Office of Children's Services
Empowering communities to serve youth

Virginia Children's Services Act (CSA)

Serving Virginia Families Through a State Supervised, Local Administered System of Care

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Virginia Commission on Youth
October 19, 2022

The Challenge:

- Aligning policy, practice, and funding with the challenges and realities facing children and families

- Multi-layered, often "siloed" systems
  - State government and local implementation (where the "rubber meets the road")
  - Various public child-serving agencies at both the state and local level
  - Professionals and impacted persons (children/families)
  - Public and private service providers

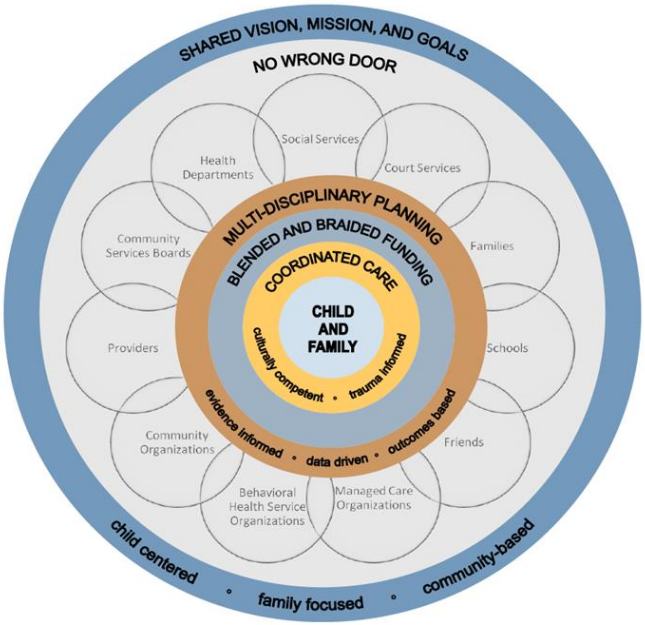
The Challenge:

- Over 14,000 "cases" from across four agencies in "deep-end" residential care
- Children and families with significant challenges do not fall into agency silos
- Integration of policy and practice between state child-serving agencies and between the state and local governments in both programmatic and funding domains needed enhancement to improve outcomes

A Rationale for Change

The system in 1990

A Vision of the Future

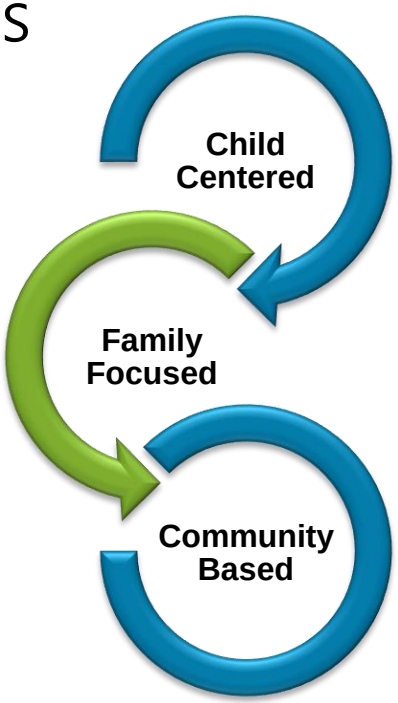


The Response:

- Leadership: A "mandate for action" from the Governor and the General Assembly
- Dialogue and Consensus: A top-down and bottom up approach involving a "cast of thousands"
- Enactment of the CSA legislation – July 1, 1993
  - Addressed critical issues of governance and funding

The CSA Mission (§2.2-5200, COV)

". . . to create a collaborative system of services and funding that is



… when addressing the strengths and needs of trouble and at-risk youths and their families . . ."

Effective July 1, 1993

Consolidated funding from seven funding streams and four agencies (DSS, DOE, DBHDS, DJJ) into a single "state pool"

Established a state supervised, locally administered and operated system

Created the structures and functions to operate the program (FAPT, CPMT, etc.)

Blended Funds

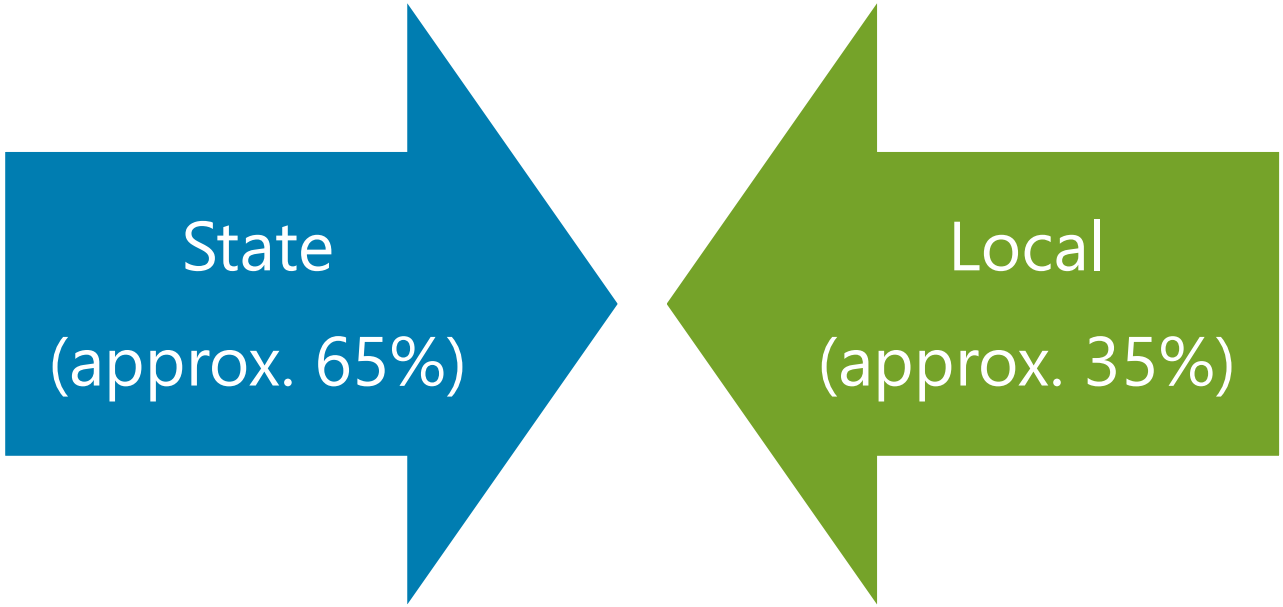
Braided Funds

Funds from various sources are used to pay for a service package, but tracking and accountability for each pot of money is maintained at the administrative level.

Braided Funding

- Medicaid (Behavioral Health and Medical)
- Various DSS funds (title IV-E, Family First Prevention Services Act, Chafee, Adoption Assistance, Promoting Safe and Stable Families)
- DBHDS/CSB – Children's Mental Health Initiative
- Department of Juvenile Justice – Virginia Juvenile Community Crime Control Act (VJCCCA)

CSA Funding: A Shared Responsibility



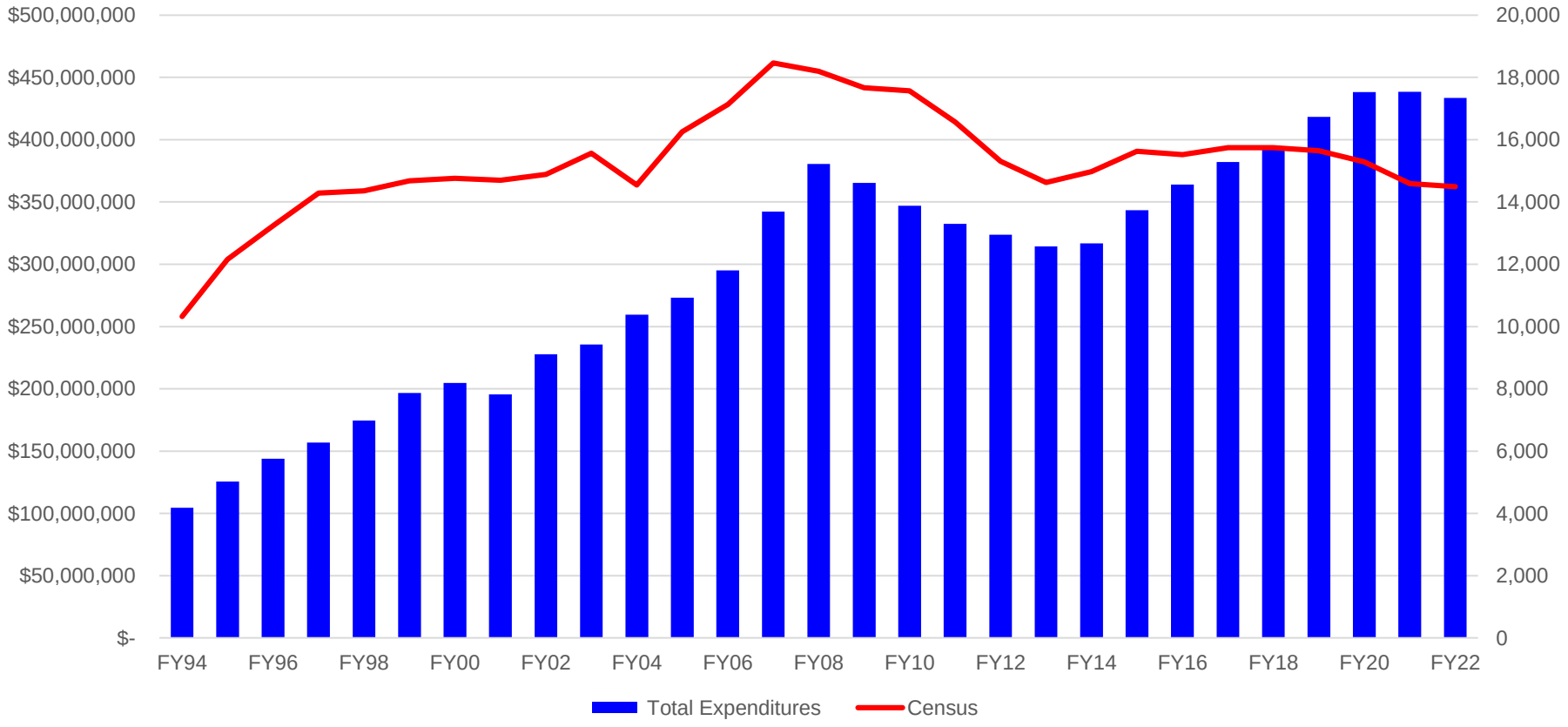
Who Is Eligible for CSA Funding? (§2.2-5211 and §2.2-5212)

- Children receiving foster care services
  - Foster Care Prevention and Non-Custodial Agreements
  - Those in custody of the LDSS
- Students with educational disabilities in private special education programs per their Individualized Education Programs (IEP)
- Children in Need of Services (CHINS)
- Children with significant behavioral/emotional needs involved in more than one agency

What services can CSA fund?

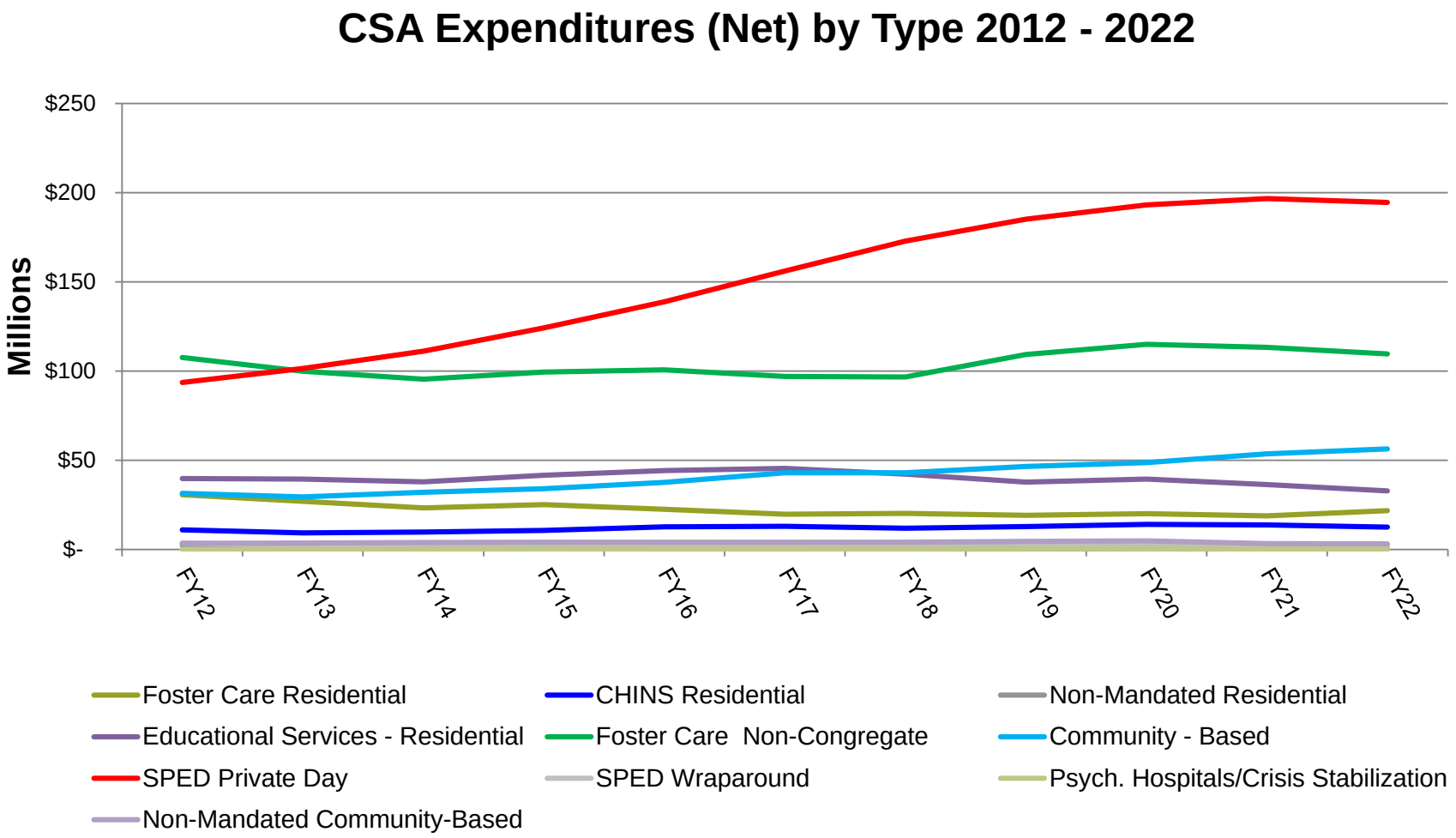
- A full array of community-based services including traditional behavioral health as well as individual and family supports (e.g., mentoring, parent coaching)
- Foster care (public and privately operated), independent living, prevention
- Private day and residential special education tuition and ancillary services
- Congregate care (Psychiatric Residential Treatment Facilities, group homes)

CSA Expenditures and Utilization

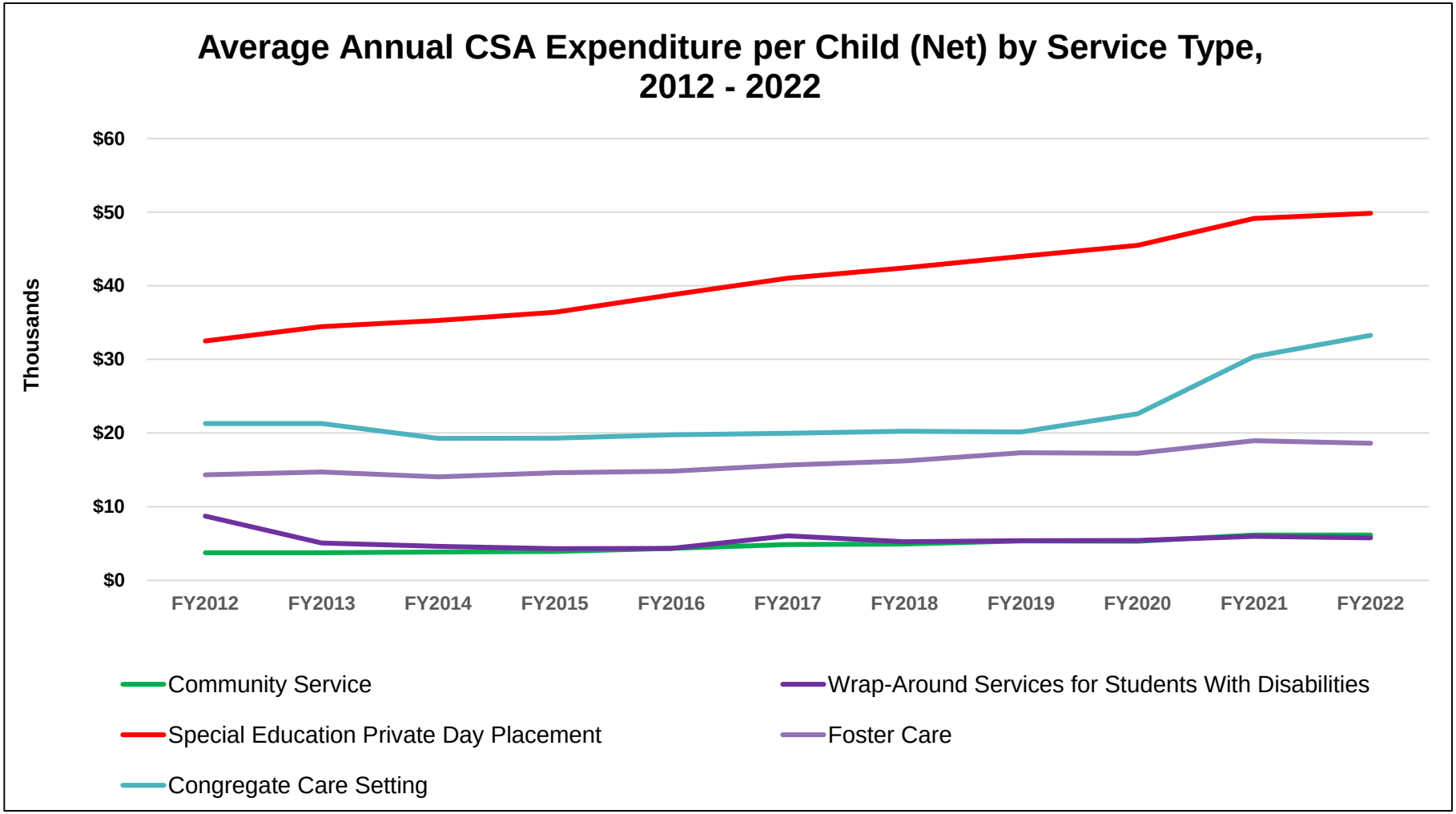


Source: CSA Pool Fund Reimbursement and LEDRS Systems

CSA Expenditures and Utilization



CSA Expenditures and Utilization



CSA: A locally administered program

- Family Assessment and Planning Team (§2.2-5207)
- Membership
- Nine statutory powers and duties including:
  - family engagement
  - collaborative assessment to identify needs
  - creation of an individual family service plan (IFSP)
  - monitoring, review, adjustment of services

CSA: Local Structure

- An identified CSA Coordinator (administrator)
  - Main point of contact
  - May be "housed" in the local DSS, local government, or another agency (rare)
- Depending on the size of the locality, the CSA office may be a "one-person" operation or may have multiple staff in various roles (e.g., fiscal, utilization review, FAPT Coordinator)
- Each child has an assigned agency case manager

The FAPT Process

- Referral
  - Through any one of the member agencies for a child/family already known to them (e.g., Child Protective Services case, youth on probation, student with an IEP)
    - Some children "automatically" get referred due to funding considerations (child placed in foster care, student with an IEP for private day special education)
  - Direct parent referral
    - May be "screened" by staff in the CSA office
    - May be referred to an agency (likely the CSB) for case opening and referral
  - Scheduled for a FAPT meeting
    - Frequency of meetings ranges from one per month to multiple per week
    - Wait times may vary

The FAPT Process

- Eligibility determination
  - A child/family are determined eligible, there is no statutory eligibility for specific services except for certain foster care services or IEP-specified private special education

- Assessments
  - Child and Adolescent Needs and Strengths (CANS) is the mandated assessment for all youth and families receiving CSA-funded services
  - Other information available to the "referring" agency/case manager

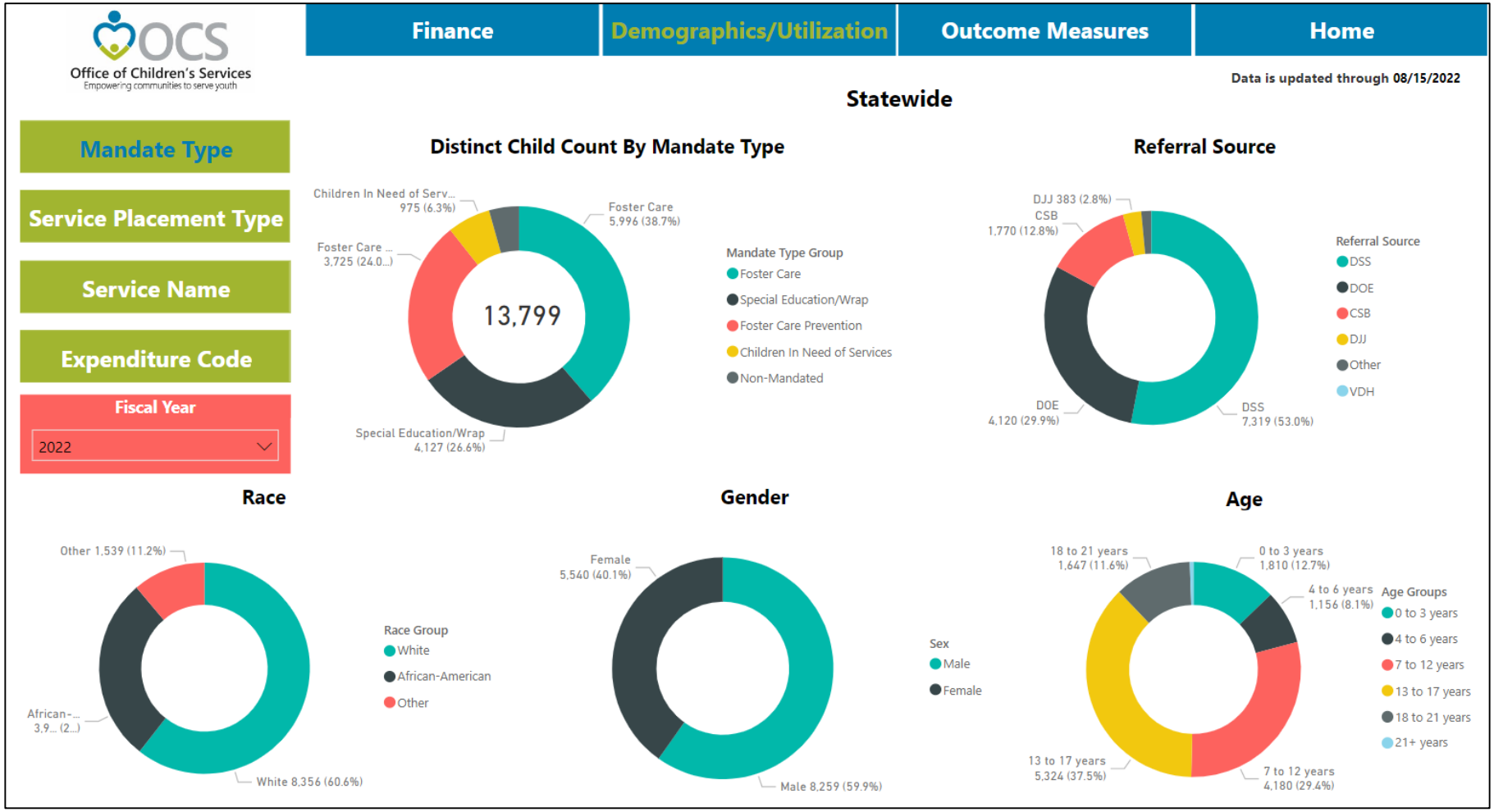
CSA: A locally administered program

- Community Policy and Management Team (§2.2-5206)
- Membership
- Eighteen statutory powers and duties including:
  - planning and policy development
  - fiscal and programmatic management
  - data collection and reporting
- Typically meet monthly and must authorize expenditure of CSA funds

Becoming a Data-driven and Outcomes-informed System

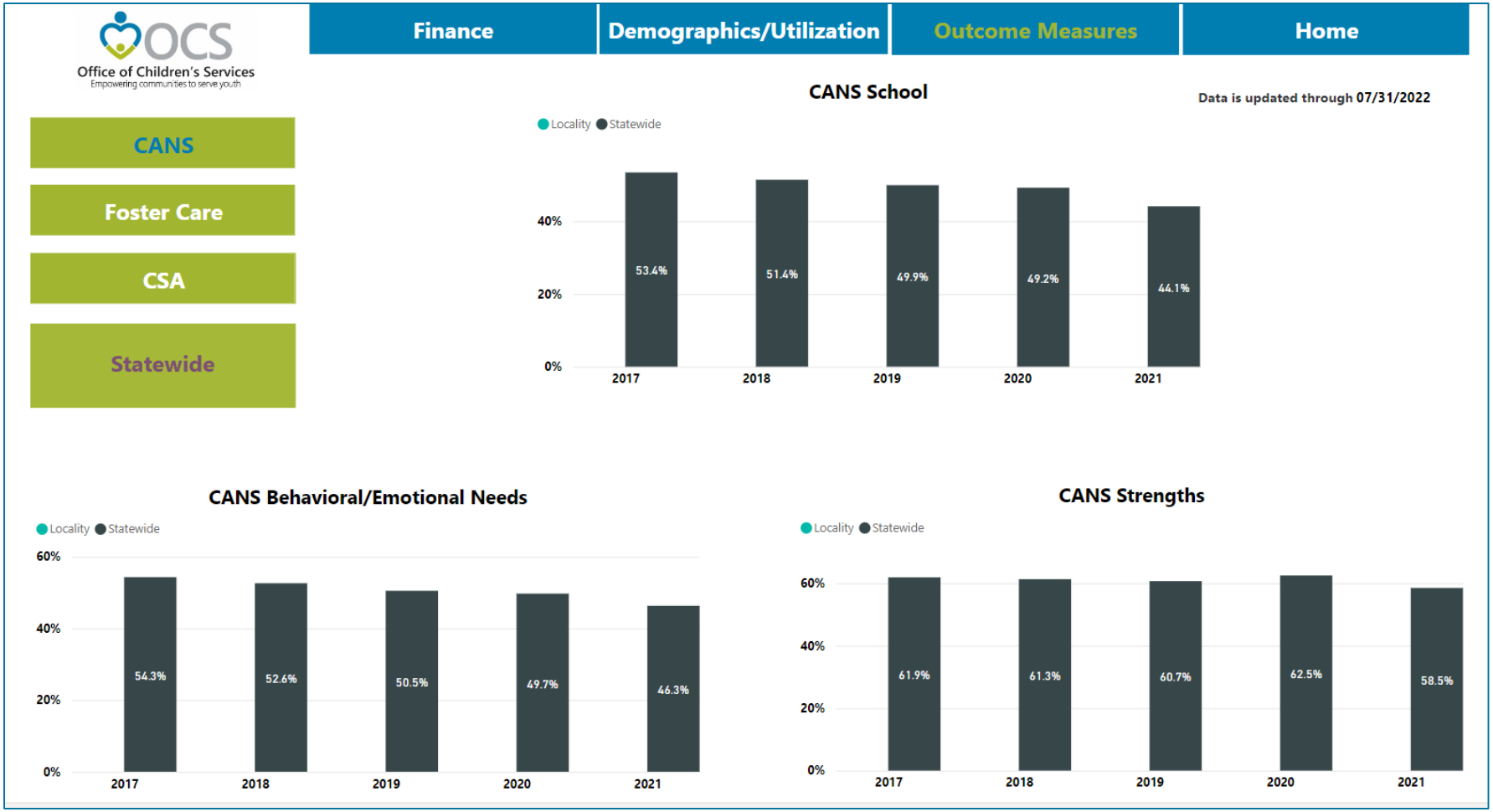
- Integrated, child-specific expenditure and service utilization system (LEDRS)
- Standardized assessment instrument, administered at repeated intervals (CANS)
- Regular outcomes reporting at both the state and local level
- Public-facing dashboards of expenditures, service utilization and outcomes reporting with the ability to disaggregate date by referral source and key client characteristics (age, race/ethnicity, sex)

CQI Dashboard



https://www.csa.virginia.gov/Resources/ContinuousQualityImprovement

CQI Dashboard



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Lessons Learned

- Partnerships at all levels require constant attention and cultivation
  - State agency ⟷ State agency
  - State government ⟷ Local government
  - State and local governments ⟷ Private providers
- Laws and policies need to keep up with changing service populations, practice models and trends
- Need for data and outcomes informed practices to be a core component, not an afterthought

For further information or conversation:

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