



Office of Children's Services
Empowering communities to serve youth

CSA 101: CSA Basics-System of Care, Eligibility and Funding

*2019 Children's Services Act Conference
Resiliency: Achieving the Possible*

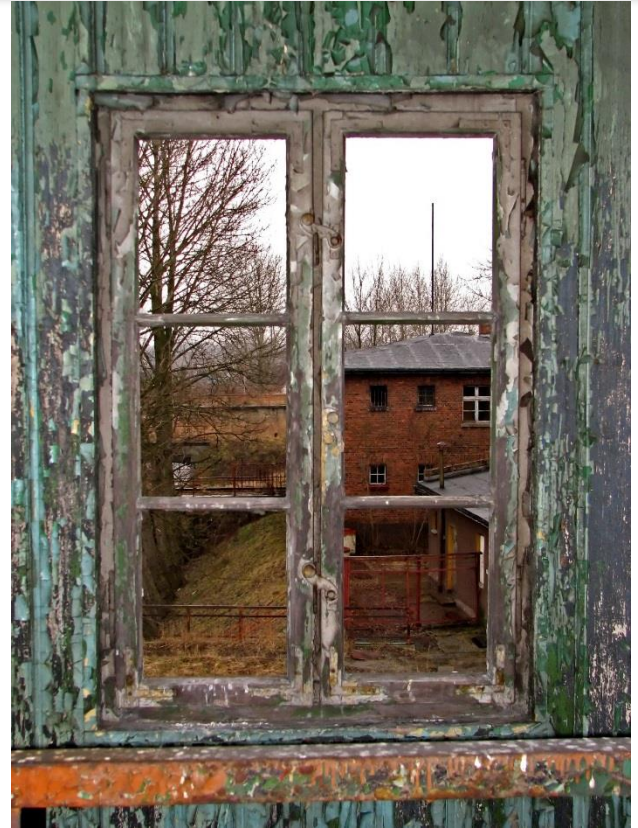
Presented by Carol Wilson
OCS Program Consultant

Purpose of Training

- Better understanding of the Children's Services Act (CSA)
 - Why do we have CSA?
 - It's not really about the money
- Who is eligible for CSA and why?
 - Basis of eligibility
 - Different populations
 - Mandated and non-mandated



From Our Windows





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The Big Picture

- **Agencies exist to address specific areas of need, for example...**
 - DSS-protection and permanency
 - School-education
 - CSB-mental health needs
- **But do people fit neatly in one place? Artificial construct**
- **Have to serve people holistically and not in isolation**
- **Children and families are a part of the community**
- **Focus on providing services at the community level; each community knows its resources and needs**

System of Care (SOC) Model

- System of Care model began as a way to provide community based services to children with severe behavioral/emotional disorders instead of removal from the home and placement in residential programs
- Promoted by federal Substance Abuse and Mental Health Services Administration (SAMHSA)
- Quickly recognized as applicable for other service systems

Moving to System of Care Principles

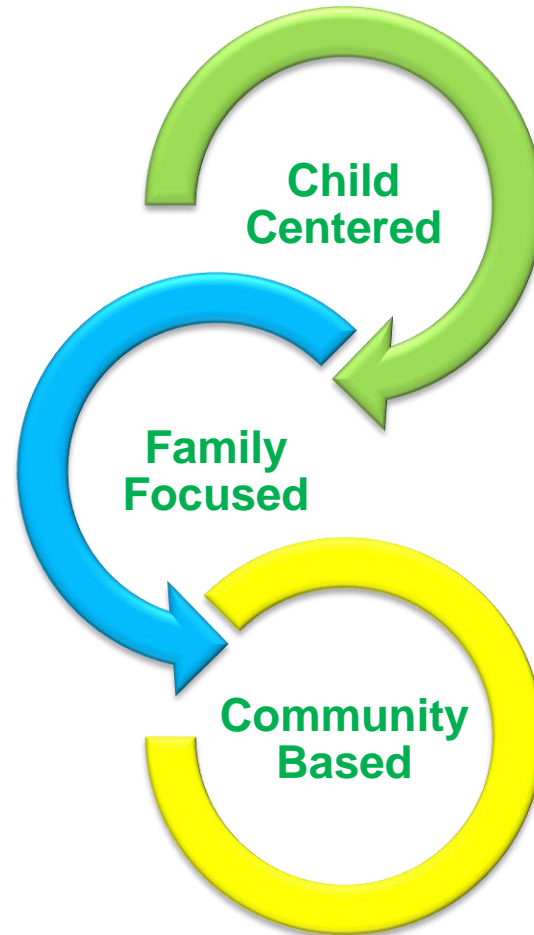
From

- Fragmented service delivery- single agency approach
- Categorical funding streams/programs
- Child and family must fit "in" available services
- Children served out of home in restrictive placements
- Needs/deficits focus
- Families and youth as "problems"-noncompliance
- Funding tied to programs
- Professionalized

To

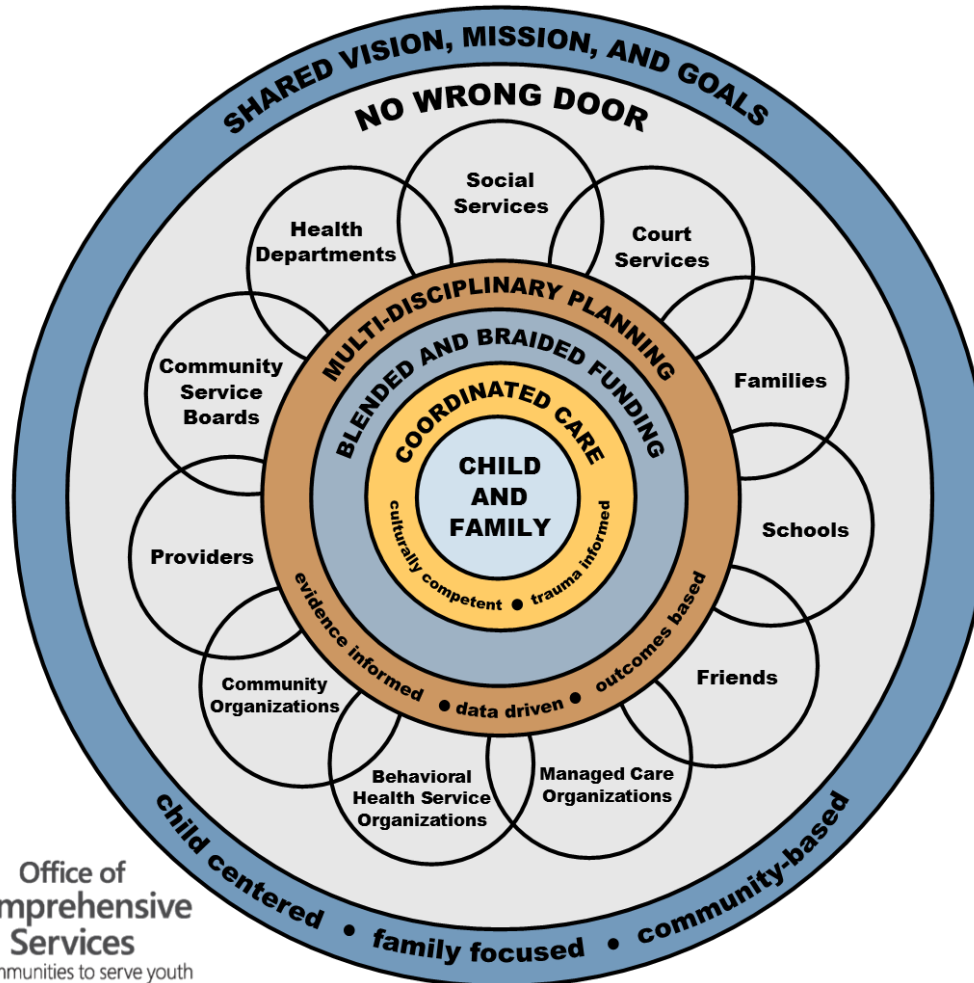
- Coordinated service delivery- multi-agency or multidisciplinary approach
- Braided or blended resources
- Individualized service planning/wraparound approach
- Children served in families
- Strengths based focus
- Families and youth as partners; family voice
- Funding tied to populations
- Use of informal and non-traditional supports

Mission of CSA



CSA is a System of Care

Virginia's Comprehensive System of Care



The Beginning

Why did CSA come into existence?

- Department of Planning and Budget (DPB) 1990 study found:
 - 14,000 cases held by local Departments of Social Services (DSS), Court Services Units (CSU), Community Services Boards (CSB) and school divisions
 - 4,993 individual children and families
 - 22% annual cost increase in serving these children and families (emphasis on residential care)
- System of care model promoted by federal Substance Abuse and Mental Health Services Administration (SAMHSA) coming into its own

Creating CSA

- Legislation was passed by the Virginia General Assembly creating the "Comprehensive Services Act for At-Risk Youth and their Families", enacted in 1992.
- CSA was renamed the "Children's Services Act" in 2015. The name change did not affect the statute's purpose or intent.

Creating CSA

- **Established a state supervised, locally administered and operated system of care for services to children and families**
 - SOC model consistent with Virginia's model of local government administration
 - Created the structures and functions to operate the CSA system of care
 - Family Assessment and Planning Team
 - Community Policy and Management Team

Local Administration

- **Local administration- both a blessing and a curse**
 - Know own culture, needs and resources
 - Flexible funding-not tied to a “program” or agency
 - Local match
 - assures investment
 - fear of inadequate funding
 - may create frustration between those responsible for funding and those responsible for services
 - Local CSA/FAPT requirements

Barriers/Problems

- **Failure to:**
 - adequately communicate with one another
 - convey commitment to finding the best resolution
 - Let go of “my money” and “my children/families” mentality

It's Not Really About the Money...

- **What is the “heart” of CSA? The underlying primary value?**
- **Multi-disciplinary approach to service planning and delivery is at the heart of CSA**
- **Funding sources are secondary decisions**

Foundation of CSA

- Interagency collaboration
 - Multi-disciplinary team approach is consistent throughout the Act



Value of Collaboration

Can target resources more effectively



Have collective knowledge and experience



Have different perspectives on same issue



“The whole is greater than the sum of its parts.”

Interagency Collaboration



- Interagency collaboration is a tool the “service system” uses to achieve the goal of transforming lives.

Goal of Service System?

**Do we (local agencies, FAPTs, CPMTs, providers)
offer services?**

Is that the goal of the human services system?

No

Goal of "Services System"

- **Products**
 - Examples- (shoes, cars, toasters)
- **Services**
 - Examples-(dry cleaning, car repair)
- **Experiences**
 - Examples (hot air balloon rides, trip to Disney World)

Is this what you do?

Goal of Service System

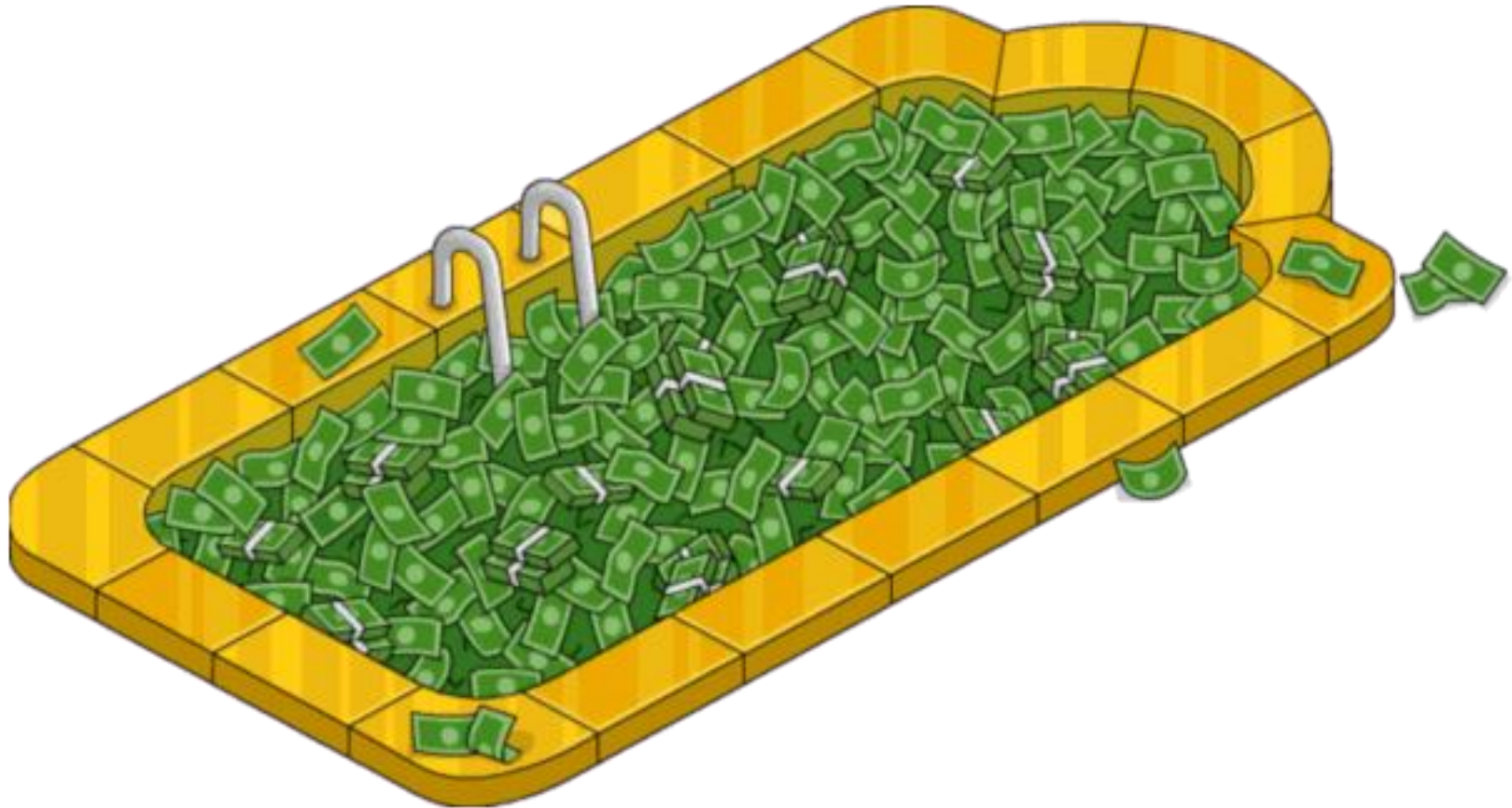
A purple banner with a yellow border and wavy edges, containing the word "TRANSFORMATION" in bold yellow capital letters.

TRANSFORMATION

Helping people identify and meet their needs and use their strengths to function more successfully and lead safer, happier, productive and more fulfilled lives

Basis of Eligibility-Role of Funding

State Pool Funding

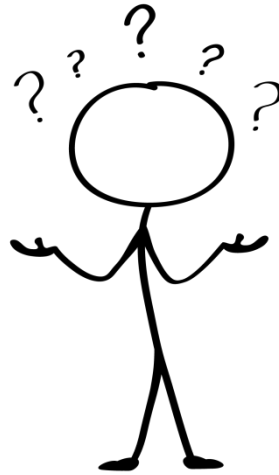


State Funding Pool

- **Blended funding**
 - Seven existing funding streams with varying match rates were combined into one central "State Pool"
 - Department of Social Services (DSS)
 - Department of Education (DOE)
 - Department of Juvenile Justice (DJJ)
 - Behavioral Health and Developmental Services (DBHDS)



Sources of State Pool Funding



CHILD

DOE

Private Tuition Assistance

DOE

Interagency Assistance Fund for Placements of SWD

DSS

State and Local Foster Care

DSS

Foster Care Block Grant (Services)

DJJ

286 Special Placement Funds

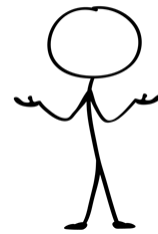
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239 Special Placement Funds

DBHDS

Bed Purchase Funds for Adolescents

Sources of State Pool Funding



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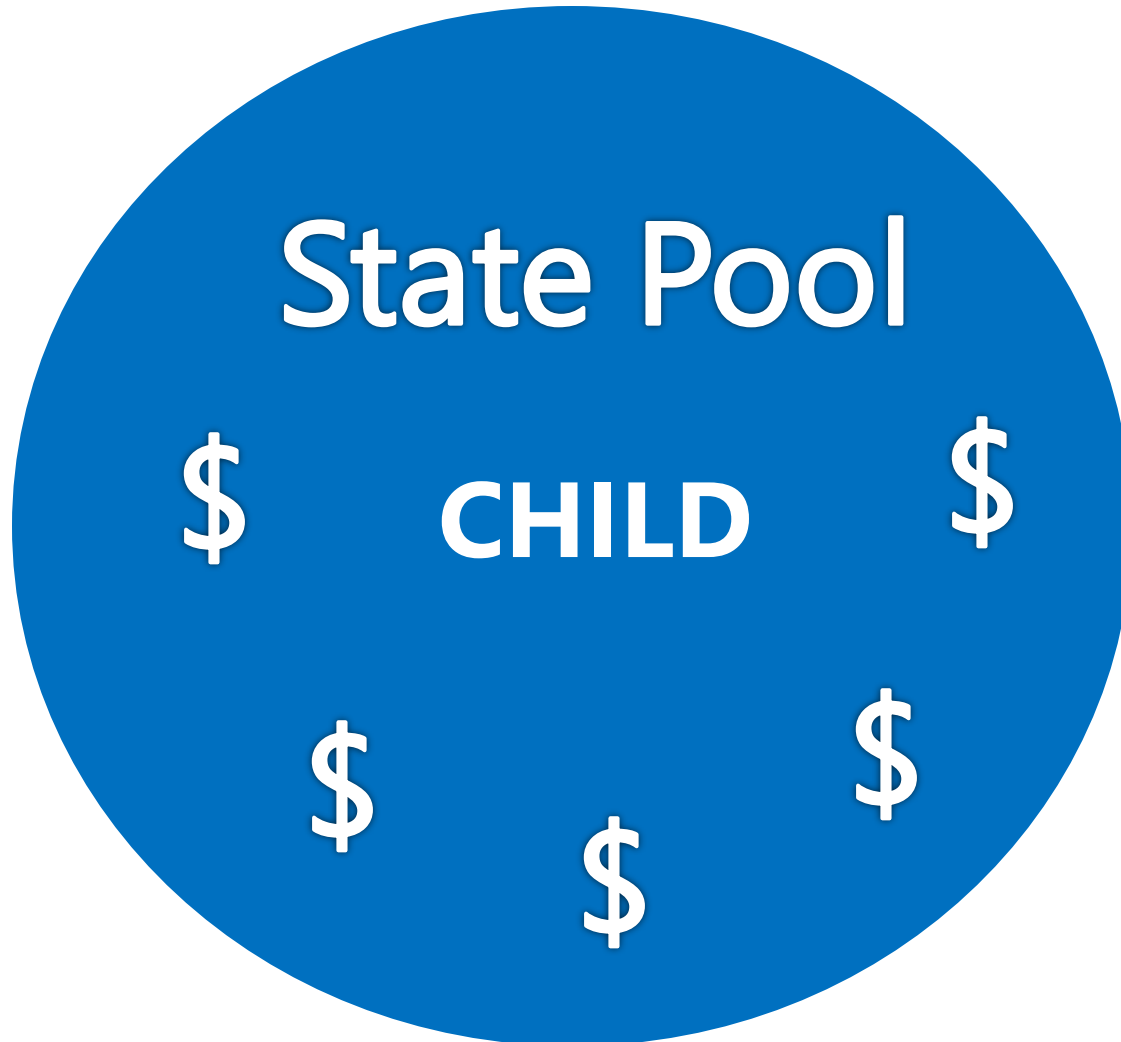
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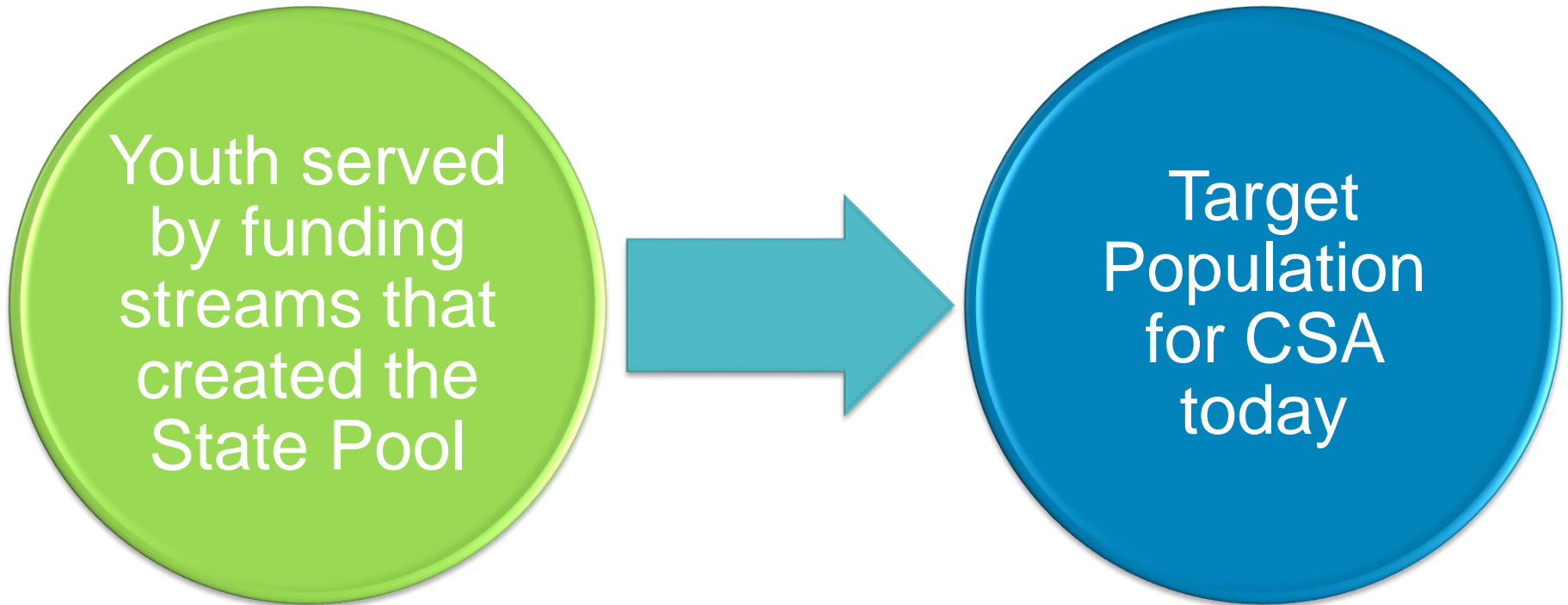
DBHDS

Bed Purchase Funds for Adolescents

Sources of State Pool Funds



Eligibility for CSA Funds



CSA Eligibility



COV §2.2-5212 defines eligibility for CSA

"In order to be eligible for funding for services through the state pool of funds, a youth, or family with a child, shall meet one or more of the criteria specified in subdivisions 1 through 4 and shall be determined through the use of a uniform assessment instrument and process and by policies of the community policy and management team to have access to these funds.

1. The child or youth has emotional or behavior problems that:

- a. Have persisted over a significant period of time or, though only in evidence for a short period of time, are of such a critical nature that intervention is warranted;
- b. Are significantly disabling and are present in several community settings, such as at home, in school or with peers; and
- c. Require services or resources that are unavailable or inaccessible, or that are beyond the normal agency services or routine collaborative processes across agencies, or require coordinated interventions by at least two agencies.

CSA Eligibility

COV §2.2-5212 (con't.)

2. The child or youth has emotional or behavior problems, or both, and currently is in, or is at imminent risk of entering, purchased residential care. In addition, the child or youth requires services or resources that are beyond normal agency services or routine collaborative processes across agencies, and requires coordinated services by at least two agencies.

3. The child or youth requires placement for purposes of special education in approved private school educational programs.

3. The child or youth requires foster care services as defined in §63.2-905."



Funding for CSA

COV §2.2-5211

Identifies the CSA "Targeted Population" (1-5)

1. Children in private educational placements (private day and residential via IEP)
2. Foster children and youth with an IEP placed in private day
3. Children and youth for whom foster care services as defined in §63.2-905 are being provided
4. Children and youth placed by a J& DR court, in accordance with provisions of §16.1-286 (youth served by the Department of Juvenile Justice)
5. Children and youth committed to DJJ and placed in out of home care

But only **1, 2** and **3** are identified as requiring that "sum-sufficient" funds to meet relevant federal and state mandates must be appropriated by the state and local governments.

MANDATED

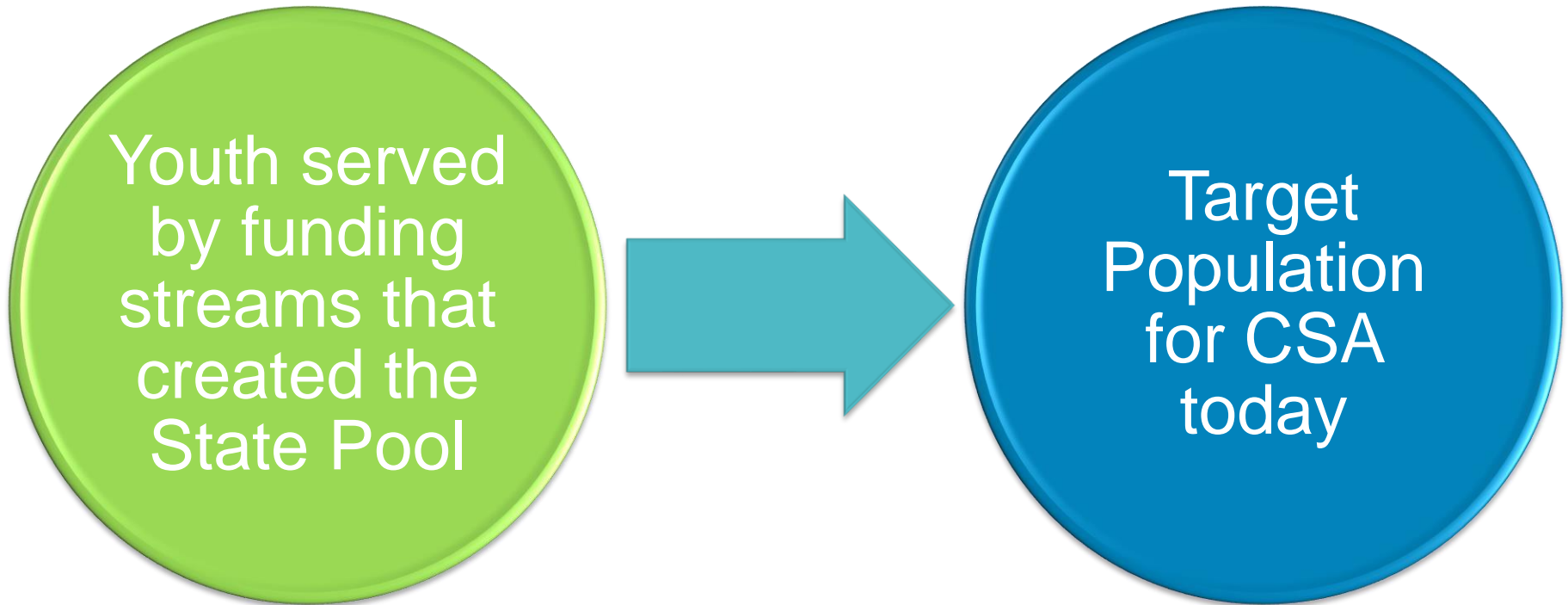
Funding for CSA

- Child or youth meets eligibility requirements (emotional/behavioral) needs as defined in §2.2-5212 1. and 2.
- Court ordered placements
- Children served by DJJ/CSB that do not meet CHINS criteria but meet eligibility requirements in §2.2-5212 1. and 2.
- Capped allocation for each locality

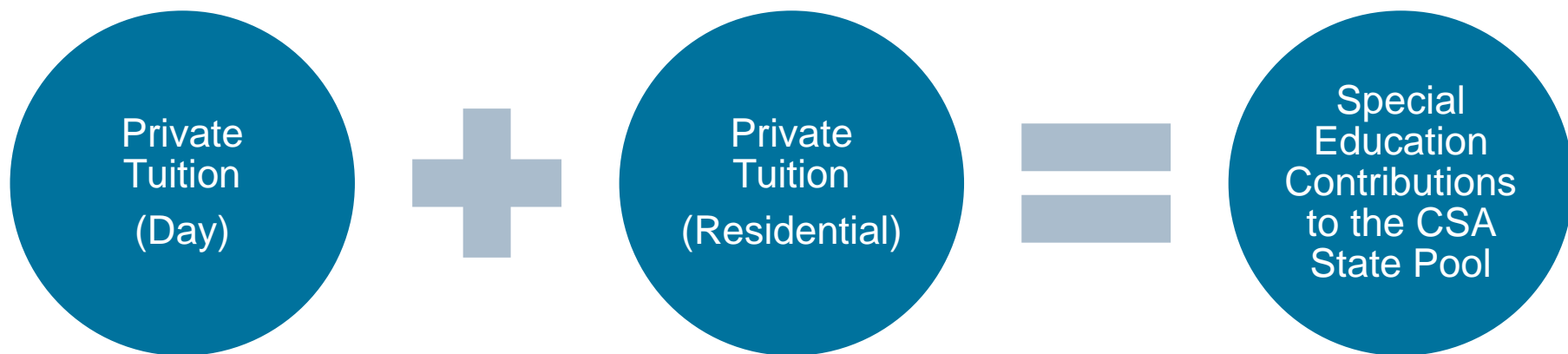
NON-MANDATED

Eligibility for CSA

Eligibility for CSA Funds



CSA and Special Education



IEP and FAPT

- Federal law does not permit any entity other than the IEP team to make special education decisions for a student with disabilities.
 - CPMT must fund IEP directed private special education and related services for CSA eligible youth (excluding transportation)
 - Local policy guides approval process
 - No co-pay on IEP services
- Child must have a Child and Adolescent Needs and Strengths (CANS) Assessment
- Utilization Management and Utilization Review (UM/UR) completed by the IEP Team
- School division is responsible for transportation

Special Education Wraparound Services

State Executive Council Policy created in January 2011 also allows for the provision of:

“non-residential services in the home and community for a student with a disability when the needs associated with his/her disability extend beyond the school setting and threaten the student’s ability to be maintained in the home, community, or school setting.”

- Tied to keeping a child in the least restrictive environment (home, school, community)
- Services driven by IFSP (not IEP)
- Child must be eligible for special education services
- Money is capped at \$2.2 million – can request reallocation
- Must be used for community based services (not in schools)
- Can be used by children in private placements
- Subject to parental co-pay

"Foster Care Services" = CSA

- Children who are eligible for **"foster care services"** as defined in §63.2-905 are **eligible for CSA**. (§2.2-5212)
- Children who are eligible for "foster care services" as defined in §63.2-905 are **"mandated"** for CSA, meaning **"sum-sufficient"** funding for services must be appropriated by state and local governments. (§2.2-5211)

CSA Eligibility – Foster Care Services

COV §63.2-905

Foster care services are the provision of a full range of casework, treatment and community services, including but not limited to independent living services, for a planned period of time to a child who is abused or neglected as defined in § [63.2-100](#) or in need of services as defined in § [16.1-228](#) and his family when the child (i) has been identified as needing services to prevent or eliminate the need for foster care placement, (ii) has been placed through an agreement between the local board or the public agency designated by the community policy and management team and the parents or guardians where legal custody remains with the parents or guardians, (iii) has been committed or entrusted to a local board or licensed child placing agency, or (iv) is living with a relative participating in the Kinship Guardianship Assistance program set forth in § [63.2-1305](#) and developed consistent with 42 U.S.C. § 673. Foster care services also include the provision and restoration of independent living services to a person who is over the age of 18 years but who has not yet reached the age of 21 years, in accordance with § [63.2-905.1](#).



Two Categories

Abuse/Neglect

- Eligible for “foster care services” including prevention of foster care placement
- No need to use CHINS checklist to determine eligibility
- No standard checklist to determine eligibility for this population
- Local DSS determines

Child in Need of Services

- Eligible for “foster care services”, including prevention of foster care placement
- Court determines or FAPT uses CHINS Checklist to determine eligibility as CHINS

Four Types of Foster Care Services

Foster Care Prevention
(Community Based)

Placement through an agreement
between a parent/guardian where the
parent retains custody and the local
board or a public agency designated by
the CPMT (Non-Custodial or CSA
Parental Agreement)

(treatment)

**FOSTER CARE
SERVICES**

Commitment, Entrustment or
Custody to the Local DSS

Kinship Guardianship

CSA Parental Agreements

- Problem of custody relinquishment
- Non-custodial foster care agreements
- Issuance of a Opinion of the Attorney General (2006)
- Development of State Executive Council (SEC) Policy
(" Interagency Guidelines for the Provision of Foster Care Services to Specific Children in Need of Services")
 - CHINS Checklist
 - CSA Parental Agreement template

CHINS Eligibility

- Children may be determined to be a child “in need of services” as defined in §16.1-228 in two different ways
 - Disposition of the court
 - FAPT completion of the “CHINS Checklist” finding the child meets the statutory definition and requires specific services
- If child meets the criteria for FAPT CHINS, then services may be provided;
 - In the community (foster care prevention)
 - Through a CSA Parental Agreement (out of home placement for **treatment** reasons)

DSS Non-Custodial Agreement

- LDSS is case manager
- Child is in foster care placement
- Court involvement is required
- Child may be eligible for IV-E
- Eligible for Medicaid

CSA Parental Agreement

- Agency other than LDSS is case manager
- Child is receiving a "foster care service" and is not in foster care placement
- Court involvement is not required
- Child is not eligible for Title IV-E. May be eligible for Medicaid based on parents' income, or after 30 days, the child's income

Fostering Futures

- Effective July 1, 2016-youth in foster care with LDSS who attained age 18 on or after this date are eligible
- May remain in foster care until age 21
- Youth sign a Voluntary Continuing Services and Support Agreement (VCSSA)
- Broad participation criteria
- No group home or residential placements



Kinship Guardianship Program-July 1, 2018

- Relatives must be approved as foster parents
- Goals of Return Home and Adoption must be ruled out
- Foster child remains in home longer than six months custody may transfer to relative
- Relative receives maintenance payment (negotiated like adoption assistance)
- Local DSS holding maintenance agreement responsible until child ages out or family no longer receives maintenance
- Maintenance paid by IV-E or CSA
- No "special services" payments
- If services are needed, family goes to FAPT in locality of residence

Age Range for CSA Eligibility

- **Defined by §2.2-5212.B**
 - “child” or “youth” means (i) a person younger than 18 years of age or (ii) any individual through 21 years of age who is otherwise eligible for mandated services of the participating state agencies including special education and foster care services.
 - **Age 18**
 - Foster Care prevention
 - Non-mandated
 - CSA Parental Agreements
 - **Age 21 (Independent Living and Fostering Futures)**
 - **Age 22 or if the youth’s 2nd birthday falls after Sept 30, through the end of the school year for students with disabilities (Special Education Regulation)**

Who's eligible?



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

GROUP I

1. Demonte is a quiet, studious child who makes good grades and was often teased in elementary school for being the teacher's favorite. He is also small for his age. When he went to middle school, the teasing became bullying and his parents are very worried about how the bullying is affecting him emotionally. He does not have an IEP. They are looking for help in the community.
2. A day care reported to the local DSS that four year old Aisha was coming to their program with bruises on her arms and legs. She stated her mother's boyfriend "whooped" her "a lot" when she was "bad." Physical abuse was founded and a foster care prevention case opened. The mother is ambivalent about leaving the boyfriend's home, states she cannot afford to leave and she thinks everyone is overreacting to a "spanking."
3. Jayvon is a 12 year old enrolled in a private day school through his IEP. His behavior is growing more and more disruptive in the classroom. His parents report at home he is violent, throws furniture and threatens others. He has several mental health diagnoses. The parents are enquiring about residential treatment.
4. Jeremy is a 17 year old youth who after several charges of theft, shoplifting and possession of paraphernalia was placed on probation with the local Court Services Unit. His ACES score is high and the P.O. believes he needs mental health treatment as well as substance abuse treatment.

GROUP II

1. The Court has ordered a mother to FAPT for a psychological evaluation as she is seeking custody of her children. There is no open DSS case. The children are living with their grandparents who have had custody for years and are doing well.
2. Gabriela is a sixteen year old undocumented youth who has been in the U.S. for five years. She came into foster care about two years ago when her aunt with whom she was living passed away.
3. Antonio is placed in a residential facility via his Individual Education Program (IEP) which states that a private residential school is the least restrictive placement in which he can be academically successful.
4. Maria is a twelve year old whose home life is chaotic and unstable. Her father works out of town and often leaves her at home alone when she is staying with him. When Maria is with her mom, she often takes care of her four year old brother because of their mom's alcohol addiction. Neglect was founded on the mom when she left the four year old alone overnight on two occasions, and DSS has opened a foster care prevention case.
5. Sixteen year old Michael is facing several delinquency charges after reportedly stealing a car, attempting to elude police and then crashing the car.

GROUP III

1. Jacob has some developmental disabilities and is mildly intellectually disabled. He has a public school IEP. His parents have cared for him at home, but he is now physically larger and stronger than they are and they cannot always control his behavior. A co-worker of his mother suggested that the parents go to FAPT to see if Jacob can receive services through CSA.
2. Erica and her siblings came into foster care when their dad went to prison and their mother died of a drug overdose. The agency became aware of an aunt and uncle in another locality who were a potential placement. The aunt and uncle were somewhat hesitant to take on the sole responsibility for the children, so the local DSS suggested they become approved foster parents. They did so, and after two years entered into a Kinship Guardianship agreement with the agency, petitioned the court and were awarded custody of the children. The local DSS no longer has custody and the children are not in foster care.
3. Jasmine is a foster youth who turned 18 on August 2, 2018. She is currently living in a group home and doing well. She is on track to graduate in June of 2019.
4. Thirteen year old Jason's father died unexpectedly less than a year ago. His mom and teachers have noticed a distinct change in his behavior in the last few months. His grades, once good, are now barely passing. He is irritable and resents anyone asking him what's wrong.
5. Mark was placed into a residential treatment program through a CSA Parental Agreement several months before his 18th birthday. He is doing well in treatment and the anticipated discharge date is two months after he turns 18.

GROUP IV

1. Aaron has been in foster care since age 12. His worker encouraged him to enroll in Fostering Futures (FF) when he turns 18. He said he wanted to get out of foster care and be independent, so he did not enroll in FF or sign a Voluntary Continuing Support and Services Agreement (VCSSA). Four months after he turns 18, Aaron returns to his local DSS and asks if he can still participate in Fostering Futures.
2. Farouk, age 8, attends public school and has an IEP for speech and language accommodations. He is doing well, but his parents would like for him to participate in an afterschool program that is not related to his educational disability.
3. Samantha is a fourteen year old who was adopted six years ago from foster care. Her behavior, always somewhat difficult to manage, has become uncontrollable in the last year. She is oppositional, easily angered, and grows destructive when angry. She has injured her sister by hitting her in the head and pushing her down steps. She has also damaged the walls in her bedroom by punching and kicking them. Her adoptive parents are at their wits' end. They have tried counseling, medication and intensive in-home services. The family receives adoption assistance.
4. Misty's parents are getting divorced and unable to agree about who should have primary custody of her. Her father has obtained a well-paying job in another state and wants her to come with him. Her mother is barely making ends meet but wants Misty to stay with her and remain in her school and with her friends. Misty is feeling a lot of pressure from both parents and needs to talk to someone.

Thank you!

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