

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

Presentation to:

House Appropriations - HHR Subcommittee

By:

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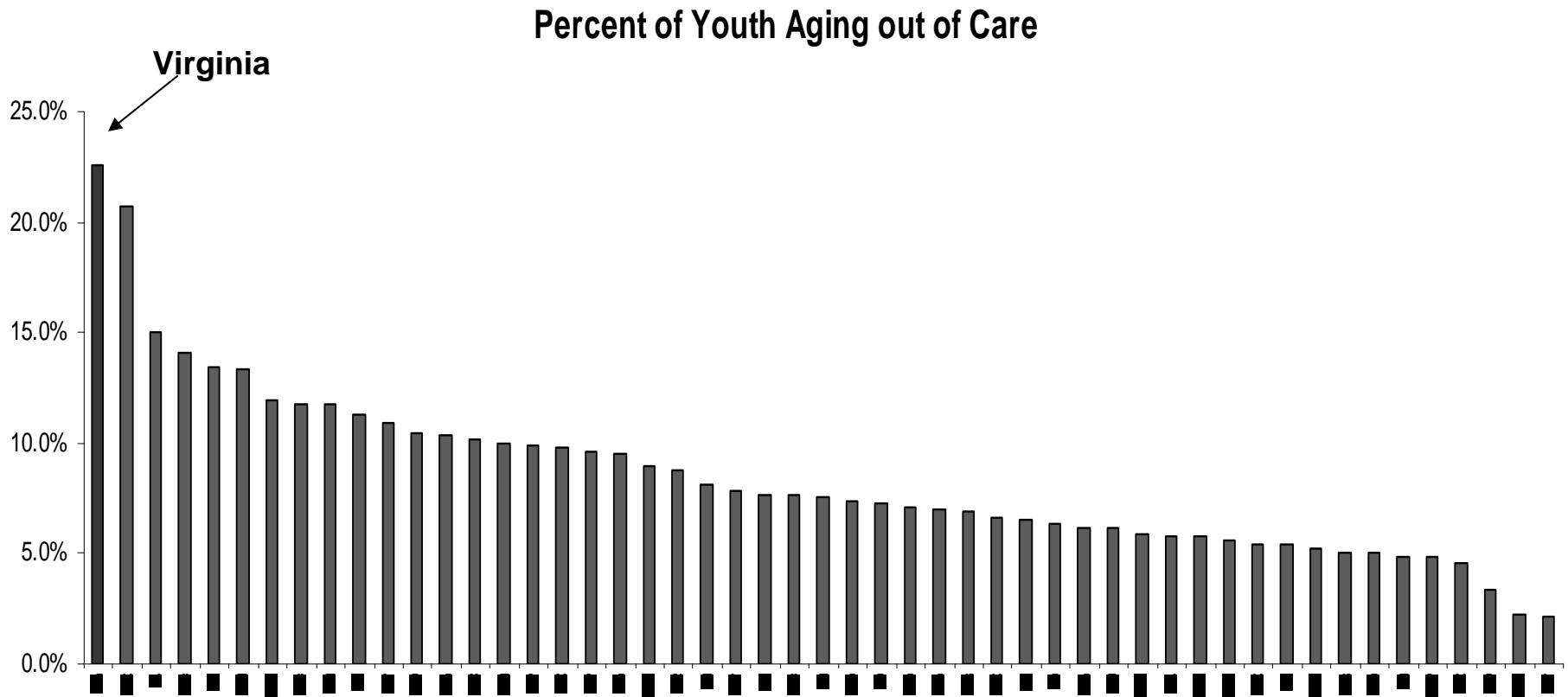
Secretary, Health and Human Resources

June 18, 2008

Overview of Today's Presentation

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

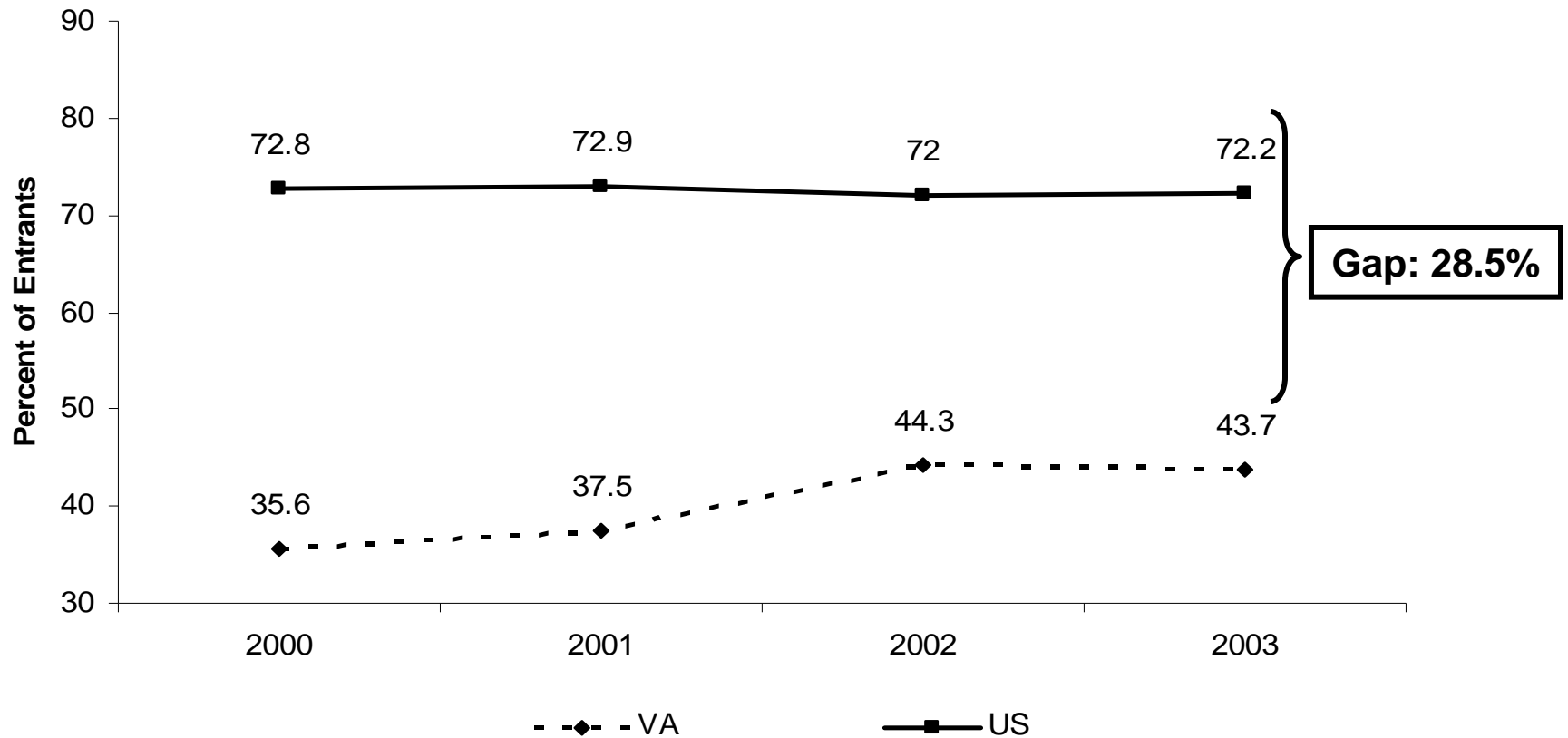
Virginia has the *highest percentage* of teens aging out of foster care in the country



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

Percent of Children Achieving Permanence Who Enter Care After Age 12

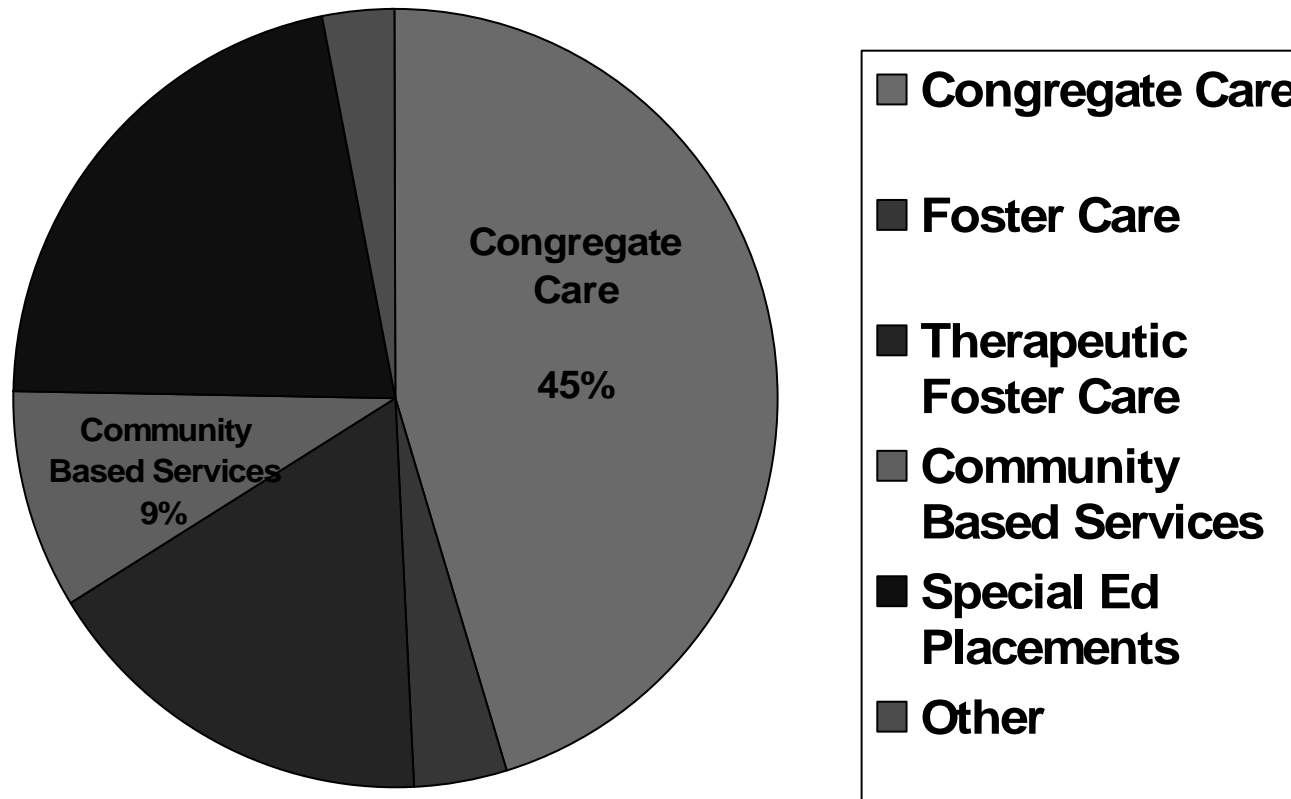


Summary of Key Performance Data

- 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*

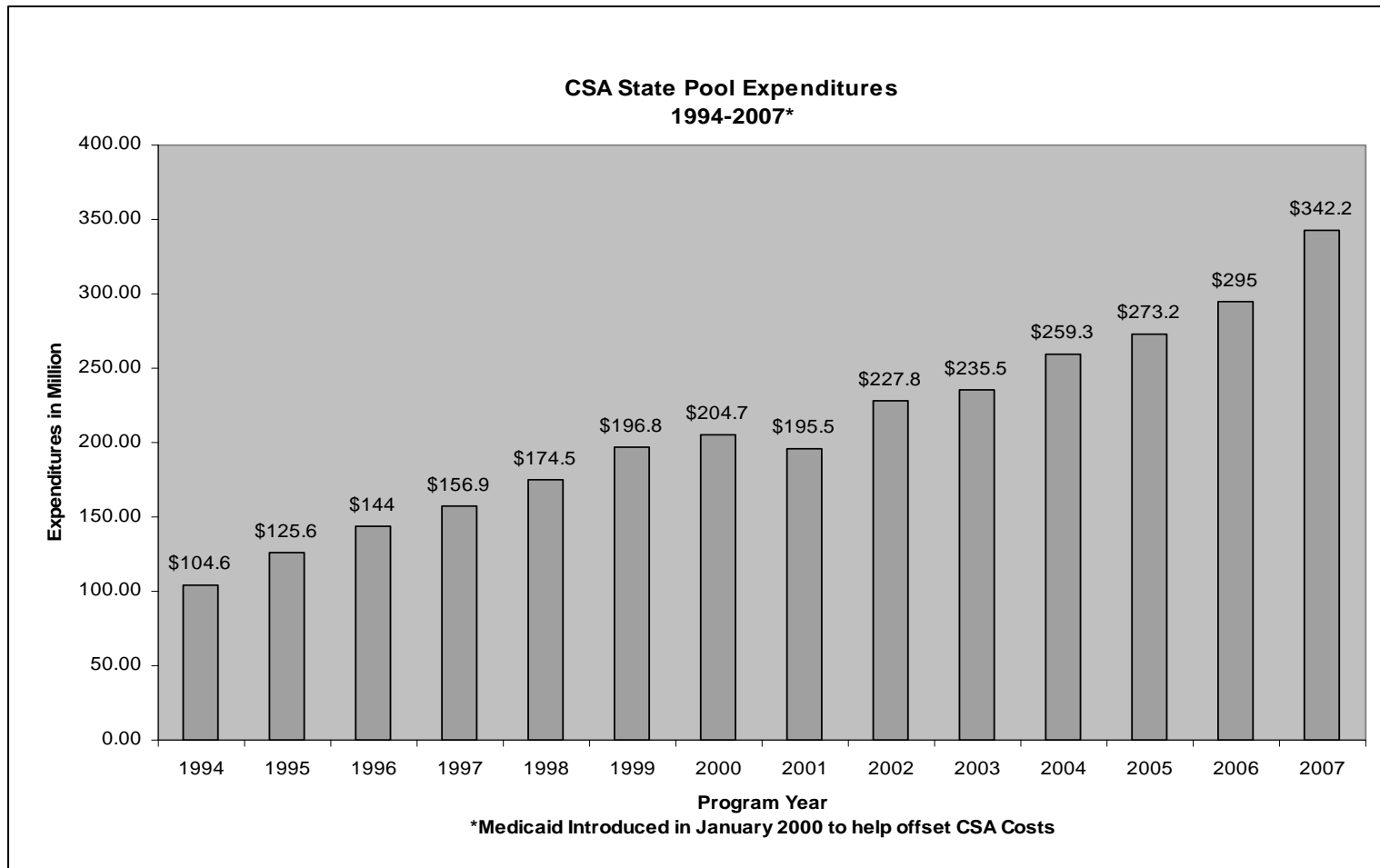


Source: CSA Data 2006

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

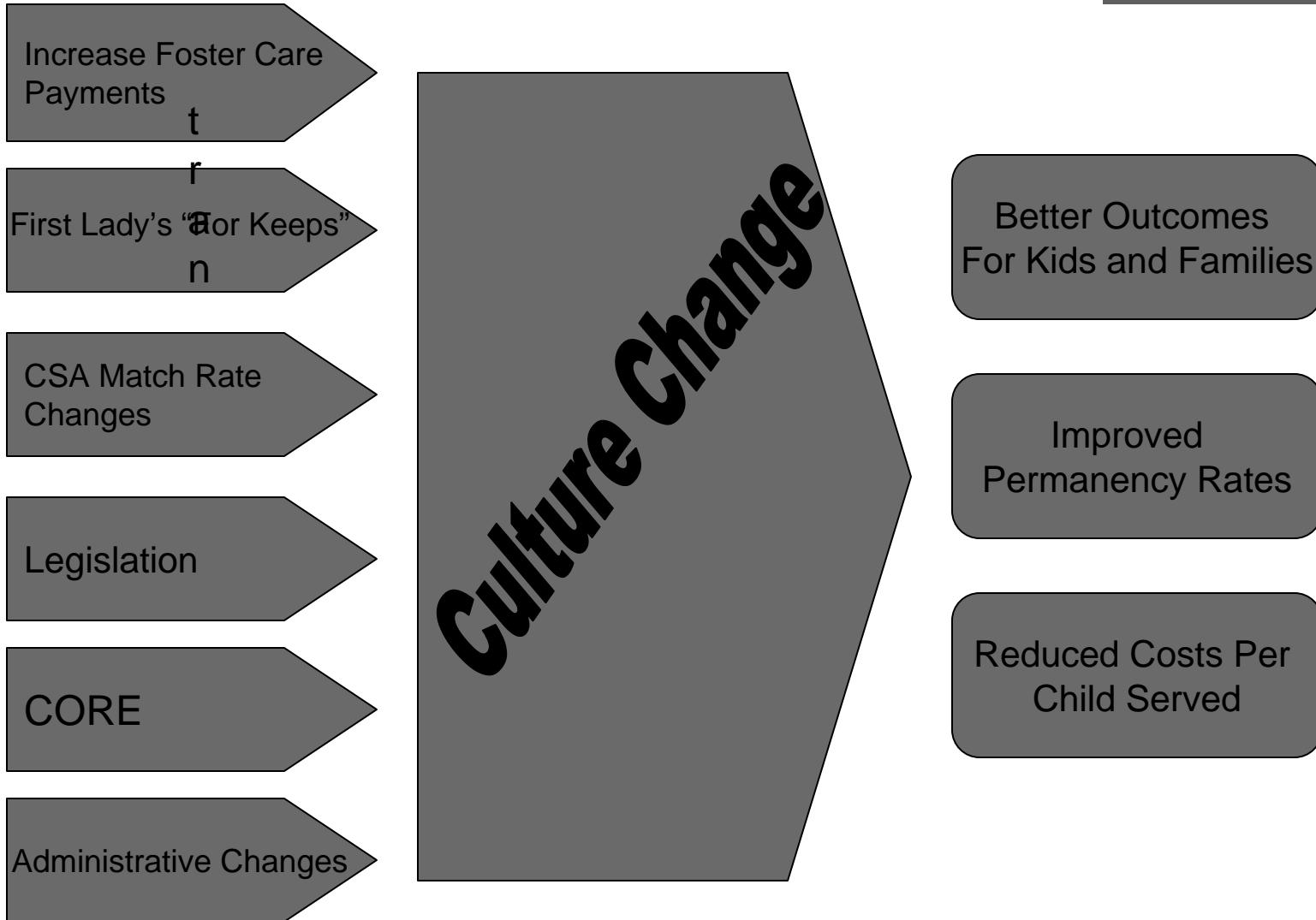
CSA Expenditures

- \$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

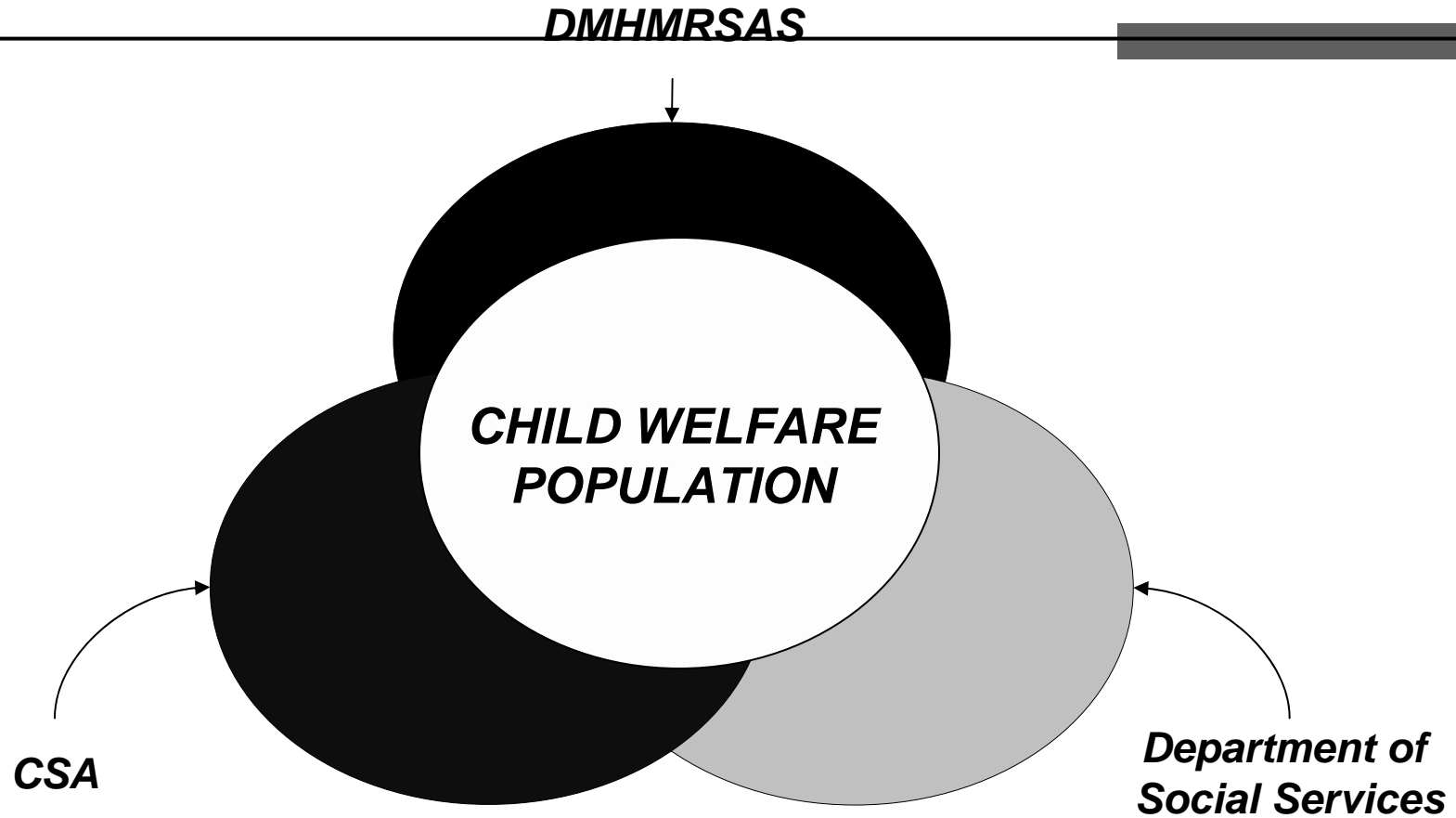
■ **Residential/congregate care (increased local match)**

- 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

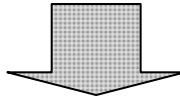
CORE to focus on the following *Critical Reform Areas:*

- 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

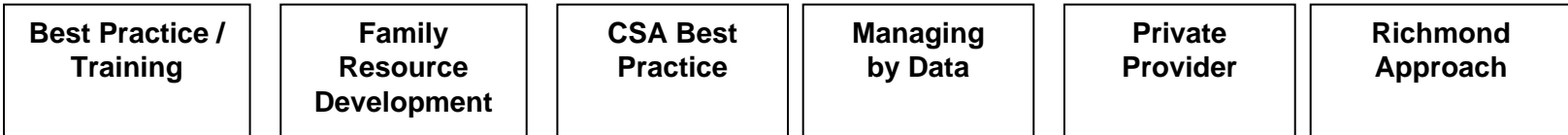
- Develop a State-wide philosophy of care
- Implement Practice Model / Training Program
- Increase Family Based Placements
- Improve use of data as management tool



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



Deliverables

- | | | | | | |
|---|--|---|---|--|---|
| <ul style="list-style-type: none"> • Develop Training Infrastructure | <ul style="list-style-type: none"> • Improve recruitment processes/capacity | <ul style="list-style-type: none"> • Develop practice model for FAPT • Develop CSA Training | <ul style="list-style-type: none"> • Identify indicators/outcomes • Improve use of data to manage | <ul style="list-style-type: none"> • Develop provider-based solutions to improve permanency | <ul style="list-style-type: none"> • Learn from Richmond process |
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