

# City of Alexandria, Virginia

---

## MEMORANDUM

DATE: MARCH 3, 2009

TO: THE HONORABLE MAYOR AND MEMBERS OF CITY COUNCIL

FROM: JAMES K. HARTMANN, CITY MANAGER

SUBJECT: BUDGET MEMO #21: COMPREHENSIVE SERVICES ACT PROGRAM

---

The purpose of this memorandum is to provide information on the Alexandria Community Policy Management Team (ACPMT) cost containment measures and service improvement objectives. Additional information related to funding for the Comprehensive Services Act will be discussed at the March 5, Social Safety Net work session.

The ACPMT consists of representatives from City Council, the City Manager, the Alexandria City Public Schools, the Division of Social Services, Court Service Unit, Health Department, the Department of Mental Health, Mental Retardation and Substance Abuse, plus a representative from the Northern Virginia Private Providers Association. The ACPMT oversees the expenditure of funds that implement the mandates of the Comprehensive Services Act (CSA). Services are provided under the CSA for at-risk children in or possibly needing foster care and children requiring special education services through individual education plans (IEPs). The majority of this money has funded out of home and out of community care.

The State of Virginia has begun a reform for total transformation in children's services. In response to the State reformation initiatives the ACPMT held a retreat in May 2008 and established a goal of bringing and keeping all Alexandria children home in their community. The ACPMT is focusing on making sure every child has a permanent home (permanency), nurturing the strengths of our children and their families, and creating innovative community-based partnerships to address the challenges facing the City of Alexandria's at-risk children and families. State and legislative initiatives and priorities, and challenging fiscal times demand that services support permanency planning, be individualized, be child and family-centered, and be delivered whenever possible in our community. Communities would be financially rewarded by adjustment to match rate, thus, the ACPMT embarked upon an internal transformation to position ourselves to better meet these needs, specifically, through the development of family centered policy focusing our resources to prepare our staff to deliver flexible, individualized services in our community. To this end the ACPMT developed a CSA Service Improvement and Cost Containment Strategy in November 2008 (Attachment 1). The ACPMT is taking a bold and immediate move to transform its policies and procedures to support the ambitious

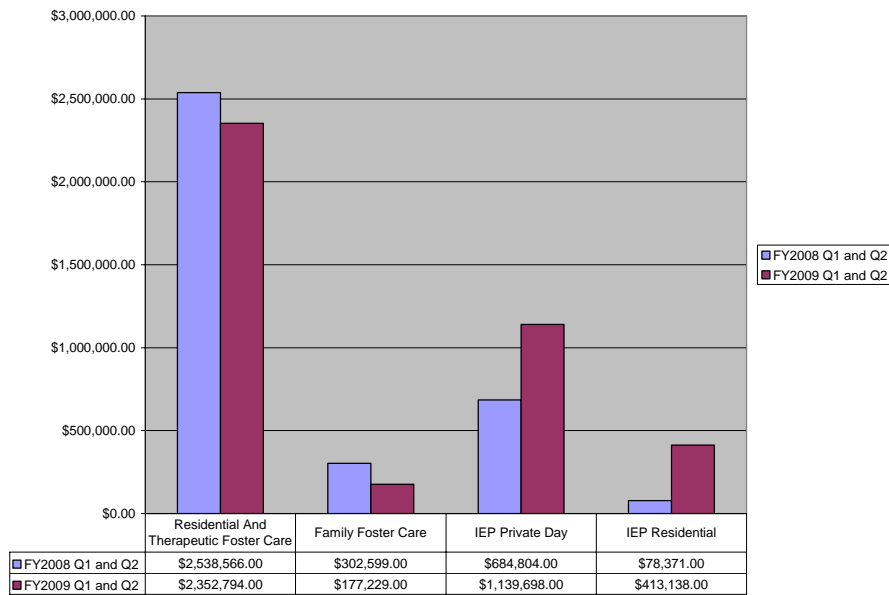
objectives of:

1. Bringing our children home;
2. Preventing our children from leaving the community;
3. Strengthening existing, and developing new, community resources; and
4. Maintaining services within our budgeted allocation.

In response to these objectives for implementing cost containment measures, the ACPMT created quality indicators and monitoring timelines which have resulted in the following:

1. A 35% decrease in residential and group home placements for the first half of FY09;
2. A \$311,142 decrease in funding need for DSS residential/therapeutic foster care for the first half of FY09 compared to FY08;
3. Year to date average match rate of 49% a decrease of 4% overall;
4. Coordinated planning with Statewide and regional localities targeting innovative partnerships for community based services and providing training to stakeholders;
5. Meeting with all contracted Therapeutic Foster Care providers to discuss cost containment strategies and moving children to the lowest level of care;
6. Meeting with all contracted Home Based providers to discuss timelines and cost containment strategies and innovative treatment services; and
7. Implementation of Alexandria’s System of Care wraparound service for all children at risk of residential placement.

**Comparison of Selected Funding Categories**



**AREAS NEEDING IMPACT THAT AFFECT THE 2010 BUDGET:**

1. Working with ACPS to impact the \$789,661 increase in IEP funding that has occurred for the first half of FY09 compared to first half of FY08;
2. Continuing to train staff and community based partners in our process change;
3. Developing locally based crisis stabilization program; and

4. Developing locally based diagnostic services.

The CSA 2010 Proposed Budget increase of \$2,595,299 is comprised of \$1,595,299 to align the 2010 budget to CSA's 2009 revised budget and an increase in services for 2010 as explained in the previous narrative. At this time, although the cost containment measures are working, they are being offset by increases in the education area (refer to chart above). There is not enough current information to revise the Proposed 2010 budget.

**ATTACHMENT:** Cost Containment Strategy

## **Alexandria Community Policy and Management Team**

2525 Mt. Vernon Avenue · Alexandria, Virginia 22301

Phone: (703) 838-0822 · TDD: (703) 836-1493 · Fax: (703) 836-2355

**Vacant**  
Family Representative

**Lillian Brooks, Esq.**  
Court Services Unit

**Suzanne Chis, MSW**  
Social Services

**Deborah Warren, DSW**  
Community Services Board

**Debra Collins**  
Asst. City Mgr.

**Gretchen Abell, MS**  
Private Provider

**Veronica Aberle, MSN RN**  
ACPMT Chair, Health Department

**Bruce Johnson**  
Management & Budget

**Michael Romanelli, Ph.D**  
ACPS-Student Services

### **CSA SERVICE IMPROVEMENT AND COST CONTAINMENT STRATEGIES FROM THE ACPMT**

The Alexandria Community Policy Management Team (ACPMT) consists of representatives from City Council, the City Manager, the Alexandria City Public Schools, the Department of Social Services, Court Service Unit, Health Department, the Department of Mental Health, Mental Retardation and Substance Abuse, plus a representative from the Northern Virginia Private Providers Association. The ACPMT oversaw the expenditure of \$11,199,466.79 in Fiscal Year 2008 to implement the mandates of the Comprehensive Services Act (CSA). \$5,945,796.92 of this was the City share and the remainder was paid by the Commonwealth. Services are provided under the CSA for at-risk children in or possibly needing foster care and children requiring special education services through individual education plans (IEPs). The majority of this money paid for out of home and out of community care. ACPMT is guided by the following values consistent with the state's practice model for children's services and the national systems of care model:

- We believe that all children deserve safe, nurturing and permanent homes and permanent family connections.
- We believe that child safety is first and foremost.
- We believe that parents have the right and responsibility to raise their own children.
- We believe that the family and youth perspective must be honored at all times during the service planning process and service options must reflect the family's values and preferences.
- We believe that all children can be served in the Alexandria community. When exceptions to this must occur, placements out of the community are of the shortest duration possible.
- We believe that coordinating community services to transition or maintain children in their homes and communities is a public responsibility and that public community agencies should serve the community in this role.

In May 2008, ACPMT held a retreat and established a goal of bringing and keeping all Alexandria children home. The ACPMT is focusing on making sure every child has a permanent home (permanency), nurturing the strengths of our children and their families, and innovative community-based partnerships to address the challenges facing the City of Alexandria's at-risk children and families. State and legislative initiatives and priorities, and challenging fiscal times demand that services support permanency planning, be individualized, be child and family-centered, and be delivered whenever possible in our community.

The ACPMT embarked upon an internal transformation to position ourselves to better meet these needs at our May 2008 retreat, specifically, through the development of family centered policy focusing our resources to prepare our staff to deliver flexible, individualized services in our community. Currently we move our most needy, at risk children, out of Alexandria to receive services by placing them in residential facilities, group homes, diagnostic facilities, foster care and private day educational institutions beyond our City limits. This can be very expensive, and the local share of this expense is going up. More importantly, congregate care does not support healthy growth and development. Our message to these children and families is that we cannot care for them in their own community. ACPMT is taking a bold and immediate move to transform its policies and procedures to support the ambitious objectives of:

- 1) Bringing our children home
- 2) Preventing our children from leaving the community
- 3) Strengthening existing, and developing new, community resources to achieve #1 and #2
- 4) Maintaining services within our budgeted allocation.

### **Plan to meet Objective #1:**

- 1) At the beginning of FY09, Alexandria had 43 children placed in residential, group home or diagnostic facilities. At the end of the 1<sup>st</sup> quarter, 11 of those children had been stepped down to less restrictive care, a decrease of 21%. With one new admission to a diagnostic facility and one new admission to a group home, a total of 34 children are still placed out of the City limits in congregate care. Our goal is to end our reliance on congregate care as a service for our children and look for permanent local family based homes.
- 2) An important element of cohesive continuity of care includes the use of short term crisis stabilization units and diagnostic facilities that provide services for no more than 90 days. These short term interventions offer stability to a child and family in crisis while ensuring that comprehensive wraparound services can be developed and put in place to support the child and family in the community.
- 3) We will continue to educate our staff on our goals and reinforce our commitment to this end.
- 4) The ACPS began a review of all IEP private day and residential placements to determine whether we can best educate these children in our school system and plan to lower levels of outside placement in the next school year.

## **Plan to meet Objective #2:**

- 1) We will require all children at risk of or already in residential care to be referred to Intensive Care Coordination through our System of Care project
- 2) We will require that children remain in residential facilities no longer than 6 months with monthly utilization review
- 3) We will fully support Family Group Conferencing and Family Find to ensure families and children are completely engaged in the process of permanency and connection with the understanding that sometimes there is a need for children to return to other parts of our country and world to achieve permanency and family connections.
- 4) We will require use of crisis stabilization and diagnostic/assessment before accessing residential care.
- 5) We will develop new services such as day treatment to maintain children in the school setting (in process).
- 6) We will continue our diversion program to prevent Children in Need of Services (CHINS) children from detention and residential facilities as our Court Service Unit has one of the highest diversion rates in the State. These children are court ordered or involved in service need through our Court Service Unit as a result of truancy, delinquency or criminal behaviors. We recognize that these children have continued service needs.
- 7) We will work to develop services to help undocumented and immigrant children gain permanent family connections through an international approach.
- 8) We will meet with Judges and court officers to discuss how they can assist in keeping children in the community.

## **Plan to meet Objective #3:**

- 1) We will train line staff on CANS (Child Adolescent Needs Assessment) to assess children's needs based on statewide standards.
- 2) We will promote expanded use of our regional crisis stabilization center in Fairfax and develop expanded access as needed.
- 3) We will further develop community based supports to include the services offered through our CSB and local private providers. We will advocate preventing reductions in critical services that support the ACPMT goal of keeping children home.

## **Plan to meet Objective #4:**

- 1) We will cap all CSA spending at the FY09 projected expenditure level. Agency Directors will need to justify any need to go over budget.
- 2) We will audit all Therapeutic Foster Care placements, our most comprehensive service placement for the neediest children in foster care. These facilities have a range of services moving from least comprehensive to most comprehensive, Level I to Level IV. We will move our children to Level I as soon as possible. Justification will be needed for any higher level placement. Higher level placements are only for six month periods of stabilization.
- 3) We will mandate use of Medicaid for all eligible and available services before allowing access to CSA funds.

- 4) We will deduct co-pay from cost of service, i.e., assume co-pay amounts will be paid in determining cost to CSA (do not approve amount co-pay will pay).
- 5) We will update co-pay sheet yearly.
- 6) We will enforce child support orders of enforcement.
- 7) We will require use of respite funding through State funds before accessing CSA. Respite is used to provide an overnight, weekend or short term placement for foster families needing a brief break from providing intensive care to children with multiple at risk care. The use of respite leads to fewer disrupted placements for children.
- 8) We will ensure that home based services are limited to 4 months only, not to exceed \$6,000. Time and dollar amount can only be exceeded with justification.
- 9) We will ensure that only services specifically listed on the IEP are eligible for the IEP mandated approvals
- 10) We will require use of Medicaid for Therapeutic Foster Care – Case Management – this service costs \$326.50 per month for every child placed however it is fully covered through Medicaid.
- 11) We will require use of Medicaid reimbursable providers for services when possible.
- 12) We will set up a service review group that establishes caps/time limits for use of services that are not mandated, i.e., not specifically on the IEP or not specifically Foster Care Room and Board or Foster Care Maintenance, such as day care and clothing costs.
- 13) We will develop and train specialized Family Assessment Planning Teams (FAPT) to review for funding and recommend comprehensive services for children in the following categories: Congregate Care team to specialize in residential/group home/diagnostic placements, IEP team to specialize in individualized educational program needs for school children, DSS team to specialize in therapeutic foster care and non-mandated team to specialize in community based service needs for our non-mandated children.

### **Other ACPMT Actions to Improve Service and Reduce Costs**

We are pleased that we now offer Family Group Conferences, Family Team Meetings, Family Finding and Engagement, Intensive Care Coordination (offering intensive case management to transition children from residential to community based care), and Wraparound Services (through our System of Care grant) to assist with maintaining youth in the community by establishing lifelong connections, creating permanency for children and youth. Our Wraparound Services are based upon combining informal and natural supports with formal services to help families remain intact and lessen dependency on public services. These new services, and innovative partnerships with our treatment foster care and other programs, are being used to help reduce the amount of time children receive evaluation and treatment outside the community, and improve positive outcomes for our most challenging youth.

### **Fiscal Impact**

The ACPMT is hopeful that these actions will reduce costs primarily by shifting the focus of service away from more expensive services outside that place our children in residential facilities, group homes, diagnostic facilities, foster care and private day educational

institutions beyond our City limits. Community-based services provided here in the City are not only less expensive but provide more healthy growth and development opportunities. The CSA formulas established by the Commonwealth require a significantly lower match rate from the City for community-based services (26.5%) vs. a higher match rate for residential (61.5% starting on January 1) and other services (53.9%) provided beyond our City limits.

We also expect to reduce costs through maximizing the use of Medicaid, child support payments, respite funding, procedural reviews, professional training and tightened financial procedures.

The types of actions being taken above should help control the costs of this mandated program. At this point we cannot specifically forecast the savings to be obtained, but after 8 to 12 months of implementing these changes, we should have a much better idea of the magnitude of possible savings.

Approved: November 19, 2008