

Comprehensive Services for At-Risk Youth & Families (CSA)

Presentation to CSA Joint Subcommittee

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Overview

- Impetus for CSA
- CSA Statutory Framework
- Children, Services & Expenditures
- Major Challenges/Initiatives



Impetus for CSA

Virginia Department of Planning & Budget's study on children's residential services (1990)

- Costs increasing 22% annually
- Over 14,000 children across four agencies - 4,993 children
- More than 80% of children - 2 or more agencies
- Complex funding structure – 14 funding streams

Impetus for CSA

Council on Community Services for Youth & Families

- Created by Secretary of Health & Human Resources in 1990
- Improve services for youth with emotional/behavioral problems and their families
- Control escalating rate of growth in expenditures
- Recommended restructuring services and funding

CSA Statutory Framework

Purpose

- Create collaborative system of services & funding
 - ◆ Child-centered
 - ◆ Family-focused
 - ◆ Community-based
- Preserve and strengthen families
 - ◆ Enable children to remain in their homes, schools & communities whenever possible
 - ◆ Provide services in the least restrictive environment that effectively and appropriately meets needs
 - ◆ Protect the welfare of children and maintain public safety

CSA Statutory Framework

Purpose

- Design and provide services that respond to strengths and needs of children and their families
- Increase family involvement & interagency collaboration
- Encourage public/private partnership in service delivery
- Identify and intervene early with young children, at risk of emotional/behavior problems, and their families.

CSA Statutory Framework

- Simplified funding
 - ◆ Pooled 8 categorical funds across 4 agencies
 - ◆ Instituted one local match rate
 - ◆ Reduced disparity in accessing services
- Allocated funds to community collaborative teams
- Placed authority and accountability for funding & service decisions at local level
- Provided communities greater flexibility in use of funds to purchase public or private services
- Maintained each agency's responsibility for normal services
- Established trust fund

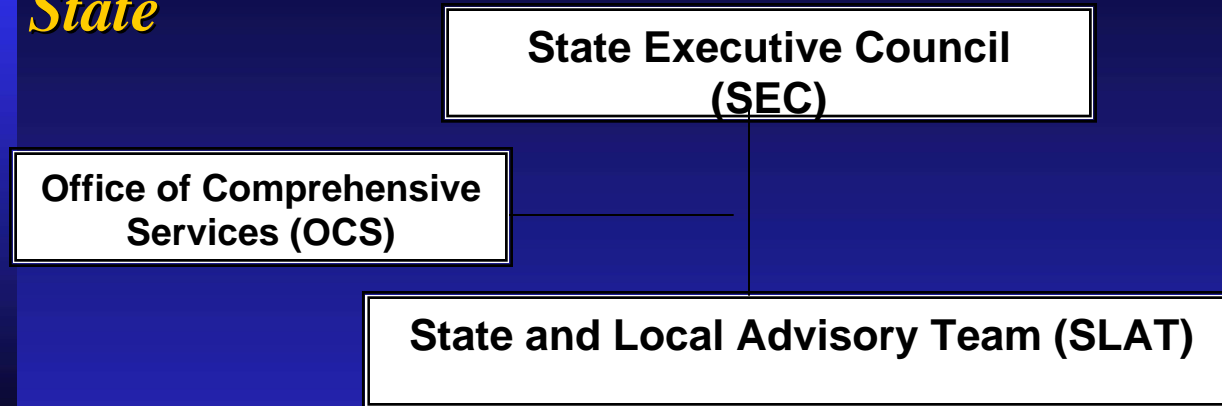
CSA Statutory Framework

- Eligible children & their families
 - ◆ Serious emotional or behavioral problems
 - ◆ Need services beyond what agency can provide or require coordination of at least two agencies
 - ◆ At imminent risk, or placed, in residential care

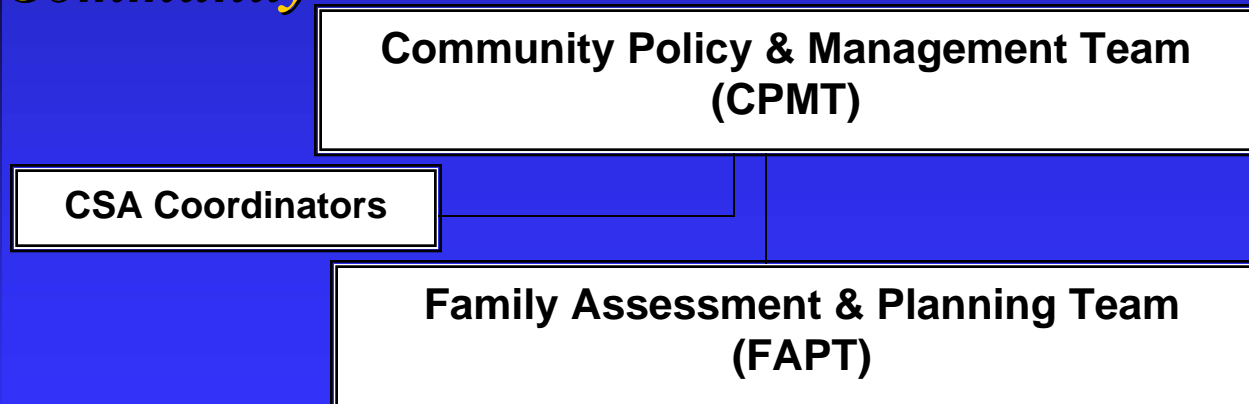
- Mandated populations for CSA pooled funds
 - ◆ Children in foster care & special education
 - ◆ Required by federal law
 - ◆ Sum sufficient funding for needed services

CSA Statutory Framework

State



Community



CSA Statutory Framework

Created infrastructure of collaborative teams

- Community Policy & Management Teams (*CPMTs*)
 - ◆ Manage collaborative effort
 - ◆ Establish interagency policies
 - ◆ Manage CSA funds
 - ◆ Lead community-wide planning to assess needs & services
 - ◆ Maximize use of resources across sectors
 - ◆ Develop needed community services

- CSA Coordinators manage local CSA implementation.

CSA Statutory Framework

- Child and/or family comes to local child serving agency
- Agency refers child/family to FAPT if too complex
- Family Assessment & Planning Team (*FAPT*)
 - ◆ Engages child and family as partners
 - ◆ Assesses strengths/needs of child & family
 - ◆ Develops individual family service plan
 - ◆ Designates one person to coordinate care
 - ◆ Refers child & family for community resources
 - ◆ Reassesses plan based on progress and need.

CSA Statutory Framework

- State Executive Council (*SEC*)
 - ◆ Provides leadership
 - ◆ Oversees state interagency policies

- State and Local Advisory Team (*SLAT*)
 - ◆ Advises SEC on interagency program & fiscal policies
 - ◆ Operationalizes SEC decisions

- Office of Comprehensive Services (*OCS*)
 - ◆ Serves as administrative entity of SEC
 - ◆ Manages CSA funds
 - ◆ Provides localities technical assistance, training, best practices and management tools

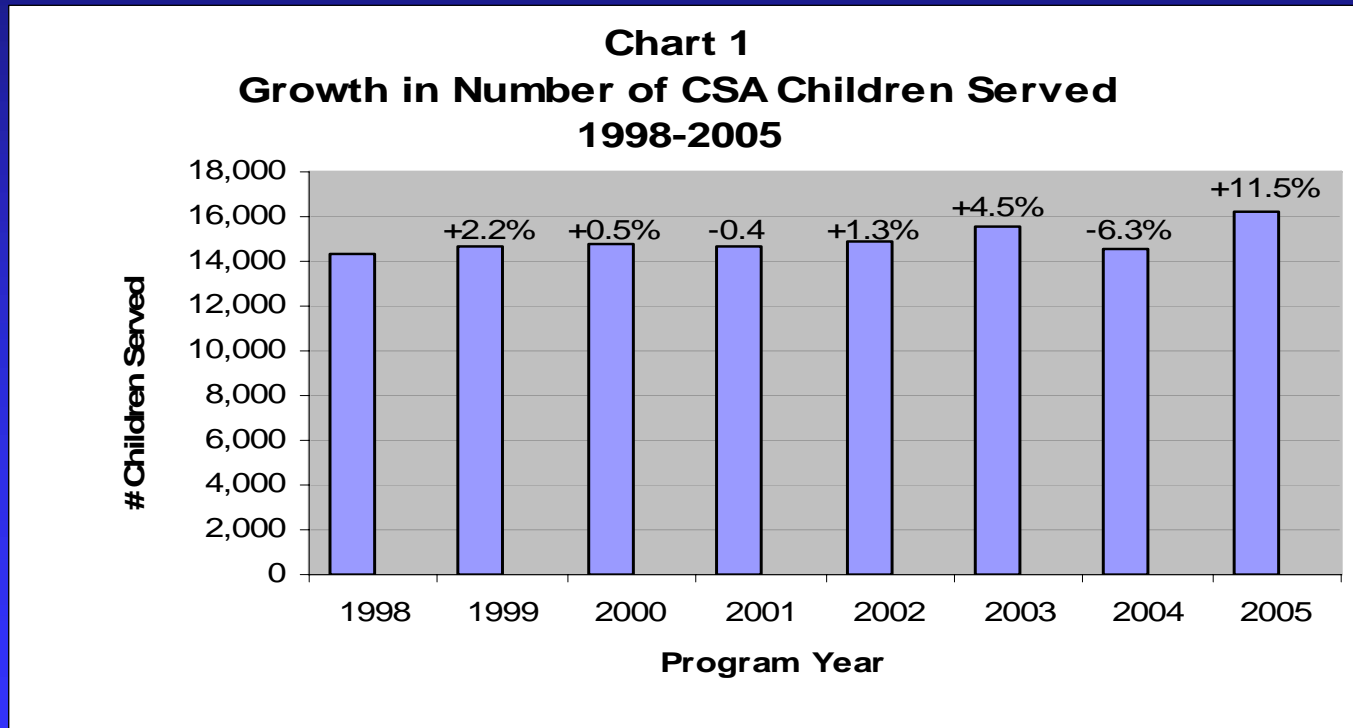
CSA Statutory Framework

Vision - benefits of collaborative CSA system

- Improves decision-making
- Improves outcomes for children & families
- Provides families, schools & communities support needed
- Allows more children to stay in homes, schools & communities appropriately
- Uses resources wisely
- Increases visibility of costs; controls rate of growth

CSA Children

- CSA served 16,272 children statewide in program year 2005.*
- Historically, the number of children served has increased on average 2% annually over the past eight years.



* All data program year 2005 (7/04-6/05) unless otherwise stated

CSA Children

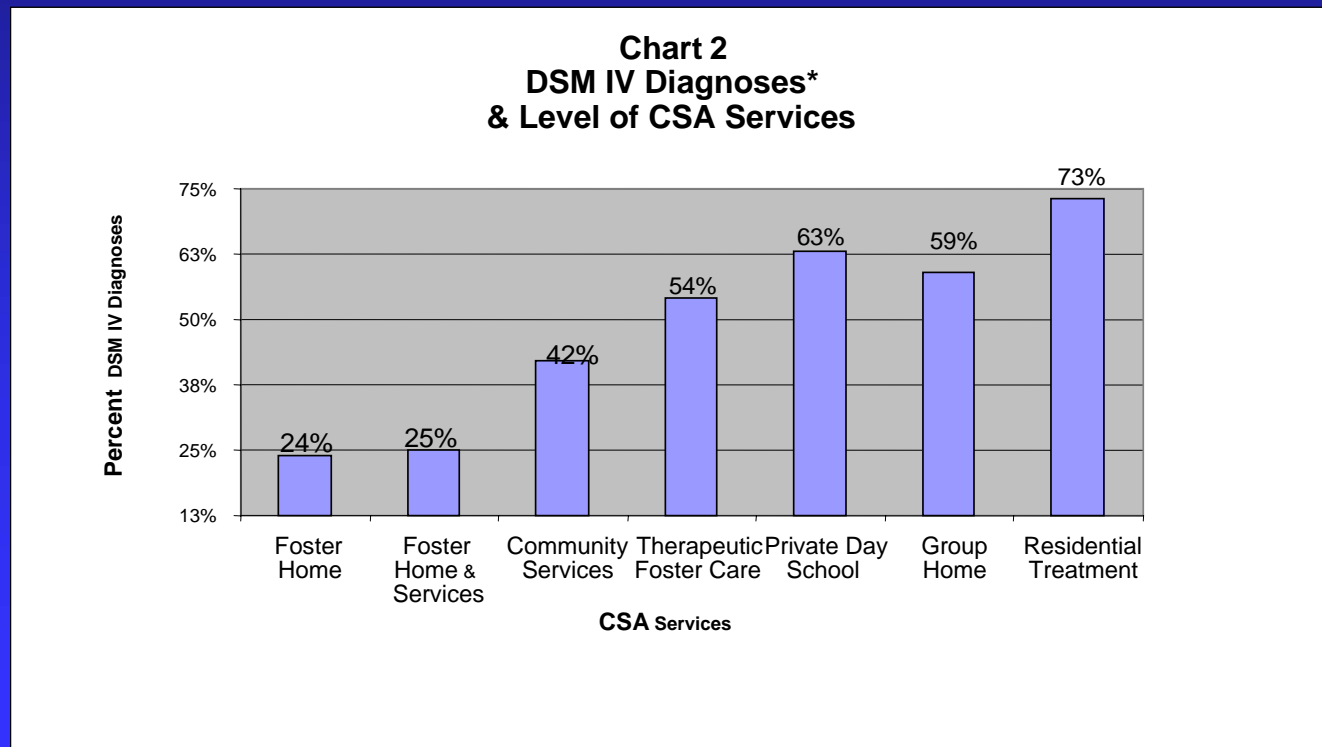
- Teenagers typical recipients of CSA services.
 - ◆ 6% of children were 19-22 years
 - ◆ 60% were 12-18 years of age
 - ◆ 17% were 7-11 years
 - ◆ 17% were 0-6 years
- 59% male; 41% female
- 53% Caucasian; 43% African American; 4% unknown
- 5% Hispanic

CSA Children

- Primary reasons for services at last assessment
 - ◆ 41% due to parental neglect, physical abuse, caregiver incapacity and caregiver absence
 - ◆ 16% for special education issues
 - ◆ 16% for emotional, mental health, or substance abuse problems
 - ◆ 15% for behavioral problems

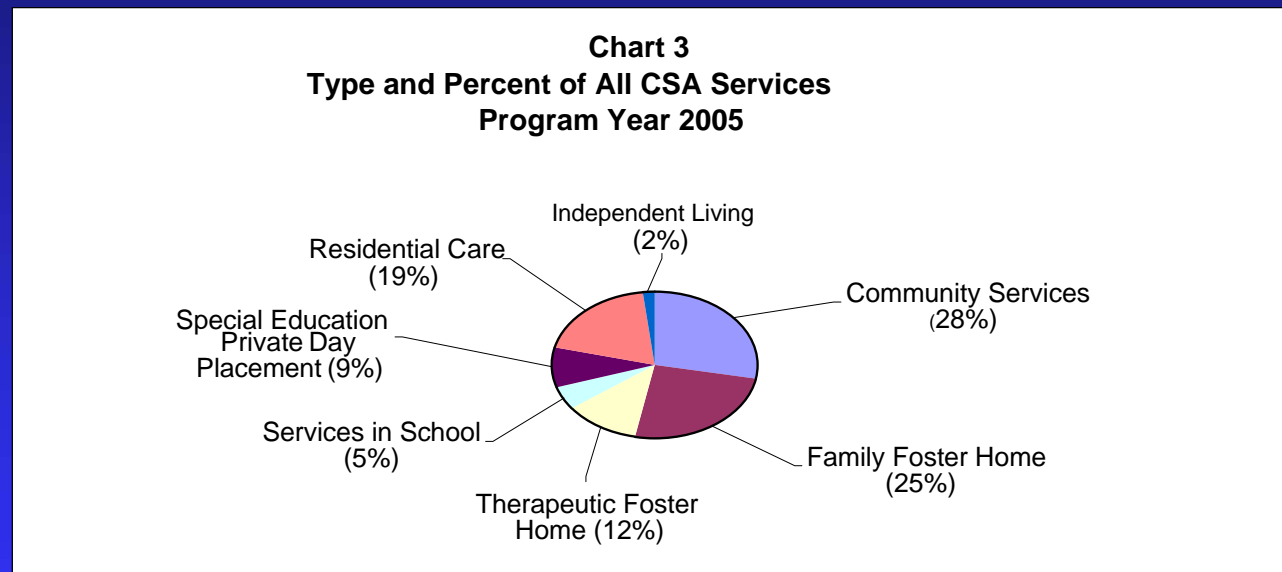
CSA Children

- Percent of children with diagnosed mental health disorders was higher in more intensive services.



Services for CSA Children

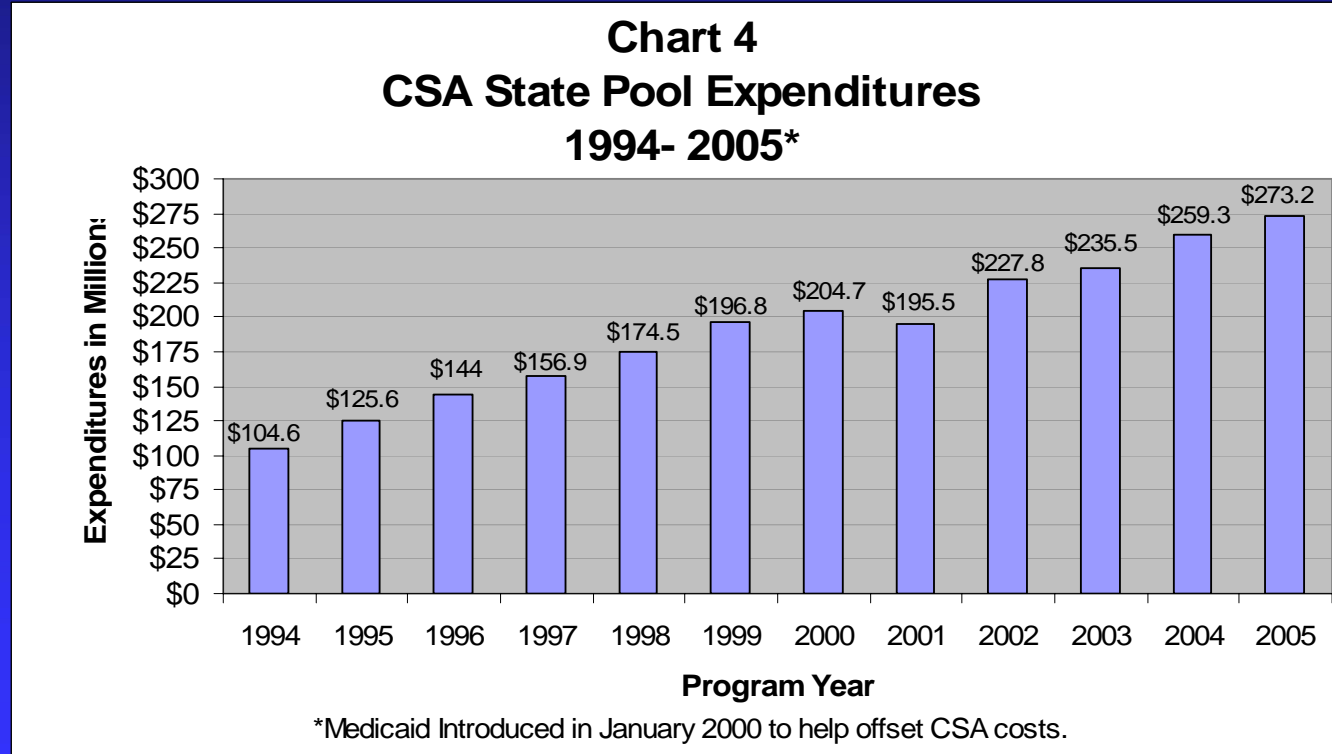
- CSA children received broad range of services
- 70% of services provided in families, schools & communities



- 19% in residential care (*residential treatment facilities, group homes and psychiatric hospitals*)

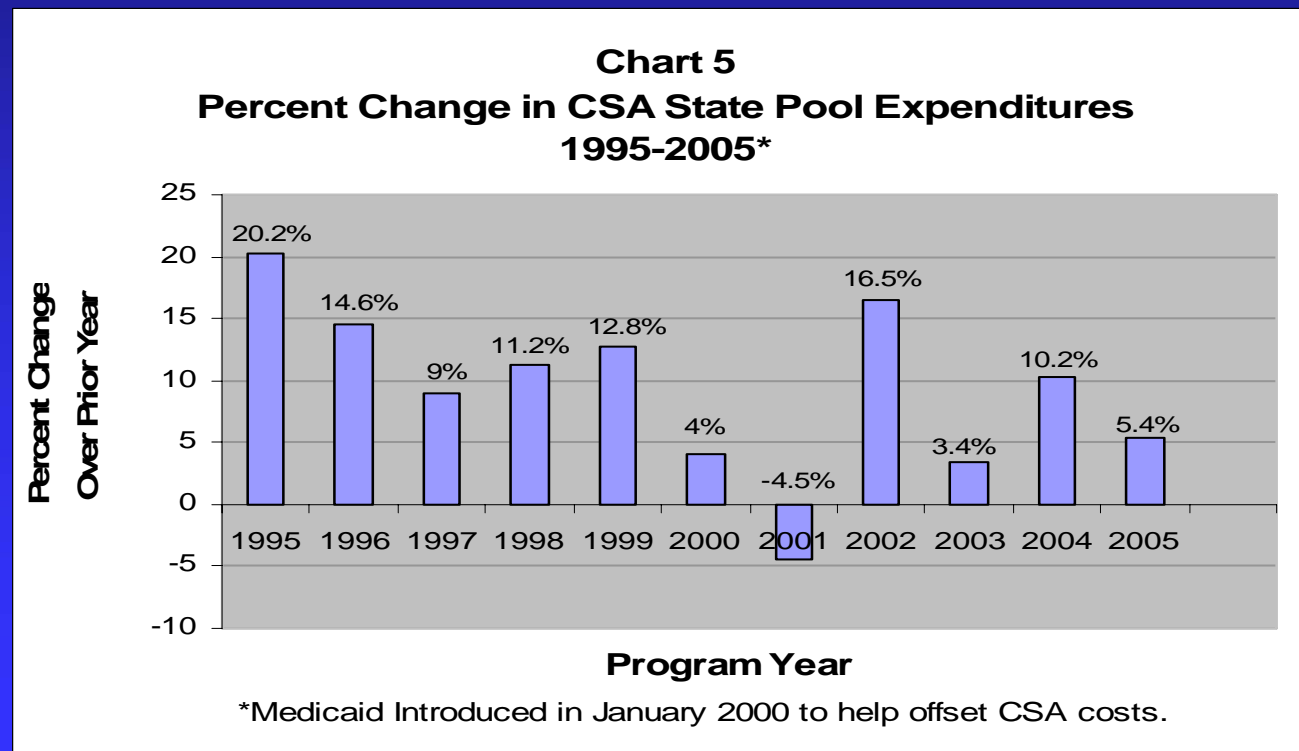
Expenditures

- CSA state pool expenditures increased steadily for state and local governments (*\$104.6 million in 1994 - \$273.2 million in 2005*)



Expenditures

- Prior to CSA, program costs increased 22% annually from FY 1989-1993, except for one year (*JLARC 1998*)
- Dramatic fluctuations over 11 years in percentage change over prior year in CSA state and local expenditures



Expenditures

Inherently difficult to forecast CSA costs

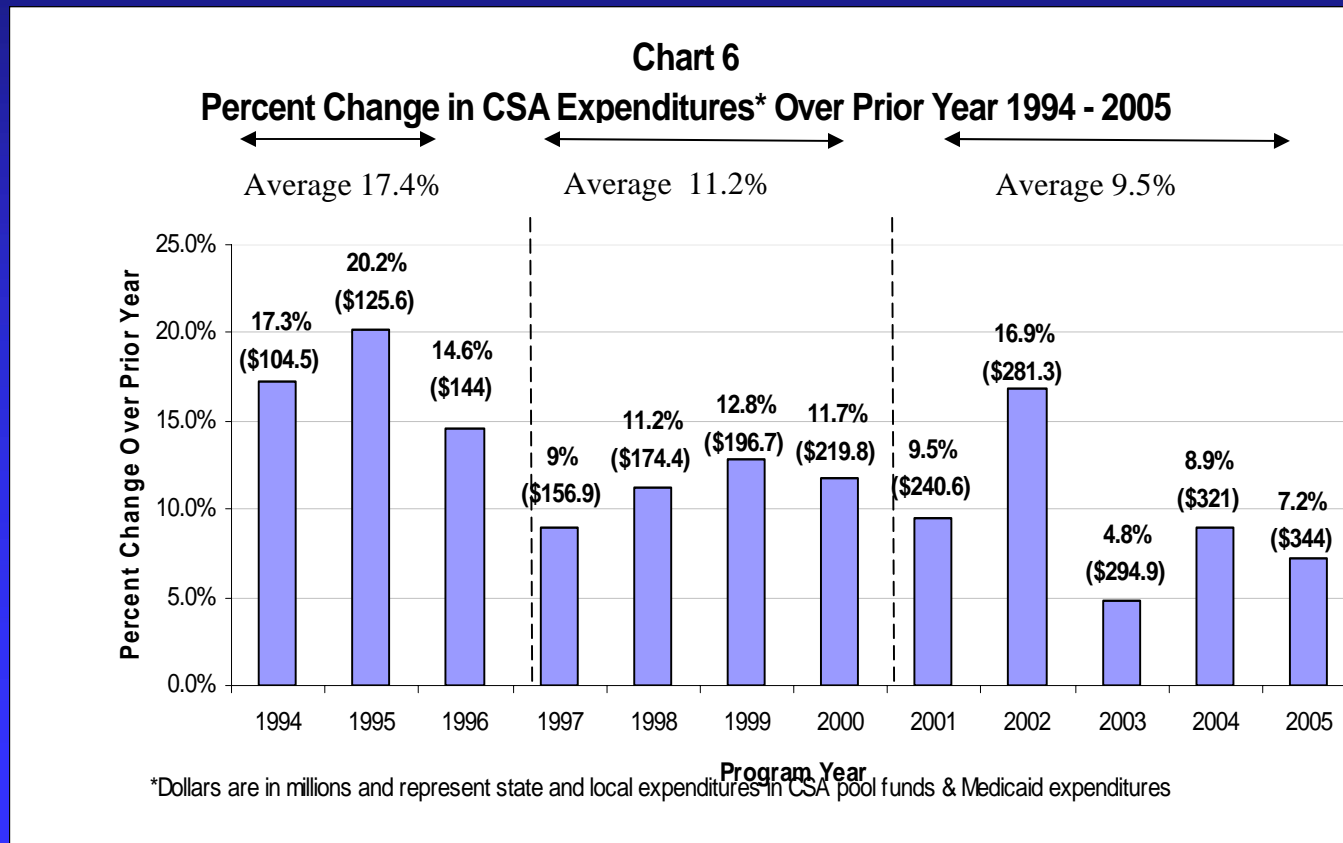
- Costs driven by multiple factors, many beyond state & local control
 - ◆ Number of mandated children in the community
 - ◆ Severity of problems
 - ◆ Availability, type and duration of services
 - ◆ Service rates
 - ◆ Availability of alternative funding sources
 - ◆ Local practices
 - ◆ Policy changes

- Cost of one child can unexpectedly place significant strain on a community's budget.

Expenditures

Declining rate of growth

- Since implementation, overall rate of increase over prior year in total CSA expenditures (*including Medicaid*) declined



Expenditures

Controlling CSA Pool Costs

- State and local governments have maximized federal funds to minimize annual growth rate in CSA
 - ◆ Over \$158 million in Medicaid funds for CSA children since 2000
 - ◆ \$67.1 million in Title IV-E expenditures from June 2004 to May 2005, unknown percent on CSA children.

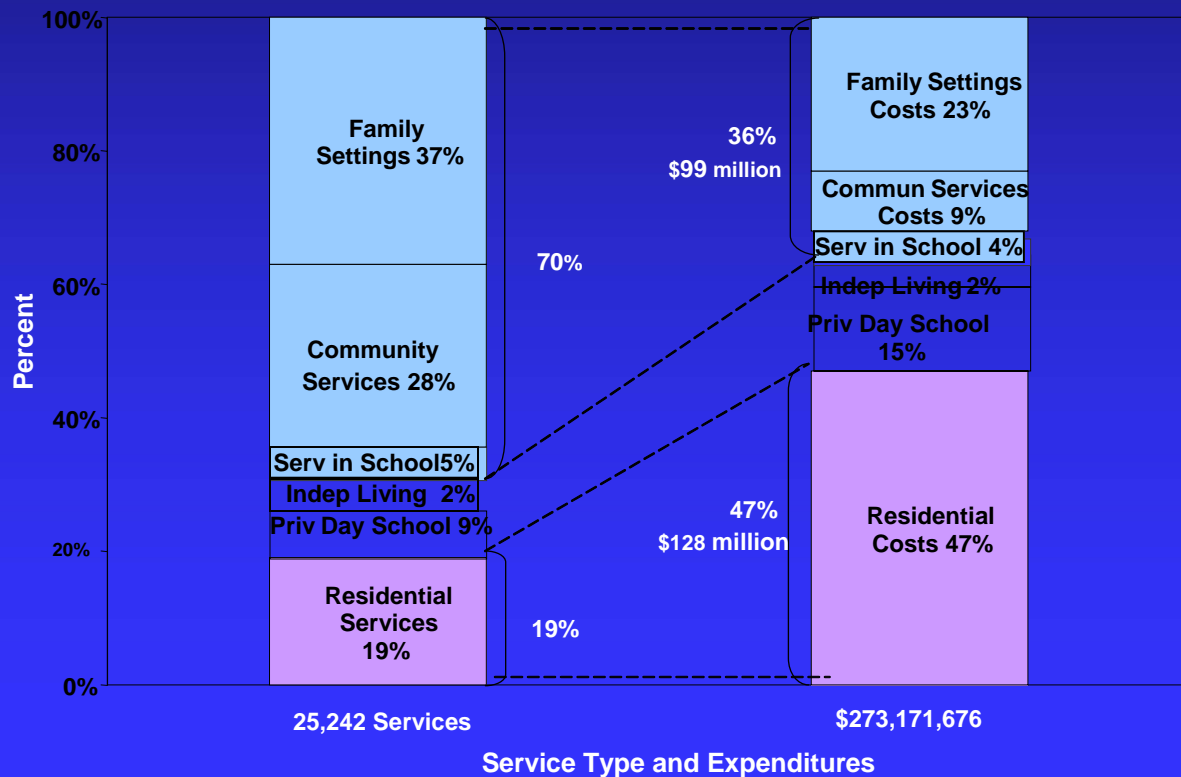
- All localities have plans to manage service utilization
 - ◆ More localities hiring utilization management staff.
 - ◆ For 43 smaller localities, OCS provides utilization management of residential placements for CSA youth not Medicaid eligible.

Expenditures

- 70% of CSA services - provided in families, schools & communities - cost over \$99 million (36%) of CSA pool funds
- 19% of services residential care, almost half (47%) of costs

Chart 7

CSA State Pool Services & Costs
Program Year 2005



Expenditures

- One out of every four CSA children (*4,046 children*) placed in residential care at some point during year
- Over \$128 million in CSA pool funds spent on residential care
- Plus \$57.1 million in Medicaid expenditures spent on CSA children in residential treatment facilities and group homes
- Thus, over \$185 million in state, local and federal funds spent on residential care for CSA children, not including federal IV-E and other Medicaid expenditures paid during placements
- While residential care is important part of continuum of care, many localities report some children in more restrictive, out-of-community care than necessary, resulting in higher costs

Major Challenges/Initiatives

Ensuring access to appropriate community services

- Expanding community expertise in serving children with serious emotional and behavioral problems
 - ◆ Conduct comprehensive child & family assessments
 - ◆ Tailor creative service plans
 - ◆ Coordinate care across agencies

- Expanding services in families, schools, and communities to prevent placements in more restrictive settings
 - ◆ Start up funds to develop services
 - ◆ Pool resources across agencies
 - ◆ Pool funds across communities to provide economies of scale
 - ◆ Encourage providers to develop specialized, wraparound services tailored to meet needs of difficult children & their families

Major Challenges/Initiatives

Creating array of community services

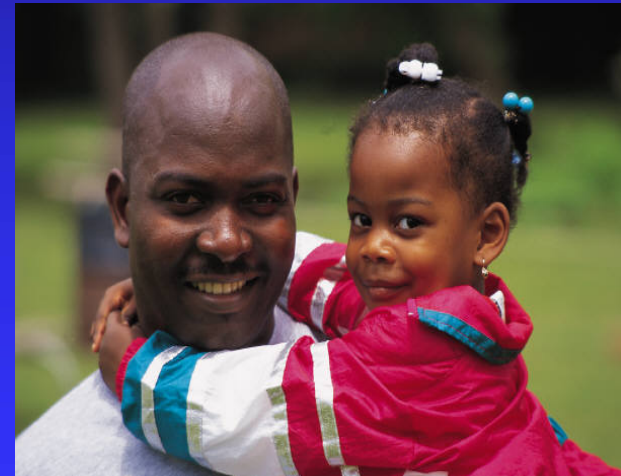
- Comprehensive assessments
- Crisis intervention/stabilization
- Natural family/community supports
- Short-term emergency necessities
- Family support/education
- Respite care
- Specialized wrap around services
- Intensive in-home services
- Behavioral aides
- School-based services
- After school services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

Major Challenges/Initiatives

- Returning children from, or preventing, residential placements who can be served effectively in homes, schools & communities
- Eliminating need for families to relinquish custody in order to access behavioral health services
- Creating one system of care for “mandated” and “nonmandated” children, regardless of which agency door they walk through
- Improving results & performance accountability with CSA
 - ◆ Implementing CSA performance measures
 - ◆ Strengthening role of Community Policy & Management Teams (*CPMTs*)
 - ◆ Increasing CSA administrative funds for communities



Thank You!



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