

Paradigm Shift in CSA

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

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CSA Statutory Framework

Purpose

- Improve outcomes for youth & families
- Control rate of growth in expenditures

Collaborative system of services & funding

- Child centered
- Family focused
- Community based
- Cost effective



CSA Statutory Framework

Preserve & strengthen families

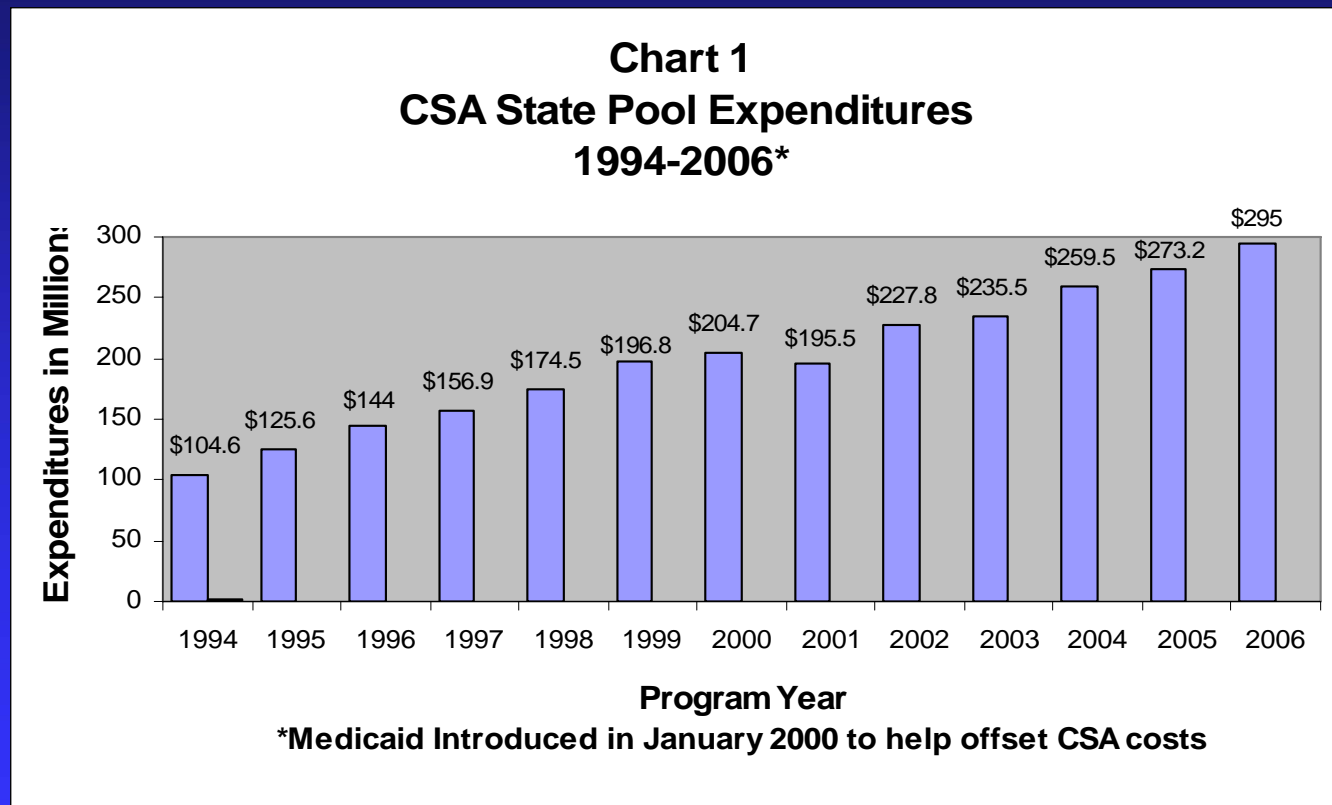
- Enable children to remain in homes, schools & communities when possible
- Provide services in least restrictive environment that effectively & appropriately meets needs
- Protect child welfare & public safety

Simplify funding

- Consolidate categorical funding across agencies
- Place authority & accountability with community teams
- Provide communities greater flexibility in use of funds

CSA Expenditures Statewide

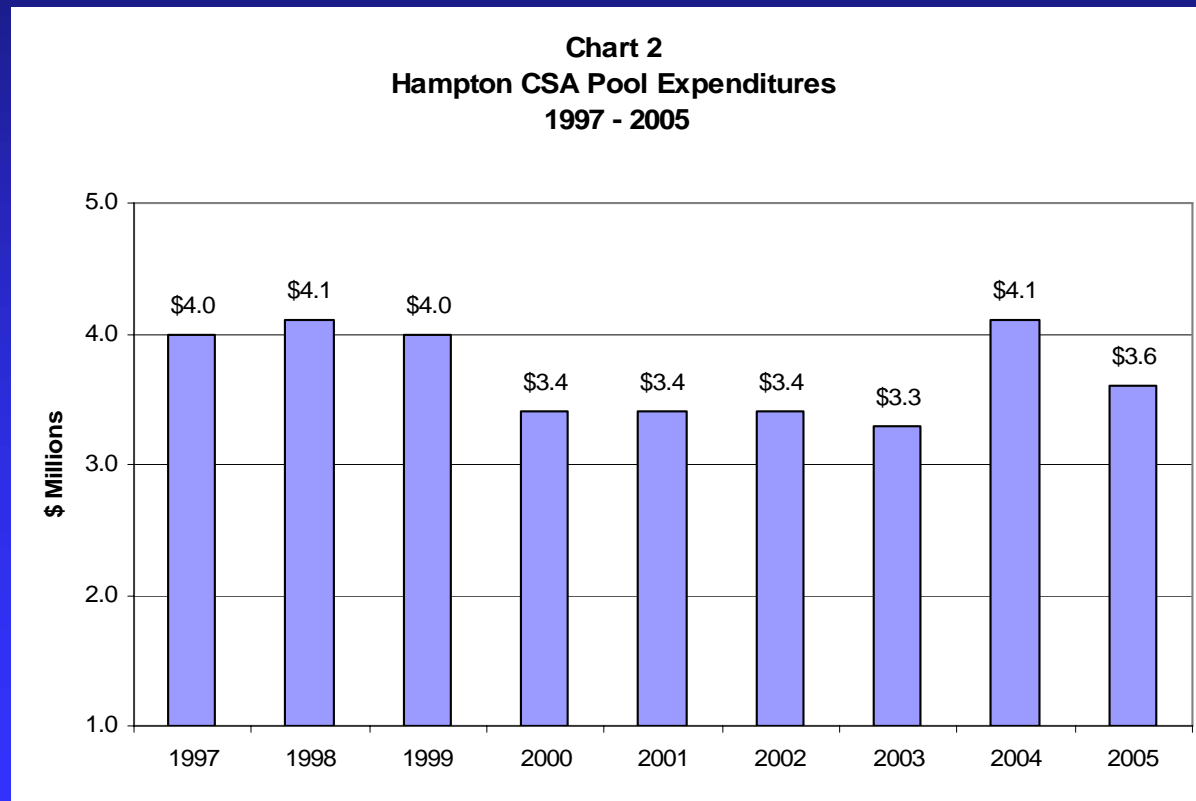
- While CSA state pool expenditures increased steadily for state and local governments* (*\$104.6 million in 1994 - \$295 million in 2006*)



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

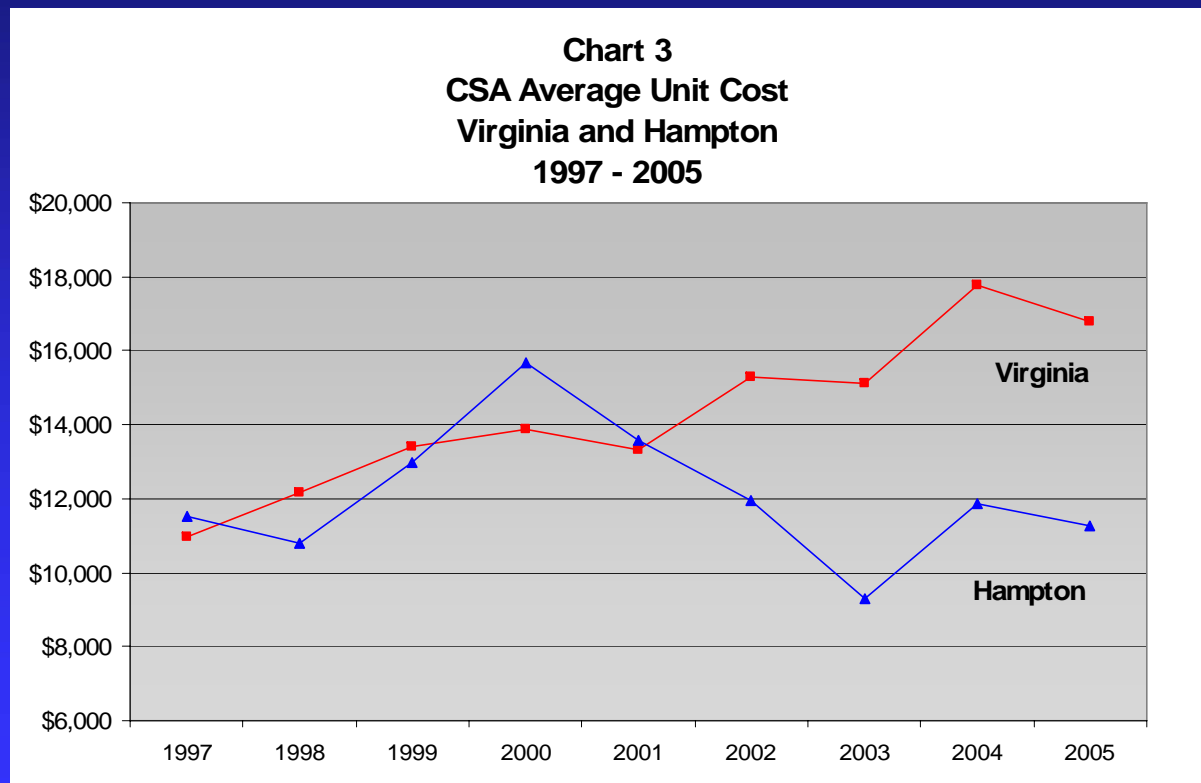
Paradigm Shift

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



Paradigm Shift

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



CSA Expenditures Statewide

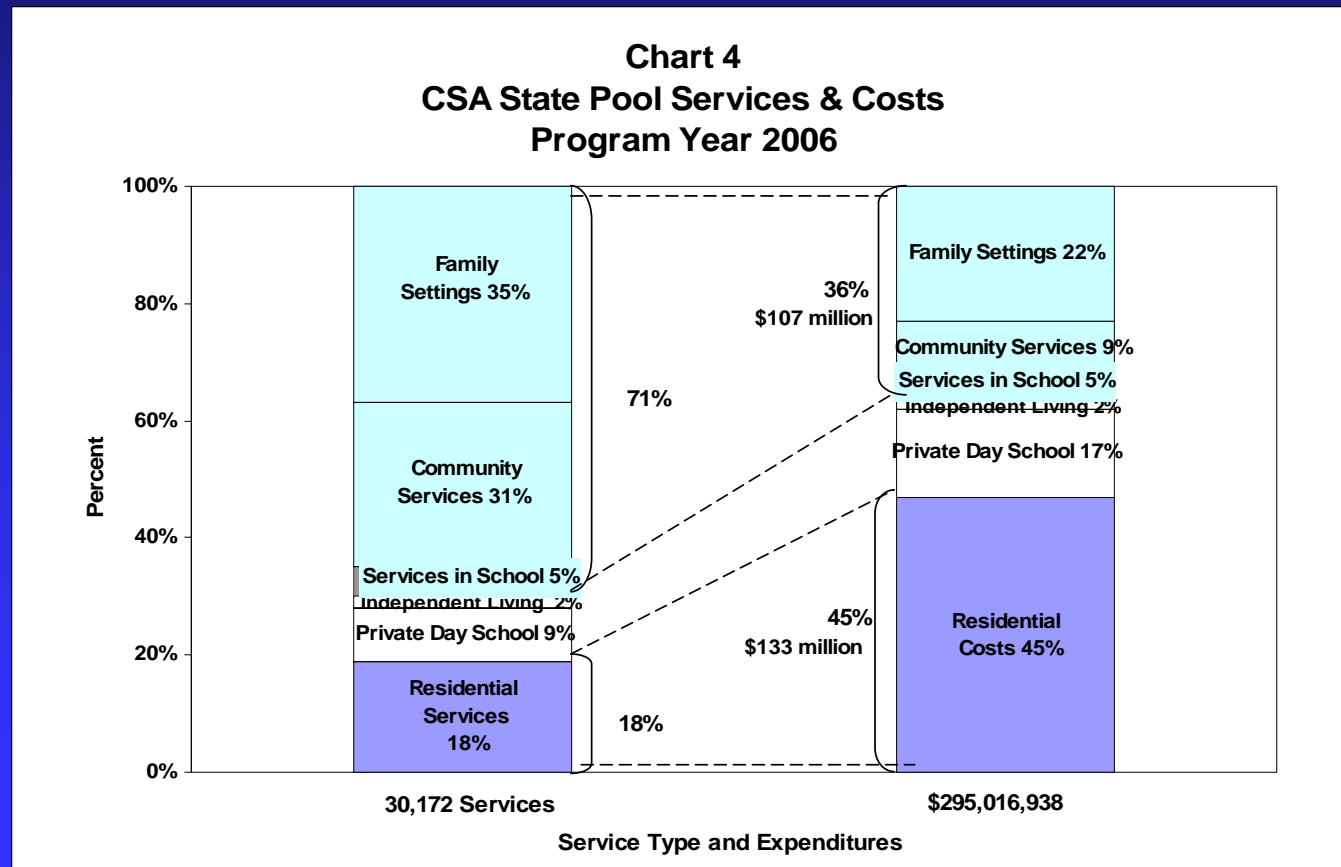
While one out of every four CSA children ...

- 4,275 children were placed in residential care at some point during the year.
- Costing almost \$200 million in state, local & Medicaid funds 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.

CSA Expenditures Statewide

While residential care services are 45% of CSA costs...

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



Paradigm Shift

Hampton community services are 43% of CSA costs

	<u>Services</u>		<u>Expenditures</u>	
	<u>Hampton</u>	<u>State</u>	<u>Hampton</u>	<u>State</u>
Residential care	4%	18%	13%	45%
Community services	42%	31%	43%	9%
Family foster homes	39%	24%	15%	5%
Therapeutic foster	3%	11%	3%	17%
Special ed private day	7%	9%	20%	15%

Paradigm Shift

Array of community services in homes & schools

- Comprehensive assessments
- Crisis intervention/stabilization
- Natural family/community supports
- Short-term emergency necessities
- Family support/education
- Respite care
- Specialized wrap around services
- Intensive in-home services
- Behavioral aides
- School-based services
- After school services
- Supervised social/recreational
- Mentoring
- Individual, group, family therapy
- Substance abuse services
- Therapeutic day treatment
- Vocational services
- Independent living services
- Medical management
- Care coordination

CSA Expenditures Increasing

- CSA paying costs no longer reimbursed by federal government
 - ◆ Fewer children eligible for federal Title IV-E funds
 - ◆ Medicaid change in Federal Deficit Reduction Act
 - ◆ Definition of case management in treatment foster care
 - ◆ Estimated \$11.6 million transferring to CSA
- Bringing state into compliance on custody relinquishment
- Increased number of children in CSA
- More children in restrictive, costly services
 - ◆ Residential care
 - ◆ Special education private day placements

Paradigm Shift

Categorical System

System of Care

Agency silos	⇒	Collaborative teams
Reactive & crisis-oriented	⇒	Assess & intervene earlier
Blame/ignore family	⇒	Engage family as partners
Restrictive & intensive services	⇒	Family & community services
Child out of home/community	⇒	Child in home/community
Fragmented; no one accountable	⇒	Care coordinator for child
Agencies protecting resources	⇒	Pooling resources
Escalating expenditures	⇒	Controlling costs; reinvesting
Lack of accountability	⇒	Tracking outcomes

Paradigm Shift

Initiatives & momentum to bring children home

- First Lady's "For Keeps" Initiative
- Annie E. Casey Foundation – reducing congregate care; reinvesting in community services
- Innovative Community Services Grants
- DMHMRSAS System of Care Grants
- Commission on Youth's & DMHMRSAS conference
- CSA results accountability
- DMAS Federal 5 year grant
- Chief Justice's Commission on Mental Health Reform

Paradigm Shift

Commission on Youth & DMHMRSAS Conference

- Themes
 - ◆ Strengthening family & youth voices
 - ◆ Implementing an effective system of care in your community
 - ◆ Evidence based & promising practices within systems of care
- 550 participants
- National, state, local & family presenters
 - ◆ Effective system of care models (*Wraparound Milwaukee; Dawn Projects in Indiana, Ohio and Maryland*)
 - ◆ Strength based assessments & creative wrap around services
 - ◆ Permanency for foster care youth
 - ◆ Evidence based practices & tools
 - ◆ Community needs assessments
 - ◆ Assessing system performance
- Session with local government officials

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CSA Results Accountability

- Tracking child & family outcomes
 - ◆ CANS assessment instrument
 - ◆ Child & family functioning
 - ◆ Child progress in school
 - ◆ Family engagement
 - ◆ Revising CSA data set; link to other agency outcome measures?
 - ◆ Permanency outcomes - DSS
 - ◆ Recidivism – DJJ
 - ◆ Education outcomes – DOE??
 - ◆ Employment – VEC?
- Using data & incentives: transition to community care
 - ◆ Reduce number of youth in residential care & special education day placements who can be effectively served in home/school
 - ◆ Reduce length of stay
 - ◆ Increase use of community services

Paradigm Shift

DMAS Federal 5 year grant: projected December 1 start

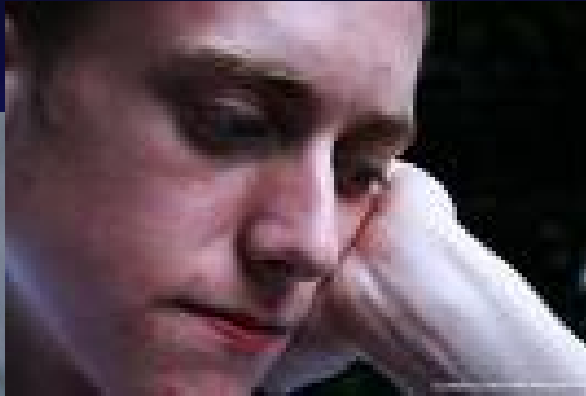
- Goals
 - ◆ Shorten stays in psychiatric residential treatment facilities
 - ◆ Expand community services
 - ◆ Improve child & family outcomes

- New community services
 - ◆ Transition coordination
 - ◆ In-home services
 - ◆ Companion services (behavioral aides)
 - ◆ Training for family caregivers
 - ◆ Service facilitation
 - ◆ Respite services
 - ◆ Therapeutic consultation
 - ◆ Environmental modifications

Paradigm Shift

Chief Justice's Commission on Mental Health

- Child & Adolescent Task Force recommendations
 - ◆ Fund incentives in CSA to limit residential care & reinvest in community services
 - ◆ Mandate services through community services boards
 - ◆ Crisis stabilization
 - ◆ Family support & respite
 - ◆ In home services
 - ◆ Day treatment
 - ◆ Psychiatric services
 - ◆ Develop state policy on use of residential care
 - ◆ Strengthen case management & utilization management by the CSBs with residential services
 - ◆ Build partnerships with universities for best practices & evaluation



Thank You!



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