

22. Oversee the development and implementation of mandatory uniform guidelines for intensive care coordination services for children who are at risk of entering, or are placed in, residential care through the Comprehensive Services Act program. The guidelines shall: (i) take into account differences among localities, (ii) specify children and circumstances appropriate for intensive care coordination services, (iii) define intensive care coordination services, and (iv) distinguish intensive care coordination services from the regular case management services provided within the normal scope of responsibility for the child-serving agencies, including the community services board, the local school division, local social services agency, court service unit, and Department of Juvenile Justice. Such guidelines shall address: (a) identifying the strengths and needs of the child and his family through conducting or reviewing comprehensive assessments including, but not limited to, information gathered through the mandatory uniform assessment instrument; (b) identifying specific services and supports necessary to meet the identified needs of the child and his family, building upon the identified strengths; (c) implementing a plan for returning the youth to his home, relative's home, family-like setting, or community at the earliest appropriate time that addresses his needs, including identification of public or private community-based services to support the youth and his family during transition to community-based care; and (d) implementing a plan for regular monitoring and utilization review of the services and residential placement for the child to determine whether the services and placement continue to provide the most appropriate and effective services for the child and his family.