

# OFFICE OF CHILDREN'S SERVICES

ADMINISTERING THE CHILDREN'S SERVICES ACT



## PROGRESS REPORT ON THE CHILDREN'S SERVICES ACT

*Biennial Report to the General Assembly, December 2021*

*In accordance with §2.2-2648.21, COV and the 2021 Appropriation Act Item 292 (H)*

The Children's Services Act (CSA, §2.2-2648 et seq) was enacted in 1993 to create a collaborative system of services and funding for at-risk youth and families.

The CSA establishes local multidisciplinary teams responsible to work with families to plan services according to each child's unique strengths and needs and to administer the community's CSA activities.

The Office of Children's Services (OCS) is the administrative entity responsible for ensuring effective and efficient implementation of the CSA across the Commonwealth.

Guiding principles for OCS include:

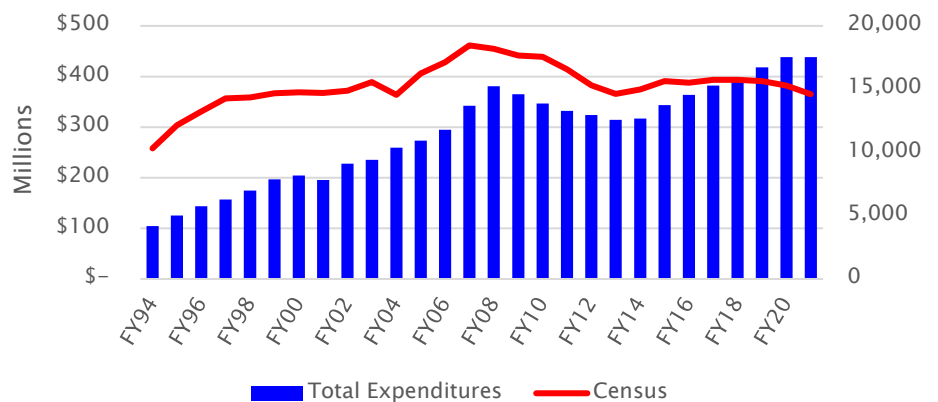
- Child and family directed care,
- Equitable access to quality services,
- Responsible and effective use of public funds,
- Support for effective, evidence-based practices, and
- Collaborative partnerships across state, local, public, and private stakeholders.



The Code of Virginia and the Appropriation Act require that the State Executive Council for Children's Services (SEC) biennially publish and disseminate a progress report on services for children, youth, and families and a plan for such services for the ensuing biennium. As the administrative entity of the Council, the Office of Children's Services (OCS) is pleased to submit the following report. For the FY2020–FY2022 biennium, the Council conducted a planning process that included a survey of various stakeholder groups and a collaborative, full-day session with the State and Local Advisory Team (SLAT).<sup>1</sup> The biennial Strategic Plan and progress in meeting its goals and objectives can be found at the end of this report.

### CSA Expenditures and Utilization

Total Expenditures / Children Served through the CSA, FY1994 – FY2021



Annual CSA expenditures and the number of children served rose consistently from the Act's inception in FY1994 through FY2008. After a decline over five years (2009–2013) in both spending and children receiving services, expenditures have increased significantly. In contrast, the CSA census (number of children served) has risen only slightly and has been essentially stable since FY2015. In FY2021, expenditures were unchanged from the prior year and the census decreased by about 5%. The impact of the COVID-19 pandemic is the most likely explanation for the FY2021 results. The overall increased expenditures since FY2013 are overwhelmingly due to the rise in the number (and associated costs) of children receiving private day special education placements, accounting for almost all of the growth in both expenditures and census. With isolated exceptions, all non-special education expenditure categories have remained essentially flat or declined over this period. In FY2021, special education expenditures rose 1.9%, while all other categories combined declined by 1.5%.

<sup>1</sup>Section 2.2-2501 of the Code of Virginia establishes the SLAT to advise the State Executive Council, manage cooperative efforts at the state level, and support community efforts.

Also noteworthy in FY2021 is that costs (-6.4%) and census (-9.8%) in congregate care (residential placements) continued their steady decline of the past five years. Expenditures for youth served with community-based services were higher (+5.0%), maintaining their upward trend. Such utilization patterns are consistent with the system of care philosophy promoted by the CSA.

### State and Federal Funding Not Included in the CSA State Pool

	<u>FY2020</u>	<u>FY2021</u>
Children’s Mental Health Initiative (DBHDS)	\$ 5,648,128	\$ 5,648,128
Promoting Safe & Stable Families <sup>1</sup> (DSS)	\$ 7,441,580	\$ 7,984,350
Virginia Juvenile Community Crime Control Act (DJJ)	\$10,379,921	\$10,379,921
Title IV-E (Foster Care Maintenance) <sup>2</sup> (DSS)	\$56,690,268	\$51,384,350
Social Services Block Grant <sup>2</sup> (DSS)	\$ 9,419,998	\$ 9,419,998
Medicaid (Treatment Foster Care, Residential Care) <sup>3</sup>	<u>\$79,005,067</u>	<u>\$70,989,732</u>
<b>TOTAL</b>	<b>\$168,584,962</b>	<b>\$155,806,479</b>

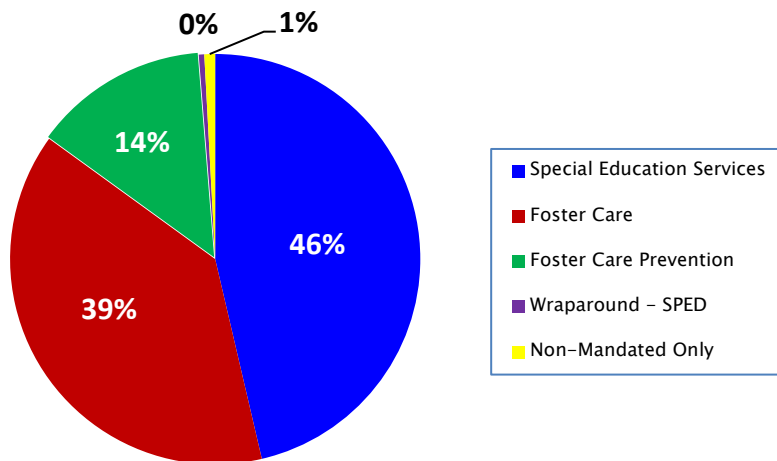
<sup>1</sup>75% Federal Funds

<sup>2</sup>50% Federal Funds. On January 1, 2020, FMAP increased to 56.2% due to COVID-19.

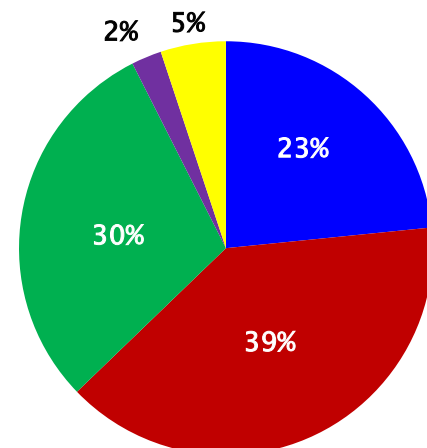
<sup>3</sup>The FMAP rate for Medicaid is typically 50% Federal Funds. Adjustments during the COVID-19 pandemic resulted in higher FMAP rates.

The table above reflects the contributions of funding sources other than CSA pool funds to addressing the needs of children and families. These funds are "braided" with the "blended" CSA pool funds and are utilized for CSA and non-CSA eligible youth and services, in whole or in part, when available to support needed services. Medicaid funds for behavioral health services to children other than residential and treatment foster care are not reported here and are available from the Department of Medical Assistance Services.

### FY2021 CSA Expenditures and Mandate Types



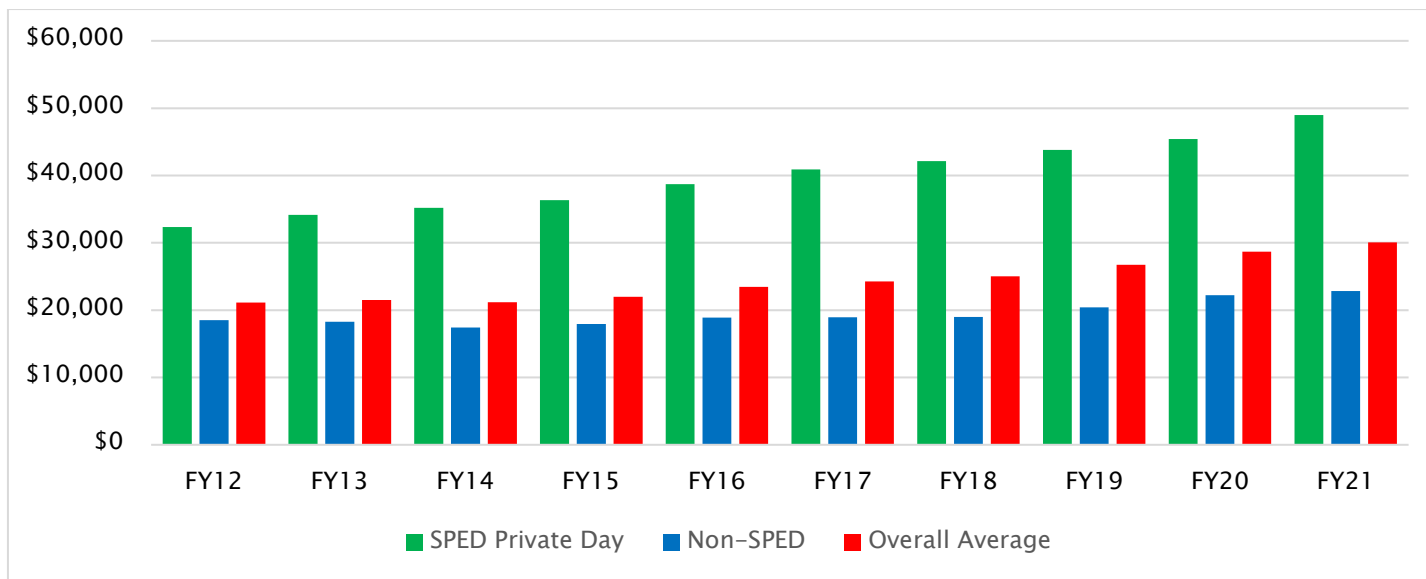
CSA Pool Fund Expenditures by Primary Mandate Type - FY2021  
(Total Net Expenditures = \$438,329,124)



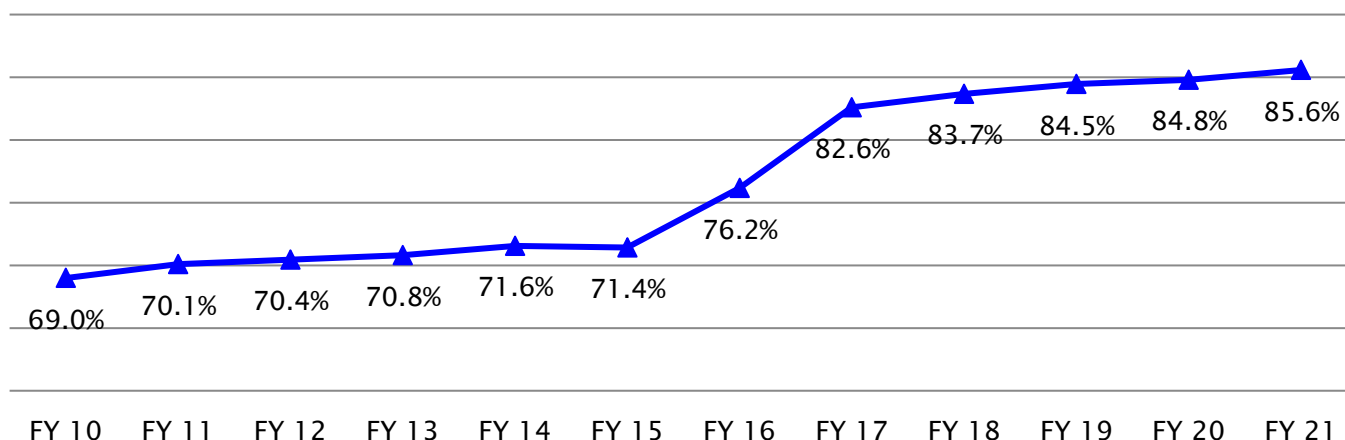
CSA Census by Primary Mandate Type - FY2021  
(Total Census = 14,589)

As seen in the graphs on the previous page, special education services accounted for 46% of the total CSA expenditures in FY2021. However, children in this category accounted for only 23% of the total CSA primary mandates. (Note: Children may have more than one Primary Mandate Type). This disparity is because private day special education placements have an annual per-child cost of \$48,969 compared to an average of \$22,858 for all other categories of children (the combined overall annual average expenditures for FY2021 was \$30,045). Children receiving foster care and foster care prevention services accounted for 69% of the CSA primary mandates but only 53% of expenditures.

Average Annual per Child CSA Pool Fund Expenditures (FY2012 – FY2021)



Percent of Children Served in Community-Based Settings



Serving children in community-based (as opposed to residential or congregate care) settings is at the core of the CSA system of care philosophy. An extensive body of evidence indicates that long-term outcomes are improved when children are safely maintained in their families, schools, and communities. The avoidance, where possible given clinical needs and other concerns, of placements in restrictive, congregate residential settings has long been a goal of the CSA. Performance on this indicator has continued to improve over time.

## Significant Accomplishments FY2020–2021

The following is a synopsis of significant accomplishments related to the Goals and Objectives for the FY2020 – FY 2021 Strategic Plan approved by the State Executive Council for Children's Services in December 2019.

### **Goal 1: Policy and Oversight**

**Objective 1: SEC, with input from SLAT and others, will determine which CSA policies need greater uniformity, flexibility, and alignment (internally and across partners)**

**Two–year metric: Develop a policy revision committee with a stated purpose and work plan and begin implementing the work plan.**

#### **Status:**

- Based on additional feedback, modified the objective to include reviewing and revising policies through equity and trauma–informed lenses.
- Convened the workgroup with a diverse membership from state agencies involved with the CSA; members from the State and Local Advisory Team; representatives of the Secretary of Health and Human Resources; and local government representatives from the Virginia Association of Counties and the Virginia Municipal League. Members with specific expertise in equity and trauma–informed policy analysis are present in the workgroup. A work plan charter has been developed and adopted.
- Reviewed and revised SEC policies on Family Engagement and the Family Assessment and Planning Teams. The revision to the latter policy included a section on alternative Multidisciplinary Teams to align with VDSS guidance for the prevention services under the Family First Prevention Services Act, implemented on July 1, 2021. These revised policies were placed in the SEC public comment and policy review process and approved in December 2021.

**Objective 2: SEC will identify and capitalize on the practice enhancements occurring throughout the CSA participating systems.**

**Two–year metric: Engage in regular updates and discussions of the various system improvement initiative to identify areas requiring additional alignment.**

#### **Status:**

- The SEC has received regular updates on the implementation of the following system improvement initiatives: the Family First Prevention Services Act (VDSS), Project BRAVO (DMAS); STEP–VA (DBHDS); the JLARC Report on CSA; the VDSS five–year plan to prevent child abuse and neglect; and various agency activities to respond to the COVID–19 pandemic.
- The participating state and local agencies involved in the services system for Virginia's children and families have engaged in intensive and substantive collaborative efforts to ensure the alignment of the various initiatives. Specifically:
  - All of the agencies that are or will be funders of certain evidence–based practices (e.g., Functional Family therapy and Multisystemic Therapy) worked (under DMAS leadership) with the Department of Health Professions to adopt unified licensure and clinical supervision requirements for those services.

- The Office of Children's Services and the Department of Social Services worked together to modify the Child and Adolescent Needs Assessment (CANS) instrument and the Local Expenditure Reimbursement System (LEDRS) to support the implementation of the VDSS In-Home Services Model.
- OCS and DSS developed and disseminated a model service contract for local DSS and CSA programs to procure three evidence-based services to be funded under either the Family First Prevention Services Act or through CSA.
- OCS and DSS worked in a highly coordinated manner to support the Family First implementation by developing congruent guidance for prevention services and congregate care through Qualified Residential Treatment Programs (QRTP).
- OCS, DSS, and DMAS worked together to implement a new funding approach for psychiatric residential treatment facility placements for youth in foster care to meet clarified federal guidance.
- OCS, DSS, DMAS, and DBHDS worked together to propose new licensure requirements for congregate care placements to meet the requirements of a QRTP. DBHDS initiated emergency regulatory changes in October 2021.
- Staff from OCS, DSS, DJJ, DMAS, and DBHDS met regularly throughout the COVID-19 pandemic to discuss impacts on congregate-care facilities utilized or regulated by all child-serving agencies
- Many of these practice enhancements were launched during the most recent 12 months (2021). Progress reports, "lessons learned," and modifications will remain prominently in the focus of the SEC, the State and Local Advisory Team (SLAT), and collaborative interagency groups.

## **GOAL 2: Leadership and Collective Action**

**Objective 1: The SEC and SLAT will define and support the development of core leadership and operational competencies and a strategy for building local implementation of the competencies**

**Two-year metric: Identify core leadership and operational competencies and assess current training plans**

### **Status:**

- A SLAT-convened workgroup, including various state and local partners, developed a comprehensive report detailing core leadership and operation competencies for local CSA Coordinators and members of Community Policy and Management (CPMT) and local Family Assessment and Planning Teams (FAPT). The competencies for FAPT members are both generic and specific to the entities the member represents. The report was presented for feedback to the SEC in June 2021 and adopted by the SLAT in August 2021.
  - The report included a set of sample interview questions for CSA Coordinators hiring managers and a description of the *"Characteristics of a High Functioning CPMT."*
  - The report included an assessment and a series of recommendations regarding training resources, both existing and proposed. This report provides a foundation for continued work in the next few years.

**Objective 2: SEC will implement and support outcome-driven practice**

**Two-year metric: Catalogue current measurable outcomes across systems, including the ways they are captured and communicated**

**Status:**

- OCS designed and disseminated a survey to all the state agencies represented on the SEC (OCS, VDSS, DBHDS, DMAS, DOE) to reflect their outcome indicators, frequency and method of collection, and method and frequency of reporting.
  - This information was collated into a consolidated Outcomes Catalogue and presented to the State Executive Council that discussed how to proceed.
- The SEC received a presentation from the Chief Data Officer, Carlos Rivero, on the Commonwealth's data analytics initiative and the potential role of data trusts focusing on CSA outcomes.

**GOAL 3: Empowering Families and Communities**

**Objective 1: SEC, SLAT, and additional partners will develop a guide for youth and families to build understanding about access to needed services**

**Two-year metric: Identify and prioritize relevant categories to be included in the family and youth guide**

**Status:**

- The SLAT convened a workgroup of various state and local partners, with strong representation from family members with lived experiences, to develop the Guide that is now complete and being prepared for publication.
  - An individual with significant lived experience and a professional family support partner working with youth and families chaired the workgroup.
  - The workgroup has also made recommendations for companion products to the Guide, for example, a brief video addressing different aspects of family involvement in the CSA process.
- In a related activity, OCS staff have developed a self-paced distance learning course for the parent representatives on FAPT and CPMT, updated OCS materials on recruitment and retention of parent representatives, and updated the "Information for Families" section on the CSA website.

**Objective 2: The SEC, through OCS, will build community capacity by preparing and assisting localities to implement and sustain evidence-based practices successfully**

**Two-year metric: Create a work plan to assist localities with selecting and implementing EBPs**

**Status:**

- A series of training events, "Virginia, Are You Ready?" was jointly planned, funded, and implemented by the state agencies represented on the SEC and local partners. These events were intended to assist local teams from the various child-serving agencies in learning about and enhancing their readiness to implement and support evidence-based practices. The events were led by faculty from the National Implementation Research Network (NIRN) and included presentations on agency implementations, including the Virginia Tiered Systems of Support (DOE), Juvenile Justice Transformation (DJJ), and High Fidelity Wraparound (OCS and DBHDS). Pre and post-event surveys were collected and analyzed, revealing that the most significant gains were seen in participants' cognitive understanding of the principles and benefits of implementation science (e.g., "I understand the stages of

implementation"). In contrast, the smallest gains were seen in participants' perceived confidence in their ability to apply these concepts and their feasibility on application to their work. Follow-up activities are being planned to advance local implementation.

- The Center for Evidence-Based Partnerships in Virginia was formed through cross-agency planning, funding, and the development of an interagency Memorandum of Agreement. Participating agencies included DBHDS, DSS, DJJ, OCS, DMAS, and VDH. An interagency Governance Committee has been established and is meeting monthly to define, monitor, and support this work of the Center. The purpose of the Center is to facilitate partnerships between state agencies and institutions of higher education (initially with Virginia Commonwealth University). Initial projects include developing an evidence-based provider database, fidelity monitoring across agencies, and conducting needs assessments for further expansion of EBPs.

### **Revisions to the Strategic Plan**

Based on the accomplishments listed and a review of the previously established two- and four-year metrics, the State Executive Council adopted revisions to the Strategic Plan for 2022 - 2023. The revised Plan was adopted at the December 2021 meeting of the SEC and is found on the following pages.

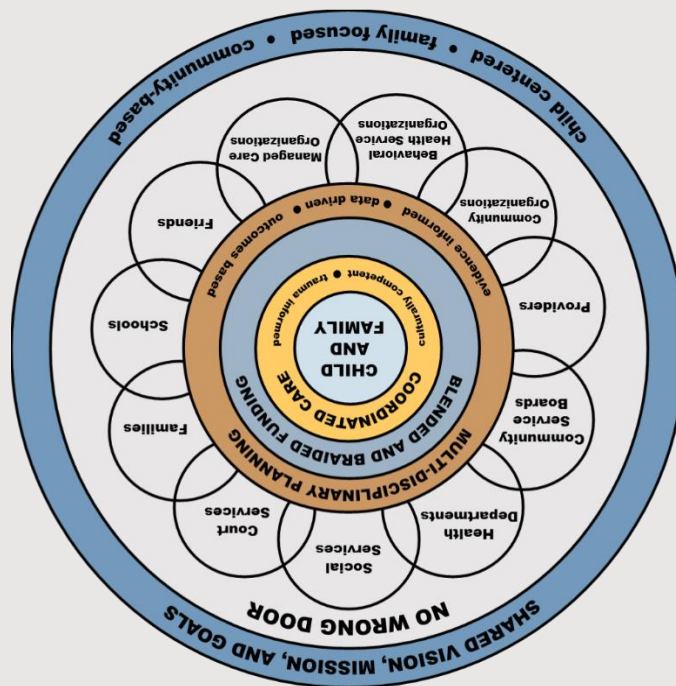




## TWO-YEAR TELESCOPE

By 2024, Virginia will be well down a path to successfully implementing more effective services to support its children and families. The Children’s Services Act and the State Executive Council for Children’s Services are vital participants in this effort. This work includes support for the introduction of evidence-based approaches toward preventing children’s entry into foster care, the redesign of the behavioral health components of the state Medicaid plan, equitable access to core services through community services boards, reduced recidivism, and improved outcomes for juveniles involved with the justice system, and necessary school-based supports for students. Increased attention to and reporting meaningful outcomes and metrics will be evident, as will efforts to ensure family voice and choice.

The hallmark of these activities will be cross-partner and cross-system leadership and alignment to create clarity, consistency, and collective impact at the state and local levels. Strong partnerships are the mechanism by which improved practices and outcomes are realized.



## STATE EXECUTIVE COUNCIL FOR CHILDREN’S SERVICES



## POLICY + OVERSIGHT



Policy can either help or hinder alignment of shared efforts.

1. The SEC, with input from SLAT and others, will determine and revise which CSA policies need improved uniformity, flexibility, and alignment (internally and across partners.)

Two-Year Metric: Continue, through the work of the SEC Policy Review Workgroup, prioritized revisions to CSA policies with an additional focus on the use of equity and trauma-informed lenses.

2. The SEC will identify and capitalize on the practice enhancements occurring throughout the CSA participating systems.

Two-Year Metric: The SEC will continue to engage in regular updates and discussions of the various system improvement initiatives to identify areas requiring additional alignment. Areas for collaboration will be identified and acted upon.

## LEADERSHIP + COLLECTIVE ACTION



In order to promote alignment, we will lead by example and collaborate on a shared vision and key outcomes.

1. The SEC and SLAT will define and support development of core leadership competencies for local CSA leaders, Community Policy and Management Teams, and Family Assessment and Planning Teams.

Two-Year Metric: Develop and implement a comprehensive curriculum and related strategies to address identified core leadership and operational competencies and for building local capacity as developed by the workgroup of the State and Local Advisory Team (SLAT).

2. SEC will implement and support outcome-driven practices.

### Two-Year Metric:

- OCS will complete a five-year CSA outcomes report at the state and local level and will develop and disseminate services specific outcome reporting and tools for localities.
- SEC member agencies will support the work of the Center for Evidence Based Partnerships in Virginia

## EMPOWERING FAMILIES AND COMMUNITIES



An important contribution to alignment is honoring the voice and choice of families and youth as well as building capacity of the communities that serve them.

1. SEC, SLAT, and additional partners will develop a guide for youth and families to build understanding about access to needed services.

Two-Year Metric: Complete development and distribution of the family and youth guide to CSA, including ancillary products (e.g., training curriculum, videos).

2. The SEC, through its partner entities, will build community capacity by preparing and assisting localities to successfully implement and sustain evidence-based practices.

### Two-Year Metrics:

- Number of available EBP's for children/families
- Assessment of EBP availability/capacity across the Commonwealth
- Number of trained EBP providers
- Number of children/families receiving EPBs
- Number of, and attendance at, EBP related training events