

Actions to Transform CSA

Presentation to the Joint Subcommittee
Studying the Comprehensive Services for
At-Risk Youth & Families

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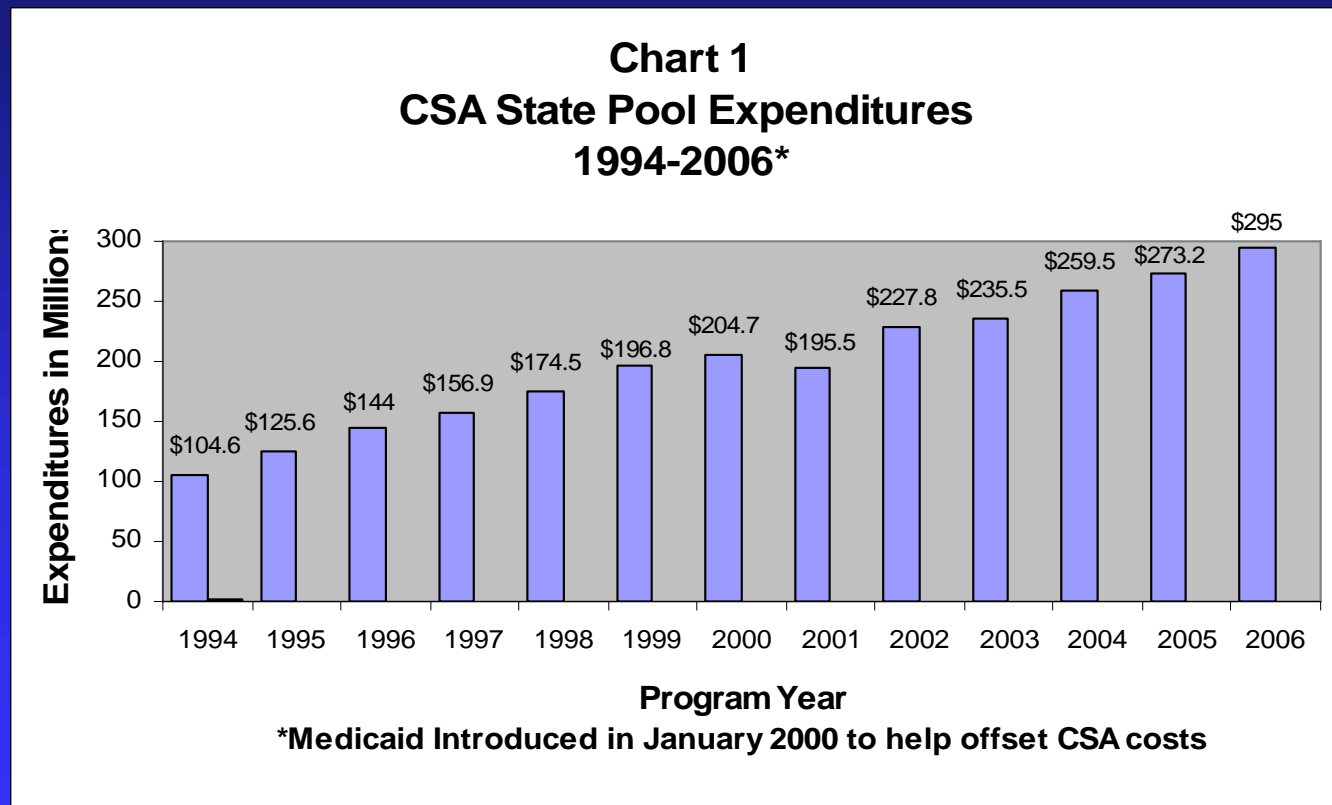
Overview

- Increased Need for JLARC Recommendations
- Actions to Transform CSA
 - ◆ Transition to Serving Children in Community
 - ◆ Strengthen Community CSA Systems
 - ◆ Improve Informed Decision Making
- Next Priorities



Increased Need for Recommendations

- CSA state pool expenditures increased steadily for state and local governments* (*\$104.6 million in 1994 - \$295 million in 2006*)

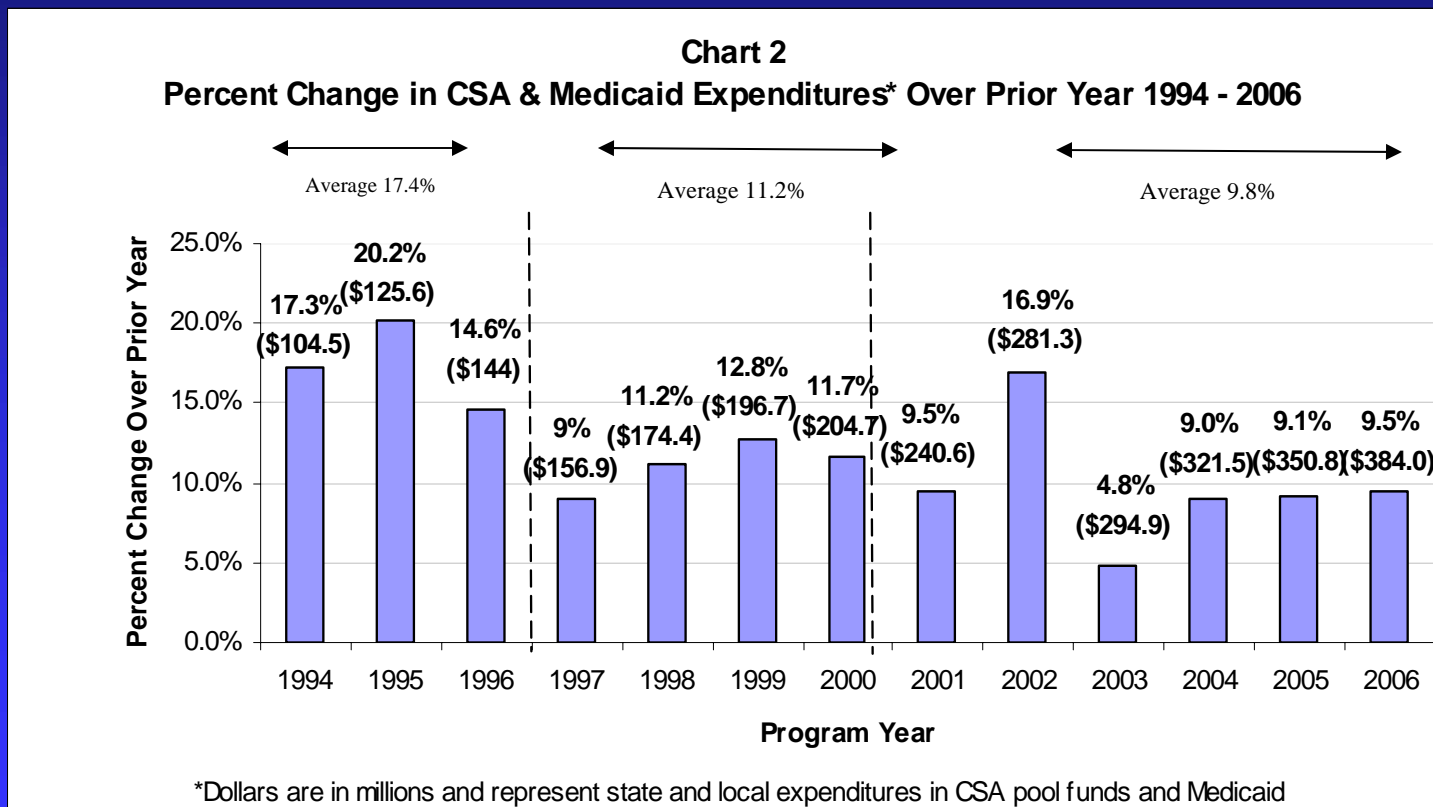


* In FY06, the average local match was 36%; the average state match was 64%. Local match ranged from 19% to 53%.

Increased Need for Recommendations

Declining rate of growth

- Since implementation, the overall rate of increase over the prior year has declined from 17.4% – 9.8% in CSA and Medicaid expenditures.



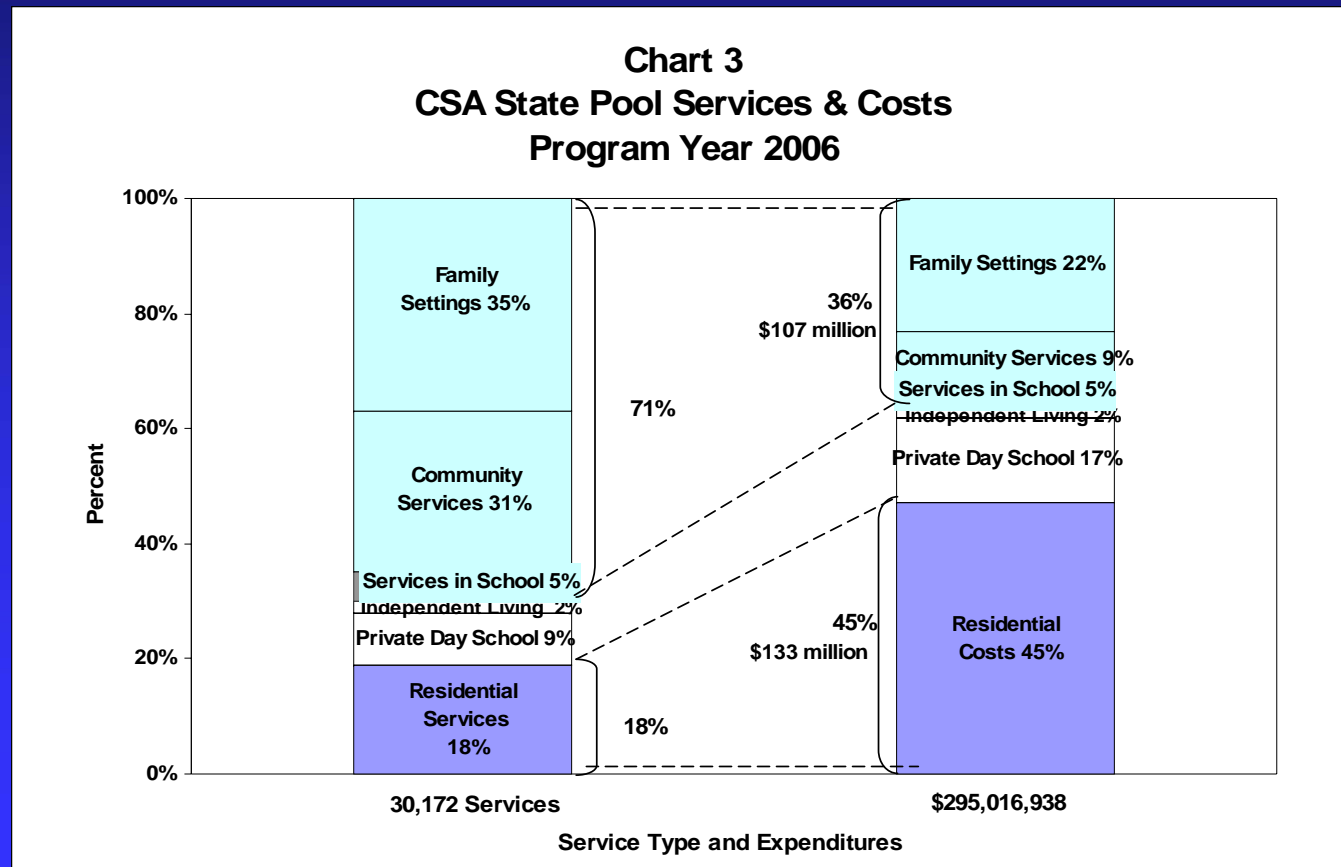
Increased Need for Recommendations

Recent changes increasing CSA costs

- CSA paying for services no longer reimbursed by federal government
- Fewer children eligible for Title IV-E funds
 - ◆ Eligibility change - Rosales court decision (*\$1.9 million in FY07*)
 - ◆ Child & Family Services case reviews
- Medicaid change due to Federal Deficit Reduction Act - March 2007
 - ◆ Narrowed definition of case management in treatment foster care
 - ◆ Annual expenditures about \$17 million for 1,372 children
 - ◆ Estimated \$11.6 million transferring to CSA
 - ◆ FY07 (*3 months*): \$1.2 million state; \$0.5 million local
 - ◆ FY08: \$3.6 million state; \$2 million local
 - ◆ Budget language: examine feasibility of using Title IV-E; requires standard definitions and rates across state; report due October 1
- Custody relinquishment issue, eligible children may now access residential and community services based on needs

Increased Need for Recommendations

- 18% of CSA services are residential (*residential treatment facilities, group homes, psychiatric hospitals*), representing almost half of costs (45%).

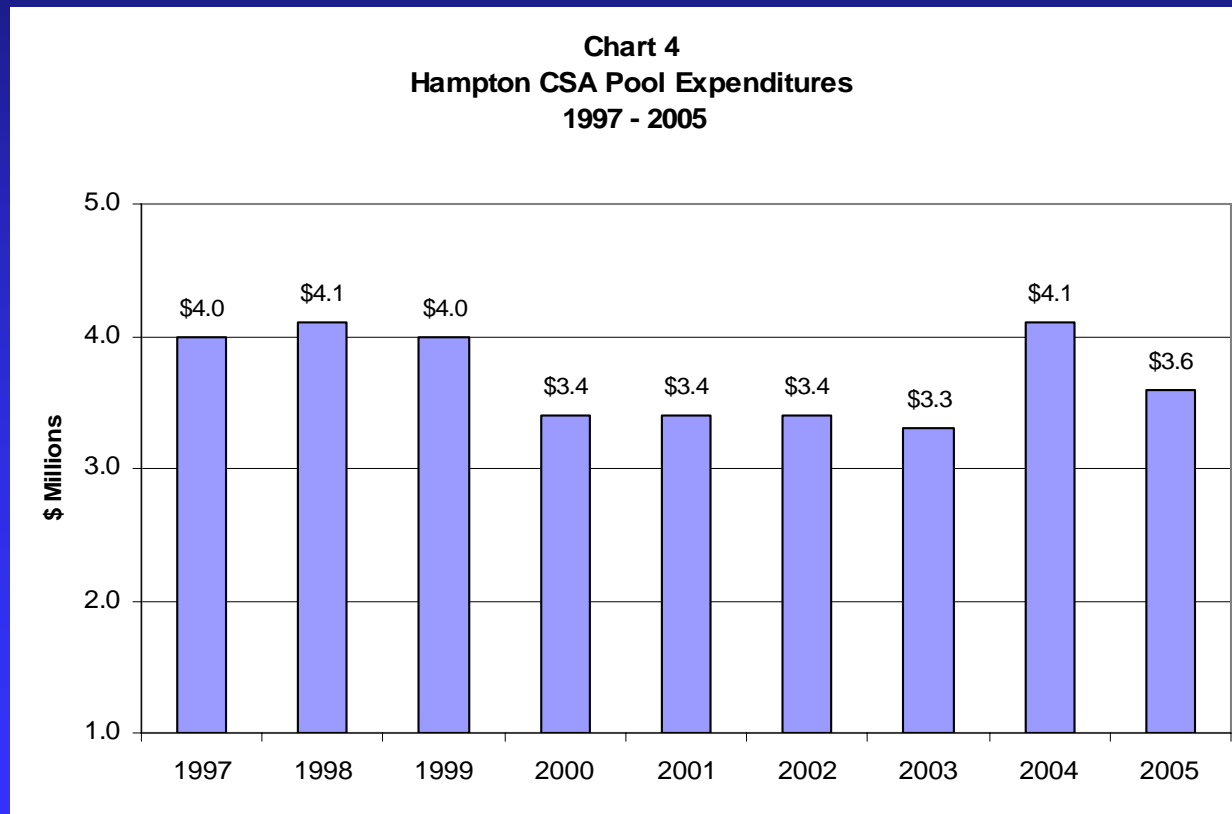


Increased Need for Recommendations

- One out of every four CSA children (4,275) was placed in residential care at some point during the year.
- Almost \$200 million in state, local & Medicaid funds was spent on residential care for CSA children, not including federal IV-E and other Medicaid expenditures paid during these placements.
 - ◆ Over \$133 million in CSA pool funds spent on residential care, representing almost half (45%) of all CSA expenditures (*\$295 million*)
 - ◆ An additional \$66.5 million in Medicaid expenditures spent on CSA children in residential treatment facilities and group homes.

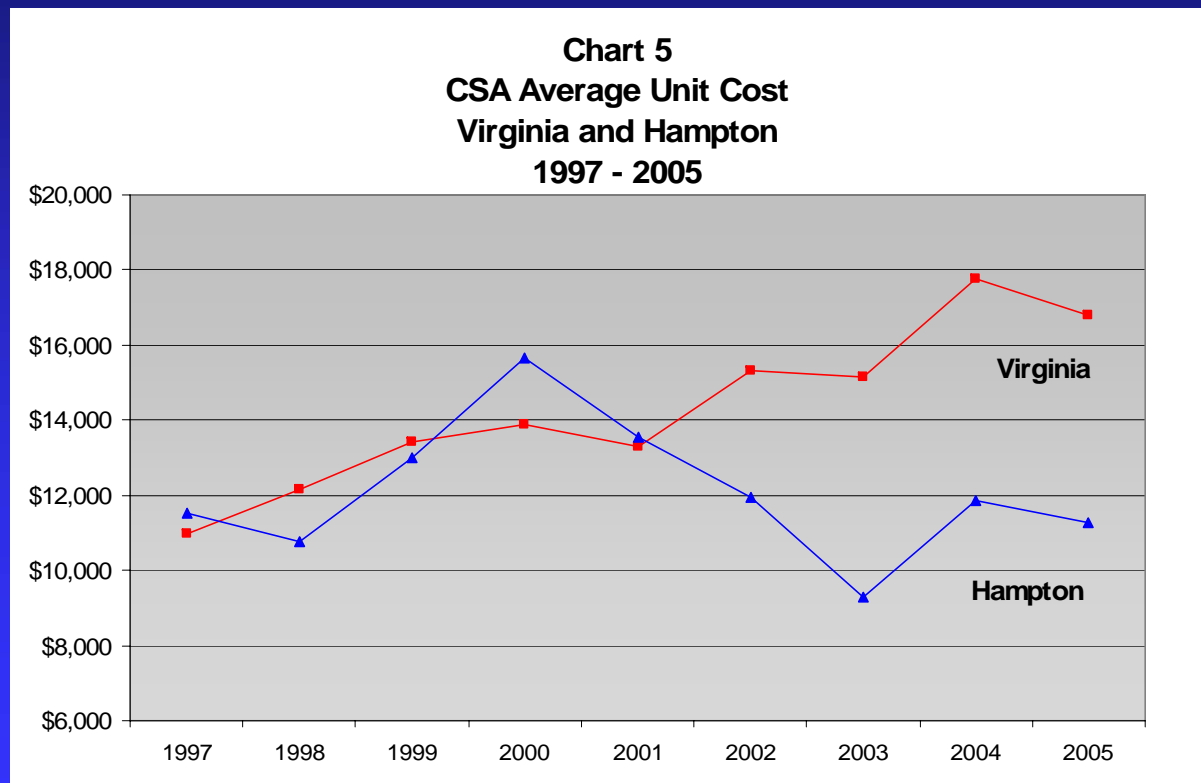
Transition to Community Services

- Hampton CSA system has controlled CSA pool costs through serving children in the community (*\$4 million in 1997 to \$3.6 million in 2005*).



Transition to Community Services

- While statewide the average unit cost for all CSA services increased, Hampton's decreased.



Transition to Community Services

Expand Innovative Community Services Grants (JLARC #18)

- General Assembly - \$250,000 in FY07; \$500,000 in FY08 - competitive start-up funds to localities
 - ◆ Spark development of community services – up to 18 month grants
 - ◆ Return, or prevent, residential placements for children who can be served effectively in community
 - ◆ Transition sustainability to existing funding streams
 - ◆ Document child and family outcomes
 - ◆ Calculate costs avoided; identify strategies for reinvestment.
 - ◆ Provided data on children & expenditures in residential care 2005 & 2006 and resource tools
 - ◆ 30 proposals from half of all communities with over half (52%) of CSA children in residential care statewide; requested \$8.44 million
- Develop methodology allowing localities that reduce costs per child to reinvest difference in developing community services (*JLARC # 19*)

Transition to Community Services

16 communities funded

- *Hampton City* – \$52,446 - “host homes” where families live in homes of mentor families.
- *Lee, Scott and Wise Counties; City of Norton* – \$160,731 – regional wraparound coordinator, behavioral aide, funds to recruit/train therapeutic foster parents.
- *Loudoun County* – \$160,000 - wraparound coordinator and flexible funds to meet family needs that cannot be funded in other ways.
- *Montgomery , Floyd, Pulaski and Giles Counties; City of Radford* – \$100,239 - transition coordinator to bring children back to their community.
- *Richmond City* – \$196,691 - evidenced-based Multidimensional Treatment Foster Care.
- *Roanoke and Botetourt Counties; Cities of Salem and Roanoke* – \$79,893 - transition coordinator.

Transition to Community Services

Initiatives & momentum for major systems transformation

- Strengthen families & bring children home
 - ◆ First Lady's "For Keeps" Initiative on permanent family connections
 - ◆ Annie E. Casey Foundation strategic consulting – reducing out of home care and reinvesting to expand community services
 - ◆ DMAS Federal 5 year grant bringing children home from psychiatric residential treatment facilities
 - ◆ DMHMRSAS System of Care Grants
 - ◆ Commission on Youth's conference on evidenced based practices in community systems of care
- Across all branches of government
 - ◆ Joint Legislative Subcommittee on CSA
 - ◆ JLARC study on children's residential care through CSA
 - ◆ Attorney General's opinion on custody relinquishment
 - ◆ Chief Justice's Commission on Mental Health Reform

Strengthen Community CSA Services

- Invest in local CSA programs to serve children effectively in the community and reduce rate of growth in CSA expenditures
 - ◆ Clinical assessments & intensive care coordination
 - ◆ Utilization management function – effective managed care technology (*JLARC- localities spend \$3,016 per child less in residential care*)
 - ◆ CSA Coordinators (*JLARC – localities spend \$14,000 per child less in residential care*) (*JLARC 25*)
- Strengthen CSA community teams
 - ◆ Document best practices in Hampton & other communities
 - ◆ Develop guidelines, tools, best practices & skill building for serving children effectively in home, school & community (*JLARC 24, 27, 28*)
 - ◆ Case workers: clinical & comprehensive child & family assessments
 - ◆ Family Assessment & Planning Team: creative service planning & cross systems funding
 - ◆ Community Policy & Management Team: assess critical service gaps, pool & maximize resources across sectors, develop action plans
 - ◆ Develop model job description for CSA Coordinators (*JLARC 26*) and Utilization Management

Improve Informed Decision Making

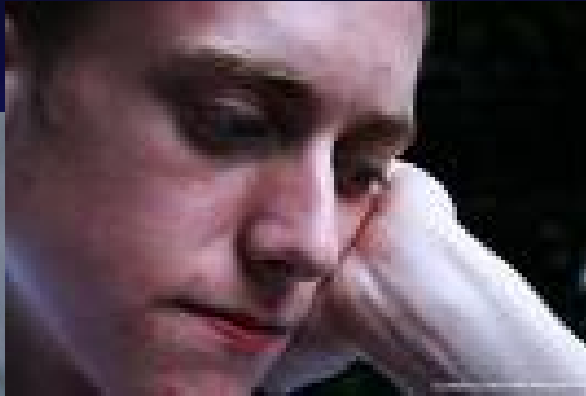
- State Executive Council approved developing plans & cost estimates by October 2
 - ◆ Tailor CANS assessment instrument for Virginia & develop training plan (*JLARC 10*)
 - ◆ Develop assessment tool for residential placements
 - ◆ Replace service fee directory (*JLARC 21, 22*)
 - ◆ Refine CSA data set
 - ◆ Add reasons services ended (*JLARC 11*)
 - ◆ Add provider number to link with service fee directory (*JLARC 14*)
 - ◆ Modify to capture CANS outcome measures
- Report to Joint Subcommittee Studying CSA

Improve Informed Decision Making

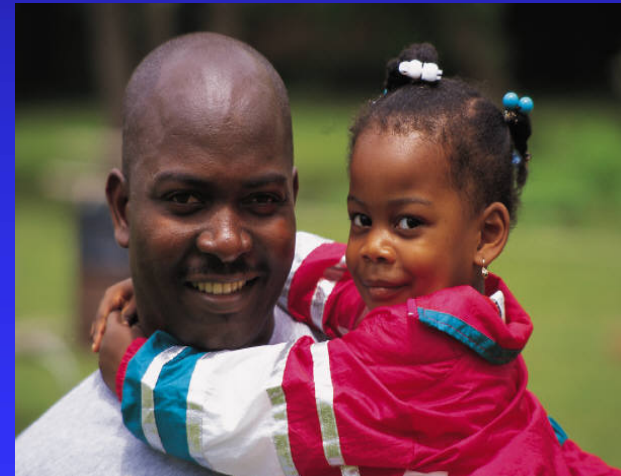
- Improved assessment information with child & family
- Track CSA performance measures
 - ◆ Increase proportion of children served in home, school, community.
 - ◆ 38.44% in 2005
 - ◆ 41.72% in 2006
 - ◆ 50% target by 2009
 - ◆ Improve child & family functioning
 - ◆ Improve child's success in school
 - ◆ Increase family satisfaction/engagement
- Profile on providers
 - ◆ Demographics, services, outcomes & expenditures on CSA children
 - ◆ Compliance and financial information
- Update standard provider contract (*JLARC 13*)

Next Priorities

- Develop System of Care Academy
- Conduct cost-benefit & feasibility analyses of five options to increase regular foster families. Report by June 30, 2008 (*JLARC 20*)
- Report all expenditures associated with serving children who receive CSA services (*JLARC 15*)
 - ◆ CSA state pool
 - ◆ Medicaid
 - ◆ Title IV-E
- Determine scope of children to track through CSA
 - ◆ Children who have emotional/behavior problems (*JLARC 16*)
 - ◆ Other troubled & at risk youth (*JLARC 17*)
 - ◆ Assess most cost effective way to gather and report demographic, service and expenditure data.



Thank You!



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