

**Office of Comprehensive Services
Annual Report to the General Assembly**

***Treatment Foster Care Services
Funded Through the Comprehensive Services Act***

December 2011

Report Mandate

During the 2011 legislative session, language was added to Comprehensive Services for At-Risk Youth and Families (CSA), Item 274 N.1, requiring:

“The Office of Comprehensive Services (OCS) shall report on funding for therapeutic foster care services including but not limited to the number of children served annually, average cost of Care, type of service provided, length of stay, referral source, and ultimate disposition”

Additionally, Item 274 N.3 requires the OCS to report this information to the Chairmen of the House Appropriations and Senate Finance Committee beginning September 1, 2011 and each year thereafter.

The Office of Comprehensive Services requested and was granted approval to delay submission of this report until December to allow inclusion of FY11 data in the report.

Source of Information

Expenditure data included in this report are derived from local pool reimbursement requests. Demographic data are derived from “CSA Data Set” reports except where specified otherwise in the report.

Background

NOTE: The terms “therapeutic foster care” and “treatment foster care” are currently used interchangeably across agencies and providers. In keeping with regulatory language of the Virginia Department of Social Services, the term treatment foster care is used in this report.

The State Executive Council (SEC) approved service category definitions and match rate definitions in June 2008. The State Executive Council defined therapeutic or treatment foster care services as follows:

Therapeutic Foster Care: Payment for basic maintenance care and therapeutic services for children who are living in a foster family home where a trained foster parent provides care through a licensed child placing agency or local agency’s defined foster care therapeutic program. The parent may receive an additional payment for added daily supervision required for children who have identified emotional/behavioral, developmental, physical or mental disorders. The package of

services included in the therapeutic payment rate may include: assessment; development of the case plan; home visits; referral to services; direct provision of services, treatment, and counseling for children, parents, and/or substitute care providers in their own homes or outside of their homes; respite care; parent support services; 24 hour supervision and crisis intervention; casework, case management and supervision; placement of the child; preparing and participating in judicial determination; recruitment and training. Includes all services, including community-based services, provided to these children while they are living in the therapeutic foster home. Includes assessment, respite or crisis stabilization services provided to other children not living in the therapeutic foster care home.

(Community based services provided directly to the child and/or biological/adoptive family in the family's home should be reported in the community-based services categories. Educational placements and non-instructional services in the public schools provided to these children should be reported in the Special Education Private Day Placement category or Services for Special Education Children Educated in Public School category.)

With the *Children's Services System Transformation: Connecting Kids and Families for Life* initiative, increased focus was placed on serving youth in family-based settings, i.e., reducing the number of youth served in congregate care settings. Treatment foster care services provide the option to serve youth with challenging needs in family-based settings while ensuring appropriate mental health treatment to the youth and professional supports to the family.

Funding

The funding for treatment foster care services may come from several sources depending upon the eligibility criteria specific to each fund source. CSA funds are utilized as the source "of last resort," i.e., only after determination that services cannot be funded by another source. When a youth is Medicaid-eligible and services meet medical necessity criteria, Medicaid is used to fund treatment components of the treatment foster care placement. For Title IV-E eligible youth, federal Title IV-E funds are used to fund maintenance costs (e.g., room and board) associated with treatment foster care placements.

For those services funded by CSA, the local government match rate for treatment foster care services is at the neutral, or base, match rate. This 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".

Total expenditures for treatment foster care services are summarized in the table below:

CSA Net Expenditures - Treatment Foster Care			
	FY09	FY10	FY11
Treatment Foster Care	\$88,846,776	\$87,118,826	\$87,019,846

Average Cost of Care

The average annual cost of care represents total expenditures divided across the number of youth receiving that service. The average per diem cost represents the total expenditures divided across the total number of days of services paid.

Average Cost Per Youth – Treatment Foster Care

	FY09	FY10	FY11
Average Annual Cost	\$25,298	\$25,384	\$26,258
Average Per Diem Cost	\$108	\$110	\$115

Number of Children Served

The total census of youth receiving treatment foster care services funded through the Comprehensive Services Act is represented below:

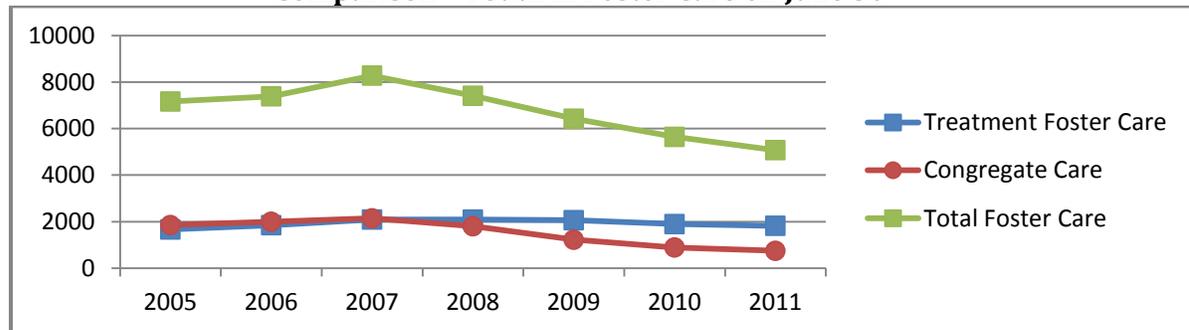
Census - Treatment Foster Care

	FY09	FY10	FY11
Number of Children Served	3,512	3,432	3,314

Together the *Children’s Services System Transformation* initiative and the match rate system have impacted upon the way in which services funded under the Comprehensive Services Act have been delivered to youth in the Commonwealth. There has been a significant decrease in the total number of youth in foster care and in congregate care/residential placement. Placements in treatment foster care have not shown the same level of decline as such placements are utilized for youth with significant challenges who might otherwise have been placed into residential settings.

The following chart provides an illustration of the change in census and placements for youth in foster care. Note that the data displayed in the chart represent a single date of service and include only those youth in foster care; these data differ from CSA census data which represent a cumulative count of all youth (not just those in foster care) who received treatment foster care services at any time in the fiscal year.

Comparison – Youth in Foster Care on June 30



Source: Virginia Department of Social Services, Virginia Child Welfare Outcome Reports

Length of Stay

The length of stay is determined based upon the number of days between the start date and the end date for which the service was funded through the fiscal year.

Average Length of Stay - Treatment Foster Care

	FY09	FY10	FY11
Average Days of Service Per Youth Per Fiscal Yr	235	232	229

For youth in treatment foster care, the length of stay has declined slightly over the past three years.

Referral Source

The referral source is defined as the agency responsible for directing a youth for pool funded services, i.e., the agency making the initial referral of the youth to the local CSA team. As each youth may receive multiple services, the initial referral to CSA may not be directly related to the service received. The chart below provides a summary of the referral sources for all youth who received treatment foster care services for the program years FY08- FY11.

Referral Source to CSA - Treatment Foster Care

	FY09	FY10	FY11
Social Services	91%	90%	91%
Education	2%	3%	3%
Juvenile Justice	2%	2%	2%
Community Services Board	2%	2%	2%
Family	<1%	<1	0
Health Dept	0	0	0
Interagency Team	3%	2%	1%
Other	<1%	<1%	1%

Percent represents the number of youth referred to CSA by each agency out of the total number of youth receiving treatment foster care.

Case Disposition

OCS collects data regarding the “primary reason for discharge from CSA.” Youth discharged from CSA during the program year are those who cease to receive services funded under the CSA. The chart below displays the percent each discharge reason represents of all discharges from CSA for youth receiving treatment foster care services:

Reason for Discharge from CSA – Treatment Foster Care

	FY10	FY11
More intensive care	1%	1%
Less intensive care	<1%	1%
Service not needed	60%	16%
Service not available	<1%	1%
Family declined service	<1%	<1%
Service goals obtained	1%	1%
Youth ran away	1%	<1%
Youth non-compliant	2%	4%
No progress toward goal	0	<1%
Committed to DJJ	<1%	3%
Youth returned home	10%	23%
IEP revised	0	0
Provider terminated service	<1	0
Provider unable to meet needs	0	0
Dissatisfaction with provider	0	0
Provider license issues	0	0
Other funding source	<1%	1%
Family moved	<1%	2%
Family decision	<1%	<1%
Adoption	12%	23%
Custody changed	4%	7%
Youth death	0	0
Aged out of service	7%	16%

Summary

Treatment Foster Care enables placement of youth with challenging needs into family-based placements while ensuring the provision of mental health supports. Treatment foster care offers a lesser restrictive alternative to residential care for many youth. Expenditures in FY11 for treatment foster care comprised approximately one-fourth of total CSA service expenditures as illustrated below:

Comparison - Treatment Foster Care Net Expenditures FY11

