

Comprehensive Services for At-Risk Youth and Families (CSA)

Presentation to
Behavioral Health Care Subcommittee
Joint Commission on Health Care

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Overview

- Impetus for CSA
- CSA Statutory Framework
- Children, Services & Expenditures
- Major Opportunities



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Impetus for CSA

Virginia Department of Planning & Budget's study on children's residential services (1990)

- Costs increasing annually
 - ◆ 22% in purchased services mandated by law
 - ◆ 8% in government programs
- State shortfalls annually (*additional \$14 million in FY 1990*)
 - ◆ State/local foster care (*50% local match*)
 - ◆ Special education tuition assistance (*40% local match*)
- Complex funding structure – 14 funding streams
 - ◆ Categorical funds; limits on use of funds
 - ◆ Some children inappropriately labeled to access services
 - ◆ Inadvertent fiscal incentives due to different match rates

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Impetus for CSA

- Over 14,000 children across four agencies - 4,993 children
 - ◆ Social Services
 - ◆ Schools
 - ◆ Court Service Units
 - ◆ Community Services Boards
- Children involved with multiple agencies
 - ◆ More than 80% of children - 2 or more agencies
 - ◆ 31% - 3 agencies
 - ◆ 19% - all 4 agencies
- Characteristics
 - ◆ 89% emotional or behavioral problems
 - ◆ 77% significant problems in school – suspended, expelled, truant, drop out
 - ◆ 58% verbal or physical assaultive or aggressive behavior
 - ◆ 29% self injurious or suicidal behavior
 - ◆ 50% problems with alcohol or substance abuse

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Impetus for CSA

Council on Community Services for Youth & Families

- Created by Secretary of Health & Human Resources in 1990
 - ◆ Improve services for youth with emotional/behavioral problems and their families
 - ◆ Control escalating rate of growth in expenditures
- Recommended restructuring services and funding

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CSA Statutory Framework

Purpose: Collaborative system of services & funding

- Child-centered
- Family-focused
- Community-based
- Cost-effective



Preserve & strengthen families

- Enable children to remain in their homes, schools & communities whenever possible
- Provide services in the least restrictive environment that effectively and appropriately meets needs
- Protect the welfare of children & maintain public safety

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CSA Statutory Framework

Individualize services

- Design and provide services that respond to strengths and needs of children and their families
- Increase family involvement & interagency collaboration
- Encourage public/private partnership in service delivery
- Identify and intervene early with young children, at risk of emotional/behavior problems, and their families

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CSA Statutory Framework

Simplify funding

- Consolidate categorical funding across agencies
 - ◆ Pooled 8 categorical funds across 4 agencies
 - ◆ Purpose: not categorize children by funding streams to access services
 - ◆ Instituted one local match rate
- Allocate funds to community collaborative teams
- Place authority and accountability for funding & service decisions with community teams
- Provide communities greater flexibility in use of funds to purchase public or private services
- Maintain each agency's responsibility for normal services
- Establish trust fund

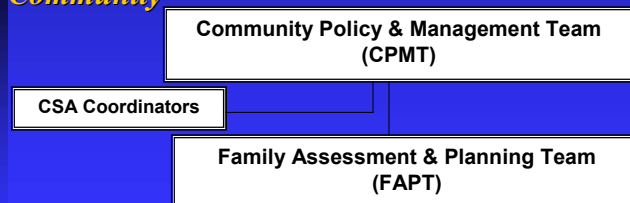
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CSA Statutory Framework

State



Community



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CSA Statutory Framework

Created infrastructure of collaborative teams

- Community Policy & Management Teams (*CPMTs*)
 - ◆ Manage collaborative effort
 - ◆ Establish interagency policies
 - ◆ Manage CSA funds
 - ◆ Lead community-wide planning to assess needs & services
 - ◆ Maximize use of resources across sectors
 - ◆ Develop needed community services
- Family Assessment & Planning Team (*FAPT*)
 - ◆ Engage child and family as partners
 - ◆ Assess strengths/needs of child & family
 - ◆ Develop individual family service plan
 - ◆ Designate one person to coordinate care
 - ◆ Refer child & family for community resources
 - ◆ Reassess plan based on progress and need.
- CSA Coordinators manage local CSA implementation.

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CSA Statutory Framework

- State Executive Council (*SEC*)
 - ◆ Provides leadership
 - ◆ Oversees state interagency policies
- State and Local Advisory Team (*SLAT*)
 - ◆ Advises SEC on interagency program & fiscal policies
 - ◆ Operationalizes SEC decisions
- Office of Comprehensive Services for At Risk Youth & Families (*OCS*)
 - ◆ Serves as administrative entity of SEC
 - ◆ Manages CSA funds
 - ◆ Provides localities technical assistance, training, best practices and management tools

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CSA Statutory Framework

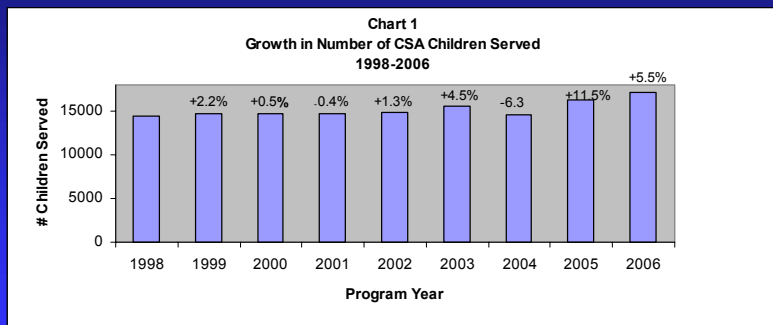
Vision - benefits of CSA system

- Improve collaborative decision-making
- Improve outcomes for children & families
- Allow more children & families to be served in homes, schools & communities appropriately
- Use resources across sectors wisely
- Increase visibility of costs; control rate of growth

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CSA Children

- CSA served 17,128 children statewide*
- Number of children served has increased on average 3.8 % annually during past four years, increasing 5.5% in 2006.



* All data program year 2006 (7/05-6/06) unless otherwise stated

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CSA Children

- Eligible children & their families
 - ◆ Serious emotional or behavior problems
 - ◆ Significantly disabling in several settings
 - ◆ Need services and collaboration beyond what agencies normally provide
 - ◆ At imminent risk, or placed, in residential care
- Mandated populations
 - ◆ Children in foster care & special education
 - ◆ Sum sufficient funding required by federal law for needed services
- Most children referred to CSA by
 - ◆ Local social services (61%)
 - ◆ Schools (20%)
 - ◆ Court service units (7%)
 - ◆ Community service boards (3%)
 - ◆ Other (9%)

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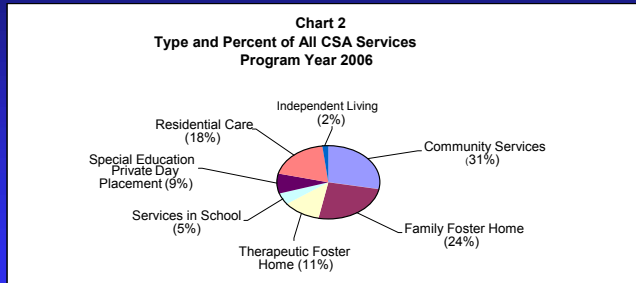
CSA Children

- Primary reasons for services at last assessment
 - ◆ 45% due to caregiver neglect, physical abuse, incapacity/absence
 - ◆ 16% for special education issues
 - ◆ 13% for emotional, mental health, or substance abuse problems
 - ◆ 26% for behavioral problems
- Teenagers typical recipients of CSA services
 - ◆ 13% of children were 19-22 years
 - ◆ 47% were 12-18 years of age
 - ◆ 22% were 7-11 years
 - ◆ 18% were 0-6 years
- 60% male; 40% female
- 53% Caucasian; 43% African American; 4% unknown
- 5% Hispanic

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CSA Children & Services

- CSA children received broad range of services.
- 71% of services provided in family, school and community settings.

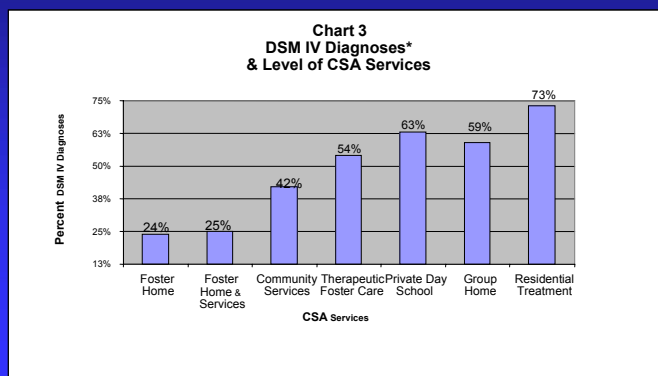


- 18% in residential care (*residential treatment facilities, group homes and psychiatric hospitals*)

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CSA Children & Services

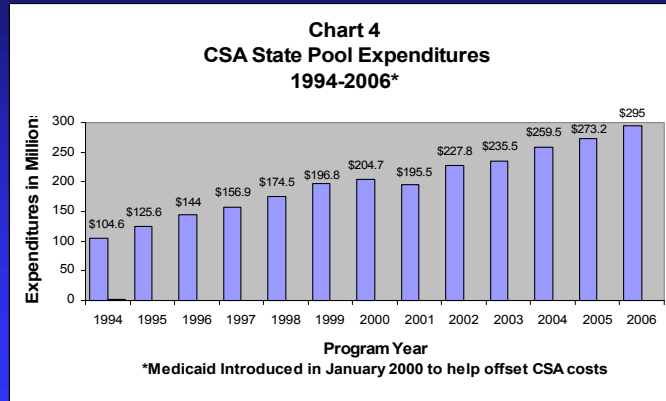
- Percent of children with diagnosed mental health disorders higher in more intensive services.



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Expenditures

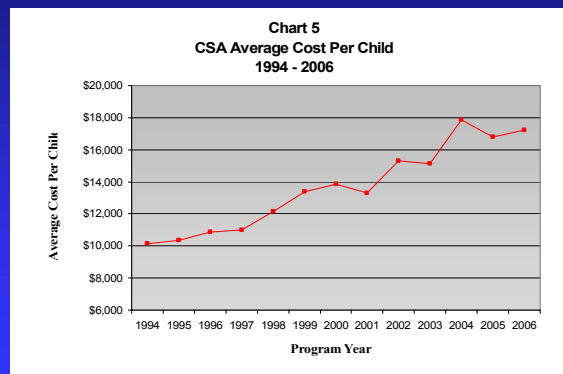
- CSA state pool expenditures increased steadily for state and local governments (*\$104.6 million in 1994 - \$295 million in 2006*)



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Expenditures

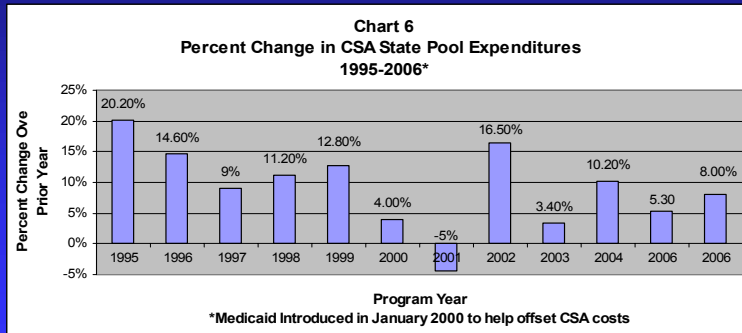
- Average cost per child has increased (*\$10,129 in 1994 - \$17,225 in 2006*)



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Expenditures

- Prior to CSA, program costs increased 22% annually from FY 1989-1993, except for one year (*JLARC 1998*).
- Dramatic fluctuations over past 12 years in percentage change over prior year in CSA state and local expenditures.



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Expenditures

Inherently difficult to forecast CSA costs

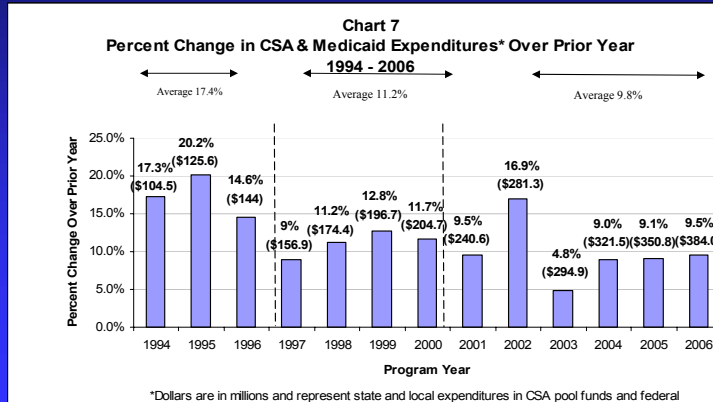
- Costs driven by multiple factors, many beyond state & local control:
 - ◆ Number of mandated children in the community
 - ◆ Severity of problems
 - ◆ Availability, type and duration of services
 - ◆ Service rates
 - ◆ Availability of alternative funding sources
 - ◆ Local practices
 - ◆ Policy changes
- Cost of one child can unexpectedly place significant strain on a community's budget.

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Expenditures

Declining rate of growth

- Since implementation, the overall rate of increase over the prior year has declined from 17.4% – 9.8% in CSA and Medicaid expenditures.



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Expenditures

Controlling CSA Pool Costs

- State and local governments - significant strides in maximizing federal funds to minimize rate of growth in CSA.
 - ◆ Over \$195 million in federal Medicaid funds for CSA children since 2000.
 - ◆ \$68.3 million in Title IV-E expenditures from June 2005 to May 2006, unknown percent on CSA children.
 - ◆ Localities screened 70% of all CSA children for Medicaid and 56% for Title IV-E funds. *(Not all youth should be screened.)*
- CSA coordinators and utilization management (UM)
 - ◆ Communities beginning to hire dedicated UM staff
 - ◆ OCS assumed UM of residential cases for 47 smaller communities that do not have sufficient resources.

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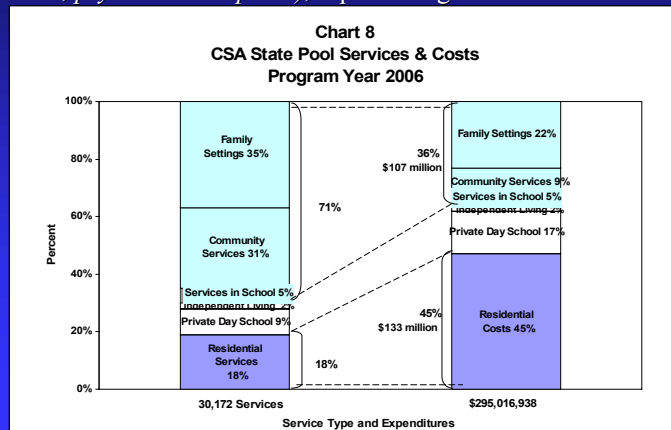
CSA Expenditures

Recent changes increasing CSA costs

- Federal Title IV-E
 - ◆ Eligibility change due to Rosales court decision
 - ◆ Child and Family Services case reviews
 - ◆ Fewer children IV-E eligible
- Medicaid change due to federal Deficit Reduction Act
 - ◆ Narrows definition of case management in treatment foster care
 - ◆ Examining feasibility of using Title IV-E; requires standard definitions and rates across state
- CSA paying for services no longer reimbursed under Title IV-E and Medicaid
- Addressing custody relinquishment issue, eligible children may now access residential and community services based on needs

Expenditures

- 71% of all CSA services provided in family, community and school settings, representing 36% of total pool costs.
- 18% residential services (*residential treatment facilities, group homes, psychiatric hospitals*), representing almost half of costs (45%).



Expenditures

- While residential care is an important part of a continuum of care, one out of every four CSA children (4,275) was placed in residential care at some point during the year.
- Almost \$200 million in state, local & Medicaid funds was spent on residential care for CSA children, not including federal IV-E and other Medicaid expenditures paid during these placements.
 - ◆ Over \$133 million in CSA pool funds was spent on residential care, representing almost half (45%) of all state pool expenditures (\$295 million)
 - ◆ An additional \$66.5 million in Medicaid expenditures was spent on CSA children in residential treatment facilities and group homes.
- Established CSA performance measure: increase proportion of children served in their homes, schools & communities.
 - ◆ 38.44% of children in 2005
 - ◆ 41.72% in 2006Target is 50% by 2009.

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Major Opportunities

JLARC Study of Children's Residential Services

- Managing residential expenditures will likely yield largest fiscal impact in controlling CSA costs.
- Some children are placed in more restrictive, intensive care than necessary, resulting in unnecessary higher costs.
 - ◆ Mismatched services can result in increased length of stay, number of placements, and mental or behavior problems.
 - ◆ Residential services are four times more costly than community services (average annual cost of \$48,129 vs \$11,360 in 2005).
- Service gaps appear to be the primary obstacle to serving children in the most appropriate, least restrictive setting.
 - ◆ Most critical service gaps: crisis, family support and assessment.

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Major Opportunities

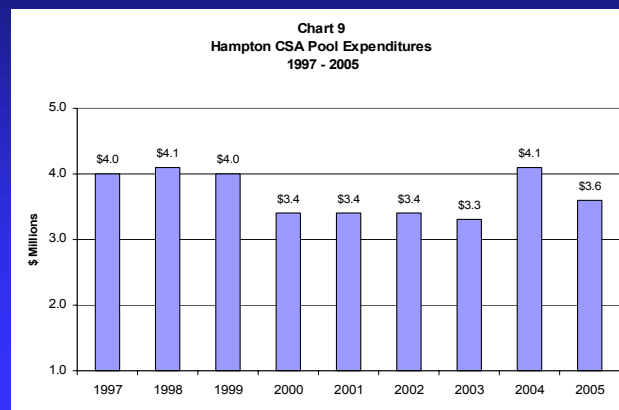
Array of community services in homes & schools

- Comprehensive assessments
- Crisis intervention/stabilization
- Natural family/community supports
- Short-term emergency necessities
- Family support/education
- Respite care
- Specialized wrap around services
- Intensive in-home services
- Behavioral aides
- School-based services
- After school services
- Supervised social/recreational
- Mentoring
- Individual, group, family therapy
- Substance abuse services
- Therapeutic day treatment
- Vocational services
- Independent living services
- Medical management
- Care coordination

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Major Opportunities

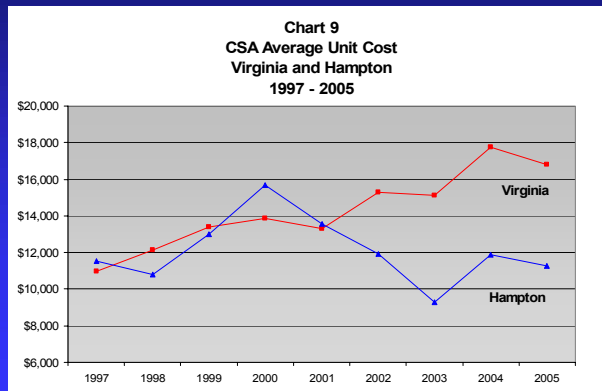
- Hampton CSA system has controlled CSA pool costs through serving children in the community (*\$4 million in 1997 to \$3.6 million in 2005*).



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Major Opportunities

- While statewide the average unit cost for all CSA services increased, Hampton's decreased.



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Major Opportunities

Initiatives & momentum for major systems transformation

- Across all branches of government
 - ◆ Joint Legislative Subcommittee on CSA
 - ◆ JLARC study on children's residential care through CSA
 - ◆ Attorney General's opinion on custody relinquishment
 - ◆ Chief Justice's Commission on Mental Health Reform Child & Adolescent Task Force
- Strengthen families & bring children home
 - ◆ First Lady's "For Keeps" Initiative on permanent family connections
 - ◆ Annie E. Casey Foundation strategic consulting – reducing out of home care and reinvesting to expand community services
 - ◆ DMHMRSAS System of Care Grants
 - ◆ CSA Innovative Community Services Grants
 - ◆ Federal 5 year grant bringing children home from psychiatric residential treatment facilities
 - ◆ Commission on Youth's statewide conference on evidenced based practices in community systems of care

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Major Opportunities

JLARC recommendations for CSA

- Expand community services
 - ◆ Expand Innovative Community Services Grants
 - ◆ Allow localities that reduce costs per child to reinvest the costs avoided & develop critically needed community services
- Strengthen local CSA systems
 - ◆ Increase funds for CSA Coordinators and utilization management
 - ◆ Strengthen role of CSA Coordinator and community teams
- Improve access to information for decision-making
 - ◆ Track child & family outcomes
 - ◆ Capture total expenditures for more informed decision making
 - ◆ Improve access to information on residential care providers
- Determine children to be served through CSA

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Major Initiatives

Innovative Community Services Grants

- General Assembly - \$250,000 in FY07; \$500,000 in FY08 for competitive start-up funding to localities.
- Spark development of innovative services in families, schools and communities.
 - ◆ Return, or prevent, residential placements for children who can be served effectively in community
 - ◆ Transition sustainability of grant funds to purchase of service dollars and other funds
 - ◆ Document child and family outcomes
 - ◆ Calculate costs avoided; identify strategies for reinvestment.
- 30 proposals from half of all communities, requesting \$8.44 million.
- Over half (52%) of all CSA children in residential care

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Major Opportunities

16 communities funded

- **Hampton City** – \$52,446 - “host homes” where families live in homes of mentor families.
- **Lee, Scott and Wise Counties; City of Norton** – \$160,731 – regional wraparound coordinator, behavioral aide, funds to recruit/train therapeutic foster parents.
- **Loudoun County** – \$160,000 - wraparound coordinator and flexible funds to meet family needs that cannot be funded in other ways.
- **Montgomery, Floyd, Pulaski and Giles Counties; City of Radford** – \$100,239 - transition coordinator to bring children back to their community.
- **Richmond City** – \$196,691 - evidenced-based Multidimensional Treatment Foster Care.
- **Roanoke and Botetourt Counties; Cities of Salem and Roanoke** – \$79,893 - transition coordinator.

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Custody Relinquishment

Presentation to
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Custody Relinquishment

- Attorney General's opinion: families can access mental health services through CSA without relinquishing custody of their children
- JLARC confirmed AG finding
 - ◆ Some localities interpreting CSA law too narrowly
 - ◆ State foster care prevention policy lacked legal basis and contributes to custody relinquishment
- Secretary Tavenner directed immediate action to comply with law
 - ◆ OCS, DSS & DMHMRSAS issued memo on March 27
 - ◆ OCS convened Stakeholder Group to provide input on interagency guidelines
 - ◆ Documents distributed May 18
 - ◆ Memo clarifying law
 - ◆ Proposed interagency guidelines for 60 days public comment

Custody Relinquishment

- Changes based on law for eligible children
 - ◆ Children shall receive a full range of services based on needs
 - ◆ “Children in need of services” are mandated
 - ◆ Parental agreements are mandatory if child placed out of the home
 - ◆ Child is not “in foster care” if public agency other than local DSS enters into agreement to place child and provides care coordination
 - ◆ Service plan filed with court; court review every 6 months
 - ◆ Do not need to meet other federal & state foster care requirements
 - ◆ Title IV-E funds cannot be used
- Changes apply only to “children in need of services” when:
 - ◆ Behavior or condition seriously threatens well-being & physical safety of children, or another person if they are under 14; and
 - ◆ need services to prevent foster care placement or
 - ◆ are placed out of home through agreement between the local public agency designated by the CPMT & parents who retain legal custody

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Custody Relinquishment

- No changes in policy or practice for children who are:
 - ◆ abused or neglected
 - ◆ CHINS committed or entrusted in “foster care” by the court
 - ◆ CHINS or children with mental health needs who can be served through normal agency services and routine collaboration.
 - ◆ children in need of supervision, delinquents referred by the court
 - ◆ eligible for special education services through CSA
 - ◆ eligible for nonmandated services through CSA
- Issues being debated
 - ◆ Determination of a “child in need of services”
 - ◆ Eligibility criteria
 - ◆ Final authority for placement decisions
 - ◆ Court reviews
 - ◆ Number of children and fiscal impact
 - ◆ Funding for care coordination

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