



Sponsored Residential for High Acuity Youth in Foster Care without ID/DD Waiver

12/6/2023 Meeting with Providers

Agenda

- Welcome, introduction, goals for meeting
- Task Force goals and needs; expanding provider capacity
- Children's Services Act
 - Foundational Information
 - How CSA can support high acuity youth
 - Connecting with your local CSA
- Foster Care
 - Foundational Information
 - Case Collaboration
 - Common Acronyms
 - Common Roles
 - Entities that Support or are a critical part of the process
- Behavioral Health Considerations
 - Resources: Trauma and mental health for youth in foster care
- Building Capacity for Sponsored Residential for High Acuity Youth in Foster Care without an ID/DD Waiver
 - Four Steps to Get Started



The need

Vision: children should grow up in safe, stable, and secure families that support their long-term well-being

Phase 1: April – June 2022

End the phenomenon of youth who are displaced sleeping in local department of social services offices, hotels, or other unsuitable locations

Phase 2: June – May 2023

Develop a “reservoir” of safe and appropriate placements for youth who may need them in the future

Phase 3: June 2023 - on

Identify and execute system reforms

Expanding provider capacity

Need There are children in foster care with complex medical, mental health needs or developmental delays

Need Yet there are continued gaps in access to community-based settings, especially sponsored residential, to support long-term permanency goals

Need Increase number of high-quality community-based providers that support youth in foster care, especially sponsored providers

CSA can be a funding source for sponsored residential for youth in foster care without a waiver.

Additionally, DMAS through its health plans works with providers and families/guardians to identify potential medical or behavioral health services to support youth in sponsored residential settings.

Foundational Information: Office of Children's Services (OCS) and the Children's Services Act (CSA)

The [Children's Services Act \(CSA\)](#) is a law enacted in 1993 that establishes a single state pool of funds to support services for eligible youth and their families. State funds, combined with local community funds, are managed by local interagency teams who plan and oversee services to youth. If no other funding source is available, many services can be paid for through CSA funds. Information is presented below to help families understand the process of accessing services.

[Who is eligible for services through the CSA?](#)

Services through the CSA may be available to a child who meets at least one of the following descriptions as noted in the Code of Virginia §2.2-5212. The Code of Virginia determines eligibility for CSA, and local CSA teams have policies for determining eligibility.

[Why would I need CSA?](#)

CSA provides an opportunity to interact with child-serving agencies in your community. Meeting with your local CSA can provide information about community resources and services. For eligible youth and families, CSA can fund certain services and supports.

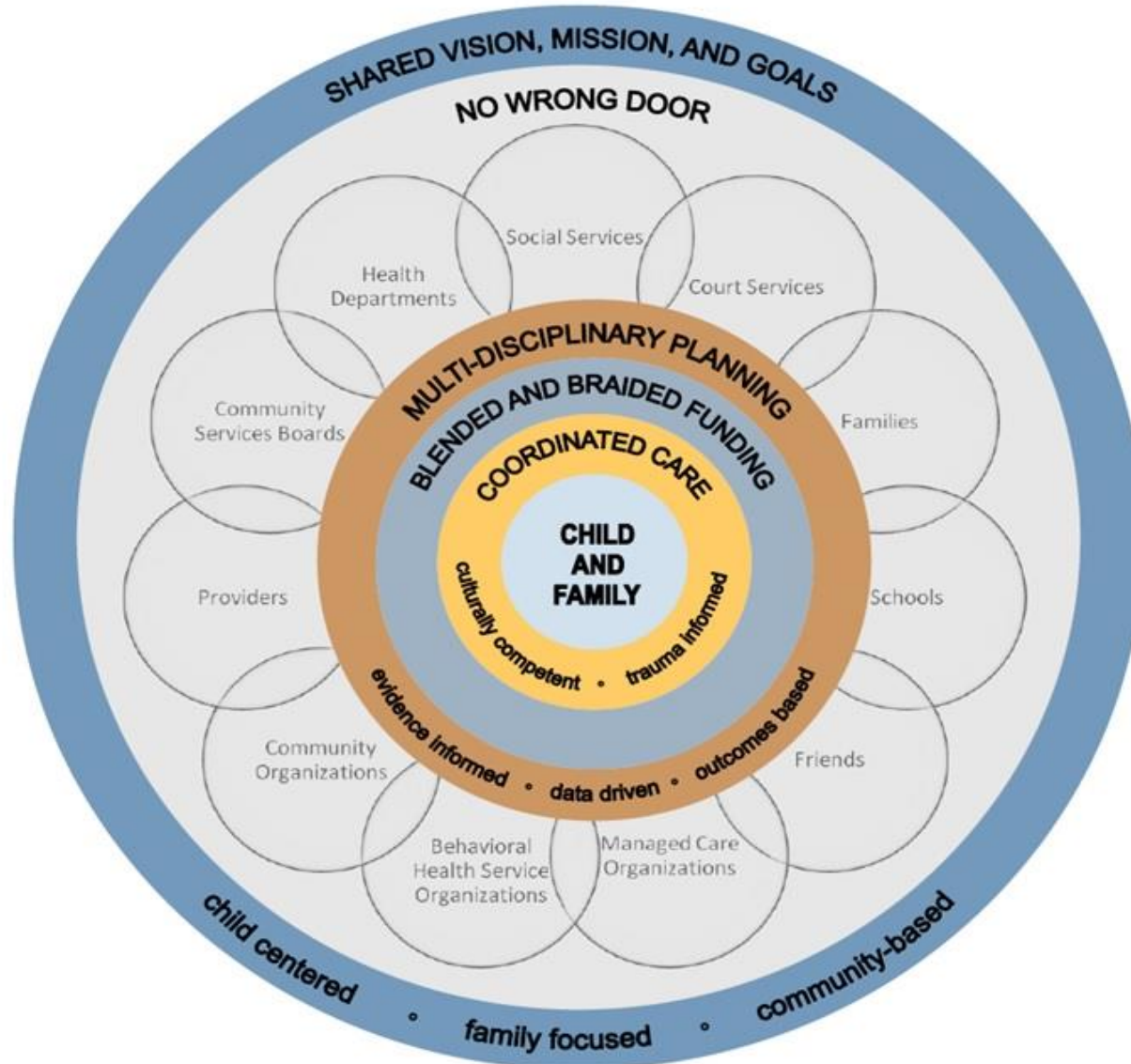
[A Guide to the Children's Services Act for Children and Families](#)

Click here for a [link](#)

[Where can I go for help with CSA?](#)

Your local CSA Office is the best place to request assistance with the CSA process. You can find their contact information by searching for the CSA Coordinator Role [here](#).

Virginia's comprehensive system of care



Connecting with your local CSA



PROVIDERS!

**When you reach out to your local CSA
let them know you participated in a
Safe and Sound training about serving
high acuity youth.**

**This will help your outreach to be
aligned with the needs of the locality.**

Foundational Information: Foster Care

What is Foster Care

The Foster Care Program provides services to children and families when circumstances require the child to be removed from their home for reasons of neglect, abuse, abandonment, or other issues endangering their health and/or safety. Foster care provides a safe and stable environment for children and older youth until the issues that made placement outside the home necessary are resolved. When a child cannot return home, another permanent home is found for the child through adoption or legal custody by a relative.

Permanency

When children are placed in foster care, it is imperative to find safe, permanent homes for them as quickly as possible. Permanency can have different meanings depending on the child, family, and case circumstances. Permanency is achieved when children exit foster care through 1) reunification, 2) custody transfer to a relative, or 3) adoption. Permanency helps youth establish and nurture a family connection that can provide a lifetime of support, commitment and a sense of belonging beyond temporary placement, even as they transition into adulthood.

Foster Care Case Collaboration

Court
Reviews

FAPT
Reviews

Family
Partnership
Meetings (FPM)

Child & Family
Team Meetings
(CFTM)

Visitation
Planning

Foster Care Case Collaboration



Common Foster Care Acronyms and Meanings

Acronym	Meaning	Acronym	Meaning
CASA	Court-Appointed Special Advocate	FAPT	Family Assessment and Planning Team
CHINS	Child in Need of Services/Supervision	FC(&A)	Foster Care (& Adoption)
CFTM	Child and Family Team Meeting	FPM	Family Partnership Meeting
CPA	Child Placing Agency	GAL	Guardian ad Litem
CPMT	Community Policy and Management Team	ICPC	Interstate Compact on the Placement of Children
CPS	Child Protective Services	IIH	Intensive In-Home Services
CSA	Comprehensive Services Act	JDRDC	Juvenile and Domestic Relations District Court
CSB	Community Services Board	LDSS	Local Department of Social Services
DBHDS	Department of Behavioral Health and Developmental Services	OOF	Out of Family
DJJ	Department of Juvenile Justice	TIP	Trauma Informed Practice
DOE	Department of Education	TPR	Termination of Parental Rights
EPSDT	Early Periodic Screening, Diagnosis and Treatment	VDSS	Virginia Department of Social Services

Common Roles Involved with Youth in Foster Care

LDSS Foster Care/Adoption Worker	Performs professional casework in a team-based environment. Engages with the client system to address psychological, social, medical, educational, legal, financial, and other needs of children, adolescents, and adult members of their families.
CSA Coordinator	Coordinates CSA services for social services division, community services board, public schools, and court service unit. Manages Family Assessment and Planning Team (FAPT) process. Serves as a member of Community Policy & Management Team (CPMT)
CASA volunteer	Sworn officers of the court-appointed by a juvenile court judge to advocate for children living in foster care due to abuse or neglect.
Guardian Ad Litem (GAL)	An attorney appointed by a judge to assist the court in determining the circumstances of a matter before the court. It is the responsibility of the guardian ad litem to provide independent recommendations to the court about the client's best interests, which can be different from advocating for what the client wants and bringing balance to the decision-making process.
CSB support coordinator or CSB case manager	Provides support coordination, also referred to as Medicaid Targeted Case Management (TCM), services for people with Developmental Disabilities (DD) and/or adults with serious mental illness and children with serious emotional disturbances who are receiving CSB services or are otherwise eligible for services with their local CSB.
MCO Foster Care Liaisons, MCO Behavioral Health Case Manager	Care coordination related to Medicaid members in their plans
IACCT Assessor	Behavioral Health Services Authorization Administrator; supports IACCT assessment process
IACCT Family Support Coordinator or Intensive Care Manager	Behavioral Health Services Authorization Administrator; supports IACCT assessment process

Entities that support or are a critical part of the process

Foster care: DSS is the guardian and expert in child welfare and foster care practice. Reach out to the LDSS Foster Care/Adoption Worker.

Licensing: DBHDS licensing. Only for licensing-specific questions. Start with your licensing specialist or DBHDS Connect.

Coordinating/planning with local system of care: Children's Services Act.

Contracting with licensed sponsored providers: CSA. Connect with your local CSA Coordinator. Introduce yourself as participating in a Safe and Sound effort to support high acuity youth.

Mental health and wraparound services: the youth's Medicaid managed care, CSA, or community services board. Contact them to discuss and plan.

Behavioral Health: Provider Considerations

- **Commitment to the youth**
 - Youth often undergo multiple displacements, each contributing to trauma, adversity, loss, and disrupted attachments. Before accepting a youth, providers must carefully assess their commitment, considering strengths, challenges, and anticipating predictable periods of escalation. Commitment to the youth extends to involvement with system partners, including school meetings, additional providers, appointments, activities, and interactions with biological families.
- **Trauma informed competency**
 - Providers should engage in high quality trauma informed training that focuses on early childhood trauma and the potential impact on development, disrupted attachments, and attachment wounds.

Some common symptoms displayed in children exposed to trauma can include the following:

Cognitive Symptoms	Behavioral Symptoms	Physiological Symptoms
<ul style="list-style-type: none"> ● POOR VERBAL SKILLS ● MEMORY PROBLEMS ● ATTENTION PROBLEMS ● POOR SKILL DEVELOPMENT ● LEARNING DIFFICULTIES 	<ul style="list-style-type: none"> ● AGGRESSIVE ● VERBALLY AGGRESSIVE ● IMITATING THE TRAUMA ● WITHDRAWN ● STARTLES EASILY ● EXCESSIVE SCREAMING ● LACKING SELF-CONFIDENCE ● REGRESSIVE BEHAVIOR ● ANXIOUS, FEARFUL, AVOIDANT ● SEPARATION ANXIETY ● SELF-BLAME ● INABILITY TO TRUST OTHERS ● DIFFICULTY MAKING FRIENDS ● IRRITABILITY, SADNESS, CRYING 	<ul style="list-style-type: none"> ● POOR APPETITE, LOW WEIGHT ● DIGESTIVE PROBLEMS ● STOMACH/HEADACHE ● NIGHTMARES, TROUBLE SLEEPING ● BED-WETTING (AFTER TRAINED)

Source: Virginia Department of Social Services, Child and Family Services Manual, 1.3 Trauma and child welfare system.

https://www.dss.virginia.gov/files/division/dfs/fe/intro_page/manual/effective_03_2020/1._Overview_of_Practice_Foundations.pdf

Mental Health and Youth in Foster Care: Articles and Resources

- *Mental Health Needs of Youth in Foster Care: Challenges and Strategies*
 - From The Connection (Winter 2004, Vo. 20, No. 4) Quarterly Magazine of the National Court Appointed Special Advocate (CASA) Association
 - <https://www.rglewis.com/Handouts/mental-health-%5Bconnection-04%5D.pdf>
- American Academy of Pediatrics: *Mental and Behavioral Health Needs of Children in Foster Care*
 - History of complex or ongoing trauma; changes in life situations: transitions; family relationship problems; access to mental health services; psychotropic medication issues
 - <https://www.aap.org/en/patient-care/foster-care/mental-and-behavioral-health-needs-of-children-in-foster-care/>
- Adverse Childhood Experiences (ACES)
 - <https://www.childwelfare.gov/topics/preventing/overview/framework/aces/>

Building Capacity for Sponsored Residential for Youth in Foster Care without an ID/DD Waiver: Four Steps to Get Started

1. Evaluate your ability or readiness to provide sponsored residential. For example, review the [Sponsored Residential Services Policy and Record Review Form](#) which outlines the regulations.

2. Build relationships with your CSA. Interested providers should reach out to the CSA localities to build relationships, provide information about your services, and inquire about the contracting process. Providers need to ask local CSA offices if they require participation in the service fee directory, which is a local decision. Search [here](#) by locality for your CSA Coordinator and reach out to them to begin a conversation.

3. Apply for the appropriate license(s). There are two separate licenses: MH Sponsored Residential and DD Sponsored Residential. Review the licensing requirements and then apply for the appropriate license or licenses by going to [DBHDS Connect](#) and submitting a service modification. *Note:* Currently there is an unmet need for youth in foster care to be able to be placed in MH Sponsored Residential and DD Sponsored Residential. We cannot advise on determining which license or licenses to apply for.

4. Understand the goals, values, and general practice of foster care. The primary goal of foster care is to provide a safe and temporary living arrangement for children who cannot live with their biological families due to abuse, neglect, or other issues. The practice of placing them in licensed homes where they receive care, support, and supervision is a legal process. Efforts are made to reunite them with their families or find a permanent alternative, such as adoption. [Become familiar with foster care through available resources.](#) 17

Thank you!

[https://www.dss.virginia.gov/family/fc/safe and sound.cgi](https://www.dss.virginia.gov/family/fc/safe_and_sound.cgi)