Changes to the Comprehensive Services Act (CSA) & Child Welfare Systems

Presentation to:

Commission on Youth

By:

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Secretary of Health and Human Resources

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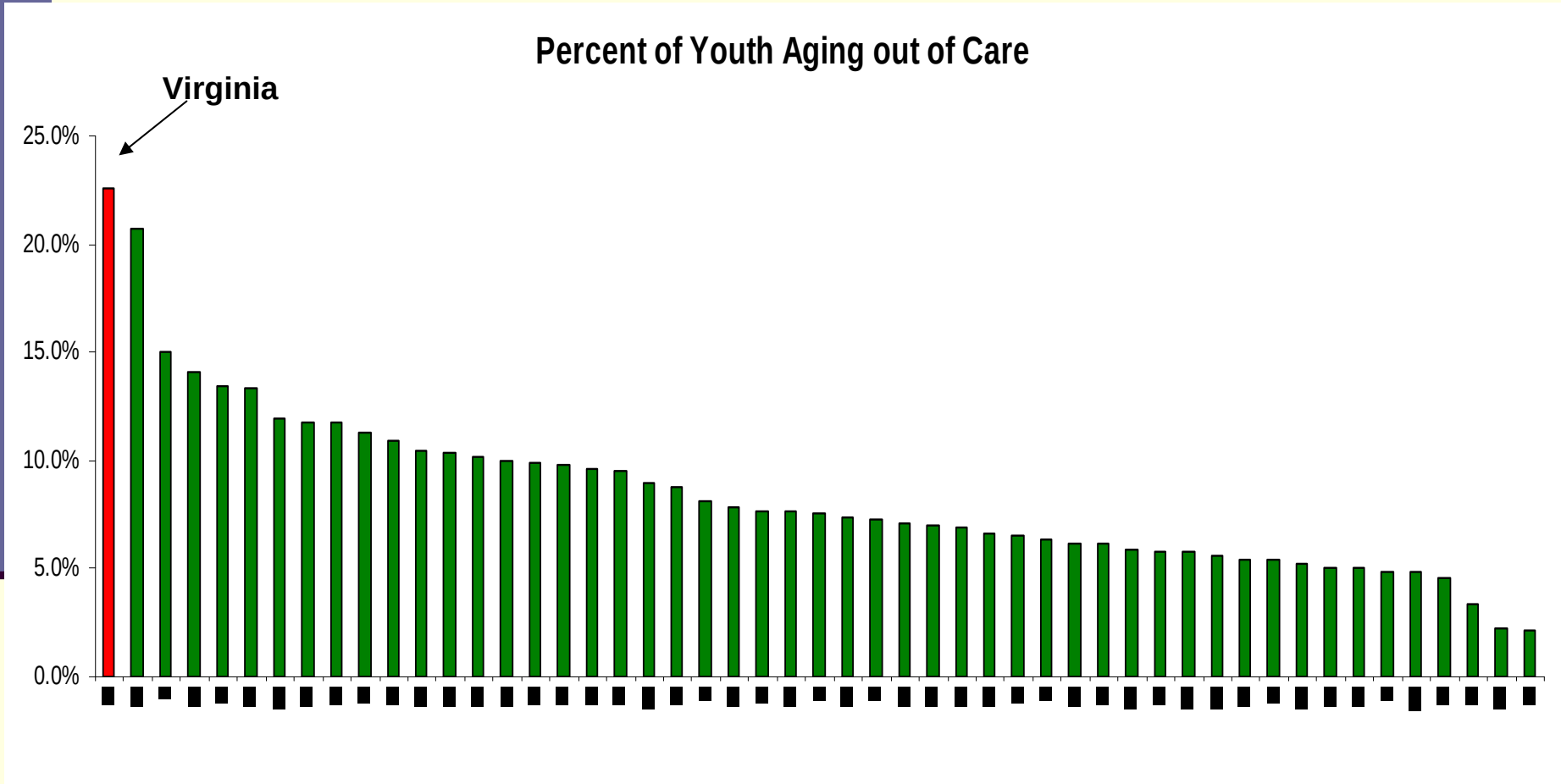
Overview of Today's Presentation

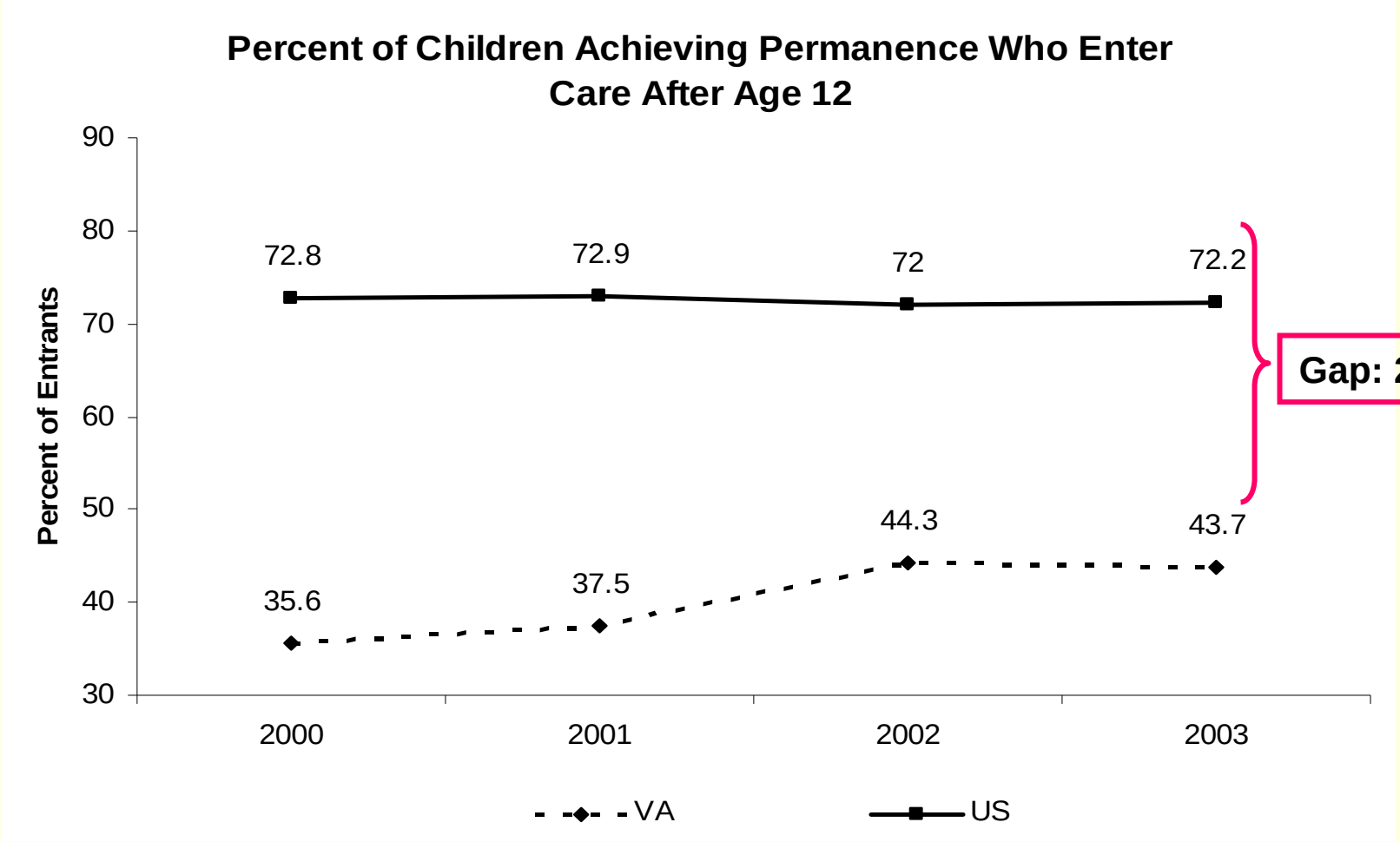
- Recent Child Welfare System Findings
- Overview of CSA Match Rate Changes
- Council on Reform (CORE) Initiative

Virginia has the *highest percentage* of teens aging out of foster care in the country



Source: Child Welfare Outcomes 2003 Annual Report, HHS Children's Bureau

Overall, Virginia's performance in achieving permanence for teens in foster care is *below* the national average



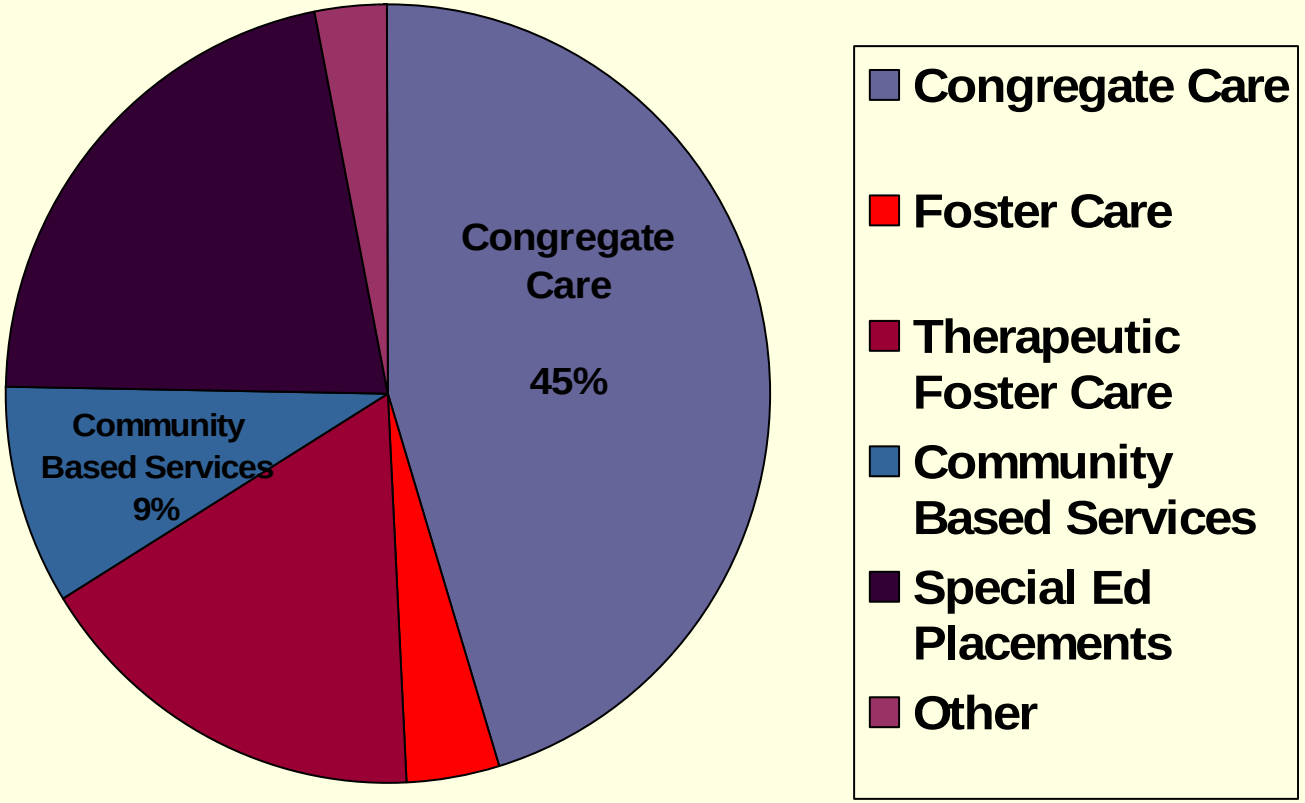
AFCARS and OASIS data, Child Trends Analysis

Summary of Key Performance Data

- 23% of Virginia's children age out of foster care without permanent connections, which is the highest percentage of children in the country
- 43.7% of teens (12 & older) achieve permanence, this is 28.5% below the national average of 72.2%
- After 7 years in the foster care system, 24% of younger children had not achieved permanence; therefore, "aging in "to the teen population, which has a very poor chance of achieving permanency
- In 2006, 24% of children that came into care would experience their first placement in a group setting (congregate care), rather than a family-based environment. For teens that figure is 52%. The national average is 18%; however best practice is closer to 10%.
- Fewer than 5% of children in foster care are being placed with relatives

CSA Budget is Dominated by Congregate Care Costs

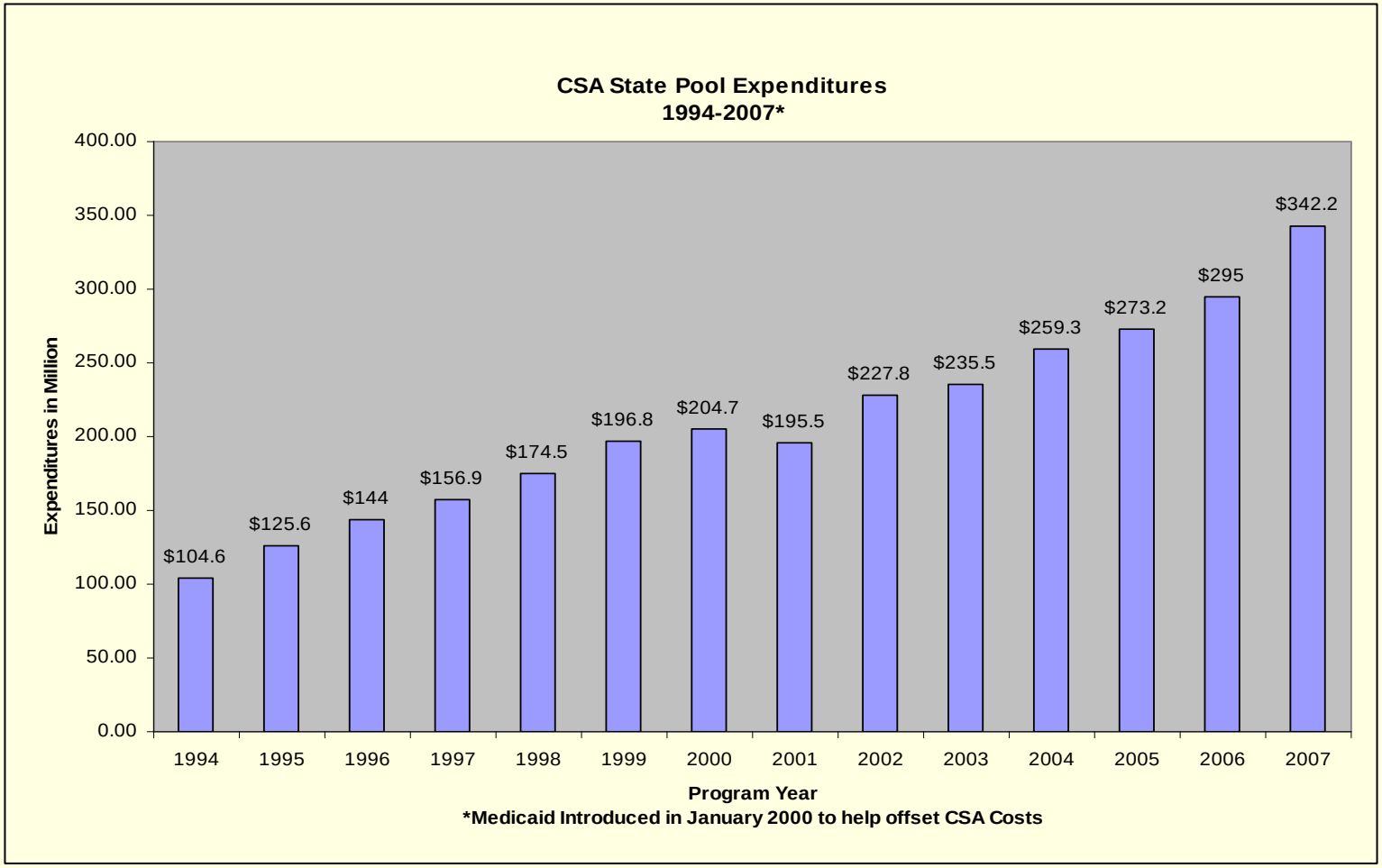
Total CSA Costs (2006) = $295 million*



Source: CSA Data 2006
* Does not include Medicaid dollars, which comprise $66.5 million in additional funds in congregate settings (OCS Report, July 2005-June 2006)

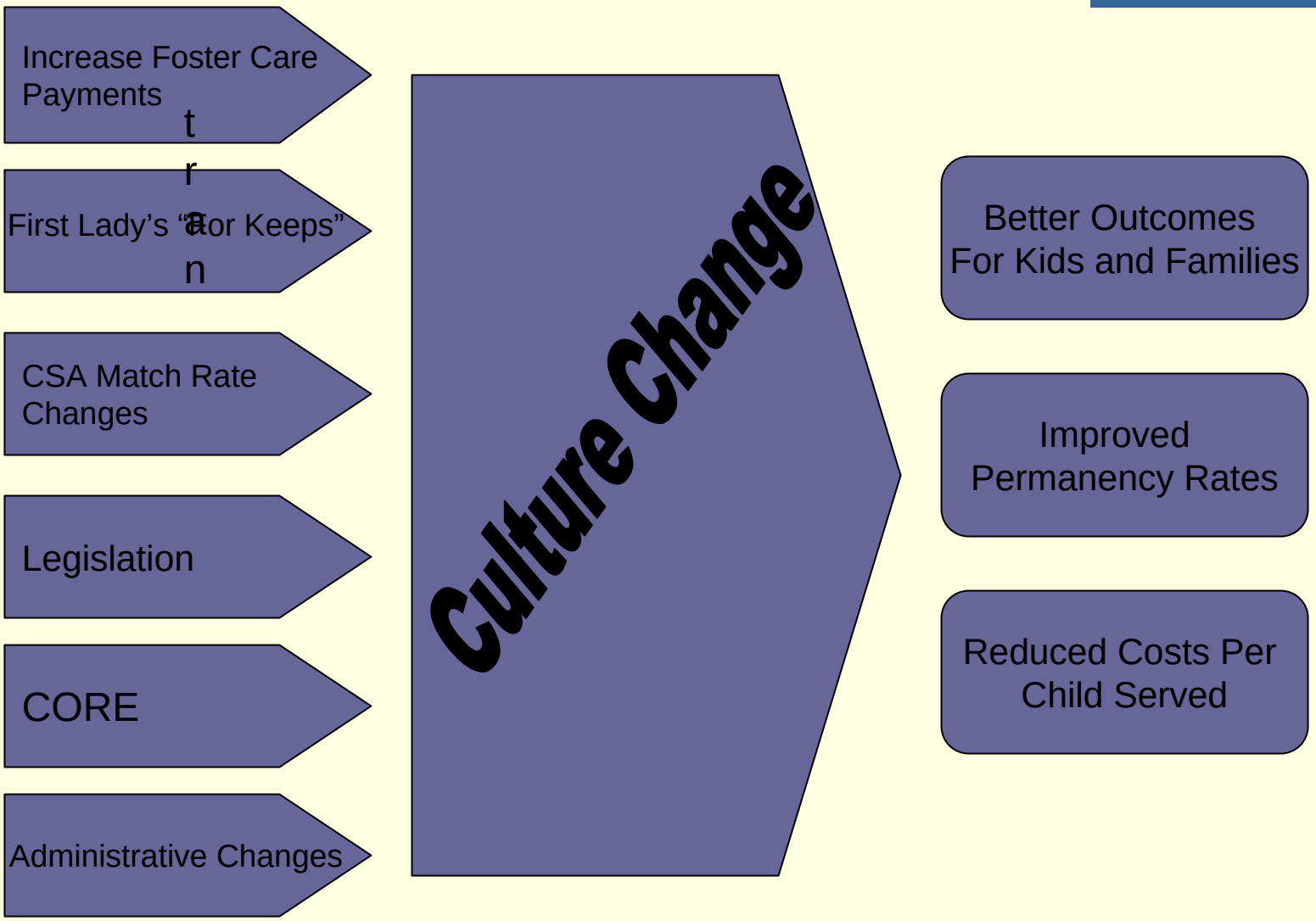
CSA Expenditures

- $342.2 million in FY07 *($219.7 state; $122.5 local)*
- $47.2 million increase *($30.2 million state; $17 million local)*



* In FY07, average local match was 36%; average state match was 64%; ranging from 17% to 53%.

Virginia has undertaken a number of initiatives to increase the number of youth with permanent family connections and reduce the number of children in congregate care



CSA Match Rate Changes

- **Appropriations Act (Item 283 #3c) required the Secretary to oversee a system of financial incentives**
  - Consistent with CSA statutory purposes
    - Preserve and strengthen families
    - Family focused and community-based
    - Least restrictive and most appropriate services
    - Serve children in their homes, family-like settings and communities whenever appropriate and effective
    - Protect welfare of children and maintain public safety
  - Reduces the local match rate for community-based services while increasing the local match rate on congregate care
- **Required the State Executive Council to**:
  - Monitor implementation, provide technical assistance and best practices to assist localities transition youth to community care.
  - Update the Governor and Chairs of the Money Committees on the outcomes of initiative annually beginning November 1, 2008.

CSA Match Rate Changes

Required three phases implemented over two years

- July 1, 2008 – Community based incentives implemented
  - Local match rate for community based services reduced by 50 percent from each locality's 2007 base rate
- January 1, 2009 – Residential care disincentives begin
  - Local match rate for residential services increased by 15 percent above each locality's base rate, after incurring $100,000 in residential expenditures during the six months
- July 1, 2009 – Residential care disincentives strengthened
  - Local match rate for residential services increased by 25 percent above each locality's base rate, after incurring $200,000 in residential expenditures during the year

CSA Match Rate Work Group

- **Required the Secretary to establish a work group**
  - Prepare for, implement and evaluate the impact of the match rate changes on local and state administration of the program.
  - Evaluate:
    - Feasibility of using a managed care approach;
    - Providing care coordination through community service boards;
    - Improving coordination with schools on individualized care plans; and
    - Improving coordination with juvenile justice system.

CSA Match Rate Work Group

- **Required representatives to include**:
  - Virginia Association of Counties & Virginia Municipal League
  - Virginia League of Social Services Executives
  - Virginia Association of Community Service Boards
  - Virginia Coalition of Private Providers
  - Virginia Association of School Superintendents
  - Department of Education & Department of Juvenile Justice
  - Office of the Executive Secretary of the Supreme Court

- **Secretary designated CSA statutory entities to serve as work group – the State Executive Council (SEC) and the State and Local Advisory Team (SLAT)**
  - Membership in budget language mirrors statutory entities
  - State/local financial reporting systems must be in place to ensure appropriate purchasing/payment processes by July 1, 2008
  - Secretary establishing implementation work group in July 2008

Implementation Process

- **April 3** – SLAT identified key service categories and issues
  CSA Data Set Users Group provided input
  Office of Comprehensive Services developed draft

- **April 24th – May 6th** – Public comment solicited on draft categories and definitions. 36 written responses submitted representing:
  - 67 respondents
  - 31 Virginia localities
  - 9 Statewide Associations
    - Foster Family-Based Treatment Association *(FFTA-VA)*
    - Virginia Association of Child–Placing Agencies
    - Virginia Association of Counties
    - Virginia Association of Local Human Services Officials *(VALHSO)*
    - Virginia Coalition of Private Provider Associations *(VCOPPA)*
    - Virginia Community and Residential Care Association
    - Virginia League of Social Services Executives *(VLSSE)*
    - Virginia Municipal League
    - Virginia Residential Psychiatric Treatment Association

Implementation Process

- **May 1** – SLAT provided input
- **May 12** – SEC met and heard additional public comment
  - Approved service categories with changes from public comments
  - Requested additional public comment on specific issues
- **May 16 – June 5** – Public comment period; 30 written responses
  - 31 respondents
  - 28 Virginia localities
  - 4 Statewide Associations *(FFTA-VA, VALHSO, VCOPPA, VLSSE)*
- **June 5** – SLAT provided input
- **June 12** – SEC met; heard additional public comment; approved final categories and definitions
- **July 1** – required implementation date

Community & Residential Services Definitions

- **Framework directly from budget language and funds appropriated during 2008 session**
  - Match rates changed only for community-based services and residential care
  - Current match rates maintained for foster care and special education day services

- **Community based services (50% reduced local match)**
  - Community services provided to children while living at home, with extended family, in regular foster family home, or in an independent living arrangement
  - Community transition services provided directly to families of children in residential care.
  - Intensive in-home services
  - Services in the public school
  - Intensive care coordination

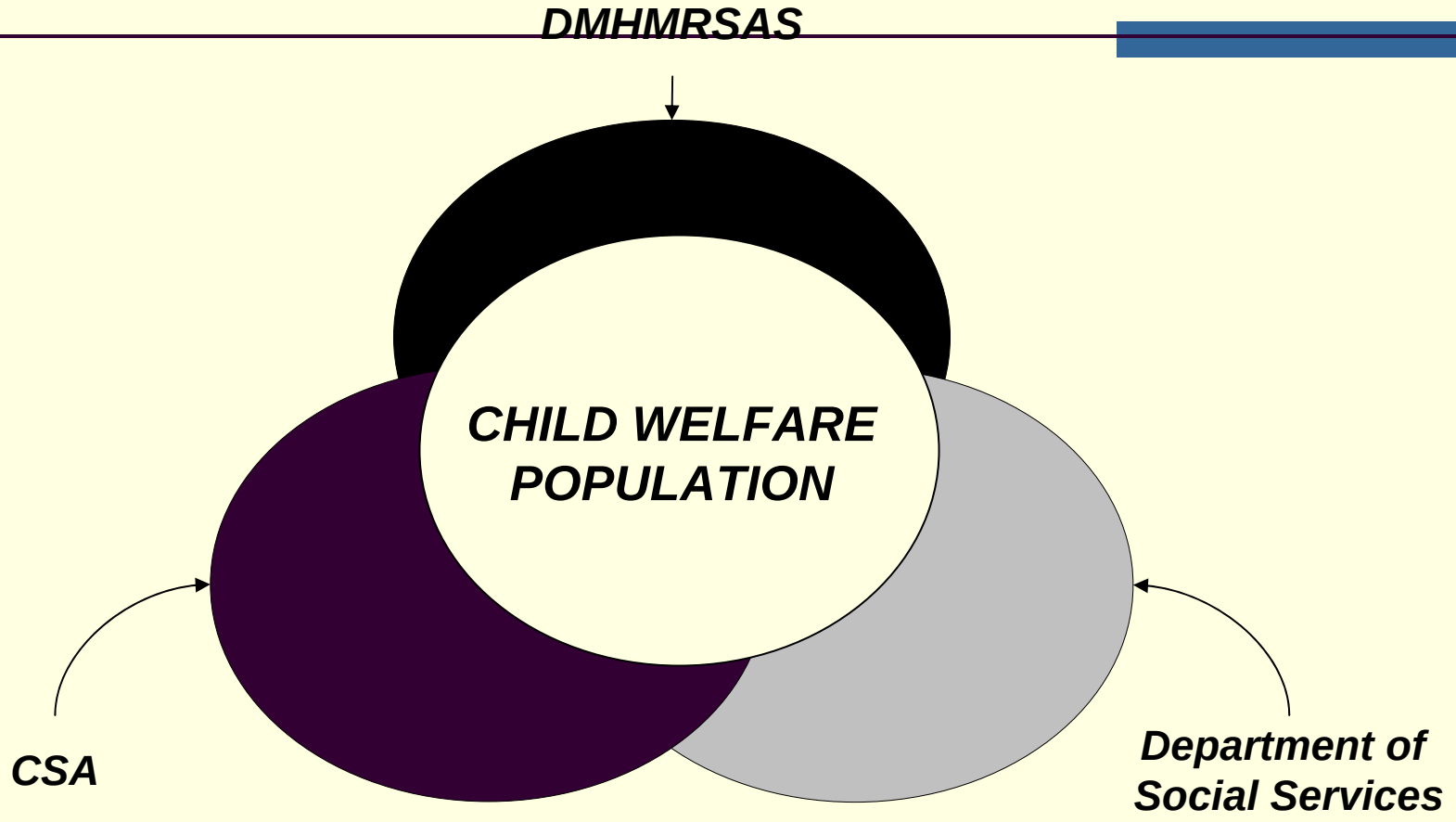
Community and Residential Services Definitions

- **Education day services & family foster care (no change in match rate)**
  - Alternative day/special education private day placements
  - Family foster care basic maintenance payments
  - Specialized and therapeutic foster care services
  - Independent living stipends and arrangements
  - Psychiatric hospital/residential crisis stabilization unit
  - Congregate care educational services
- **Residential/congregate care (increased local match)**
  - Temporary care facilities and services
  - Group homes and services
  - Residential facilities and services

Other CSA Changes Will Assist Localities

- **CSA is implementing other improvements**
  - Implementing new assessment tool that helps in service planning and captures child and family outcomes (CANS)
  - Training on wrap around services
  - Increasing use of intensive care coordination through the Community Service Boards
  - Using CSA funds more flexibly
  - Providing information on maximizing use of Medicaid
  - Revising CSA data system to capture provider and CSA performance and outcomes

DSS, DMHMRSAS, and CSA (among other agencies) each play critical roles in a healthy Child Welfare System



Council On Reform (CORE)

- **With the assistance of the Casey Foundation, the Council On Reform has been established to help lead this reform effort**
  - Phase I – Work with 13 localities to develop shared vision for children's services and best practices at state and local levels
  - Phase II – Implement reform statewide

CORE to focus on the following *Critical Reform Areas*:

- Adopt a **state-wide philosophy** that supports family-focused, child-centered, community-based care with a focus on permanence for all children.
- Establish a state-level practice model focused on **family-centered care and permanence** that is reinforced by a uniform training program for resource families as well as local staff in DSS and CSA (integrated with DMHRSAS practice model).
- Create and implement a statewide strategy to **increase availability and utilization of relative care and non-relative foster and adoptive placements** to ensure that children can be placed in the most family-like setting that meets their needs.
- Create a robust **performance monitoring/quality assurance system** to identify and measure outcomes, monitor quality of practice, and improve accountability.

OVERVIEW OF CORE PROCESS

CRITICAL REFORM AREAS

- Develop a State-wide philosophy of care
- Implement Practice Model / Training Program
- Increase Family Based Placements
- Improve use of data as management tool

CORE STEERING COMMITTEE

- Oversee the development of strategies for CRA's
- Oversee the implementation of those strategies in locality
- Review and incorporate data into decision-making

Workgroups	**Best Practice / Training**	**Family Resource Development**	**CSA Best Practice**	**Managing by Data**	**Private Provider**	**Richmond Approach**
Deliverables	• Develop Training Infrastructure	• Improve recruitment processes/ capacity	• Develop practice model for FAPT • Develop CSA Training	• Identify indicators/ outcomes • Improve use of data to manage	• Develop provider-based solutions to improve permanency	• Learn from Richmond process

✓ ***Implement in CORE Localities***
✓ ***Influence practice statewide***