

A Review of the Budget for the Comprehensive Services Act for At-Risk Youth and Families

September 1, 2000

Department of Planning and Budget



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Background

- ***History***

The Comprehensive Services Act for At-Risk Youth and Families was enacted in 1992 as an attempt to consolidate state resources and provide a mechanism for offering non-duplicative services to at-risk children with multiple treatment needs. This study follows a series of more than 12 other reviews of the program. This study is mandated by the Appropriations Act, Item 293 G:

“The Department of Planning and Budget, in conjunction with the Office of Comprehensive Services, shall examine the Comprehensive Services Act regarding expenditure growth, Medicaid utilization patterns, and the use of Title IV-E. The Director, Department of Planning and Budget, shall submit a report to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees no later than September 1, 2000, with the findings from the examination, including initial recommendations regarding the appropriate funding levels of the first and second year of the biennium. As part of the study, the Director shall examine whether the current forecasting and budgeting process for the program needs to be changed.”

The purpose of this study is to examine the expenditures and funding levels of the Comprehensive Services Act and make recommendations to establish the appropriate funding levels. However, this document will also seek ways to add fiscal prudence and stabilize the program. In its current form, the program continues to provide services to children in need, but it is difficult to manage or anticipate the impact on state and local budgets. Overall, the objective remains to continue providing these needed services to Virginia’s at-risk youth, but to establish some accountability and stability for the program.

The Comprehensive Services Act is required sum sufficient funding to provide foster care and special education services for children to meet state and federal mandates as outlined in Section 2.1-757C of the *Code of Virginia*. Federal law requires that state and local governments pay for special education services, while both the state statute and federal regulations serve as the foundation for the foster care mandates. These mandates can be found in the Federal Individuals with Disabilities Education Act (IDEA) (20 U.S.C. 140 et.seq), the Virginia Special Education Regulations (8 VAC 20-80 et. Seq.) and the Code of Virginia (22.1 et. Seq.).

- ***Organizational Structure***

The **Secretary of Health and Human Resources** is designated as the lead Secretary for management responsibility for the Comprehensive Services Act. Prior to the 2000 session of the General Assembly, the Secretary of Education was primarily responsible for the CSA with assistance from the Secretary of Health and Human Resources and the Secretary of Public Safety. The Secretary of Health and Human Resources is now designated to work in conjunction with the Secretaries of Education and Public Safety to direct the actions of the affiliated agencies for a collaborative state effort.

The **State Executive Council** is mandated by the *Code of Virginia* to meet at least quarterly and carry out functions to include, but not limited to, oversight of policy governing use of funds, review policy and issues, advise the Governor and Secretaries, and if necessary, deny funding to Community and Policy Management Teams that fail to comply with the Comprehensive Services Act. The council is an interagency body that reports to the Secretary of Health and Human Resources. For the purpose of management and establishing policy for the Comprehensive Services Act, the State Executive Council is made up of the following members:

- Chairman: Director of the Department of Medical Assistance Services
- Member: Commissioner of Social Services
- Member: Director of Juvenile Justice
- Member: Commissioner of Health
- Member: Superintendent of Public Instruction
- Member: Executive Secretary of the Virginia Supreme Court
- Member: Commissioner of Mental Health
- Member: Local Government Representative
- Member: Local Government Representative
- Member: Private Provider Representative
- Member: Parent Representative

The **Office of Comprehensive Services (OCS)** administers the day-to-day operations for the Comprehensive Services Act (CSA). Their activities include, but are not limited to, overseeing allocations, disseminating and coordinating policy with local governments, advising the State Executive Council, and facilitating the coordinated effort of state agencies. The office receives fiscal service support from the Department of Education. The Department of Social Services (DSS) provides human resource support for the OCS. Despite the fact that the Office of Comprehensive Services is technically housed within DSS for administrative purposes, the Office reports directly to the State Executive Council. This is an effort to ensure an interagency level of operation.

The **State and Local Advisory Team** was formed during the 2000 General Assembly and replaces the State Management Team. Their duties include, but are not limited to, advising the State Executive Council on policy and guidelines, and advising state agencies and localities on training and technical assistance. The membership is as follows:

- Member: Department of Health Representative
- Member: Department of Juvenile Justice Representative
- Member: Department of Social Services Representative
- Member: Department of Mental Health, Mental Retardation and Substance Abuse Services Representative
- Member: Department of Education Representative
- Member: Parent Representative
- Member: Local CSA Coordinator
- Member: Juvenile and Domestic Relations District Court Judge
- Member: Five CPMT representatives from all geographic regions of the state

The **Community Policy and Management Team (CPMT)** is made up of at least one elected or appointed official or his designee and the agency heads or their designees from the local Department of Social Services, School System, Community Services Board (mental health), Court Services Unit (juvenile justice), local Health Department, a parent and, where appropriate, a private provider. This team has administrative and fiscal responsibility for local funds, for developing local policies and procedures, and appointing members of the Family Assessment and Planning Team.

The **Family Assessment and Planning Team (FAPT)** is comprised of the supervisory level staff from the same agencies as the CPMT as well as the parent and often a private provider. These teams work with the families to develop the Individual Family Services Plan (IFSP). If the services needed are beyond what is available in the participating agencies and there are no other family or community resources available, the team may choose to purchase them with local CSA funds.

• ***The Process***

Services are intended to be child-centered, family focused, and community based. It is also intended that there be interagency collaboration at the state and local level. Family involvement in service delivery and management is encouraged. The program was designed with local flexibility to determine service levels and to procure those services. Although many differences exist between localities, the following represents the intended flow of children through the CSA:

Step 1 – Case referred to CSA by local agency (as reported in FY 99)

- 62% from DSS
- 9% from Special Education
- 6% from other Education
- 8% from Juvenile Justice
- 5% from CSB
- 9% from local interagency team

Step 2 – Case evaluated with Uniform Assessment Instrument and Utilization Management initiated

Step 3 – Local Family Assessment and Planning Team develops a service plan

Step 4 – Local Community Policy and Management Team authorizes funding and treatment plan

Step 5 – Local Service Coordinator contracts for services

Step 6 – Services provided to child

Step 7 – Local Government submits claim to state for reimbursement

• ***Current Appropriations***

Fund Type	FY 01	FY 02
General Fund	\$105,522,493	\$80,655,144
Non General Fund	\$49,064,343*	\$31,890,661*
Total	\$154,586,836	\$112,545,805

*includes Social Services Block Grant and Federal Medicaid funds which are highly dependent upon the availability of the federal grant from DSS and the utilization of Medicaid services

- ***Populations Served***

The CSA primarily serves four groups:

- 1). Foster Care (Mandated) children to include specialized and residential foster care services
- 2). Special Education (Mandated) children to include private special education placements and other day special education placements outside the owning school system
- 3). Juvenile Justice (Non-Mandated) children to include those referred to the local CSA to receive treatment services to the extent resources are available
- 4). Mental Health (Non-Mandated) children to include those referred by the local Community Services Board to receive treatment services to the extent resources are available.

Key Issues

- **Expenditure Growth**

Overall Expenditure growth for the agency has remained relatively constant. However, expectations of savings from non-general fund (NGF) sources have not been met. This has created the need for additional general Fund resources. Although the percent of growth is within historical levels, the program is reaching such size that the impact of that growth is an overall significant dollar amount. Maximizing the use of federal funds continues to be the source of general fund savings for state and local governments. On a closer look, 28 out of 133 localities have an alarming trend of double-digit annual growth rates for three years in a row. The chart below shows expenditures as reported in CARS. However this does not properly show the growth in CSA. Local governments are allowed to submit billings for prior fiscal years until September 30th of each year. Yet, this demonstrates the impact on the state and local budgets over the past 4 years.

Total Expenditures as reported in CARS

	FY 97	FY 98	FY 99	FY 00*
Expenditures	\$99,706,981	\$108,802,205	\$116,507,853	\$132,864,455
% increase		9%	7%	14%

*includes transfers to DMAS for Medicaid reimbursement

- **Foster Care and Title IV-E Funding**

Based on census levels and expenditures (see Chart 1 below), foster care is clearly the driving force behind the growth in CSA. For example, foster care prevention has had significant expenditure increases. Specifically, foster care prevention in residential settings represents the largest increase in census of 30 percent and an expenditure increase of 61 percent. Foster care prevention is defined as care designed to treat a child through a non-custodial agreement in lieu of the state assuming custody. To meet the mandated criteria to receive services, a child must be in danger of entering foster care within the next six months. Furthermore, DSS policy intends this treatment for a period not to exceed six months. Although this increase in foster care prevention is noteworthy, it is not indicative of all localities.

FINDING: Average lengths of stay in prevention foster care exceed the state guidelines in several localities. Similar observations can be made in other categories of foster care in the Comprehensive Services Act.

RECOMMENDATION: Direct the State Executive Council to identify and investigate localities that have exceeded the standard for any category of service, determine the cause, and initiate corrective action if necessary.

*based on aggregate data collected from supplemental requests for FY 98 and FY 99

Ability to utilize federal funding for foster care is a significant component of the state’s ability to curb expenditure growth. In terms of census and expenditures (see Chart 2), Title IV-E foster care growth has not kept pace with growth in non-IV-E foster care. It is up to localities to determine what services are eligible for reimbursement under Title IV-E and, more importantly,

what clients are eligible for this funding. The scope of services available includes transportation, day care, and basic maintenance payments. The state is responsible for assisting and training localities on accessing this funding. The only agency that can access these funds is the Department of Social Services. The DSS has not been able to aggressively pursue this funding due to lack of general fund match in the Title IV-E foster care program. However, in the current budget, language was added by the Governor to allow the DSS to receive general fund transfers from the CSA to match these federal funds.

The statewide penetration rate for Title IV-E has improved in recent years to 45 percent. The penetration rate measures Title IV-E cases as compared to non-IV-E cases. With proper training and review of current case files, the DSS believes that some localities have the potential to increase to 70 percent in addition to retroactive claims for up to 2 years. It is essential to begin the transition of these clients to federal funding under the current provisions allowed through the Appropriation Act. Implementation of such actions as transition of youth cannot be accomplished overnight. The Department of Social Services is working with local departments and Court Services Units to expand access to this funding and improve the penetration rate. Once the DSS can demonstrate success with this transition, consideration could be given to move the general fund to their budget. However, previous attempts to increase Title IV-E savings have only resulted in shortfalls for the CSA and mediocre savings for state and local governments.

FINDING: Title IV-E growth has lagged significantly behind the overall growth of CSA. Continued lagging in IV-E expenditures will hamper state and local governments' ability to utilize federal dollars. There is strong potential for improvements to the overall Title IV-E penetration rate.

RECOMMENDATION: Direct the State Executive Council to monitor the Department of Social Service's efforts to increase access to Title IV-E funding.

Chart 1 - Census Level (*see notes below)

	FY 98	FY 99	% Increase
Foster Care	13,608	15,069	11%
Special Education	2,604	2,790	7%
Non-Mandated	1,451	1,603	10%
Unduplicated Total	14,359	14,680	2%
<i>Noteworthy Foster Care Subcategories</i>			
Foster Care Prevention	2,565	2,644	3%
Title IVE	3,619	3,882	7%
Non Title IVE	7,424	8,543	15%

*based on data as reported by local governments to the Office of Comprehensive Services on Program year census

*includes clients who receive services in multiple categories

Chart 2 - Program Year Expenditure Breakdown (*see notes below)

	FY 98	FY 99	% Increase
Foster Care	\$111,893,864	\$128,375,477	15%
Special Education	\$53,472,214	\$53,936,413	1%
Non-Mandated	\$9,100,423	\$10,888,684	20%
Total	\$174,466,501	\$193,200,574	11%
Foster Care Prevention	\$11,088,203	\$15,355,237	38%
Title IV-E	\$57,469,387	\$62,909,596	9%
Non Title IV-E	\$67,453,686	\$77,567,968	15%

*based on data as reported by local governments to the Office of Comprehensive Services on Program Year Expenditures

*Includes State and Local Share

• **Medicaid Utilization**

Medicaid utilization patterns have been significantly below the level that was originally predicted. Although numerous factors may have contributed to this, the most significant include the scope of services eligible for coverage and the number of youth who are eligible. Although the original predictions took into consideration the large number of CSA youth in residential placements, the data does not exist to determine what portion of their costs would be reimbursable or how many of the residential placements would meet the acute level of care required by Medicaid. The current Medicaid reimbursement target is based on original projections from a 1998 study of CSA by the Joint Legislative Audit and Review Commission.

Based on the best available data, the following revised projections were made for Residential Services. Preliminary analysis assumes expenditures will increase \$236,806 monthly (the average monthly increase thus far) through August of 2000, and then increase at a decreasing rate of growth. This rationale shows total expenditures of \$24,366,589 in FY 2001 and \$28,239,071 in FY 2002 for Residential Services. This forecast includes a 3 percent rate increase for these services effective July 2000 and an additional rate increase effective July 2001.

Based on the best available data, the following revised projections were made for Therapeutic Foster Care. The services in the current state plan represent approximately 75 percent of those envisioned under the original projections. Preliminary analysis assumes an average monthly increase of \$140,474 through August of 2000, and then increase at a decreasing rate of growth. This rationale shows total expenditures projected at \$12,326,578 in FY 2001 and \$13,717,269 in FY 2002.

	FY 2001	FY 2002
Residential Foster Care	\$24,366,589	\$28,239,071
Treatment Foster Care	\$12,326,578	\$13,717,269
Grand Total	\$36,693,167	\$41,956,340

*includes Federal, State, and Local share in addition to legislated rate increases

*These projections are preliminary and should be updated as additional data is available

FINDING: Current Medicaid targets are outdated and in most cases do not reflect achievable goals for local governments
RECOMMENDATION: Direct the State Executive Council to revise Medicaid targets based on the revised forecast above.

A great deal of concern has been expressed about the timeliness and effectiveness of the Medicaid implementation process. However, significant progress has been made and the process continues to improve. The current plan on Medicaid utilization represents a continuation of training at a comprehensive and appropriate level to ensure localities and providers are afforded the necessary information to fully utilize this funding source.

FINDING: Current implementation of Medicaid is on track and a comprehensive training plan has been initiated, but continued vigilance is essential.

RECOMMENDATION: Direct the State Executive Council to continue to closely monitor the implementation of Medicaid reimbursement and take appropriate action as necessary.

The Medicaid reimbursement process currently requires a complex shift of funding from local governments through CSA to the Department of Medical Assistance Services. Unlike other Medicaid services, localities are required to pay a share of expenses for these services. Furthermore, the appeal of utilizing Medicaid providers is not seen by all local governments.

FINDING: Nominal incentives currently exist for localities to utilize Medicaid eligible providers. This cost savings comes with some administrative complexity.

RECOMMENDATION: Monitor Medicaid utilization to determine the feasibility of eliminating the local share of Medicaid reimbursements and requiring utilization of Medicaid providers.

- ***Forecasting Methodology***

The budget projections for the program have not been refined for recent years, yet the most reliable data clearly points to funding the program at a level commensurate with historical growth. Overall, the largest stumbling block to budgeting has been assuming the appropriate level of savings from Medicaid and Title IV-E. Until recently, all methodologies have been completed using the full anticipation of savings from Medicaid and Title IV-E. The inability to fully realize these savings remains the largest and most significant reason why the program has been unable to curb growth in general fund expenditures. Although there is potential for savings to increase closer to projected levels, the general fund will continue to carry the burden for this program until significant progress is made in working with localities to ensure appropriate funding streams are billed.

In terms of statistical forecasting, the amount of information collected from localities is quite limited. Specifically, the only reliable data available is from payment records. These payment records are not accurate reflections of monthly activity under CSA. This data is simply not long enough for more sophisticated statistical forecasting. The only data available for projecting expenditures is the record of aggregate annual expenditures and overall growth rates.

Areas for Concern

The following issues are not mandated for review in accordance with the Appropriation Act. However, it is important these issues be given consideration as a component of improving the Comprehensive Services Act, based on issues that have since come to the attention of the Department of Planning and Budget.

- ***Assistance and Review***

Although collaboration between state agencies has improved since the implementation of the Comprehensive Services Act, expertise for the various components of CSA still reside within member agencies at the state level. Despite the fact that the State Executive Council and State and Local Advisory Team are collaborative in nature, the state does not have an assembled core of expertise to work with and follow up on trends. If the state and local governments want to identify and resolve issues surrounding the Comprehensive Services Act, the state must be able to provide this expertise as necessary to assist localities.

FINDING: The State lacks a formal collaborative approach to assist localities in implementation of the Comprehensive Services Act

RECOMMENDATION: Direct the State Executive Council to assemble a team of professionals that can identify negative indicators, train, and provide ongoing assistance. This team should be assembled from interagency personnel for interim use, and established permanently as resources are provided. The team should report directly to the Director of the Office of Comprehensive Services.

- ***Utilization Management***

Utilization Management and Review was added to the CSA process to add quality control and ensure appropriate levels of placement and service. Under the current system, local governments may participate with the Commonwealth's independent third party contractor for review services or adopt a utilization review model approved by the State Executive Council. Currently, no validation or follow up is required by the Commonwealth to ensure that utilization review is implemented in accordance with intent.

Based on a review of the 1999 annual report as published by the West Virginia Medical Institute (current independent review contractor), results indicate that 40 percent of all cases are classified as "reviews with concerns". The percentage in which corrective action was taken is not known, but the overall percentage is large enough to generate strong concern. Furthermore, 15 out of 59 localities that contracted with the state review contractor failed to send any cases for review despite "several personal contacts" from the contractor and the Office of Comprehensive Services. The Office of Comprehensive Services is currently following up with those localities to determine cause and take action as necessary.

The remaining localities in the Commonwealth have chosen to adopt a utilization review model that has been approved by the State Executive Council. In a recent audit of non-participating local governments by West Virginia Medical Institute, 74 cases from 6 localities were reviewed for compliance with their approved plan.

Overall the results were mixed based on locality, but provide some noteworthy trends. The most positive results indicate that placements are appropriate in 96 percent of all cases reviewed and in 85 percent of all cases, appropriate alternatives were tried prior to placement. Furthermore, appropriate services were provided in 86 percent of all cases. Results that warrant attention focus on local establishment of achievable and measurable short and long term goals. Achievable and reasonable short term goals were present in only 12 percent of all cases and sufficient long term goals were present in only 7 percent of all cases reviewed. Additionally, despite the utilization review process identifying problems with treatment, no corrective action was taken in 42 percent of the cases. These indications suggest that even though treatment settings and service level are appropriate, a lack of goal setting and follow up may be inadvertently extending length of stay and increasing cost.

FINDING: Indicators suggest that several localities do not properly set achievable and measurable goals and follow up on utilization review findings. The State does not currently have established policies and procedures for follow up and validation of utilization review to ensure localities are complying with the provisions of the Comprehensive Services Act.

RECOMMENDATION: The State Executive Council should examine the entire Utilization Management process and incorporate changes to allow for proper follow up and action as necessary.

• ***Provider Rates***

A review of provider rates for residential services shows 252 vendors offering an assortment of 536 services. For the period of June 1999 to June 2000:

- 14 of the residential services declined in cost
- 331 of the services were unchanged cost
- 82 of the services increased in cost
- 109 new services were initiated

The average of all increases for residential services is 15 percent and the median increase is 8 percent.

A review of provider rates for foster care services for the period of June 1999 to June 2000:

- 6 of the services declined in cost
- 47 of the services had no change in cost
- 61 of the services increased in cost
- 201 new services were initiated

The increase for treatment services for the same period is an average of 14 percent and a median increase of 6 percent.

Although the service fee directory does not directly indicate the rate localities are negotiating with providers, it does provide an indication of trends in cost of services. A component of the new services is driven by “unbundling” of services. Whereas, previously, services were “package deals,” they are now offered “a la carte.” This data is available due to recent web-based advancements to the Service Fee Directory. Several localities are currently looking at ways to bulk purchase services. In addition, the potential for collaboration between localities to increase their buying power for services exists.

FINDING: There is strong activity in provider rates and the provision of services. The current method of custom purchasing services per child may be enhanced by local efforts to bulk purchase lower rates.
RECOMMENDATION: The State Executive Council should monitor provider rates to identify negative trends. The council should also work to facilitate the collaboration and bulk purchasing of services where appropriate.

- ***Parental Co-Pays and Child Support Collections***

For non-Title IV-E cases, state and local governments can collect parental co-pays and/or child support to pay for services provided while a child is in the custody of the DSS. Based on a review of parental co-pays as reported by local governments, 55 localities collected no funds from parents for any cases in 1999. The same review of child support collections shows 43 localities did not collect any funds for any cases in 1999. Of those localities, 22 made no collection of funds in either category. Although, there are certain instances where collections are not justified, this review of aggregate data clearly suggests funds are not being collected in every case where it is allowed under current law and policy.

FINDING: There are significant indications that collections from parental co-pays and child support are not occurring in instances where it is appropriate and allowable.
RECOMMENDATION: Direct the State Executive Council to examine parental co-pays and child support collections to determine if proper accountability for collecting and making these payments is currently being enforced, and take appropriate action if necessary.

- ***Allocations***

The budget for the Comprehensive Services Act is set up with two main categories of funding. The base allocation category is used to provide localities with authority to commit funds up to an amount based on historical expenditures. This base allocation also includes an amount for Medicaid reimbursable services. The supplemental category is intended to provide localities with funding as necessary for mandated cases that exceeds their base allocation. Localities have to request and justify these expenditures to the Commonwealth.

The original intent of base allocations was to provide reasonable budget expenditure targets for each locality. However, base allocations for local governments have lagged behind historical

growth. This requires local governments to request additional funding through the supplemental request process. The state benefits from the supplemental request process by collecting data. However, it has forced many local governments to ignore base allocations and develop their own projections. The General Assembly added language to the Appropriation Act to make allocations on a 3-year rolling average of expenditures, but no funding was added to make this formula a reality. Furthermore, a locality's performance does not play a role in their allocation of funding.

FINDING: Base allocations do not accurately reflect expenditure projections for local governments

RECOMMENDATION: As additional resources become available, update base allocations while developing procedures to collect an appropriate level of data for the state and local governments to make sound decisions. This action will reduce the need for local governments to make supplemental requests to the state. Furthermore, consider adopting a method of incorporating local performance into allocation of funding.

- ***Fiscal Services***

Under the original vision for fiscal support for the Comprehensive Services Act, the fiscal services division within the Department of Education would have had a larger responsibility for budgeting and working with localities. Since implementation, that role has evolved to serve more as technical support for the Office of Comprehensive Services than overall budget management. Based on recent audits of the Comprehensive Services Act, the Department of Education has provided exceptional support. However, having separate locations for day to day operations and fiscal services does not optimize management of operations.

FINDING: Separation of day to day operations and fiscal services is not optimal

RECOMMENDATION: Consolidate fiscal services within the Office of Comprehensive Services. This action would enhance operations with no fiscal impact. At a minimum, read-only access to CARS should be provided immediately.

- ***Trust Fund***

The Comprehensive Services Act currently includes (\$1.0 million GF each year) in funding for certain local governments to develop and start up prevention efforts for localities. However, this funding has evolved into fixed base funding for certain local governments to provide services. Although, the original intent was good, these funds may be more appropriately and equitably utilized across the state if they are used in another way.

FINDING: The Trust Fund no longer serves its original purpose to develop and start up prevention efforts in localities.

RECOMMENDATION: Direct the State Executive Council to examine the effectiveness of these funds and determine if they would more appropriately be utilized in another way.

- *Other Sources of Funding*

Recently, there has been the addition of two sources of funding to address the needs of children within the CSA population. The Community Crime Control Act funding (\$29.5 million each year) is distributed to localities to address the needs of the Juvenile Justice population. In many cases, this population has also accessed funding through CSA in the past. Secondly, the Children’s Mental Health Initiative funding (\$4.25 million each year) was added during the 2000 General Assembly as an attempt address the needs of the non-mandated population of CSA. The extent to which local governments will be able to utilize these funding sources in a way to help curb growth in CSA is not known at this time. However, initial indications are that many localities are eager to begin the use of these funds to address children’s needs.

FINDING: Recent additions of funding outside of the Comprehensive Services Act may have a positive effect on curbing growth within CSA and address the needs of children non-mandated for services. There is strong potential that these initiatives could help prevent the escalation of need to a mandated level.

RECOMMENDATION: Direct the State Executive Council to monitor the use of funding streams outside the CSA to understand the advantages or disadvantages of these sources. In addition, incorporate training on other funding sources into local government training on the Comprehensive Services Act.

Summary

Although this program was established as a state and local partnership, it is essentially a locally administered program. The state has established the skeleton under which localities are expected to operate, while localities retain the flexibility to implement the program in a way that suits their community's needs. The flexibility of the program with limited oversight has created a strong ability for localities to customize the program. However, that flexibility has produced a wide array of results depending on the locality. This program should remain a locally controlled program, but state and local governments are obligated to ensure the program is implemented in accordance with legislative intent.

There are two overriding principles that can summarize the need for action in CSA:

- 1) The only significant and meaningful way to curb growth in general fund expenditures is to develop and sustain a concerted effort by the Commonwealth and local governments to utilize and maximize federal funding to the greatest extent possible. This requires expansion of Title IV-E funding and maximum utilization of Medicaid.

- 2) In addition to this review of the Comprehensive Services Act, various state agencies, consultants, General Assembly, local governments, and others have completed at least 12 other studies. Many of which have similar recommendations and conclusions. With the recent passage of HB 1510, the Comprehensive Services Act was modified with several improvements to reporting structure and clarifications to authority. These improvements now make moving forward an achievable reality. State and local governments must work to ensure this program is implemented in accordance with the intent of the program. The Commonwealth and local governments are obligated to exercise their authority to make the Comprehensive Services Act a success while preserving public confidence. This can be accomplished by developing and tracking performance indicators on things to include, but not limited to, length of stay, positive outcomes, and goal achievement. These indicators can then be used to identify trends and needed improvements, if necessary. The development of a collaborative assistance and review team should serve as the foundation of this initiative.

Comprehensive Services Act (CSA)

