

Department of Family Services

LOB #126:

SYSTEM OF CARE – CHILDREN’S SERVICES ACT (CSA)

Purpose

The mission of the CSA System of Care is to meet the needs of children, youth and families through a collaborative system of services and funding that is child-centered, family-focused and community-based. The program has the following purposes:

- Ensure that services and funding are consistent with preserving families and providing appropriate services in the least restrictive environment, while protecting the welfare of children and maintaining the safety of the public;
- Design and provide services that are responsive to the unique and diverse strengths and needs of troubled youths and families;
- Increase interagency collaboration and family involvement in service delivery and management; and
- Encourage a public and private partnership in the delivery of services to troubled and at-risk children and youth and their families.

Description

In 1993 Virginia’s Comprehensive Services Act For At-Risk Children, Youth and Families, recently re-named the Children’s Services Act (CSA), combined eight previously categorical funding streams into one pool of funds. These funds, which had been administered by separate agencies, are now centrally managed by the DFS CSA Program. Fiscal, budgeting and vendor contracting functions are performed by the Department of Administration for Human Services (DAHS). The CSA pool fund for Fairfax-Falls Church includes money that had previously been administered: by DFS for the provision of foster care services; by the school system for special education students requiring private tuition placements to meet their educational needs; and Section 286 and 239 funds which had been administered by the state for youth served by the Fairfax Juvenile and Domestic Relations District Court.

The Fairfax-Falls Church Community Policy and Management Team (CPMT) was jointly created by Fairfax County and the Cities of Fairfax and Falls Church pursuant to the Act, which requires CPMTs to be formed by localities to encourage government, private agencies, and parent representatives to collaborate in policy, planning, and service delivery decision making for troubled and at-risk youth. The membership of a CPMT must include the agency heads of the Department of Family Services, Health, Community Services Board, Juvenile Court Services, and the local school division. It must also include a parent representative and a representative of private service providers. Fairfax has further enhanced its CPMT membership by including an additional private provider representative and three additional parent representatives. The CPMT is chaired by the Deputy County Executive for Human Services.

CSA purchases services and supports for children and youth in or at risk of foster care, youth involved in the juvenile justice system, students in need of private special education placement and youth with serious emotional or behavioral problems who require services or resources that are beyond normal agency services or routine collaborative processes across agencies, and requires coordinated cross-agency services. Individual Family Service Plans (IFSPs) that request CSA funding for services are developed through team-based planning processes that include County and school system staff and private agencies, which ensures inter-agency collaboration, prevents duplication of effort and supports positive outcomes. Team-based planning processes authorized to develop CSA IFSPs include family assessment and planning teams, family partnership meetings and family resource meetings. Approximately 1,000 team-based planning meetings are convened annually, in settings such as County facilities, schools, non-profit agencies and the families’ homes, and take place both during and after traditional work hours.

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CPMT has authorized CSA utilization review staff to review purchase of service requests developed through team-based planning, and approve expenditures according to local and state CSA policies and procedures. CPMT has authorized Fairfax County Public Schools and Fall Church City Public Schools to approve expenditures for IEP-required private special education placements according to local and state CSA policies and procedures.

The Behavioral Health System of Care Program is a new initiative of the County Board of Supervisors to expand the CSA System of Care in order to improve access to behavioral health services for children and youth in the community who are not CSA-eligible but have significant behavioral health issues. The SOC Program contracts for behavioral health treatment and supports families' ability to access behavioral health services through improved system navigation tools and processes. The CSA and SOC Programs comprise one Division of the Department of Family Services, and report directly to the Deputy County Executive for Human Services.

Benefits

The CSA System of Care is essential to achieving the County Vision Element of Maintaining Safe and Caring Communities. CSA purchases about \$15 million in services annually to support the DFS Child Protective Services and Foster Care programs in providing protection to abused and neglected children and other highly vulnerable children and youth. CSA is the primary funder of services for children, youth and families involved with these programs. CSA purchases about \$21 million annually for placements of students whose special education needs are so great that they cannot be served in the public school system. The new system of care initiative is developing a short-term therapeutic intervention for at-risk teens and building an on-line navigation tool that will help parents of youth with serious mental health issues access needed services on a timely basis, reducing the risk of suicide and other negative outcomes.

As a result of CSA intervention, the approximately 1,300 children and youth served annually have fewer risk behaviors and improved mental health, as measured by a standardized assessment instrument. Of youth referred to CSA with high risk behaviors, 71 percent had reduced suicidal behavior; 77 percent had reduced other self-harming behavior; 74 percent had reduced dangerous behavior toward others; 75 percent had reduced delinquent behavior; and 78 percent had reduced bullying.

Family partnership is a cornerstone of the CSA. In Fairfax-Falls Church the CPMT has approved procedures for the active involvement of parents and/or other legally responsible parties in the planning, delivery, and financing of services for their children. The parents and youth are included in the aspects of planning and review of services as the youth's age and appropriateness of inclusion permit. Planning meetings are anticipated to be conducted in a spirit of partnership and collaboration. The CSA was designed to assist troubled youths and their families to gain access to the services from various human services agencies in order to meet their needs. State and local agencies, parents and private service providers work together to plan and provide services.

The team-based planning approach required by CSA is best practice for serving children, youth and families with significant challenges. The Fairfax-Falls Church CPMT recognizes that individualized service planning required by CSA is best accomplished through assembling teams of people who work directly with the youth and family, and others who are important in the family's life, or who have knowledge of and can access potential resources. Individual Family Service Plans (IFSPs) that request CSA funding for services are developed through such a team-based planning process, which ensures inter-agency collaboration, prevents duplication of effort and supports positive outcomes.

The CSA System of Care plays a leadership role in promulgating evidence-based treatments such as trauma informed care, Motivational Interviewing and trauma-focused cognitive-behavioral therapy across all child-serving systems.

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Mandates

Ninety-three percent of CSA System of Care expenditures purchase foster care and special education services mandated under state and federal law. The remaining expenditures support the initiative to expand the CSA System of Care in order to improve access to behavioral health services for children and youth in the community that was approved by the Board of Supervisors in FY 2015. Specific Virginia Code sections include:

- Virginia Code § 2.2-5211-C: “The General Assembly and the governing body of each county and city shall annually appropriate such sums of money as shall be sufficient to (i) provide special education services and foster care services for children and youth identified in subdivisions B 1, B 2, and B 3 and (ii) meet relevant federal mandates for the provision of these services.”
- Virginia Code § 263.2-905: Chapter 9 - Foster Care
- Virginia Code §22.1: Chapter 13, Article 2 – Special Education
- Virginia Code § 16.1-286: Juvenile and Domestic Relations District Courts

Trends and Challenges

The number of children served in CSA increased 12 percent in FY 2015 and is expected to continue increasing in FY 2016 as a result of new state legislation making it easier for families to self-refer. In order to meet the increased demand for services with existing budgetary resources children will need to be effectively served in the community rather than in residential or group home settings. Continuing increases will tax the CSA Program’s capacity to provide administrative support and the capacity of public child-serving agencies to provide necessary case management and care coordination. State funding for CSA administrative support is only \$25,000 annually, and has not increased since 1993.

The state has identified CSA as a potential funding source for covering the educational costs of youth in Medicaid-funded residential treatment. Without additional funding from the General Assembly, paying for that could cost the County up to \$1.4 million annually. Although the full impact would not likely be felt until FY 2017, were the new policy to be approved and implemented in FY 2016 there would be an immediate cost impact.

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Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
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FUNDING			
<u>Expenditures:</u>			
Compensation	\$807,603	\$841,396	\$1,184,499
Operating Expenses	38,564,852	39,269,378	43,203,223
Work Performed for Others	(169,048)	(134,244)	(137,723)
Total Expenditures	\$39,203,407	\$39,976,530	\$44,249,999
General Fund Revenue	\$19,941,919	\$20,951,447	\$22,360,497
Net Cost/(Savings) to General Fund	\$19,261,488	\$19,025,083	\$21,889,502
POSITIONS			
<i>Authorized Positions/Full-Time Equivalents (FTEs)</i>			
<u>Positions:</u>			
Regular	10 / 10	13 / 13	13 / 13
Total Positions	10 / 10	13 / 13	13 / 13

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Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Children served by CSA	1199	1200	1343	1477	1507
Cost per child	\$32,651	\$35,290	\$28,957	\$28,468	\$27,928
Percent of parents satisfied with services	88%	88%	92%	90%	90%
Percent of children in CSA served in the community	82%	88%	90%	90%	91%

In FY 2014 and 2015 nearly 90 percent of children and youth served were able to remain in the community rather than requiring restrictive and expensive residential care, a significant improvement over FY 2012 and 2013. Since FY 2012 the number of Fairfax children and youth requiring long-term residential placement has decreased 40 percent, from 129 to 77, due to the use of intensive care coordination and other CSA-funded community-based services, as well as the efforts of DFS, JDRDC, CSB and FCPS staff.

In addition, over 85 percent of children and youth at-risk of foster care served through CSA are able to safely remain with their families. This contributes to the success of DFS in decreasing by 27 percent the monthly average number of children in foster care, from 349 per month in FY 2011 to 255 in FY 2015.

The number of children served in CSA increased 12 percent in FY 2015 and is expected to continue increasing in FY 2016 as a result of new state legislation making it easier for families to self-refer. In order to meet the increased demand for services with existing budgetary resources children will need to be effectively served in the community rather than in residential or group home settings.

The increased number of clients combined with the reduced use of expensive long-term residential placement resulted in a 9 percent decrease in the cost per child served from FY 2014 to 2015. From FY 2013 to FY 2015 the cost per child decreased by \$4,276 (13 percent).

Policy changes being considered by the state would encourage families to access CSA to fund the educational costs associated with Medicaid-funded residential treatment. If approved the new policy could cost the County up to \$1.4 million annually. Although the full impact would not likely be felt until FY 2017, were the new policy to be approved and implemented in FY 2016 there would be an immediate cost impact.

Parent satisfaction with CSA services is high, consistently averaging nearly 90 percent from FY 2012 through FY 2015.