

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

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

December 2012

Report Mandate

The 2012 Appropriation Act, Item 274 N, requires:

1. 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. In addition, the OCS shall provide guidance and training to assist localities in negotiating contracts with therapeutic foster care providers.

3. The Office of Comprehensive Services shall report the information included in this paragraph to the Chairmen of the House Appropriations and Senate Finance Committees beginning September 1, 2011 and each year thereafter.

The Office of Comprehensive Services requested an extension of the due date for reporting on this initiative until December 15, 2012 to allow for inclusion of FY12 data.

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.)*

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 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

	FY10	FY11	FY12
Treatment Foster Care	\$87,118,826	\$87,019,846	\$84,164,960

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

	FY10	FY11	FY12
Average Annual Cost	\$25,384	\$26,258	\$26,122
Average Per Diem Cost	\$110	\$115	\$117

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

	FY10	FY11	FY12
Number of Children Served	3,432	3,314	3260

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

	FY10	FY11	FY12
Average Days of Service Per Youth Per Fiscal Yr	232	229	223

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 FY10- FY12.

Referral Source to CSA - Treatment Foster Care

	FY10	FY11	FY12
Social Services	90%	91%	92%
Education	3%	3%	2%
Juvenile Justice	2%	2%	2%
Community Services Board	2%	2%	2%
Family	<1	0	<1%
Health Dept	0	0	0
Interagency Team	2%	1%	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	FY12
More intensive care	1%	1%	<1%
Less intensive care	<1%	1%	2%
Service not needed	60%	16%	12%
Service not available	<1%	1%	<1%
Family declined service	<1%	<1%	<1%
Service goals obtained	1%	1%	4%
Youth ran away	1%	<1%	1%
Youth non-compliant	2%	4%	3%
No progress toward goal	0	<1%	0
Committed to DJJ	<1%	3%	2%
Youth returned home	10%	23%	20%
IEP revised	0	0	0
Provider terminated service	<1%	0	0
Provider unable to meet needs	0	0	0
Dissatisfaction with provider	0	0	0
Provider license issues	0	0	0
Other funding source	<1%	1%	2%
Family moved	<1%	2%	<1%
Family decision	<1%	<1%	<1%
Adoption	12%	23%	24%
Custody changed	4%	7%	13%
Youth death	0	0	0
Aged out of service	7%	16%	17%