

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

Presentation to:
Commission on Youth

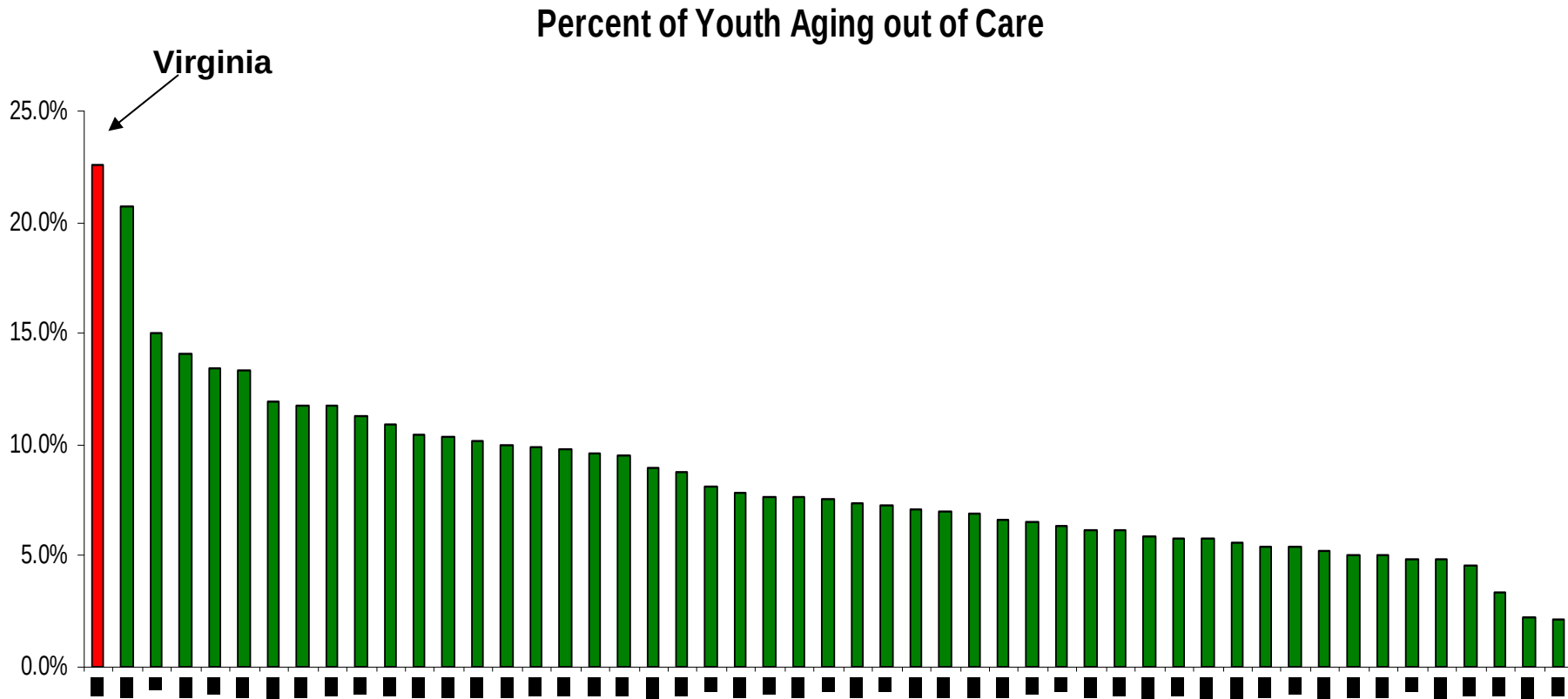
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Secretary of Health and Human Resources

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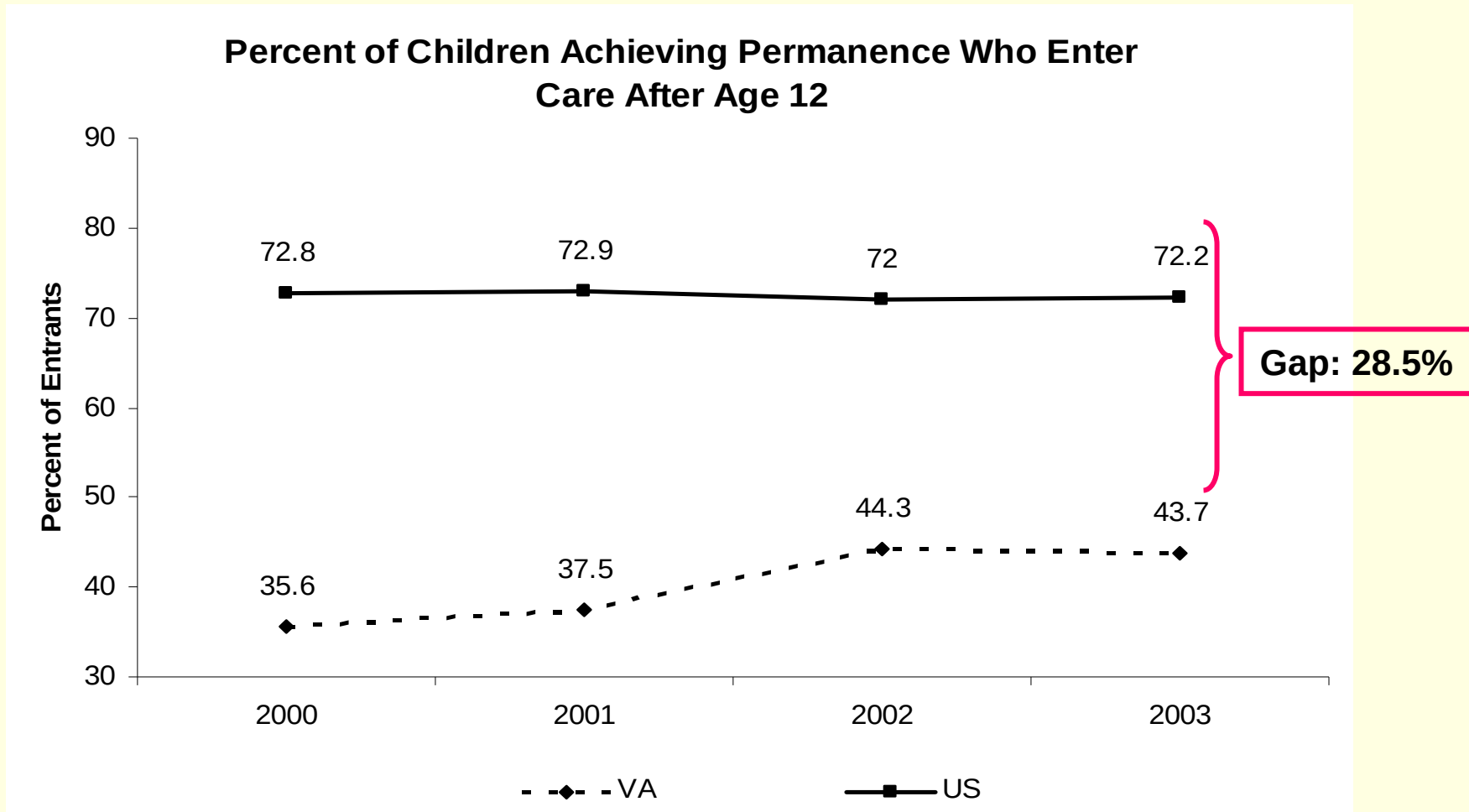
Overview of Today's Presentation

- 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



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

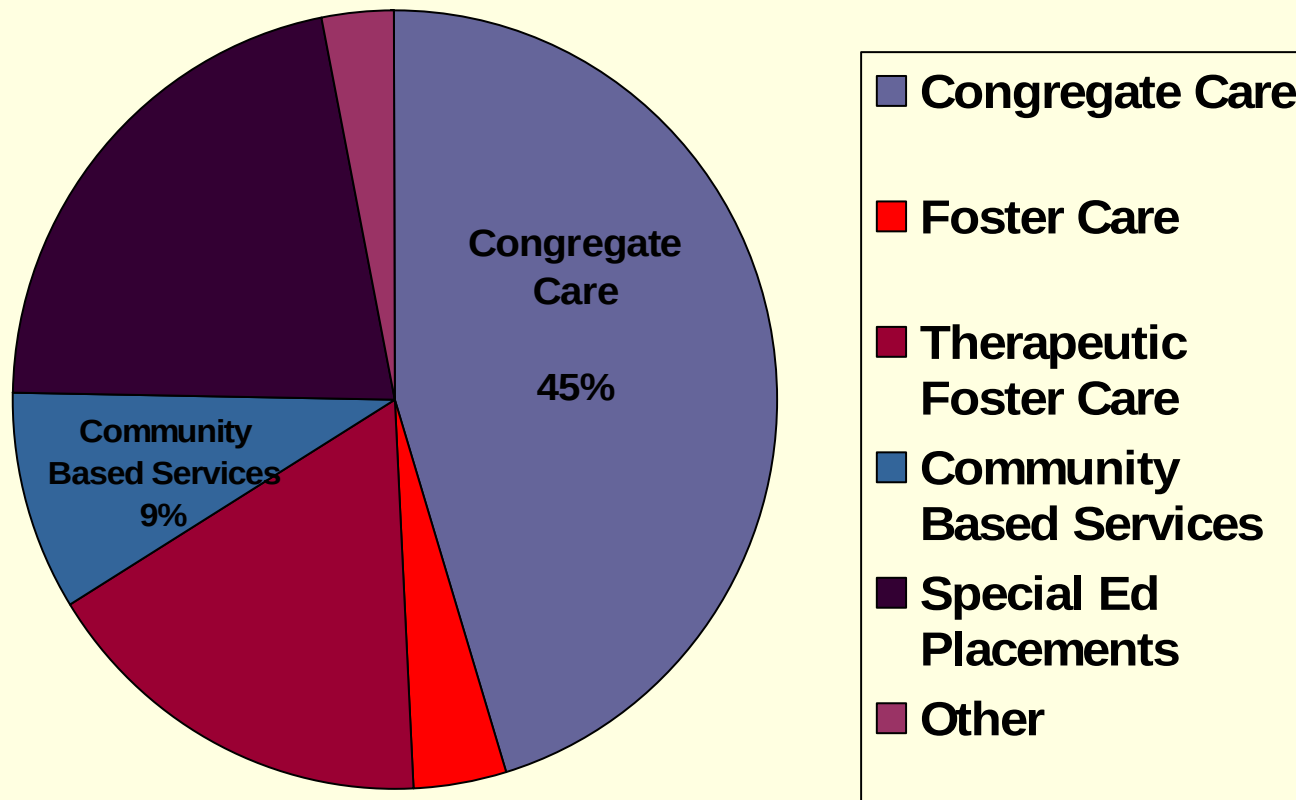


Summary of Key Performance Data

- 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*

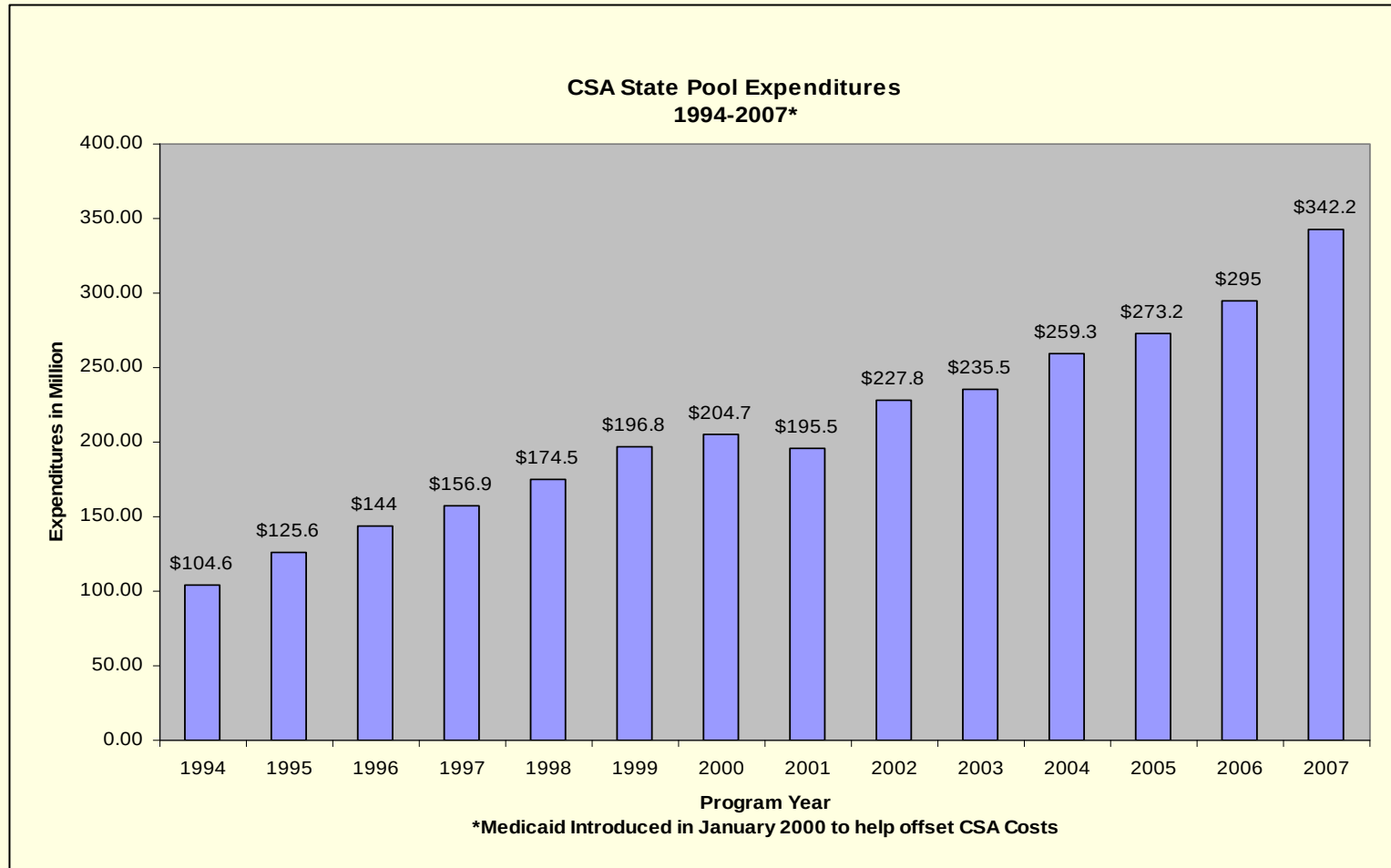


Source: CSA Data 2006

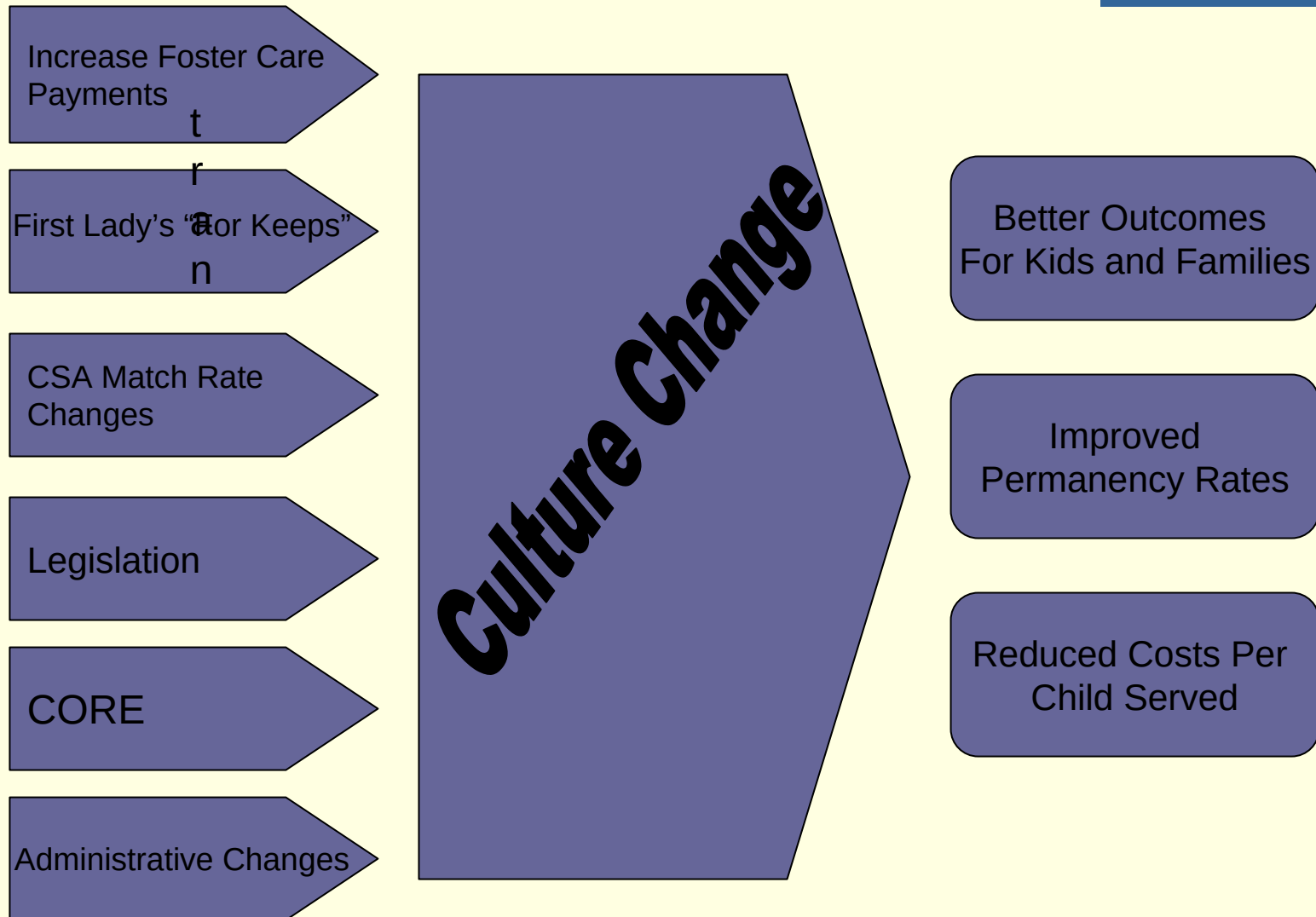
* Does not include Medicaid dollars, which comprise \$66.5 million in additional funds in congregate settings (OCS Report, July 2005-June 2006)

CSA Expenditures

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



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

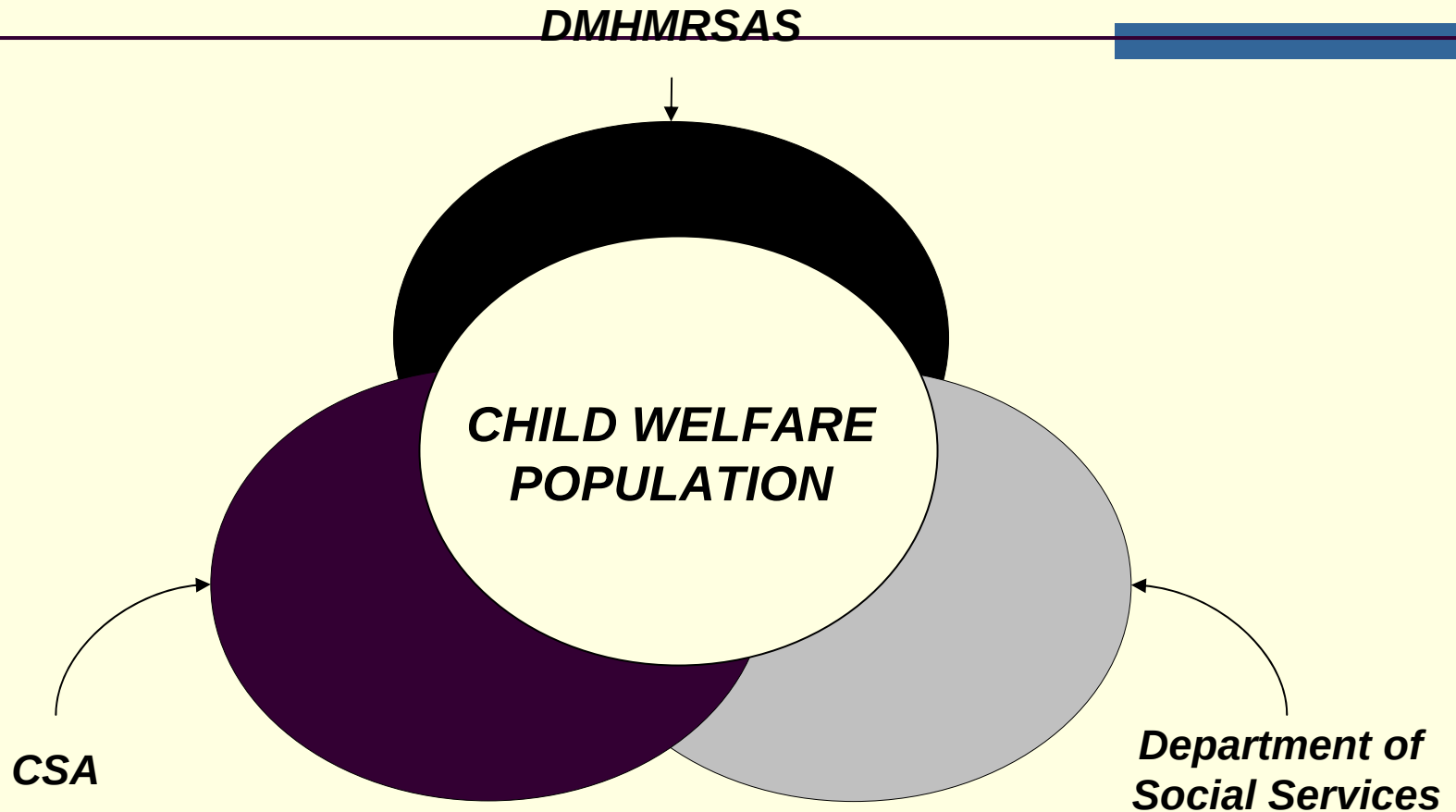
■ **Residential/congregate care (increased local match)**

- 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

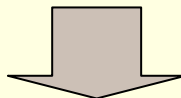
Critical Reform Areas:

- 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

Best Practice / Training

- Develop Training Infrastructure

Family Resource Development

- Improve recruitment processes/capacity

CSA Best Practice

- Develop practice model for FAPT
- Develop CSA Training

Managing by Data

- Identify indicators/outcomes
- Improve use of data to manage

Private Provider

- Develop provider-based solutions to improve permanency

Richmond Approach

- Learn from Richmond process

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