

**Office of Comprehensive Services  
Biennial Report to the General Assembly  
and Community Policy and Management Teams**

***Progress Report on Comprehensive Services to Children, Youth and Families***

**February 2012**

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**Report Mandate**

Virginia Code, §2.2-2648.21, requires that the State Executive Council for Comprehensive Services for At-Risk Youth and Families shall:

*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;*
- d. Report and analyze expenditures associated with children who do not receive pool funding and have emotional and behavioral problems;*
- e. Identify funding streams used to purchase services in addition to pooled, Medicaid, and Title IV-E funding; and*
- f. 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;*

The State Executive Council requested, and was granted approval, to comply with this report mandate through submission of two reports to include:

- 1) a progress report to be submitted by February 29, 2012, and
- 2) a biennial plan to be submitted by September 30, 2012.

**Background**

The statutory purpose of the Comprehensive Services Act (CSA) is to create a system of services and funding for troubled youth and their families that is child centered, family focused, and community based. The statutory purposes of the CSA are to:

- preserve and strengthen families;
- design and provide services that are responsive to the unique and diverse strengths and needs of troubled youth and families and;

- provide appropriate services in the least restrictive environment, while protecting the welfare of children and maintaining the safety of the public.

The State Executive Council (SEC) serves as the supervisory council that provides leadership for the CSA (§2.2-2648). It oversees the development and implementation of state interagency program and fiscal policies. The SEC is chaired by the Secretary of Health and Human Resources or a designated deputy. The council is comprised of the following members:

- two General Assembly members,
- the Governor's Special Advisor on Children's Services (ex-officio member),
- agency heads from the departments of:
  - Education
  - Social Services
  - Health
  - Behavioral Health and Developmental Services
  - Medical Assistance Services
  - Juvenile Justice, and
  - Office of the Executive Secretary of the Supreme Court
- three local government officials,
- one public provider,
- chair of the State and Local Advisory Team,
- two parents, and
- two private providers.

The State and Local Advisory Team (SLAT) advises the SEC on state interagency program and fiscal policies that promote and support cooperation and collaboration in the provision of services to troubled and at-risk youths and their families at the state and local levels, and the effects of proposed policies, regulations and guidelines (§2.2-5202). The SLAT is comprised of the following members representative of five different geographical areas of the Commonwealth:

- one representative from each of the following state agencies:
  - Health
  - Juvenile Justice
  - Social Services
  - Behavioral Health and Developmental Services
  - Medical Assistance Services
  - Education
- a parent;
- a private provider;
- a local Comprehensive Services Act coordinator or program manager; and
- a juvenile and domestic relations district court judge.

The Office of Comprehensive Services (OCS) serves as the administrative entity of the SEC and ensures that its decisions are implemented (§2.2-2649).

The CSA is administered at the local level by Community Policy and Management Teams (CPMTs) which have statutory responsibility for managing funds and developing interagency policies to govern implementation of CSA within communities (§2.2-5206). Family Assessment and Planning Teams (FAPTs) provide for family participation, assess the strengths and needs of children and their families, develop individual family services plans, and make recommendations for funding to the CPMT (§2.2-5208).

Funding for services under the CSA is shared by the state and local governments. The local base match rate is defined in Item 274 C.2 of the Appropriations Act as follows:

“Local Match. All localities are required to appropriate a local match for the base year funding consisting of the actual aggregate local match rate based on actual total 1997 program expenditures for the Comprehensive Services Act for At-Risk Youth and Families”.

### **Performance and Expenditures**

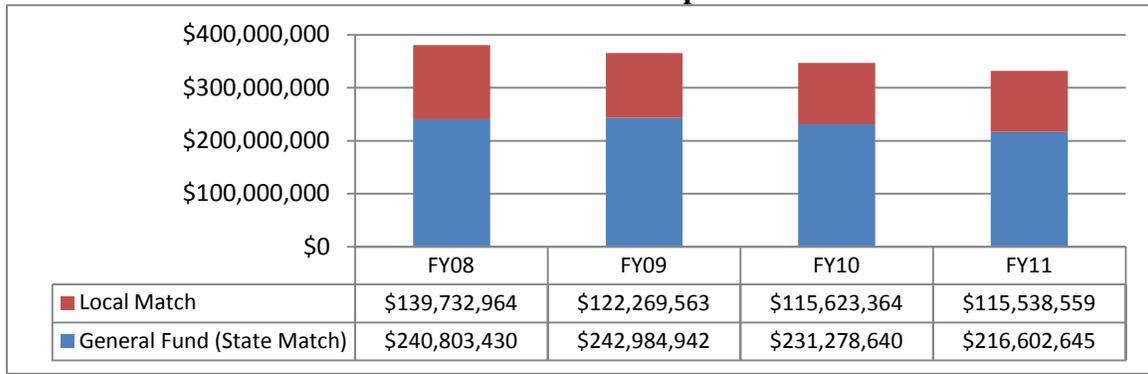
Increasing utilization of community based services to decrease reliance on restrictive, residential services is a key CSA performance measure. In a 2007 report on residential services and the CSA, the Joint Legislative Audit and Review Committee (JLARC) identified that community based service gaps are the primary obstacle to serving children in the most appropriate, least restrictive setting. Following that report, the Casey Strategic Consulting Group provided policy advice to assist Virginia in achieving goals to reduce utilization of residential care, to increase services to youth in their homes, and to enable investment of funds for the development of community based services. The policy advice recommended a system of financial incentives to encourage local practices in support of these objectives.

Since 2008, several significant strategies have been implemented to decrease reliance on residential care as a service to youth. These strategies have included:

- 1) In July 2008 the State Executive Council approved a hierarchy of service categories with an accompanying incentive match rate system for implementation in FY2009. At present, the local government match rate is 25% above the base match for residential services and 50% below the base match for community-based services.
- 2) The *Children's Services Systems Transformation* initiative was implemented statewide beginning in 2008. This initiative was designed to change local practice to increase use of community-based services.

These two initiatives have, in fact, had significant impact on the overall service expenditures under the Comprehensive Services Act. Expenditures are illustrated in the graph below:

### CSA Pool Fund Service Expenditures

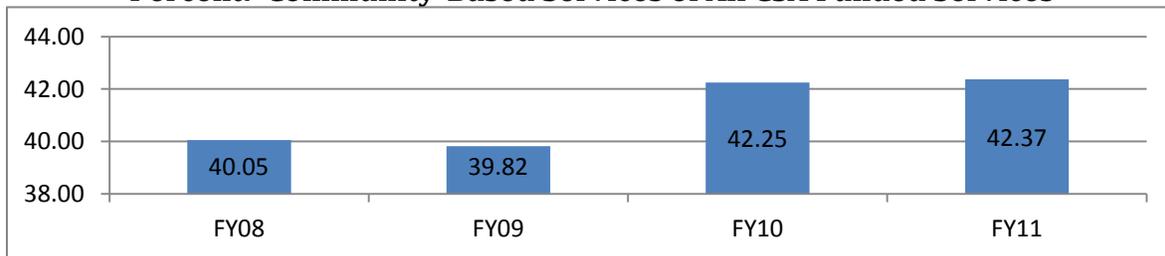


In addition to decreasing overall service expenditures for the past three years, these initiatives have successfully changed local practice with the following measurable results:

- reduction to the number of residential placements,
- increased family-based placements, and
- fewer youth in foster care.

These initiatives have contributed positively to the CSA goal of increasing the percentage that community based services represent of total CSA services. To date, however, the state has not yet achieved its target of 50% of all services funded under the CSA being community-based services. The increase in the percent of community-based services is illustrated in the chart below:

### Percent: Community-Based Services of All CSA Funded Services



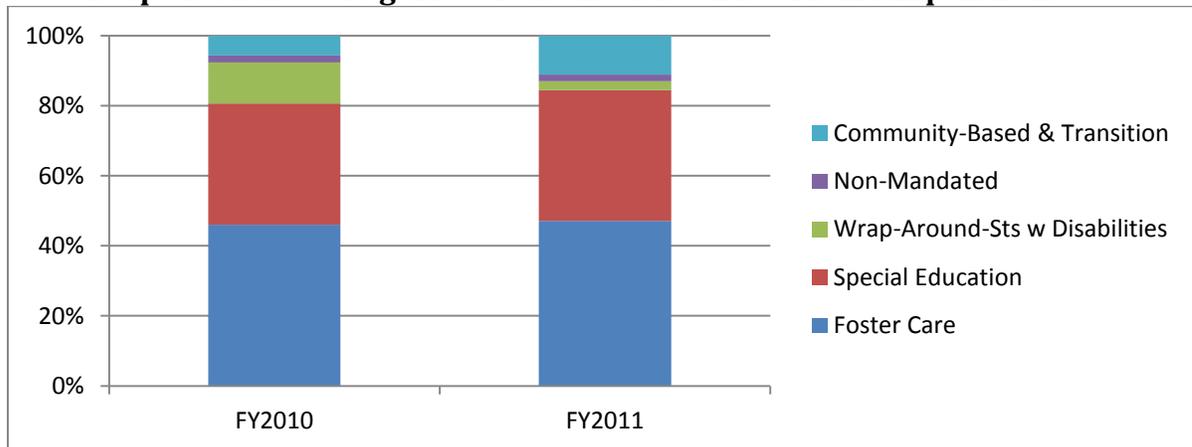
While the *Children's Services Systems Transformation* initiative can be considered complete, focused discipline on aligning practice and policies must be maintained. The role that the match rate system has played in supporting change to local practice should not be underestimated.

The following table summarizes state pool fund expenditures by specific service categories:

**Total State and Local CSA Pool Fund Expenditures**

	<b>FY2010</b>	<b>FY2011</b>
<b>Mandated Expenditures</b>		
Foster Care - IV-E - Residential	2,754,694.60	2,386,451.28
Foster Care - Others	17,356,225.31	16,319,281.29
Residential Congregate Care - CSA Parental Agmts; DSS Noncustodial Agmts	6,522,767.55	5,306,383.36
Educational Services - Congregate Care	24,541,024.27	23,500,530.12
Treatment Foster Care - IV-E	19,659,140.97	18,294,695.75
Treatment Foster Care	36,800,221.57	37,739,193.82
Treatment Foster Care - CSA Parental Agmts; DSS Noncustodial Agmts	645,997.56	891,308.27
Specialized Foster Care - IV-E; Community Based Services	1,420,963.88	1,063,743.82
Specialized Foster Care	3,393,917.12	3,420,134.24
Family Foster Care - IV-E; Community Based Services	716,169.38	898,142.13
Family Foster Care Maintenance only	2,865,255.13	2,909,626.36
Family Foster Care -Maintenance; Independent Living Stipend/Arrangements	7,370,776.90	8,398,773.15
Community Based Services	32,072,177.08	28,922,617.21
Community Transition Services	1,270,233.52	1,450,266.23
Alternative Day Placement/SPED Private Day	51,078,861.64	53,735,701.81
Wrap Around Service for Students with Disabilities	16,277,484.51	6,777,554.53
Psychiatric Hospitals/Crisis Stabilization Units	252,445.19	113,518.10
<b>Total Mandated Expenditures</b>	<b>224,998,356.18</b>	<b>212,127,921.47</b>
<b>Non-Mandated Expenditures</b>		
Residential	1,558,542.00	1,549,378.06
Community Based	3,317,050.56	2,925,345.11
<b>Total Non-Mandated Expenditures</b>	<b>4,875,592.56</b>	<b>4,474,723.17</b>
<b>TOTAL CSA STATE POOL EXPENDITURES</b>	<b>231,278,640.16</b>	<b>216,602,644.64</b>

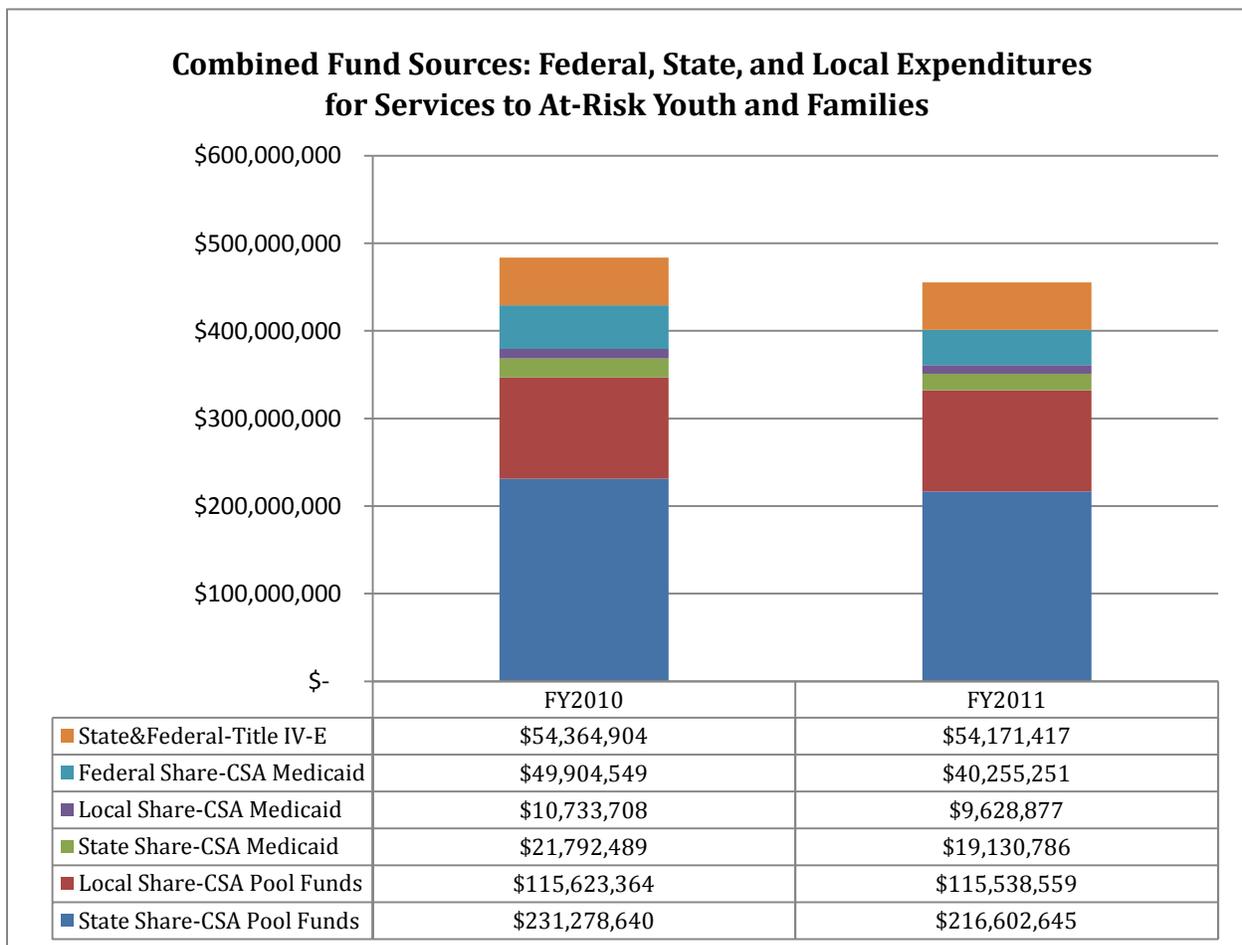
**Grouped Service Categories - Percent of Total Pool Fund Expenditures**



As discussed in the 2007 JLARC report on residential services provided through the CSA, a true picture of the total expenditures for services to at-risk youth and families cannot be seen by looking at CSA expenditures alone given that other funding streams support these same services.

Federal funding sources, i.e., Medicaid and Title IV-E, provide support to some CSA placements and services. Residential treatment programs and treatment foster care services to a single youth may be funded by a combination of Medicaid, Title IV-E, and CSA dollars depending upon youth and provider eligibility. For Medicaid-eligible youth utilizing Medicaid-eligible services, Medicaid funds treatment components of CSA residential placements and treatment foster care services when youth meet criteria of medical necessity. There is a state and local match to these Medicaid funded services. For eligible youth, Title IV-E funds are used to pay certain costs, e.g., the maintenance costs, associated with residential placements and treatment foster care services.

The chart below illustrates expenditures for CSA funded youth combining these multiple funding sources:



### **Funding For Youth Outside of the Comprehensive Services Act**

Additional fund sources are available within communities for services to at-risk youth outside of the Comprehensive Services Act. These funding streams are described below.

#### **Children's Mental Health Initiative (Administered by DBHDS)**

The Mental Health Initiative (MHI) Fund was established by the General Assembly in FY 2000 to create a dedicated source of funding for mental health and substance abuse services for children and adolescents with serious emotional disturbances (SED) who are not mandated for the Comprehensive Services Act (CSA).

The MHI fund was designed to address some of the gaps in funding for services for non-CSA mandated children and adolescents. In addition to using these funds, a collaborative, interagency approach with creative and innovative treatment strategies is encouraged to serve this challenging population of children and families in need. Principles to facilitate the consistent use and management of these funds across Virginia include:

- MHI funds must be used exclusively to serve new, currently un-served children and adolescents or provide additional services to underserved children and adolescents with serious emotional disturbances and related disorders that are not mandated to receive services under the CSA. Children and adolescents must be under 18 years of age at the time services are initiated.
- Services must be based on the individual needs of the child or adolescent and must be included in an individualized services plan. Services must be child-centered, family focused, and community-based. The participation of families is integral in the planning of these services.
- CSBs must develop referral and access protocols that assure effective linkages with key stakeholder agencies and entities in the community (e.g., CSA, social services, schools, and juvenile justice services, detention centers).
- Services should be provided in the least restrictive and most appropriate settings, including homes, schools, pre-schools, community centers, group homes, and juvenile detention centers.
- All available funding sources must be accessed to provide services for these children and adolescents prior to utilizing the MHI funding. These sources include, but are not limited to, CSA non-mandated funding, Medicaid, Children's Medical Security Insurance Plan, Family Access to Medical Insurance Security, private insurance, and other federal, state, or local funds. Other federal or state funds include: Promoting Safe & Stable Families funds, mental health federal block grant funds, Virginia Juvenile Community Crime Control Act funds, and other state mental health general funds used by CSBs for child and adolescent services.

Services that are most appropriate for use of MHI funds include: emergency, local inpatient, outpatient, intensive in-home, therapeutic day treatment, alternative day support (including

specialized after school and summer camp, behavior aide, or other wrap-around services), and highly intensive, intensive, supervised family support services (including therapeutic foster care or residential respite care). In general, services should have the purpose of keeping children in their homes and communities and preserving families whenever possible.

### **Promoting Safe and Stable Families Funds (Administered by VDSS)**

The Promoting Safe and Stable Families Program (PSSF) is designed to assist children and families resolve crises, connect with necessary and appropriate services, and remain safely together in their own homes whenever possible. This program helps more than 15,000 children and families each year. Localities develop a plan for its use based on a Community Needs Assessment. Funds may be managed locally by the CSA Community Policy and Management Team (CPMT) or the local department of social services.

Services are provided to meet the following objectives:

- Prevent or eliminate the need for out-of-home placements of children
- Promote family strength and stability
- Enhance parental functioning
- Protect children
- Assess and make changes in state and local service delivery systems

Promoting Safe and Stable Families funds may be provided through local public or private agencies, or individuals, or any combination of resources. Funds may be used for services that support the following:

- **Family Preservation:** Help families alleviate crises that might lead to out-of-home placements of children because of abuse, neglect, or parental inability to care for their children. These services help maintain the safety of children in their own homes, support families preparing to reunify or adopt, and assist families in obtaining other services to meet multiple needs.
- **Family Support:** Voluntary, preventive activities to help families nurture their children. These services are designed to alleviate stress and help parents care for their children's well-being before a crisis occurs. They connect families with available community resources and supportive networks which assist parents with child rearing. Family support activities include respite care for parents and care givers, early development screening of children to identify their needs, tutoring health education for youth, and a range of center-based activities. Services often are provided at the local level by community-based organizations.
- **Time-limited Family Reunification:** Facilitate a reunification of the child safely and appropriately within a timely fashion, but only during the 15-month period that begins on the date that the child is considered to have entered foster care. Services are for the child and the parents or primary care giver. Such services may include individual, group, and family counseling; inpatient, residential, or outpatient substance abuse treatment services; mental health services; assistance to address domestic violence; services designed to

provide temporary child care and therapeutic services for families, including crisis nurseries; and transportation to or from any of the services.

- Adoption Promotion and Support: Encourage adoption from the foster care system, when adoptions promote the best interests of children, including such activities as pre and post adoptive services and activities designed to expedite the adoption process and support adoptive families.

### **Virginia Juvenile Community Crime Control Act Funds (Administered by DJJ)**

Funding is allocated to each local governing body through a formula based on a variety of factors including the number and types of arrests in a locality and the average daily cost for serving a child. To ensure that localities do not renege on their prior commitment to youth, they must maintain the same level of contributions to these programs as they made in FY1995 in order to receive state funding.

Participation in Virginia Juvenile Community Crime Control Act Funds (VJCCCA) is voluntary. In order to receive funding, the locality must have a plan for how they will use the funding approved by the Board of Juvenile Justice. All 134 cities and counties in Virginia participate in VJCCCA. Some localities have combined programs and funding across jurisdictions. Development of the plan requires consultation with judges, court service unit directors and CSA Community Policy and Management Teams (CPMTs). The local governing body designates who will be responsible for developing and managing the plan. In over half the localities, this responsibility has been delegated to the court service unit.

All VJCCCA funding must be used to serve “juveniles before intake on complaints or the court on petitions alleging that the juvenile is a child in need of services, child in need of supervision or delinquent” ([§16.1-309.2](#)). Local governing bodies may provide services directly or purchase them from other public or private agencies. There are no specific types of programs or services required. The intent is for programs and services to be developed to fit the needs of each particular locality.

Positive aspects and benefits of VJCCCA include the following:

- Judges have additional alternative sentencing options,
- Communities have received additional funding to create or enhance programs,
- Localities have greater flexibility to design programs to meet the needs of their communities,
- The number and variety of programs and services available for youth has increased in most communities, and
- Programs and services appear to be serving more youth in their own community.

Expenditures for at-risk youth and families who may be served outside of the CSA are shown in the table below:

**Funding for Youth Outside of the CSA**

	<b>FY2010</b>	<b>FY2011</b>
Children’s Mental Health Initiative Funds	5,648,128	5,648,128
Promoting Safe & Stable Families Funds*	7,386,314	7,381,496
Virginia Juvenile Community Crime Control Act Funds	13,198,173	10,315,139
<b>TOTAL</b>	<b>26,232,615</b>	<b>23,344,763</b>

\*approximately 75% Federal Funds

**Summary and Conclusions**

Though positive changes are evidenced in the overall cost and delivery of services to youth over the past four years, continued efforts are necessary to ensure that all youth across the Commonwealth have access to the services and funding necessary to address their needs, whether those needs are related to educational disabilities, behavioral health, mental illness, or abuse and neglect. As noted in JLARC’s 2007 evaluation of residential services under the CSA, there continues to be a lack of sufficient ability at the state level to measure the outcomes of services purchased through the CSA. Efforts are currently underway to increase the capacity of state agencies to integrate data across multiple systems to enable effective analysis of services and expenditures and their impact on at-risk youth and families.