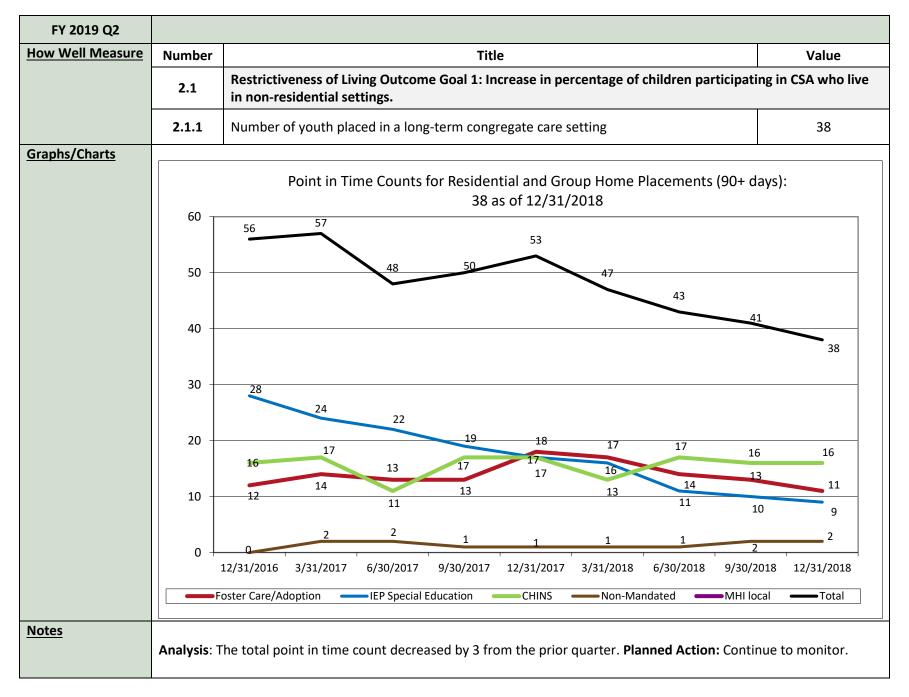
	SUMMARY			
Name of Work Children's Services Act (CSA) for At-Risk Youth – Systems of Care				
Agency	Human Services within the Department of Family Services (DFS)			
<u>Contact</u> (Name, Phone, Email)	Patricia E. Arriaza, Management Analyst III, 703-324-8241, patricia.arriaza@fairfaxcounty.gov			
<u>Purpose</u>	The Children's Services Act (CSA) for At-Risk Youth and Families is a law enacted in 1993 that establishes a single state pool of funds to purchase services for at- risk youth and their families. The state funds, combined with local community funds, are managed by local interagency teams who plan and oversee services to youth. The mission of the CSA 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.			
Customers At-risk youth between the ages of 0 to 21 and their families as defined by VA § 2.2-5212				
Total Customers	Youth served: FY18: 1,311 ; FY17: 1,428 ; FY16: 1,494; FY15: 1,343; FY14: 1,200			
Total Staff Year Equivalents (SYE)	FY2018: 10; FY2017: 10; FY2016: 10; FY2015: 10; FY2014: 10			
<u>Total Budget</u>	FY 2018: \$38.6 million for CSA pooled funding; \$888,571 for program administration FY 2017: \$40.8 million for CSA pooled funding; \$903,305 for program administration FY 2016: \$41.9 million for CSA pooled funding; \$988,075 for program administration FY 2015: \$39.8 million for CSA pooled funding; \$947,889 for program administration FY 2014: \$38.0 million for CSA pooled funding; \$909,356 for program administration			

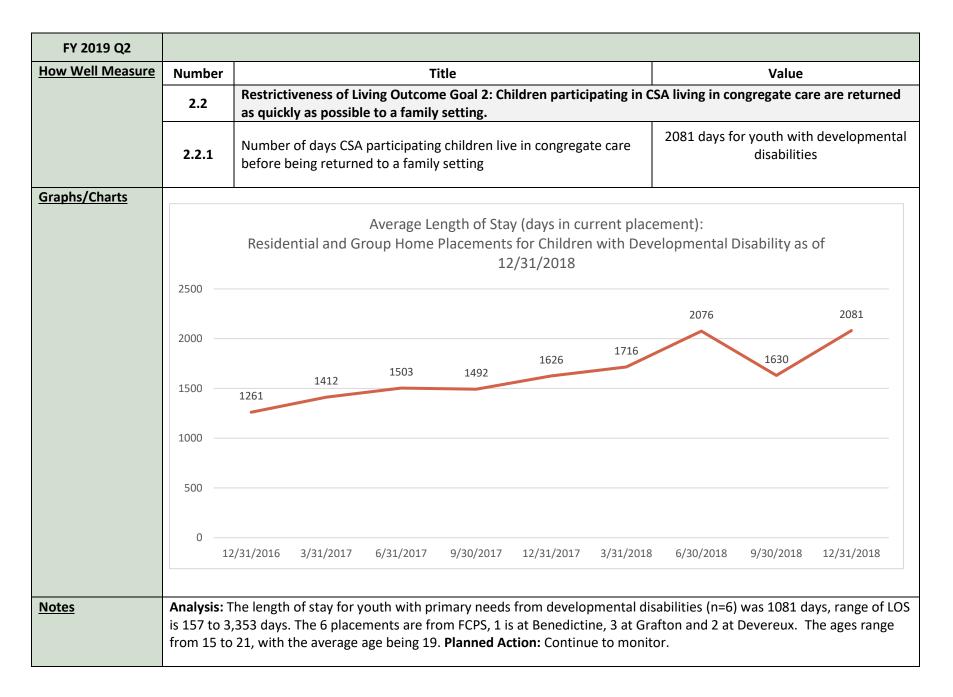
	Summary of Annual and Quarterly ¹ Performance Measures				
	How Much Was Done?				
1.1	Total Youth Served Annually				
1.2.1	Annual CSA Pool-fund Expenditures				
1.2.2	Annual CSA Expenditures by Service Type				
	How Well Was It Done?				
2.1	Restrictiveness of Living Outcome Goal 1: Increase in percentage of youth participating in CSA who live in family settings.				
2.1.1	Number of youth in a long-term congregate care setting				
2.1.2	Percentage of youth participating in Intensive Care Coordination who are successfully prevented from entering residential or group home placement six months and twelve months after initiation of services				
2.2	Restrictiveness of Living Outcome Goal 2: Children participating in CSA living in congregate care are returned as quickly as possible to a family setting.				
2.2.1	Average number of days (length of stay) CSA participating children live in congregate care – measured in current setting and at post- discharge				
2.2.2	Number of youth entering long-term congregate care settings				
2.2.3	Number of youth exiting long-term congregate care settings				
2.2.4	Percentage of youth participating in Intensive Care Coordination who are successfully returned from residential or group home placement within three months of initiation of services				
2.3	Permanency Outcome Goal: Prevent entry into foster care for reasons other than maltreatment				
2.3.1	JDRDC and DFS data on Relief of Custody Petitions: # ROC petitions filed/# children entering foster care from ROC petitions				
2.3.2	Number of children entering foster care from CHINS petitions				

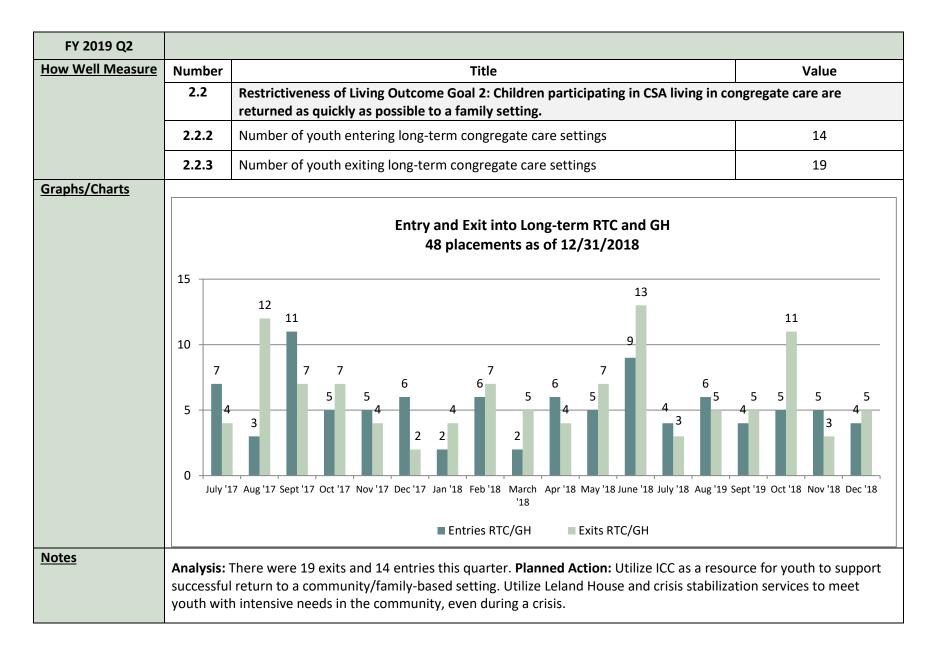
2.3.3	Number of children entering foster care from delinquency petitions			
2.4	Fiscal Accountability Outcome Goal 1: Fairfax-Falls Church CSA leverages state and local fiscal resources to serve youth and families efficiently			
2.4.1	Per capita cost per youth receiving CSA services			
2.4.2	Per capita cost per youth receiving residential/ group home services			
2.4.3	Annual per-child unit cost of residential/group home services			
2.5	Fiscal Accountability Outcome Goal 2: Fairfax-Falls Church is making maximum use of Medicaid as an alternative to funding	o CSA or locality		
2.5.1	Percentage of placements in Medicaid-enrolled facilities			
2.5.2	Percentage of Medicaid placements receiving Medicaid reimbursement			
2.6	Parent Satisfaction Survey			
2.6.1	Percent of parent survey respondents who are satisfied with CSA services			
	Is Anyone Better Off?	<u>Headline Measure</u> <u>(HM)</u>		
3.1	Restrictiveness of Living Outcome Goal 1: Increase in percentage of children participating in CSA who live in family settings.			
3.1.1	Percentage of CSA youth who received only community-based services			
3.2	Permanency Outcome Goal: Prevent entry into foster care for reasons other than maltreatment.			
3.2.1	Percentage of children receiving CSA-funded services through the foster care prevention mandate who are successfully prevented from entering foster care			
3.2.2	Percentage of children with families participating in CSA-funded family partnership meetings through the foster care prevention mandate who are successfully prevented from entering foster care after the family partnership meeting			

3.3	Functional Outcome Goals: Child and Adolescent Needs and Strengths (CANS) outcomes improve for children served by the CSA system of care from initial assessment to second assessment.	
3.3.1	Percent of positive change in CANS outcomes by domain level of need	
3.4	Functional Outcome Goal 1: Children participating in CSA-funded services will experience a decline in behaviors that place themselves or others at risk.	
3.4.1	Percent of positive change in Child Risk Behavior by actionable rating	
3.5	Functional Outcome Goal 2: Children participating in CSA-funded services will experience a decline in behavioral or emotional symptoms that cause severe/dangerous problems.	
3.5.1	Percent of positive change in Behavioral/Emotional Needs by actionable rating	
3.6	Functional Outcome Goal 3: Children participating in CSA-funded services will experience an increase in identified strengths that are useful in addressing their needs and developing resiliency.	
3.6.1	Percent of positive change in Strength Domain by actionable strength	
3.7	Functional Outcome Goal 4: Needs and issues of parents/caregivers of children participating in CSA-funded services that negatively impact their care-giving capacity will be reduced.	
3.7.1	Percent of positive change in Planned Permanency Caregiver functioning by actionable need	



FY 2019 Q2			
How Well Measure	Number	Title Value	
	2.2	Restrictiveness of Living Outcome Goal 2: Children participating in CSA living in congregate care are return as quickly as possible to a family setting.	ned
	2.2.1	Number of days CSA participating children live in congregate care before being returned to a family setting224 days for youth with emotiona /behavioral disabilities	al
<u>Graphs/Charts</u>	500 450 400 350 300 250 200 150	Average Length of Stay for Children with Emotional/Behavioral Problems Exiting Residential and Group Home Placements as of 12/31/2018 432 342 342 342 342 342 342 342 342 342	
Netes	100 50 0	9/1/2016 10/1/2016 11/1/2016 11/1/2017 2/1/2017 2/1/2017 3/1/2017 4/1/2017 5/1/2017 3/1/2017 9/1/2017 1/1/2018 3/1/2018 3/1/2018 3/1/2018 3/1/2018 3/1/2018 5/1/2018 3/1/2018 3/1/2018 3/1/2018 3/1/2018 1/1/2018 3/1/2018 1/1/2018	
<u>Notes</u>	within 6-9 placement with avera	est practice indicates that youth with emotional/behavioral problems should be returned to a family setting months [180-270 days]. The length of stay for youth with primarily emotional/behavioral problems exiting (n=18) was 224 days at the end of the 2nd quarter (LOS ranged from 21 to 453 days). Ages ranged from 14 to ge age being 17 years. Of the 18 exits, 9 were from Foster Care and Adoption, 4 from the CSB, 1 from FCPS, 1 from JDRDC. Planned Action: Continue to monitor.	o 18,





FY 2019 Q2									
How Well	Number	Title Value							
<u>Measure</u>	2.2	2.2 Restrictiveness of Living Outcome Goal 2: Children participating in CSA living in congregate care are returned as quickly possible to a family setting.							
	2.1.2	Percentage of youth participating in Intensive Care Coordination who are successfully prevented from entering residential or group home placement six months and twelve months after initiation100% / 93%of services100% / 93%							
	2.2.4	Percentage of youth participating in Intensive Care Coordination who are successfully returned from residential or group home placement within three months of initiation of services0%							
Graphs/									
<u>Charts</u>		ICC Outcomes - Prevent Residential ICC Outcomes - Return From Residential							
	100% 94%	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$							
	80%	85% 100%							
	60%	70% 67% 60% 50%							
	40%	50%							
	20%	30% 20% 10%							
	0%	$ \begin{array}{c} 0\% \\ 0\% \\ 0\% \\ 0\% \\ 0\% \\ 0\% \\ 0\% \\ 0\% $							
		Prevent RTC at 6 months Prevent RTC at 12 months							
<u>Notes</u>	-	00% (n=29) of youth were maintained in the community 6 months after initiation of ICC services. 93% (27 of 29) of youth In the community 12 months after the initiation of ICC services. 2 youth were referred to ICC while in RTC.							
		tion: Wraparound Fidelity Monitoring project will provide external fidelity review. ICC Stakeholder group continues to meet to tem implementation issues as needed.							

<u>ow</u>	Number Title								Value
<u>/ell</u> leasure	2.2		Restrictiveness of Living Outcome Goal 2: Children participating in CSA living in congregate care are returned as quickly as possible to a family setting.						
-			Percentage of youth participating in Intensive Care Coordination who are successfully prevented from entering residential or group home placement six months and twelve months after initiation of services						Wrap Fairfax 91% / 100% UMFS 100% / 100%
	2.2.4	4	Percentage of youth participating in Intensive Care Coordination who are successfully returned from residential or group home placement within three months of initiation of services					ned from	Wrap Fairfax – - UMFS – 0%
aphs/ arts									
				Wrap Fa	airfax ICC Outo	omes FY 2019 Q	2		
	150% - 100% - 50% -	100%94% 80%	100%100%100%	100% 78% 87%	100% _{92%}	100%100%	91% ^{100%}	89% ^{100%}	5 _{91%} 100%
	0% -	3/31/17	6/30/17 Return	9/30/17 from RTC by 3 mos	12/30/17 Prevent RTC a	3/31/18 t 6 months ■ Prev	6/30/18 vent RTC at 12 mon	9/30/2018 ths	12/30/18
	UMFS ICC Outcomes FY 2019 Q2								
	150% - 100% - 50% -	100% _{89%}	100% _{92%}	100% 100%	90% 95%	100% 100%	90% 65%	100% 949	6 100% 100% 0%
	0% -	3/31/17	6/30/17	9/30/17	12/30/17	3/31/18	6/30/18	9/30/2018	12/30/18
			Return	from RTC by 3 mos	Prevent RTC a	t 6 months Prev	vent RTC at 12 mon	ths	
otes	-	•	Fairfax: 91% (13 o he community 12 r			•			C services. 100% (n=1 RTC this quarter.

FY 2019 Q2								
How Well	Number	Title	Value					
<u>Measure</u>	2.3 Permanency Outcome Goal: Prevent entry into foster care for reasons other than maltreatment							
	2.3.1	JDRDC and DFS data on Relief of Custody Petitions: # ROC petitions filed/# chi entering foster care from ROC petitions	ldren 6 ROC filed / 2 entries					
	2.3.2	Number of children entering foster care from CHINS petitions	0					
	2.3.3	Number of children entering foster care from delinquency petitions	2					
<u>Graphs/</u> <u>Charts</u>								
<u>Notes</u>	Analysis: 8 Reli	ef of Custody (ROC) complaints were received, 6 were filed, 2 are pending. Plan	aned Action: Continue to monitor.					

FY 2019 Q2					
How Well	Number	Title Value			
<u>Measure</u>	2.5	Fiscal Accountability Outcome Goal: Fairfax-Falls Church CSA leverages state and local fiscal resources to serve youth and families efficiently			
	2.5.1	Percentage of placements in Medicaid-enrolled facilities76%			
	2.5.2	Percentage of Medicaid placements receiving Medicaid reimbursement73%			
Graphs/Charts	100% 90% 84% 80% 70% 60% 63% 50% 40%	Monthly Utilization and Reimbursement for Medicaid-enrolled RTC/GH Placements			
	30% 3/31/16	6/30/16 9/30/16 12/31/16 3/31/17 6/30/17 9/30/2017 12/31/17 3/31/18 6/30/20189/30/2018 12/31/18 Medicaid Reimbursement Medicaid Placements			
<u>Notes</u>	Reasons for being ine Medicaid reimbursen (9 out of 38): the child	c of 38) placements are with Medicaid-enrolled providers, out of which 68% (26 out of 29) are Medicaid eligible. Igible: no legal status (n=2), over income for Level B group home (n=1). 73% (19 out of 26) are receiving nent for residential costs; 0 are denied and 7 are pending. Reasons for being placed with non-Medicaid Providers d is not able to be served in Va, is court-ordered, or is in a non-Medicaid group home. Medicaid eligible group small reimbursement of the cost because Medicaid does not cover group home room & board. Planned Action:			