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The Future of Children's Services in Virginia

CSA, Title IV-E, Evidence Based Practices and Other Changes Impacting Foster Care Services

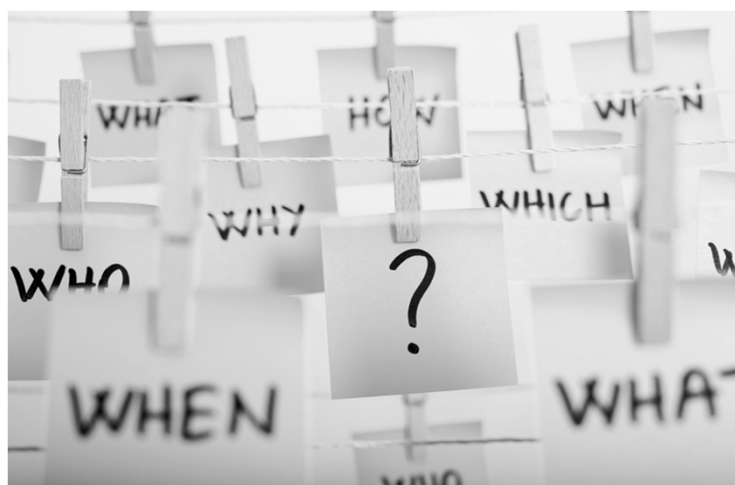
Court Improvement Program Best Practices Conference September 18, 2018


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Office of Children's Services



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What is CSA?






The Children's Services Act (CSA)*

- The Children's Services Act (CSA) is the Virginia law enacted in 1993 that establishes a single state pool of funds to plan, purchase, and manage services for at-risk youth and their families.
 - State funds, combined with local matching funds, are administered by local interagency teams who plan and oversee services to youth.
 - Includes all children receiving foster care services



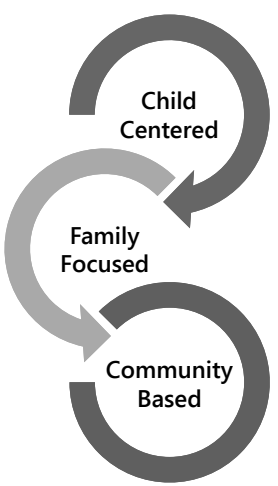
* Until July 1, 2015, the Comprehensive Services Act

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The Children's Services Act

The intention of this law is to create a collaborative system of services and funding that is child-centered, family-focused and community-based when addressing the strengths and needs of troubled and at-risk youth and their families in the Commonwealth.



Code of Virginia 2.2-5200 et. seq


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§ 2.2-5200. Intent and purpose; definitions.

1. Ensure that services and funding are consistent with the Commonwealth's policies of preserving families and providing appropriate services in the least restrictive environment, while protecting the welfare of children and maintaining the safety of the public;
2. Identify and intervene early with young children and their families who are at risk of developing emotional or behavioral problems, or both, due to environmental, physical or psychological stress;


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The current environment for children at risk of removal or in foster care

- Shared decision making, programmatic, and fiscal responsibilities
 - VDSS/LDSS (Title IV-E); J&DR courts; CSA (FAPT/CPMT); Medicaid
- Funding
 - Residential placements (PRTF and Group Homes)
 - Foster care placements
 - Foster care prevention


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The Family First Prevention Services Act (FFPSA)

- Passed by Congress and signed by the President last February as part of the larger federal budget
- Major changes to federal funding under Title IV-E for congregate care placements for foster children and foster care prevention services
- Will take effect on or after October 2019


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FFPSA is a response to:

- An inflexible funding structure under which the majority of federal funding is only available once children are removed from their home
- Consensus about the need for upfront services to strengthen families
- An over-reliance on inappropriate congregate care produces negative outcomes for children
- The increasing prevalence of opioids as a factor in foster care placements


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Goals of FFPSA Reforms

- Preserving families by using Title IV-E funds for prevention services, including adoptive families
- Systematically address substance abuse/opioid issues, mental illness, and trauma
- Paying for what works – use evidence-based standards and evaluate effectiveness
- Making the concept of “least restrictive environment” a viable reality
- Using congregate care for limited treatment needs supported by clinical and judicial reviews

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Changes to federal funding for congregate care

After a two-week grace period, FFPSA limits Title IV-E maintenance payments to six qualifying types of placements:

1. Family foster homes (including relatives)
2. Placements for pregnant or parenting youth
3. Supervised independent living for youth 18+
4. **Qualified Residential Treatment Programs (QRTP) for youth with treatment needs**
5. Specialized placements for victims of sex trafficking
6. Family-based residential treatment facility for substance abuse (parent and child in residence)


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What is a QRTP?

- A trauma-informed residential treatment model
- Facilitates outreach to the child's family members and ensures their participation in the child's treatment program
- Provides discharge planning and family-based aftercare supports for at least six months after the child is discharged
- Meets identified accreditation standards

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QRTP Placement Requirements

- 30-day assessment of the appropriateness of the placement (if not, IV-E reimbursement discontinued)
- Documentation of why the child's needs cannot be met in a family setting – not just because a foster placement is not readily available
- 60-day court review and approval of placement; documentation for continuation required at each status hearing
- Placement more than 12 consecutive months requires approval and signature of the DSS Commissioner

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Ensuring Appropriate Placements

- According to current law, children in foster care have the right to be placed in the “least restrictive” setting relative to their needs
- Evidence is overwhelming that children do best in a family-like setting
- When a child cannot be safely placed in a family-like setting, there should be appropriate treatment options available
- Shortage of foster family homes is NOT an acceptable reason for placement in a more restrictive setting


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Questions and challenges about changes to congregate care

- Are there facilities in Virginia that will qualify as a QRTP and will they be sufficient to meet current demand?
- If Title IV-E funds are no longer accessible under FFPSA, what will happen? How will CSA and/or Medicaid come into play?
- What are the likely “holes” in the system as the congregate care requirements of FFPSA become reality?
 - What happens if there are not sufficient qualified foster families and the right support services available?


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Changes in foster care prevention

- As early as October 1, 2019, Title IV-E funds (uncapped, partial (50%) matching dollars) for up to 12 months for **services** for families of children who, without these services, would likely enter foster care, are pregnant and parenting foster youth or to prevent adoption/guardianship disruption
- **No income test**
- Eligible services would include:
 - Mental health services;
 - Substance abuse services; and
 - In-home parent “skill-based” programs (parent training, home visiting, individual and family therapy)


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Prevention Services Benefits

- Families and kin caregivers can receive services to prevent a child from entering foster care
- States and localities, along with their provider community, can now have more of a prevention focus and support children in their own homes with their family or with their kin
- Minimize trauma created through removal from the home and having to live outside of their families
- Build capacity of community based services and programs

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Who is eligible?

- ✓ A child who is a candidate for foster care who can remain safely at home or in kinship and is identified as being at *imminent risk* of entering foster care
 - Including a child whose adoption or guardianship arrangement is a risk of a disruption/dissolution and includes post-reunification services
- ✓ A child in foster care who is pregnant or parenting
- ✓ Parents or kin caregivers where services are needed to prevent the candidate for foster care from entry into care

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The Evidence Standard

- ✓ *To access IV-E funds under FFPSA, services and programs must be trauma-informed and be classified as "promising", "supported", or "well-supported" based on a set of criteria and a pre-approved list of services and programs to be released in late 2018/early 2019 (see the California Evidence-Based Clearinghouse for Child Welfare (CEBC) for a good model)*
 - 50% of the expenditures reimbursed must meet the requirements for well-supported practices starting in Fiscal Year (FY) 2020


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Challenges and Considerations

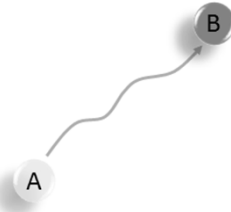
- Tremendous shift in financing/reimbursement and practices
- Concerns about implementing evidence-based practices
 - Training and maintaining fidelity to EBP models is expensive
 - Cultural relevancy of EBP models
 - Capacity building for EBPs across the state
 - Recruiting providers in rural areas
- Defining trauma-informed
- Caseworker training and caseload requirements

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How will Virginia get from Point A to Point B?

- Three Branch Model
 - Executive
 - Legislative
 - Judicial
- Four workgroups
 - Finance
 - Prevention Services
 - Evidence-based Practices
 - Appropriate Foster Care Placements
- Aiming at October 1, 2019 implementation




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Converging pathways to better outcomes


- A movement toward evidence-based, trauma-informed services for children
 - FFPSA
 - Behavioral Health Quality Collaborative (DMAS/DBHDS/DSS/CSA)
 - Tiered Systems of Support (DOE)
 - Juvenile justice transformation (DJJ)
 - Governor's Children's Cabinet
 - Court Improvement Program – what is the most impactful role of the courts in supporting these changes?



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What will the future look like?




- How will the FFPSA changes impact foster care in Virginia?
- Will all systems implement evidence-based requirements for children's services (not just FC prevention)?
- How can we strengthen the unique CSA approach as agencies implement their own versions of this evolution?
- What are the fiscal implications of an evidence-based system?

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What will the future look like?



- How well will providers be able to meet and sustain the requirements of EBP and how will the state support those practices?
- How will achieve some degree of equity (e.g. service availability) across geographic, culturally, and economically diverse areas of the state?

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Questions?



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Contacts and Resources

Office of Children's Services Website:

<http://csa.virginia.gov/>

VDSS Website

<http://www.dss.virginia.gov/>

(look for soon-to come Family First page)