

Biennial Report
State Executive Council
Comprehensive Services for At-Risk Youth & Families
2009

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A. Background

Biennial Report Mandate

Virginia Code (§ 2.2-2648.21) requires that the State Executive Council of Comprehensive Services for At-Risk Youth and Families to:

“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; and*
- d. 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.”*

CSA Purpose

The purpose of the Comprehensive Services Act for At-Risk Youth and Families (CSA) is to create a collaborative system of services and funding that is child-centered, family-focused, community-based and cost-effective when addressing the strengths and needs of troubled and at risk youths and their families in the Commonwealth (§ 2.2-5200). A primary purpose of the law is to preserve and strengthen families through providing appropriate services in the least restrictive environment, enabling children to remain in their homes and communities when possible, while protecting the welfare of children and maintaining public safety.

CSA Statutory Framework

The State Executive Council (SEC) serves as the supervisory council that provides leadership for 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. It is comprised of two General Assembly members, the Governor’s Special Advisor on Children’s Services, the state government agency heads from the Departments of Education, Social Services, Health, Behavioral Health and Developmental Disabilities, Medical Assistance Services, Juvenile Justice, and the Office of the Executive Secretary of the Supreme Court, three local government officials, cities and counties, a parents and three service providers, one public and two private and the chair of the State and Local Advisory Team.

The CSA System is comprised of several other entities at the state and community levels that work collaboratively to implement CSA. At the state level, the State and Local Advisory Team (*SLAT*) advises the SEC by managing cooperative efforts at the state level and providing support to community efforts. The Office of Comprehensive Services for At Risk Youth and Families (*OCS*) serves as the administrative entity of the SEC and ensures that its decisions are implemented.

In each community across the Commonwealth, teams of professionals and family members collaboratively decide how to provide services and funding for children and their families. The Community Policy and Management Teams (*CPMTs*) have the statutory authority and accountability for managing the cooperative effort and developing interagency policies that govern CSA in the community. Family Assessment and Planning Teams (*FAPTs*) are established by CPMTs to provide for family participation, assess the strengths and needs of children and their families, develop individual family services plans, and make recommendations to the CPMTs.

B. Major Biennium Initiatives

Child Serving System's Transformation

There has been exciting progress made regarding how Virginia provides services to at-risk youth and their families.

Over the last two years Raymond Ratke led the “Children’s Services System Transformation”. This work began with First Lady Anne Holton’s “For Keeps” initiative which was targeted at improving outcomes for youth in foster care but spread to the other child serving systems of Juvenile Justice, Mental Health, the Office of Comprehensive Services, and certain areas of Special Education. Simply, effort was target toward changing how at-risk children and their families get the help they need to be more successful at home and in school, to stay together, to remain in or return to their home community, and to make and preserve life-long family connections.

While Virginia does well on a number of measures with regard to children’s services, the system is also underperforming on certain measures as compared to other states. For example, when this work began there were a relatively large number of children “aging out” of child welfare. In fact, the data indicated that Virginia was last in the nation in the percentage of children aging out of foster care without connection to a permanent family. Research tells us that children, who age out have much greater rates of homelessness, are much more likely to be involved in the criminal justice system, and graduate from high school at much lower rates. In addition, when this initiative began, a relatively large percentage of children in foster care were served in group-based, rather than community-based, care. Not only do group based placements make it more difficult in many cases to return children to their family or home community, they also are the most expensive. This over reliance on group based care is one of the primary reasons that Comprehensive Services Act expenditures have increased dramatically each year since the inception of the program.

This work started in December of 2007 with the implementation of a change strategy based on state and local collaboration that included the development of a common vision, regulatory and policy changes, local practice changes, and training. As a result of the efforts of a great many people across the commonwealth, today in Virginia:

- The number of foster care youth in group care settings has been reduced by 40%,
- The percentage of youth being served in group care settings has reduced from 26% to under 17%,
- The percentage of youth being discharged to permanent families has increased by 6%,
- Comprehensive Services Act expenditures went down by 4% in FY 2009 for the first time since the beginning of that program with annual savings of approximately \$36M over what was originally appropriated. As part of this, localities realized an approximate savings of \$14M in FY 2009 over what was expended in FY 2008.

While there is a great deal of work left to accomplish, child serving systems have begun to demonstrate that they can get better outcomes for kids and families while making the most efficient use of available tax dollars.

Implementation of New Uniform Assessment Instrument

Introduction

One of the more significant initiatives undertaken by the Office of Comprehensive Services (OCS) during the past two years has been the implementation of a new web-based uniform mandatory assessment instrument for use with all children and youth served by the Comprehensive Services Act.

Since 1998, the Code of Virginia has required that the State Executive Council (SEC) “Oversee the development and implementation of a mandatory uniform assessment instrument and process to be used by all localities to identify levels of risk of Comprehensive Services Act youth” (§2.2-2648). The first uniform assessment instrument used was the Child and Adolescent Functional Assessment Scale (CAFAS®). Over time, local governments expressed dissatisfaction with the CAFAS® and suggested that a new uniform assessment instrument be selected, one that was more appropriate for the diversity of youth served by CSA.

Selection of New Instrument

After review of numerous assessment instruments, the Child and Adolescent Needs and Strengths (CANS) assessment was chosen by an interagency workgroup who then recommended its adoption by the SEC. In October of 2007, the SEC directed a second interagency workgroup (“Assessing the Implementation of CANS” workgroup) to outline a plan for modification of the CANS for Virginia and statewide implementation. Final SEC approval of CANS was contingent upon the report of this workgroup.

Two primary purposes of the CANS were identified. Members of the interagency workgroup that recommended the CANS felt strongly that the selected instrument must be useful in service planning. The CANS targets areas which should be addressed in a service plan. Secondly, the SEC wanted an instrument that could be used to measure performance outcomes. With the assistance of the creator of the CANS, John S. Lyons, Ph.D., the Indiana version was revised to better meet Virginia’s needs. Changes included the incorporation or modification of data elements to capture information specifically required for measurement of three initial outcomes identified by the SEC. Those outcomes are:

- Improved functioning of the child
- Success in school, as determined by
 - Academic achievement
 - School attendance
 - School behavior
- Increased involvement of the parent in service planning and decision-making

The implementation plan and CANS revisions were approved by the SEC at its May 2008 meeting.

Legislative Changes to Support the CANS

The 2008 General Assembly amended legislation [Code of Virginia 2.2-2648](#) which allowed for the collection of data for a “set of performance measures” including information “(ii) from the mandatory uniform assessment instrument.” Authorization for other state agencies to share this information with OCS was included.

Training

Initial Efforts

Efforts were already underway at the time of the May 2008 SEC meeting to bring Dr. Lyons to Virginia to present the CANS philosophy and general information on the use of the tool. Four regional forums with Dr. Lyons were held in late May and early June of 2008 in Winchester, Richmond, Roanoke and Virginia Beach. These forums were well attended, with a total of approximately 415 participants.

CANS Assessor (Case Manager) Training

Both local governments and the Joint Legislative and Review Audit Commission in its 2006 Report-*Evaluation of Residential Services Delivered through the Comprehensive Services Act* had noted problems with the training structure used for the earlier instrument, the CAFAS®. Training was dependent upon individual staffs that were willing to attend Training of Trainers, sign a contract with the proprietor of the instrument, and offer local training to staff who served CSA children.

To make available a more consistent and reliable training structure for users of the CANS, the Office of Comprehensive Services contracted with The Communimetrics Group to provide an online training and certification website. Anyone administering the CANS must participate in a training and certification process that has been approved by Dr. Lyons. Recommended by Dr. Lyons, Communimetrics already offered this training process in other states including New York, Illinois and Indiana. The Virginia version of the CANS was shared with Communimetrics and a four-hour online training and certification process was built for use by Virginia CSA stakeholders. Resource and training materials were created by OCS staff and the training and certification website was launched August 4, 2008. As of December 2, 2009, over forty-six hundred (4,652) certifications have been awarded. This website may be found at www.communimetrics.com/VirginiaCSA/Default.aspx

Super User Training

Dr. Lyons, the originator of the CANS, advises states and jurisdictions who adopt the assessment to establish a group of CANS “Super Users”. In Virginia, each Community Policy and Management Team (CPMT) was asked to designate a Super User, who would attend specialized training offered by Dr. Lyons and serve as the locality’s “expert” and point of contact for CANS.

OCS contracted with Dr. Lyons to provide five Super User training events in the fall of 2008 and the spring of 2009. Super User training was held in Portsmouth, Bedford, Richmond, Culpeper and Galax resulting in a total of 201 trained Super Users. A listing of Super Users and contact information is available on the CSA website at http://www.csa.virginia.gov/rosters_reporting/cans3a.cfm. The majority of Super Users play a critical role not only by sharing their clinical expertise with staff, but also in local implementation of the web-based system, CANVaS, which is discussed later in this document.

Additional Super User training is planned for the spring of 2010.

Information Dissemination Regarding CANS

In an effort to provide up to date information on the status of the implementation of CANS, Fact Sheets were periodically written and distributed to CSA stakeholders via the CSA List Serve and by posting on the CSA website. The Fact Sheets addressed “frequently asked questions” at the current stage of implementation and offered information on anticipated future issues.

A CANS folder was added to the CSA website, hosting a central place for users to obtain all available information regarding CANS, including copies of the CANS instruments, the User Manuals, recommendations regarding frequency of administration of the CANS, the Fact Sheets, the role of the CANS in service planning, the Super User listing and later on, information regarding the use of the web-based CANS.

Collaboration with the Department for Medical Assistance Services

Initial Implementation

The Department for Medical Assistance Services (DMAS) and its preauthorization contractor, KePRO, require that the CSA uniform assessment instrument be completed and submitted for each CSA child receiving certain Medicaid-reimbursed services, such as treatment foster care, group home placement and residential treatment facility placement. Consequently it was important that OCS work with DMAS staff to ensure that CANS would be an acceptable instrument to assist in determining medical necessity and in coordinating the necessary changes to policy and paperwork that DMAS would need to make.

DMAS staff worked collaboratively with OCS in permitting a “transition year” for localities to move from use of CAFAS® to CANS. For CSA purposes, from July 1, 2008 until June 30, 2009, localities were encouraged to train and certify staff and begin using the paper version of the CANS. (The online version was not yet available.) However, during this time, the CAFAS® could still be used. The transition year allowed local governments time to adjust successfully to use of a new instrument. DMAS/KePRO revised their fax forms and other paperwork and training beginning November 1, 2008 to be consistent with the CSA transition year, permitting both CAFAS® and CANS to be submitted for Medicaid purposes until July 1, 2009. The cooperation of DMAS staff was critical in ensuring a smooth transition from one CSA assessment instrument to another.

Memorandum of Understanding

In November, 2009 the Office of Comprehensive Services has entered into a Memorandum of Understanding with the Virginia Department of Medical Assistance Services to recoup a percentage of allowable costs for Medicaid eligible children who are served by CSA.

CANVaS, Virginia's Web-based CANS System

Use of a Web-based Instrument

At the time the State Executive Council began discussion regarding selection of a new CSA assessment instrument, the suggestion was made by one of the members to find or build an online or web-based version, of whatever instrument was chosen. The purpose was two-fold; to prevent duplicate entry on the part of case managers and to collect data on children served by CSA to measure performance outcomes.

Merger of CANS with the CSA Data Set

Initial discussions regarding web-based CANS envisioned incorporating the online assessment into the already existing CSA Data Set. The Data Set captures demographic, service and fiscal costs for all children and youth served by CSA. Integrating the CANS into this system would permit easy linkage of CANS data with children and their specific services and costs from the data set. Cost estimates were obtained regarding the possibility of development of an integrated data management system which would incorporate what currently existed as the Data Set and what would be the web-based or online CANS.

However, local governments protested against such integration, saying to revise their current software structure for the Data Set would be costly and prohibitive. It was decided that CANS would be developed as a stand-alone website, which would include the child's Data Set unique identifier. Data could then be cross-linked across the two systems.

CANS Software

Members of the interagency workgroup that recommended CANS learned that Indiana had developed CANS software and was willing to share that software with other states at no cost. The State of Indiana's Department of Mental Health and Addictions drafted a software licensure agreement which provided the software to Virginia at no cost, but added the stipulation that their third party vendor, RCR Technology, Inc. must be used as the vendor to modify and install the software. The software licensure agreement was signed by the Virginia Secretary of Health and Human Resources and finalized in July, 2008.

The SEC, in its charge to the second CANS interagency workgroup, requested that either CANS or another tool be identified which could be used to evaluate the likelihood of a child's risk of residential placement. One reason the Indiana software was chosen is because it utilizes "algorithms" or decision support models to assist assessors in determining what type of service

or placement is most appropriate for a child based on his/her profile of scores. Currently, their system has seven options covering the continuum of care from community-based services to psychiatric hospital placement. Rating a child on the CANS does not result in a total score to determine level of risk or need. However, Dr. Lyons' research has established that certain ratings on specific items create a profile which may be used to support a decision regarding a level of services.

Consequently, OCS requested that Dr. Lyons develop a residential algorithm for Virginia which could be programmed into the CANVaS software. Dr. Lyons has done so and RCR has begun work on the programming.

Role of VITA/NG

In October of 2007, OCS staff met with VITA staff to begin work on the secure web-based online CANS. At that time, OCS planned to merge CANS into the existing CSA data set. In July of 2008, approval was received by the CIO of VITA to move ahead with the implementation of the CANS software. A project manager with the Department of Social Services was assigned and it was quickly concluded that the status of this effort should be labeled a "procurement" not a "project" as it had significantly decreased in scope from the original design. A second approval was granted by the CIO changing the status to procurement, making it easier to move ahead with implementation.

Sole source approval to contract with RCR Technology was also granted and a contract signed in November, 2008. A NG project manager was assigned in January 2009 and developed an implementation plan with an estimated completion date of February 28, 2009. RCR worked closely with VITA/NG staff to install the software on the Commonwealth's servers. Several delays, including purchase of security certificates, establishment of access by RCR to the servers, the determination that additional reporting servers were needed and a general lack of interest in completing the endeavor on the part of VITA/NG hampered the timely implementation.

The expectation was that the online CANS system, now called CANVaS at Dr. Lyons' suggestion, would be operational no later than July 1, 2009. With VITA/NG's anticipated completion date of February 28, 2009, testing and training on CANVaS was offered to a select group of staff statewide by RCR on March 4-5, 2009 in Richmond. However, as CANVaS was not yet ready on Virginia's servers, RCR used their in-house server to conduct the testing and training. Plans were made to "roll-out" CANVaS beginning March 15, 2009.

Unfortunately, numerous delays continued to plague the implementation of CANVaS. VITA/NG was notified of the July 1, 2009 deadline for launching of the website. On June 30, 2009, OCS was informed that the website was operational, but security concerns were expressed by VITA staff regarding the import/export feature. RCR deactivated the use of this function until such time the security concerns could be addressed, enabling the website to go live on July 1st. It was later learned that VITA/NG could produce an alternate pathway, by-passing the security concern.

Implementation of CANVaS

Designation of Super User/Report Administrators

In preparation for the use of CANVaS, each locality was asked by OCS to designate either a trained Super User or another appropriate staff person(s) to fill the role of the Report Administrator(s) for the locality. The Designated Super User/Report Administrator (DSU/RA) is responsible for verifying the CANS certification of case managers who used the system, serves as the locality point of contact with OCS and has access to all of the locality's data in CANVaS.

Establishment of Accounts

Policies and Procedures for Access to CANVaS were created, written and distributed statewide. DSU/RAs were asked to complete a confidentiality and user agreement, which was submitted to the Office of Comprehensive Services. OCS staff confirmed the DSU/RA and notified the CANVaS Help Desk established by RCR. Each case manager who then submitted a user agreement to the Help Desk to establish an account was required to have the signature of not only their supervisor, but also of the DSU/RA for his or her locality. In addition to faxing the completed agreement to the Help Desk, users are required to establish a password either by phone with the Help Desk or through the use of a form on the CSA website which is submitted directly to the Help Desk.

Status of Implementation

Over 130 DSU/RAs are confirmed and to date 1601 case manager user accounts have been established. Over 6,000 CANS assessments have been entered into CANVaS. The CANVaS website may be accessed at <https://canvas.csa.virginia.gov>

Future Plans for CANVaS

Significant areas of future work with CANS and CANVaS include the development of both local and state outcome reports, supplemental training on the use of CANVaS, including how localities may use the data, and the implementation of the residential algorithm. The State and Local Advisory Team (SLAT) has recommended the formation of a third CANS workgroup to assist OCS in addressing some of these issues.

Local Incentive Match Rates

The 2009 Appropriations Act, Chapter 781, Item 283, C 3.d requires the State Executive Council shall:

“monitor the implementation of the incentives and disincentives included in this item, provide technical assistance, and recommend evidence-based best practices to assist localities in transitioning individuals into community-based care. Beginning November 1, 2008, and each year thereafter, the SEC shall provide an update to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees on the outcomes of this initiative”.

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. Reducing residential care for children who can appropriately be served in the community is a key CSA performance measure. For the past four years (FY2005 – 09) the ratio of children served in the community to total children served has hovered around 40%; the 2009 performance measure result was 39.82%. The CSA target for FY 2009 was 50% of children served in the community.

The Joint Legislative Audit and Review Committee (JLARC) identified that community based service gaps are the primary obstacle to serve children in the most appropriate, least restrictive setting. In 2007/08, the Casey Strategic Consulting Group provided policy advice to strengthen CSA financial incentives to reduce reliance on residential care, serve children in their homes and invest funds for the development of community based services. Though modified during the 2008 General Assembly session, in short, the policy advice consisted of phasing in a system of financial incentives over the biennium that is consistent with the statutory purposes of the CSA:

- 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.

Appropriations Act Incentive Match Language

The following are excerpts from the CSA 2009 Appropriations Act, Chapter 781, mandating the establishment of an incentive match rate system for CSA pool fund expenditures:

“Notwithstanding the provisions of C 2 of this Item, beginning July 1, 2008, the Secretary of Health and Human Resources shall oversee the implementation of a system of financial incentives that is consistent with the statutory purposes of the Comprehensive Services Act. The financial incentive system shall use the methodology in place on July 1, 2007, for

calculating the base rate for each locality. The Secretary shall establish a work group to implement the changes in state and local match rates for the Comprehensive Services Act (CSA) program. The work group shall include representatives from the Virginia Association of Counties, the Virginia Municipal League, the Virginia League of Social Services Executives, the Virginia Association of Community Service Boards, the Virginia Coalition of Private Providers, the Virginia Association of School Superintendents, the Department of Education, the Department of Juvenile Justice, and the Office of the Executive Secretary of the Supreme Court. The work group shall examine the impact of the match rate changes on local and state administration of the program, reporting requirements, service development and delivery, quality assurance, utilization management, and care coordination to ensure that children continue to receive appropriate and cost-effective services.

Community Based Services. Beginning July 1, 2008, the local match rate for community based services for each locality shall be reduced by 50 percent.

Localities shall review their caseloads for those individuals who can be served appropriately by community-based services and transition those cases to the community for services. Beginning January 1, 2009, the local match rate for residential services for each locality shall be increased by 15 percent above the fiscal year 2007 base rate after a locality has incurred a total of \$100,000 in residential care expenditures for the period of January 1, 2009, through June 30, 2009. Beginning July 1, 2009, the local match rate for residential services for each locality shall be 25 percent above the fiscal year 2007 base rate after a locality has incurred a total of \$200,000 in residential care expenditures”

The report can be found at the following link:

<http://leg2.state.va.us/DLS/h&sdocs.nsf/5c7ff392dd0ce64d85256ec400674ecb/9a324aacf0b0ce0685257436005f9b83?OpenDocument>

Local Government Training

At the June 12, 2008 SEC meeting, final CSA match rate service categories and definitions were approved. Using that information, all CSA reporting systems, at both the state and local government level, were modified to accommodate new reporting requirements.

To assist local governments with the new match rate incentive system, five regional training sessions were performed across the state in July and August 2008. These sessions were targeted to CSA coordinators, local fiscal management and local CSA data set coordinators. These 5 training sessions were attended by 219 local staff. Regional follow-up sessions were held in the spring 2009.

Additionally, local governments use various locally administered software systems to assimilate and report CSA expenditures and child demographic information. All local vendors were provided file layouts, service definitions and administrative edits to update their respective software systems. All vendors were required to have data system modifications in place by January 1, 2009 and met that requirement.

Financial Status as of November 2009

To monitor the shift in the effective local match rate, the Office of Comprehensive Services created an Effective Match Rate report, tracking the shift in match by locality (see attached report). This report provides, by locality, the:

- Base Match Rate – representing the base local share as specified in the Appropriations Act, Chapter 879
- # of Reports – representing the number of FY09 Pool Fund Reports filed by the local government
- Total Net Expenditures – representing the total expenditures (gross cost less refunds) reported on the FY09 Pool Fund reports (filed as of November 4, 2009)
- Local Match – representing the actual local match determined from the filed Pool Fund reports
- State Match – representing the actual state share match to be paid from the filed Pool Fund reports
- Effective Match Rate – representing the calculation of the actual local match paid divided by the net expenditures claimed
- Rate Difference – representing the difference between the effective local match rate calculation from the local base match rate
- Local Match @ Base Rate – representing the calculation of the local base match rate multiplied by the total net expenditures claimed. This would have been the actual local share in absence of the match rate incentives.
- Local Match - representing the actual state share match to be paid from the filed Pool Fund reports based on the incentive system
- Dollar Difference (Savings) – representing the difference between the Actual Local Match and the Local Match with No Incentive. The negative amount represents the decline in actual local match on pool fund expenditures

Historically, the effective local match has hovered at 35.80%. As the reduced local match rate for eligible community based services was in effect for the entire year, whereas the 15% increase for eligible congregate care services was effective with January 2009 services (6 months), an overall reduction in the local effective match rate was anticipated during the FY09 program year.

Table 1 provides a listing, by locality FIPS, comparing the actual effective local match paid in FY09 compared to the local match without the incentive structure. For the year, the overall effective local match rate was 33.48%, a reduction of 2.32% from the historical average. This equated to an overall reduction in local match dollars of almost \$8.5 million, which was picked up as increased state share contribution.

Of the 131 local CSA entities, 125 saved local share with the incentive match rate program in FY09 (reference Table 2). The locality with the largest local match savings enjoyed a local match saving in excess of \$500K; the smallest saving was \$11. Only 3 localities experienced higher local share and for 3 localities there was no impact (note: one locality had no FY09 CSA pool fund expenditures).

In FY09, total pool fund expenditures were \$365.0M, a \$15.5M, or a 4.1% decline from FY08 total of \$380.5. In order to accommodate the incentive match rate system, expenditure categories reported in the FY09 Pool Fund Reimbursement System were greatly expanded. As such, categorical comparability of FY09 expenditures to FY08 is difficult. Table 3 has consolidated the

FY09 expenditure categories to FY08. The primary composition of the \$15.5M decline in CSA pool fund expenditures consists of:

- A \$40.7M decline in residential / therapeutic services
- An \$5.9M decline in Special Education (SPED) other day placements
- An \$8.4M increase in SPED private day placements
- A \$22.3M increase in other mandated services, which includes community based services

The primary reasons for the decline in overall CSA spending include: (1) an overall decline in total children served of 531; (2) emphasis placed on transitioning children from the used of residential care to less expensive community based care; (3) revenue constraints on local governments to curb spending due to the downward economic conditions.

The FY09 unduplicated census reported by local governments is 17,664; the FY08 unduplicated census was 18,195. As with service categories, the CSA mandate categories were also modified in FY09 to accommodate management reporting needs. Below is a comparison between FY09 and FY08 census by primary expenditure mandate category, isolating the categories comprising the 531 census decline:

CSA Unduplicated Census Comparison

Mandate Category	FY2008	FY2009	Change
Foster Care Services	9,512	8,523	-989
Foster Care Prevention Services	3,186	3,225	39
Foster Care Parental Agreements/ non-Custodial Agreements	364	541	177
SPED Services	2,663	2,738	75
Services in the Public School	1,353	1,358	5
Non Mandated	1,117	1,279	162
Total	<u>18,195</u>	<u>17,664</u>	<u>-531</u>

The entire census decline in FY09 was realized from a decline in foster care services. In FY09, these categories include (1) Abuse and Neglect – local DSS custody; (2) Child in Need of Services – Custody; (3) Court Ordered for Truancy; and (4) Court Ordered for Delinquent Behaviors. The CSA decline in foster care services coincides with the Department of Social Services OASIS census reports (FC Demographic Reports). Their reports indicate an overall foster care census decline from 7,764 children in service in July 2008 to 6,924 in July 2009.

The decline in foster care services is a major contributor to the overall reduction in CSA FY09 service year cost. The FY09 average cost to serve a CSA pool fund child was \$20,661. The decline in census contributed almost \$11M in total CSA savings in FY09.

Beginning in FY10, the local match rate for congregate care cost will increase to 25% above the locality base rate. As there will then be two years of expenditure/census comparability in FY10, more detail analysis of the incentive system will be available.

Fiscal Impact of the Guidelines on the “Children in Need of Services (CHINS)”

As required by the Appropriations Act, Chapter 869, Item 283, M, enacted by the 2008 General Assembly, a report of the fiscal impact of the *Final Interagency Guidelines on Foster Care Services to Specific “Children in Need of Services”* was made to the General Assembly by the State Executive Council (SEC) in December 2008. Although not required by law, this addendum is written to provide an update a year later for inclusion in the Biennial Report of the Office of Comprehensive Services (OCS). The report can be found at the following link:

<http://leg2.state.va.us/dls/h&sdocs.nsf/682def7a6a969fbf85256ec100529ebd/e79cecd56c5ec992852572b9004aff50?OpenDocument>

The *Guidelines* allow for the provision of two types of services for children who are determined to be “In Need of Services” by the Family Assessment and Planning Team (FAPT); foster care prevention services provided in the home and community, and out-of home placement in a residential treatment program through an agreement with a parent where the parent retained legal custody. Regarding the latter, prior to the *Guidelines*, the law allowed for placement of a child for treatment purposes where the parent retained custody, but typically it was the local Department for the Social Services (LDSS) that provided case management. These agreements were referred to as “non-custodial foster care.” With the rendering of the 2006 Attorney General’s Opinion on Custody Relinquishment and the resulting *Guidelines*, agencies other than DSS designated by the Community Policy and Management Team (CPMT) could enter into “parental agreements” with a parent who retained legal custody of a child placed in a residential program for treatment. As these services fall within the statutory definition of “foster care”, mandated Comprehensive Services Act (CSA) pool funds are used to cover the costs.

As indicated in the original report, policy changes usually require 18-24 months for realization of the actual impact. Although changes in practice were required beginning in March 2007, the *Guidelines* were not fully developed nor approved by the SEC until December, 2007. The 2008 report was based on data and expenses from FY 2008 or July 1, 2007 to June 30, 2008. At the time of last year’s report, using FY 2008 data, there were 95 parental agreements (agencies other than DSS) and 281 non-custodial agreements (DSS) resulting in a total of 376 or 19 less than the 395 DSS non-custodial in FY 2007. The fiscal impact of the 95 parental agreements was \$1,463,629. It appeared that case management had simply shifted from DSS to other agencies as the total number of agreements was approximately the same.

Adding to the likelihood of an increase in the number of parental agreements for FY 2009 was a statutory change that was effective July 1, 2008. This statutory change removed the requirement for court involvement (review of the service plan) for parental agreements that are case managed by an agency other than the local DSS, making it more likely that these other agencies would be willing to take on the responsibility of case management.

For FY 2009, the CSA data set reports 354 parental agreements (agreements between a parent or guardian who retains legal custody and an agency other than the LDSS designated by the CPMT) and 187 non-custodial foster care agreements (agreements between a parent or guardian who

retains legal custody and the local DSS.) The total cost of the parental agreements is \$11,524,173 with an average cost of \$32,555 per child. The total cost of the non-custodial agreements is \$4,051,639 with a per child cost of \$21,667. Non-custodial agreements are believed to be less costly because DSS may recoup money through child support payments and the federal Title IV-E program. Total costs for CSA for children placed for treatment through an agreement with a parent or guardian where the parent retains legal custody is \$15,575,812 with the total number of agreements at 541. As there were 376 total agreements in 2008, the resulting increase in children served is 165.

It is more difficult to compare the number of community-based interventions and costs between FY 2008 and FY 2009. Children and youth who received community-based services are all considered foster care prevention and there is no distinction between those who are receiving services because of abuse/neglect, court-ordered CHINS or FAPT-determined CHINS. The overall number of children who received community based interventions has increased from 7,162 in FY 2008 to 9,015 in FY 2009. It is not known if any of these children would have been eligible for services in this category prior to the implementation of the *Guidelines*; however the increase could be attributed to the concurrent emphasis on providing intensive community based services to maintain children in their homes and communities rather than place them in congregate care.

C. Demographic, Financial and Services Information

CSA Web Site <http://www.csa.virginia.gov/>

Demographics

<http://www.csa.virginia.gov/publicstats/index.cfm>

Funding and Expenditure History

<http://www.csa.virginia.gov/publicstats/index.cfm>

Residential Care Lengths of Stay

[http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/RD452010/\\$file/RD45.pdf](http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/RD452010/$file/RD45.pdf)

Local Services Gap Survey

[http://www.csa.virginia.gov/html/FY09%20CSA%20Service%20Gaps%20Survey%20\(final\).ppt](http://www.csa.virginia.gov/html/FY09%20CSA%20Service%20Gaps%20Survey%20(final).ppt)