

FREDERICK COUNTY CPMT AGENDA

April 25, 2022
1:00 PM
107 N Kent St
Winchester, VA
1st Floor Conference Room

Agenda

- I. Introductions
- II. Adoption of Agenda
- III. Consent Agenda
 - A. March Minutes
 - B. Budget Request Forms
- IV. Executive Session
 - A. Parental Agreement Update
 - B. IFT Decision
- V. Committee Member Announcements
- VI. CSA Office Business
 - A. March Financial Report
 - B. CSA UR/CQI Specialist
 - C. OCS Audit
- VII. Old Business
 - A. Legislation
 - B. DATA Parent Mentoring
- VIII. New Business
 - A. FY23 Contracts
 - B. DBHDS Mental Health Initiative Funding Memo
- IX. Informational Items
 - A. Guidance for CSA- Kinship Programs
 - B. 2021 CSA Outcomes Report
- X. Assigned Tasks
- XI. Next CPMT Meeting
 - May 23, 2022, 1:00-3:00pm, 1st Floor Conference Room
- XII. Adjourn

**Instructions for Closed Session:

- Motion to convene in Executive Session pursuant to 2.2-3711(A)(4) and (15), and in accordance with the provisions of 2.2-5210 of the Code of Virginia for proceedings to consider the appropriate provision of services and funding for a particular child or family or both who have been referred to the Family Assessment and Planning Team and the Child & Family Team Meeting process, and whose case is being assessed by this team or reviewed by the Community Management and Policy Team
- Motion to return to open session-
- Motion that the Frederick County CPMT certify that to the best of each member's knowledge, (1) only public business matters lawfully exempted from open meeting requirements, and (2) only such public business matters were identified in the motion by which the closed meeting was convened were heard, discussed, or considered in the closed meeting.
- Roll Call Affirmation
- Motion to Approve cases discussed in Executive Session

CPMT Meeting Minutes: Monday, March 28, 2022

The Community Policy and Management Team (CPMT) met in the 1st Floor Conference Room at 107 N Kent St, Winchester, VA 22601 on March 28, 2022.

The following members were present:

- Jay Tibbs, Frederick County Administration
- Linda Gibson, Frederick County Department of Social Services
- David Alley, Private Provider Representative, Grafton Integrated Health Network
- Leea Shirley, Lord Fairfax Health District
- Denise Acker, Northwestern Community Services Board

The following members were not present:

- Tamara Green, Frederick County Department of Social Services
- Jerry Stollings, 26th District Juvenile Court Service Unit
- Dr. Michele Sandy, Frederick County Public Schools

The following non-members were present:

- Jacquelynn Jury, CSA Coordinator
- Robbin Lloyd, CSA Account Specialist – Not Present
- Aaron Hernandez, Shenandoah County CSA Coordinator

Call to Order: David Alley called the meeting to order at 1:05 pm.

Introductions: Members and nonmembers of the team introduced themselves.

Adoption of Agenda: Jay Tibbs made a motion to adopt the April agenda; Denise Acker seconded; CPMT approved.

Consent Agenda: The following items were included in the Consent Agenda for CPMT's approval:

- February 28, 2022- CPMT Minutes
- Budget Request Forms- Confidential Under HIPAA

Jay Tibbs made a motion to approve the February Minutes, Leea Shirley seconded, CPMT approved. Leea Shirley made a motion to approve the March Budget Request forms, Denise Acker seconded, CPMT approved.

Adoption to Convene to Executive Session: On a motion duly made by Leea Shirley and seconded by Jay Tibbs, the CPMT voted unanimously to go into Closed Executive Session to discuss cases confidential by law as permitted by Section §2.2-3711 (A) (4) and (15) and in accordance with the provisions of 2.2-5210 of the Code of Virginia.

Executive Session:

- Parental Agreement Extension Update (2 Cases)

Adoption of Motion to Come Out of Executive Session: Jay Tibbs made a motion to come out of Closed Session and reconvene in Open Session; Leea Shirley seconded; CPMT approved.

Motion and Roll Call Certification of Executive Session: Leea Shirley made a motion, seconded by Jay Tibbs, to Certify to the best of each Frederick County CPMT member's knowledge (1) the only

public business matters lawfully exempted from open meeting requirements and (2) only such public business matters were identified in the motion by which the closed meeting was convened were heard, discussed, or considered in the closed meeting.

Jay Tibbs	Aye
David Alley	Aye
Leea Shirley	Aye
Linda Gibson	Aye
Denise Acker	Aye
Dr. Michele Sandy	Not Present
Tamara Green	Not Present
Jerry Stollings	Not Present

Adoption of Motion to Approve Items Discussed in Executive Session: Leea Shirley made a motion to approve the items discussed in Executive Session; Jay Tibbs seconded; CPMT approved.

Committee Member Announcements:

- None

CSA Report:

- No Financial Report was given.
- OCS Audit – OCS Auditors have not yet contacted FC CSA regarding the submitted Self-Assessment Workbook.
- CSA UR/CQI Specialist- The Human Resources Committee and Board of Supervisors (BOS) approved the addition of the UR/CQI Specialist position to the Salary Administration Program (SAP) under the CSA Office. The final step requires appropriation of funds, which is part of the FY 23 budget package currently being reviewed and should be finalized during the April 13 BOS meeting.

Old Business:

- HB 427/SB 435 Companion Bills- Bills approved that remove both prior limitations for Parent Representatives to sit on FAPT/CPMT and revision language prioritizing those parents who have lived experience. Additional language establishing a workgroup to develop best practices for attracting and maintaining Parent Representatives on FAPT and CPMT was included. The bills passed the House and Senate and are awaiting approval by the governor.
- HB 150- VFOIA- Requires local public bodies to post minutes online within 7 working days of final approval. This bill was passed by the House and the Senate and is waiting for the Governor's approval.
- HB 444- VFOIA- Amends current Electronic Meetings legislation to allow public bodies to hold virtual meetings with all members being remote during a state of emergency. This bill passed through both the House and the Senate and has been sent to the Governor for approval.
- HB 30/SB 30- Budget bill- Continued to Special Session for further review.

New Business:

- Connected Communities announced they now have a CSOTP on staff to provide Psychosexual Evaluations and individual therapy. The rate sheet was revised with the new services added. A motion was made by Denise Acker to approve this service, Leea Shirley seconded, CPMT approved.

- CSA Training Course- The state training site now offers an online course for FAPT members providing an overview of the team's roles and responsibilities.

Assigned Tasks:

- None

Next Meeting: The next CPMT meeting will be held Monday, April 25, 2022, at 1:00 pm in the 1st Floor Conference Room.

Adjournment: Denise Acker made a motion to adjourn, Jay Tibbs seconded, and the motion was approved. The meeting was adjourned at 3:00 pm.

Minutes Completed By: Robbin Lloyd



Frederick County CSA Financial Update: March 2022

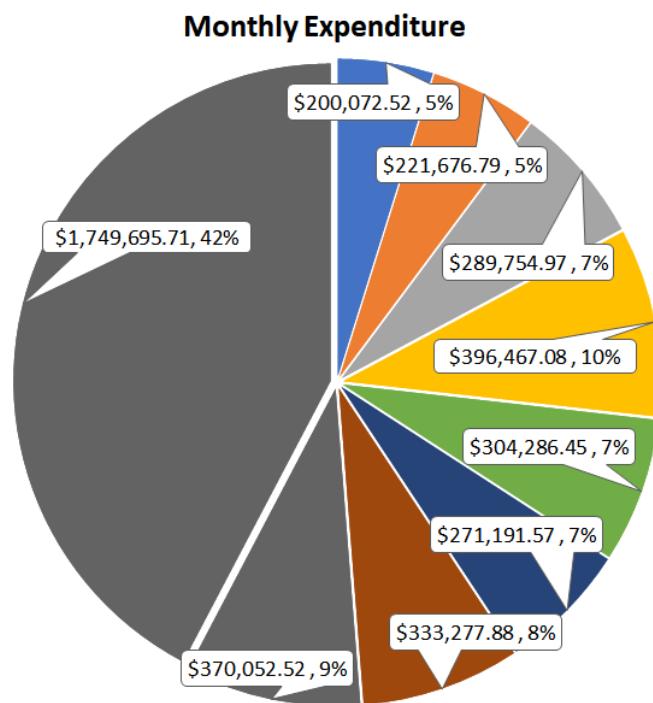
of Reports Submitted: 8

YTD Total Net Spent
with Wrap:
\$2,386,779.78 58%

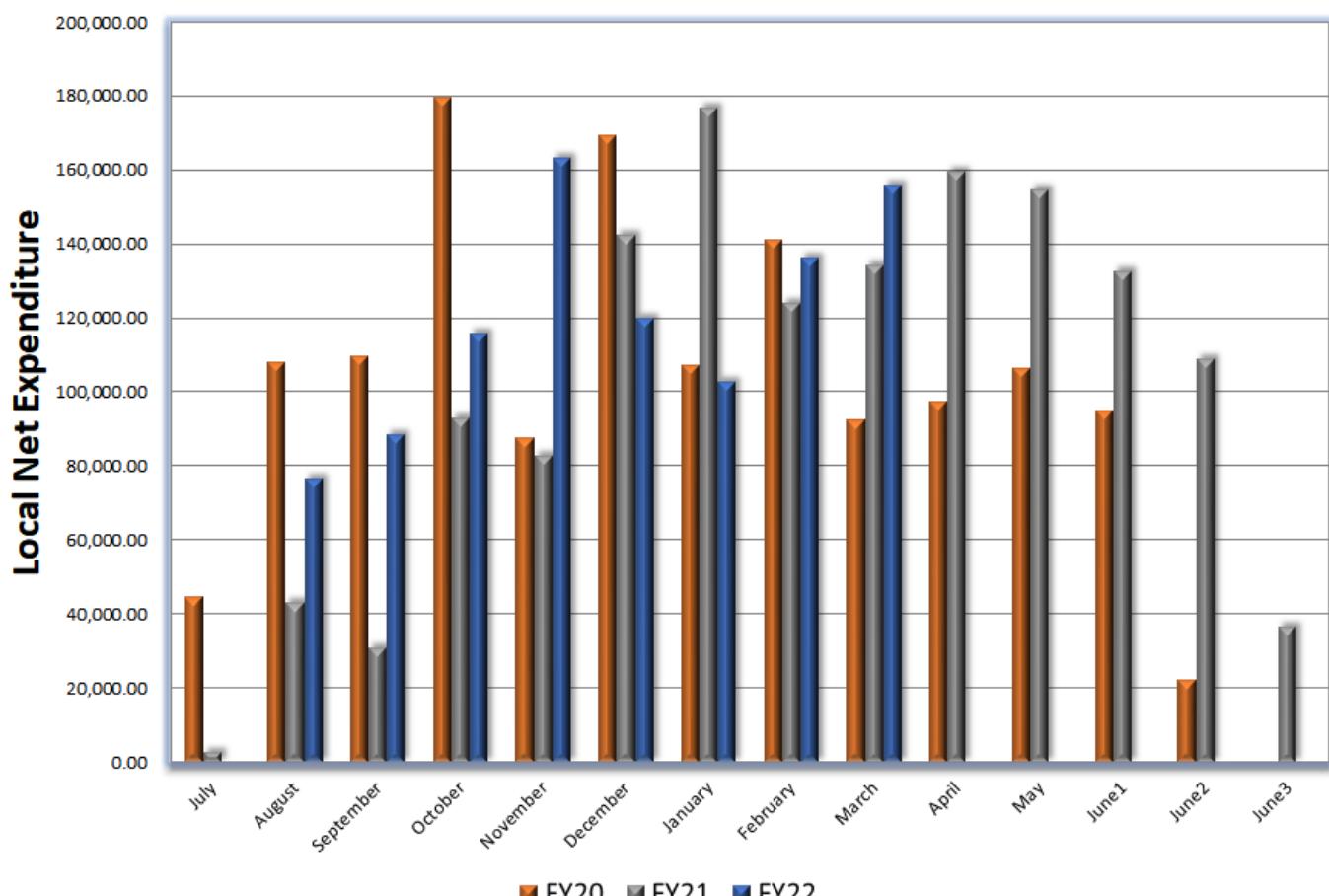
YTD Local
Net:
\$960,053.33

Total Remaining:
\$1,749,695.71 42%

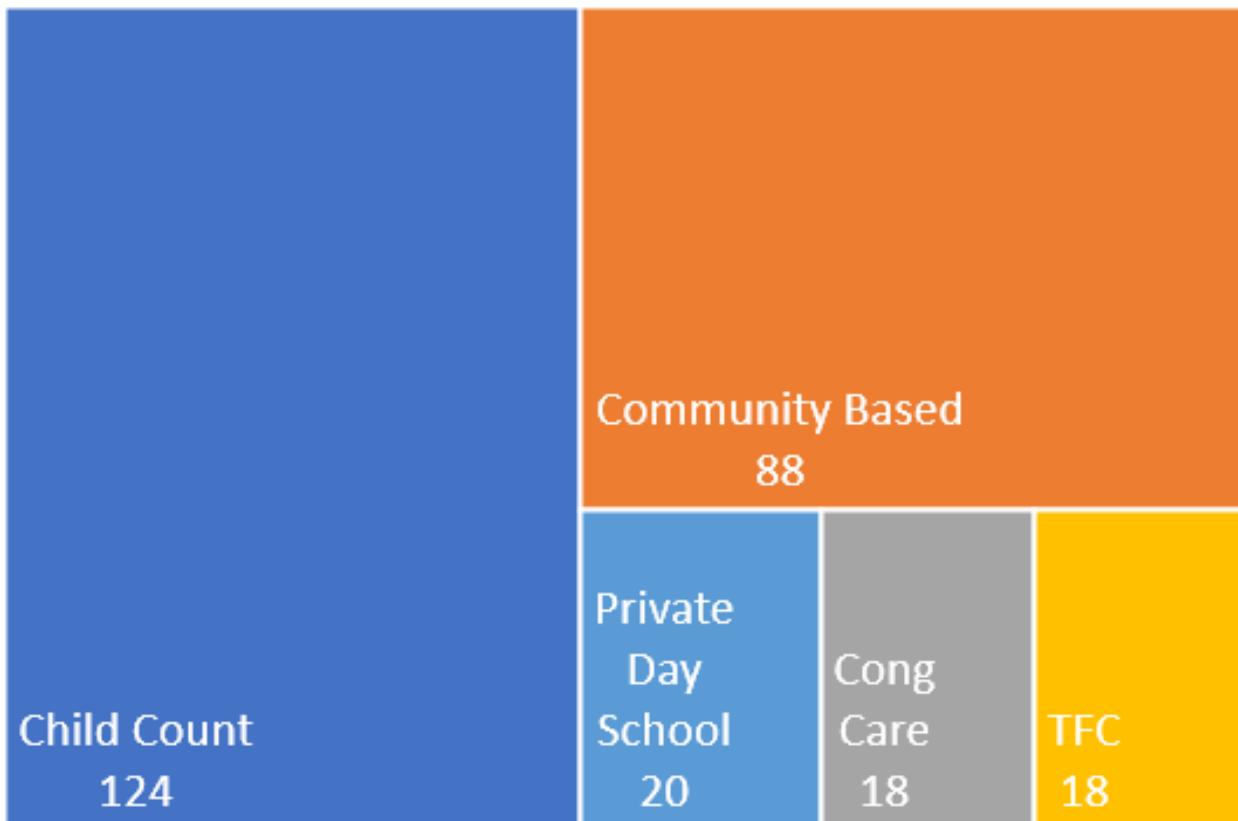
Remaining w/o
Wrap: \$1,749,695.74



Monthly Local Share Expenditures



Placement Environment



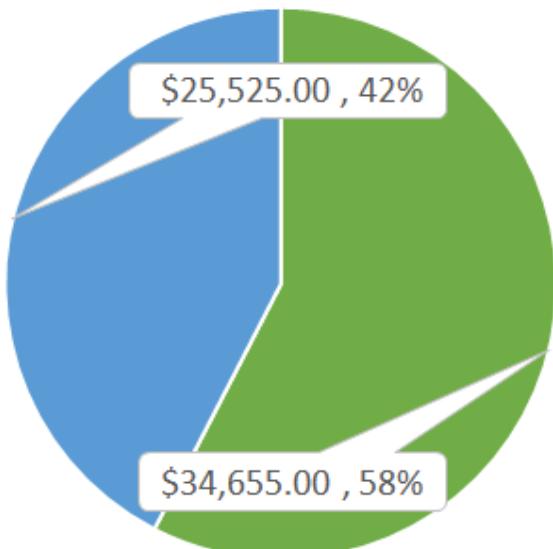
Unduplicated: Child Count, Congregate Care, Therapeutic Foster Care, Community Based Services

*Possible duplication of Private Day School students with youth in Congregate Care

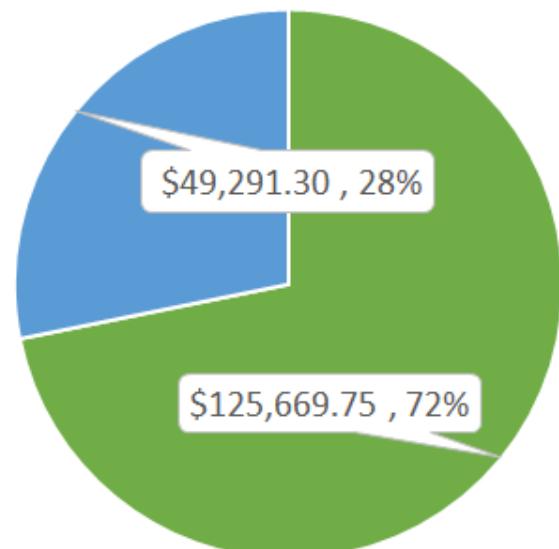
Protected Encumbered: \$17,325.00

SpEd Wrap Encumbered: \$85,055.00

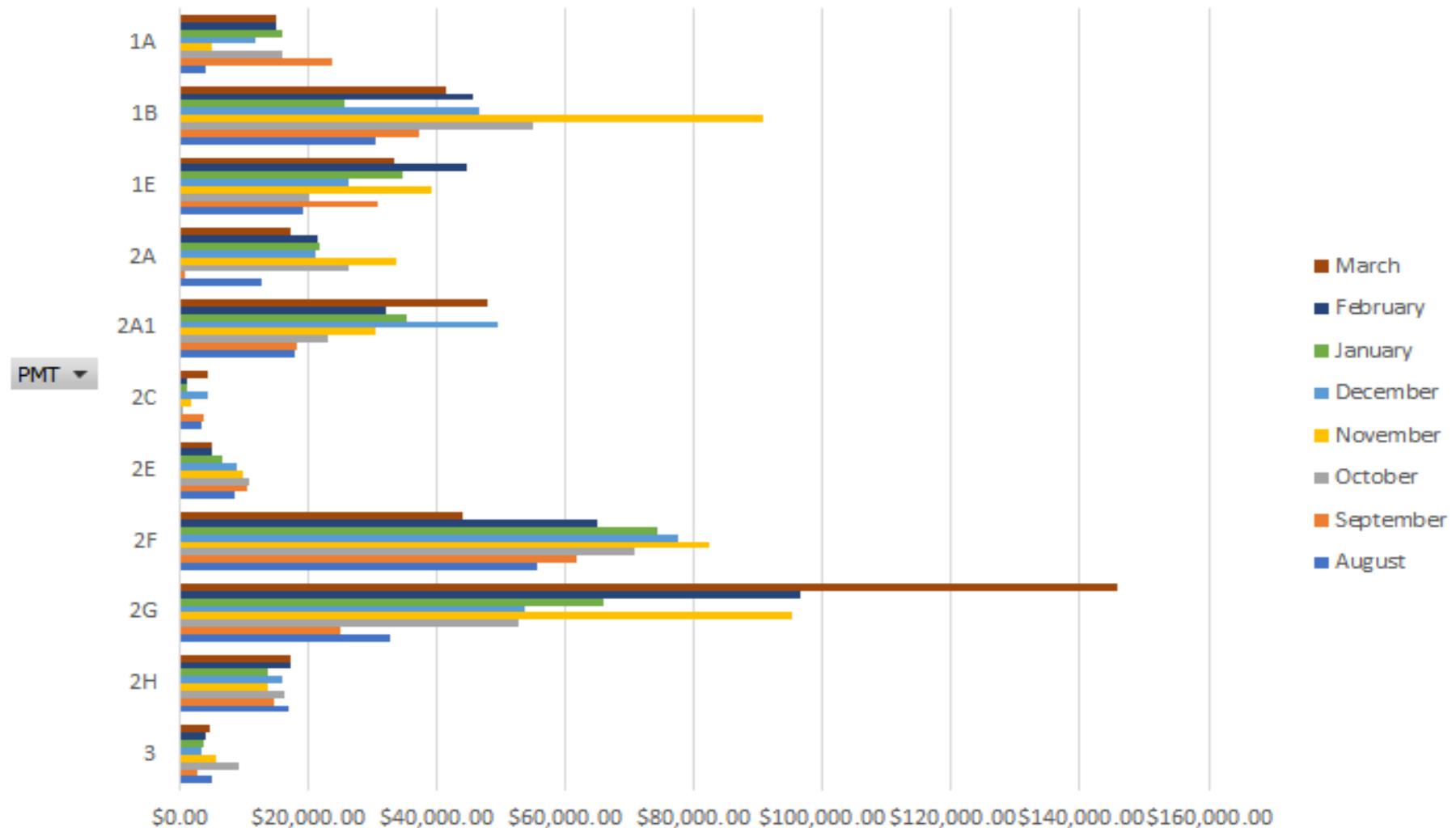
Protected Funds



SpEd Wrap



Primary Mandate Type Expenditures by Month



Primary Mandate Types (PMT):

1A- IV-E Congregate Care

1B- Non IV-E Congregate Care

1C- Parental Agreement Congregate Care

*PMTs from 1A-1C do not include Daily Education payment of congregate care placements

1E- Residential Education

*Includes all services for RTC IEP and Education only for all other RTC placements

2A- IV-E Treatment Foster Home

2A1- Non IV-E Treatment Foster Home

2A2- Parental Agreement Treatment Foster Home

2C- IV-E Community Based Services

*Only for youth placed in CFW Foster Homes

2E- Maintenance and Other Services

*Only Basic Maintenance and Daycare for youth in Foster Care

2F- Non IV-E Community Based Services

*Includes Daycare for youth not in Foster Care or IV-E CBS for youth placed in TFC or Cong Care

2G- Private Day School

2H- Special Education Wrap Around Services

3- Protected Funds

*NonMandated

From: csa.itsupport@csa.virginia.gov
To: [Bonnie Waybright](mailto:Bonnie.Waybright@csa.virginia.gov); [Bonnie Waybright](mailto:Bonnie.Waybright@csa.virginia.gov)
Cc: [Sharon Kibler](mailto:Sharon.Kibler@csa.virginia.gov); [David Alley](mailto:David.Alley@csa.virginia.gov); csa.itsupport@csa.virginia.gov
Subject: "[External]"ACTION REQUESTED: Supplement -Agency Funder/OCS Business Manager partially funded WRAP
Request ID: (72) for locality: Frederick (069)
Date: Tuesday, April 12, 2022 11:59:28 AM



WRAP Request Partially Funded

The WRAP request ID: (72) for locality: Frederick (069) has been partially funded by the Supplement -Agency Funder/OCS Business Manager.

Total WRAP Request Amount (Original): \$106,612.26.

Total Funded Amount till date: \$53,078.56.

For further details please see your locality's Transaction History Report on www.csa.virginia.gov website.

If you have any questions please contact OCS Business Manager at csa.financeit@csa.virginia.gov.

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Thank you.

The Office of Children's Services
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COMMONWEALTH of VIRGINIA

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MEMORANDUM

To: CSB Executive Directors, Children's Services Program Staff and Chief Financial Officer

Re: Budget Language Amendment change: Children's Mental Health Initiative Funding

Date: April 7th, 2022

Dear CSB Executive Directors, Children's Program Manager and Chief Financial Officers,

During the 2022 General Assembly, a language only budget amendment was approved for the Mental Health Initiative funds. The Mental Health Initiative funding was first appropriated by the General Assembly in FY 2000 to address funding gaps in the community-based system. Specifically, it is a dedicated source of funding for mental health and substance abuse services for children and adolescents with serious emotional disturbances (SEDⁱ) who are not mandated for the Children's Services Act (CSA). The change to the budget language allows for an increase in flexibility for children's services and assists the community services boards (CSB) in the most appropriate local planning needs for these funds while allowing more flexibility to include other at-risk populations beyond SED.

The current goals of the Commonwealth are to prevent unnecessary out-of-home placements including psychiatric hospitalizations and efforts across state agencies serving children have been moving in this direction. The language change allows for more upstream funding to intervene, including providing services to children and youth who are at-risk of SED, to prevent costly and detrimental hospitalizations when other options could be explored and reduce burdens on both the CSBs and local Family Assessment Planning Teams (FAPTS) . The new language requires a streamlined agreement between the CSBs and their local Community Policy and Management Teams (CPMT) on the use of these funds.

The new language is as follows:

313. I. Out of this appropriation \$6,148,128 the first year and \$6,148,128 the second year from the general fund shall be provided for mental health services for children and adolescents with serious emotional disturbances, at risk for serious emotional disturbance, and/or with co-occurring disorders with priority placed on those children who, absent services, are at-risk for

removal from the home due to placement by a local department of social services, admission to a congregate care facility or acute care psychiatric hospital or crisis stabilization facility, commitment to the Department of Juvenile Justice, or parental custody relinquishment. These funds shall be used exclusively for children and adolescents, not mandated for services under the Children's Services Act. The Department of Behavioral Health and Developmental Services shall provide these funds to Community Services Boards through the annual Performance Contract. The Community Services Boards shall develop a Mental Health Initiative funding plan in collaboration with the local Family and Assessment Planning Teams and/or Community Policy and Management Team. The funding plan shall be approved by the Community Policy and Management Teams of the localities. The department shall provide these funds to the Community Services Boards based on a funding methodology.

If you have any questions about this memo, please contact Katharine Hunter at katharine.hunter@dbhds.virginia.gov or 804-807-0953 (work cell).

Regards,



Nina Marino, MSW, LCSW

Director, Office of Child and Family Services

Cc:

Lisa Jobe-Shields

Katharine Hunter

Nathan Miles

Rachel Brown

Eric Billings

ⁱ Serious emotional disturbance as defined by the Substance Abuse and State Mental Health Administration (SAMHSA) as a diagnosable mental, behavioral, or emotional disorder in the past year, which resulted in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities.

Guidance for Local Community Policy and Management Teams (CPMTs), Family Assessment and Planning Teams (FAPTs), and Children's Services Act (CSA) Coordinators on the Virginia Department of Social Services (VDSS) Kinship Guardianship Options

Issued April 2022

I. Introduction

This guidance document is a resource for Children's Services Act Coordinators, FAPT and CPMT Teams, and CPMT Chairpersons to provide information about VDSS/LDSS Kinship Guardianship (KinGap) programs. This includes the existing **Federal Kinship Guardianship** and the new State-Funded Kinship Guardianship, referred to as **State-Funded Kinship Subsidy**. The guidance will assist in defining the role and expectations of CSA regarding each program. As foster children and their relative caregivers may be served through CSA in either type of kinship care, CSA staff and teams should understand both programs.

II. Why Kinship Guardianship?

It is widely recognized that when children cannot safely remain with their parents, placement with relatives promotes stability, continuity in relationships and culture, and permanence. A sense of belonging is maintained, promoting well-being ([VDSS Foster Care Manual, Section 10.3](#)). The Virginia Department of Social Services (VDSS) and local Departments of Social Services (LDSS) have adopted a "Kin-First" framework for the provision of child protective services, in-home foster care prevention services, and foster care.

The "Kin-First" framework means that for children in or at risk of foster care, kinship placements be considered first and foremost with a "can-do" attitude toward making the relative placement work. Possible relative placements, including fictive kin, must be explored before placing a child outside the family system and ongoing efforts made even after the child is in foster care ([VDSS Foster Care Manual Section 10.1 - 10.3](#)).

To facilitate the "Kin-First" goal, Virginia now has two types of permanency-related kinship assistance. The Federal-Funded Kinship Guardianship Assistance program, or Federal KinGap, was implemented on July 1, 2018 ([COV §63.2-1305](#)). This program remains the preferred method of KinGap placement as the Federal rules for the program provide enhanced support for relative caregivers and include well-defined expectations. VDSS implemented the new State-Funded Kinship Guardianship Assistance program on January 1, 2022 ([COV §63.2-1306](#)) and has renamed this the "State-Funded Kinship Subsidy Program" in the Virginia Administrative Code (VAC) and VDSS guidance. It will be referred to as such in this document.

While the two options have the same basic framework (e.g., eligibility for CSA, the inclusion of fictive kin as potential kinship guardians, foster home approval process, expectations of relative/fictive kin caregivers, the requirement of a formal Agreement), there are significant

differences. As the Federal KinGap program offers a more robust set of resources, the State-Funded Kinship Subsidy Program should only be utilized if the child and kinship guardian arrangement are not eligible for the Federal KinGap program.

This guidance document will briefly describe the two types of kinship assistance programs, information about each, their similarities and differences, and includes a side-by-side comparison chart addressing issues such as how maintenance and services may be provided and funded.

III. Eligibility for CSA

Children and families served through either Kinship program option are automatically eligible for CSA, as statutorily required by [COV §63.2-905](#) (definition of "foster care services"), [COV §2.2-5212.4](#) (eligibility for CSA under "foster care services"), and [COV §2.2-5211](#) ("sum-sufficiency" of funding). Children are eligible for maintenance payments and the "full range of treatment, casework, and community-based services" [\(COV §63.2-905\)](#) provided by CSA.

As both the Federal and State KinGap programs were added to the statutory definition of foster care services, eligible children and families do not have to meet any other criteria to be eligible for CSA. Eligibility is established as the child is in foster care until their custody transfers from the local DSS to the relative caregiver/kinship guardian. At that point, the child is no longer in foster care placement. After custody transfer, the children and family are eligible through CSA for maintenance and services through either Federal KinGap or the State-Funded Kinship Subsidy.

IV. Approval of Relative Foster Homes / Waiver of Certain Requirements

To encourage and facilitate KinGap placements, VDSS implemented a new Local Resource Home waiver approval process for relative and fictive kin foster homes. CSA teams and staff need to understand this process as it is the most likely route for Federal KinGap and State-Funded Kinship Subsidy placement.

When placing a child with a relative on an emergency basis, the local DSS may submit a waiver through the VDSS Regional Permanency Consultant, listing what required items for approval of the home (e.g., training, references) will be temporarily waived, up to six months. The required background checks cannot be waived. The LDSS must complete the Central Registry search and the state police name check before placement. Fingerprints of all adults in the household (i.e., anyone over age 18) must be taken and **submitted** within 72 hours of the placement. If those checks (Central Registry and police search) are completed, the fingerprints submitted within 72 hours, and the waiver request made, VDSS considers the home temporarily approved as a foster home, and CSA funds may be used.

Once fingerprint results reflect no disqualifying legal convictions, the home is considered approved for title IV-E purposes, even if none of the other waived requirements has been accomplished. If the child is title IV-E eligible, title IV-E pays the maintenance costs. If the child placed in the home is not eligible for title IV-E, CSA pays the maintenance costs. If the waived requirements are not satisfied within the six months, the home is no longer approved, and neither title IV-E nor CSA may (continue to) pay.

V. Kinship Overview

Generally speaking, both the Federal KinGap program and the new State-Funded Subsidy Program require that the child has been in the custody of the LDSS and foster care placement for a specified time frame. These time frames vary depending on the option chosen. After this point, the relative may petition the court for custody of the child. When custody is awarded to the relative, the foster care case is closed, and the LDSS opens a KinGap case. The LDSS and the kinship relative then enter into an Agreement that FAPT must approve if CSA funds are used. As long as the Agreement remains in effect, the child and relative custodians can participate until the child is age 18. More information about each Kinship model is found in the following sections.

VI. Federal Kinship Guardianship (Federal KinGap) [COV §63.2-1305](#)¹

The Federal Kinship Guardianship Program (implemented July 1, 2018) allows the placement of a child with relatives/fictive kin as a permanency option when alternatives such as reunification and adoption have been ruled out. The relative or fictive kin must demonstrate commitment to the child and become an approved foster parent (including using the relative approval process described earlier). The child must be a foster child in the custody of the local DSS and must have resided in the approved relative foster home for at least six months before transferring custody to the relative. The permanency goals of adoption and return home must be ruled out.

Both basic and enhanced maintenance (additional daily supervision), as determined by the VEMAT, may be paid. Similar to adoption assistance, the VDSS state negotiator determines the maintenance amount. Unlike adoption assistance, there are no special services payments. If the family requires additional support, interventions, or services, they may be provided through other community resources or requested from the local FAPT. **Reminder:** Children and their relative caregivers in KinGap placements are eligible and mandated for CSA because of their foster care (before custody transfer) or Kinship Guardianship (after custody transfer) status.

¹ The Federal KinGap program is described in [CSA Administrative Memo #18-07](#)

Whether title IV-E or CSA funds the placement, the preference is for all children to be served through the Federal Kinship Guardianship Program rather than the State-Funded Kinship Subsidy Program.

Title IV-E Eligibility

VDSS requires that all foster children are screened for title IV-E eligibility. If a child and the kinship foster home have been determined to be title IV-E eligible and meet the Federal program's criteria, they should be served through Federal KinGap. If a child and the kinship foster home have been determined not to be title IV-E eligible but meet all other criteria of the Federal program, the child and relative family should be served by the "Federal" KinGap program using CSA funds.

Kinship Guardianship Agreement²

The LDSS and the relative caregiver must sign the negotiated Kinship Guardianship Agreement, which is renewable yearly when the relative caregiver provides an Affidavit ensuring, among other things, that the child remains in their home.

Information required in the Kinship Guardianship Agreement includes, but is not limited to:

- The agreed-upon terms for Kinship Guardianship financial assistance include, as appropriate, basic maintenance, enhanced maintenance, and non-recurring expenses, including the type, duration, and amount of assistance requested.
- **The process for requesting services from the FAPT in the locality where the child and relative custodian reside.**
- The process for how the Agreement may be periodically adjusted in consultation with the relative custodian and based on changes in the needs of the youth or family; and
- The requirements that the family:
 - Documents that a school-age child is enrolled in school full time or that the youth has completed secondary school;
 - **Participate in FAPT meetings (as required by the locality) and comply with CSA requirements and CPMT policies when requesting and receiving services through the CSA state pool of funds;**
 - Participate in annual visits with the LDSS and the youth when requested by the LDSS;
 - Submit written notification of changes such as change of address, if the child has been determined by a medical professional to be unable to attend school, change in child or family needs, or the youth is no longer eligible for Kinship Guardianship;

² **Note:** Specific references to CSA expectations are highlighted in bold.

Source: (VDSS Foster Care Manual Section 10.16.1, January 2022)

- Signature and submission of the annual Affidavit;
- The circumstances for suspending payments;
- The circumstances for terminating services, payments, and the Agreement.

Medicaid

Children placed in Federal KinGap who are title IV-E eligible are eligible for Medicaid. Title IV-E-based Medicaid eligibility continues even after the transfer of custody to the relative. If the child in Federal KinGap is not title IV-E eligible and CSA funds are being used to support the placement, the relative custodian should be advised to apply for Medicaid at the time of custody transfer, using other Medicaid eligibility criteria.

Other Expenses

Non-recurring expenses related to the transfer of legal custody (e.g., legal fees) are allowable through title IV-E for all children served through the Federal KinGap program, whether or not they are title IV-E eligible. For these specific costs, CSA funds should not be necessary for non-title IV-E youth in the Federal KinGap program.

After the transfer of custody to the relative caregivers, the child is no longer eligible for a supplemental clothing allowance, child care, or transportation as additional maintenance costs.

In certain circumstances, a youth may be eligible for services after age 18. The VDSS Foster Care Manual, Section 10, contains more information.

VII. State-Funded Kinship Subsidy [\(COV §63.2-1306\)](#)

In 2021, the Virginia General Assembly established the State-Funded Kinship Guardianship Assistance Program (renamed the State-Funded Kinship Subsidy Program). The relative may become an approved foster parent; however, the State-Funded Kinship Subsidy Program allows for specific exemptions from the foster home approval process if the LDSS has determined that the relative placement is in the child's best interest. The relative must complete all background checks, not be convicted of a Federal barrier crime, and complete a home study. These exemptions result in a child being placed in the State-Funded Kinship Subsidy instead of the Federal KinGap program. Upon transfer of custody, the relative does not become an approved foster parent but will be eligible for the State-Funded Kinship Subsidy Program. Please contact your VDSS Regional Permanency Consultant for more information on exemptions.

Although it is preferable for a title IV-E eligible child to be placed through the Federal Kinship Guardianship Program, there may be reasons why the State-Funded Subsidy Program is more appropriate for a specific child and relative caregiver. For example, the decision that the child could be placed for adoption has not been ruled out, which is a requirement of the Federal

program. Permanency goals of adoption or return home may be utilized for children and families served by the State-Funded Kinship Subsidy.

State-Funded Kinship Subsidy homes are not eligible for payments other than basic maintenance. Maintenance due to the child's need for additional daily supervision, non-recurring expenses associated with custody transfer, or the supplemental clothing allowance is not permitted. CSA is responsible for the cost of basic maintenance and the provision of services, if needed, through the routine FAPT and CPMT processes.

As with Federal KinGap, State-Funded Kinship Subsidy requests must be submitted to the VDSS state negotiator for review and approval of the Agreement. As only basic maintenance is available, the amount will not be negotiated. Within 30 days after the negotiator returns the approval to the LDSS, the LDSS must submit the proposed State-Funded Subsidy Agreement to the FAPT for review and recommendation for funding to the CPMT. These steps must occur before transferring custody. The LDSS then executes the Agreement upon custody transfer to the kinship guardian. A locality may adopt a policy exempting "maintenance-only" cases from FAPT review, but CPMT must still initially authorize CSA funding and reauthorize it annually.

The State-Funded Kinship Subsidy Agreement includes but is not limited to a statement of the amount of maintenance, the custodian's responsibility to provide medical care, the availability of services through the local FAPT process, the responsibility of the local DSS to financially support the Agreement no matter where the family may live, management of the annual Affidavit, when the Agreement may be terminated, and the appeal process.

Medicaid

Children placed through the State-Funded Kinship Subsidy are not automatically eligible for Medicaid after custody transfer. The relative caregiver must apply for Medicaid if appropriate.

Additional Services

As with Federal KinGap, if the child and family require services after transfer of custody, they should request a FAPT be held in their locality of residence. Again, children and their families are eligible for CSA through either kinship assistance option.

VIII. Practical Application of Federal KinGap and State-Funded Kinship Subsidy Policies for CSA

CSA Requirements

As with any CSA-funded placement or service, the frequency of FAPT reviews is governed by local CPMT policy. If the child is determined to be title IV-E eligible and the KinGap home receives only title IV-E maintenance, there is no requirement for FAPT involvement. If CSA funds support the placement with "maintenance-only" funds, the local CPMT may exempt these placements from ongoing FAPT review (beyond the original approval). Local CSA policy must reflect these exemptions. Even if FAPT review is not required by local policy, CPMT must still authorize the expenditure of CSA funds on at least an annual basis.

A locality may opt to hold an ongoing FAPT review when the relative caregiver submits the annual Affidavit to "check-in" on the placement's stability and progress and assess if needs have arisen, which may then be addressed through CSA-funded services, interventions, or supports. The minimum of an annual CANS is also required, whether or not the FAPT reviews the case. If the child and family are receiving additional services from the CSA program, the frequency of FAPT review and CANS administration is determined by local policy but must be done at least annually to meet the minimum state requirement.

As noted earlier, in addition to maintenance payments, children in both the Federal KinGap and the State-Funded Kinship Subsidy programs are eligible for CSA-funded services. Relative caregivers should be encouraged to seek assistance through the FAPT process if needs arise. As with any FAPT referral, the team may recommend services funded by other funding streams such as Medicaid or in-home title IV-E prevention services (Family First Prevention Services Act) before using CSA funds.

LEDRS Coding

In the LEDRS system, Foster Care Mandate Types and Expenditure Codes should be used, as with any other foster care placement, until custody transfers to the relative. After custody transfer to the relative, the Mandate Type changes to "Kinship Guardianship" (Mandate Type 12). As appropriate, the Expenditure Code is either State-Funded Kinship Guardianship (2e1) or Federally-funded Kinship Guardianship (2e2). Use Expenditure Code 2f for community-based services provided to these children.

Case Management and Jurisdictional Issues

Children in foster care who are in the custody of a local agency may be placed with relative caregivers/kinship guardians in another Virginia locality through either Federal KinGap or State-Funded Kinship Subsidy. While the child remains in a foster care placement, the local DSS agency holding custody of the child (and the FAPT/CPMT in that locality) is responsible for

working with the caregiver to ensure the success of the placement and for payment of maintenance and the provision of services. The locality holding custody is also responsible for foster home approval and development and ongoing monitoring of the Kinship Guardianship Agreement. When a relative is awarded custody in one of these two types of kinship care (Federal KinGap and State-Funded Kinship Subsidy), the local DSS closes the foster care case and opens a new KinGap case.

If services (beyond maintenance payments) are being provided or expected to be needed at the time of custody transfer, the local CSA transfers the services part of the CSA case to the locality of residence as indicated in both State Executive Council (SEC Policy 4.2) and DSS policy (VDSS Foster Care Manual Section 10.19). The maintenance payment will not transfer, and responsibility will remain with the locality holding the Kinship Guardianship Agreement (Federal KinGap and the State-Funded Kinship Subsidy). In these situations, relative custodians should be made aware that the locality holding the Kinship Guardianship Agreement, whether Federal or State, cannot commit to providing services in the locality in which they reside. The FAPT and CPMT will make those service decisions in that locality.

If there are no services in place when custody transfers, the family may initiate a request with the FAPT in the locality in which they reside. These children and families are eligible for CSA, and FAPT/CPMT would follow their usual assessment, planning, and service provision processes.

The VDSS Foster Care Manual, Sections 10.19.1 and 10.19.2 outline the responsibilities of each local DSS when multiple jurisdictions are involved and the family requests services. "The LDSS responsible for the kinship guardianship assistance and the LDSS where the family resides should establish a process for working collaboratively, in conjunction with the family to meet the needs of the family." These references establish the responsibility of LDSS staff in each locality to present information to FAPT and requires that "the LDSS where the family resides should be added to the OASIS case as a secondary worker." This will ensure that a FAPT case manager is assigned.

Please see the following page for a comparison chart of Federal KinGap and the State-Funded Kinship Subsidy programs.

This guidance does not cover all aspects of the Federal Kinship Guardianship or the State-Funded Kinship Subsidy Programs and does not substitute for the VDSS Foster Care Manual. It is intended to provide CSA staff and teams with general information, particularly how these programs interface with CSA. Please see the VDSS Foster Care Manual, Section 10, for additional information.

**Comparison of Requirements of Federal Kinship Guardianship
and State-Funded Kinship Subsidy**

Requirements	Federal KinGap	State-Funded Kinship Subsidy
Foster home approval	Yes	Yes, with limited exemptions
Length of time child must be in the approved foster home before custody transfer	Six (6) months	None, but the child must have been in LDSS custody for at least 90 days.
Payment of Maintenance	Basic + Enhanced	Basic only
Payment for services to child and family	May be provided through the FAPT/CPMT process in the locality of residence.	May be provided through the FAPT/CPMT process in the locality of residence.
Maintenance – Supplemental clothing allowance	No	No
Maintenance – Child care	No	No
Maintenance – Transportation	No	No
FAPT review	If CSA funds are used but can be exempted if "maintenance-only." (CPMT policy)	Yes, but it can be exempted if "maintenance-only." (CPMT policy)
CPMT approval	If CSA funds are used	Yes
Age Eligibility Ends	May be extended to 21 under certain circumstances.	Age 18
Fostering Futures	May be provided if the youth is over age 16 when entering the KinGap placement.	No
Medicaid	By default, if the child is title IV-E eligible. If the child is CSA-funded, the KinGap guardian must apply.	Kinship guardian must apply.
Title IV-E Reimbursable	If the child and home are title IV-E eligible.	No
Referral to the Division of Child Support Enforcement	Yes	Yes
Administration of CANS	If CSA funds are used.	Yes
Placement of siblings	Yes	Yes

Children's Services Act



Performance Measures /
Outcome Indicators Report
FY2021

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Introduction

Virginia Code, §2.2-2648.D.17. requires that the State Executive Council for Children's Services shall:

Oversee the development and implementation of a uniform set of performance measures for evaluating the Children's Services Act program, including, but not limited to, the number of youths served in their homes, schools and communities. Performance measures shall be based on information: (i) collected in the client-specific database referenced in subdivision 16, (ii) from the mandatory uniform assessment instrument referenced in subdivision 11, and (iii) from available and appropriate client outcome data that is not prohibited from being shared under federal law and is routinely collected by the state child-serving agencies that serve on the Council. If provided client-specific information, state child-serving agencies shall report available and appropriate outcome data in clause (iii) to the Office of Children's Services. Outcome data submitted to the Office of Children's Services shall be used solely for the administration of the Children's Services Act program. Applicable client outcome data shall include, but not be limited to: (a) permanency outcomes by the Virginia Department of Social Services, (b) recidivism outcomes by the Virginia Department of Juvenile Justice, and (c) educational outcomes by the Virginia Department of Education. All client-specific information shall remain confidential and only non-identifying aggregate outcome information shall be made available to the public.

Under the direction of the State Executive Council for Children's Services (SEC), the Office of Children's Services (OCS) has developed a set of performance/outcome measures to be used to evaluate the Children's Services Act (CSA) program. The seven indicators are:

- 1) The percent of youth who had a decrease in their score on the School Domain of the Child and Adolescent Needs and Strengths (CANS), the mandatory CSA assessment instrument, from a baseline assessment to the most recent reassessment;
- 2) The percent of youth who had a decrease in their score on the Child Behavioral and Emotional Needs Domain of the CANS instrument from a baseline assessment to the most recent reassessment;
- 3) The percent of youth who had a decrease in their score (indicating increased strengths) on the Child Strengths Domain of the CANS instrument from a baseline assessment to the most recent reassessment;

- 4) The percent of youth receiving Intensive Care Coordination (ICC) services compared to all youth placed in residential settings;
- 5) The percent of youth receiving only Community-based Services (CBS) of all youth receiving CSA funded services;
- 6) The percent of children in foster care who are in family-based placements; and
- 7) The percent of children who exit from foster care to a permanent living arrangement.

In addition to individually reporting on the performance on each measure, a locality-based comparison score is generated. Each locality is scored on a scale of 1 through 4 based on the degree of variation from the state average on each of the first five measures. Localities more than one standard deviation above the state average receive a score of 4, those between the state average and one standard deviation above that average receive a score of 3, those between the state average and one standard deviation below that average receive a score of 2, and localities scoring greater than one standard deviation below the state average receive a score of 1 on that measure. For the last two measures, each locality is scored on a scale of 2 through 4 based on their proximity to targets established by the Virginia Department of Social Services. Localities are scored a 4 when the target was met or exceeded on these two indicators. A score of 3 is assigned if the locality was below but within five percent of the target, and a score of 2 is assigned if the performance was more than five percent below the target. For all seven measures, 4 is the highest score. An overall composite measure of all seven performance indicators has been constructed. The composite measure represents the average of all the comparison scores for which a valid result could be determined.

CANS Outcomes

The CANS is the mandatory uniform assessment instrument for all children receiving CSA-funded services. It is administered at the time of service initiation and at periodic intervals throughout the duration of services. The reassessment interval varies depending on the service provided and local practice. Typically, children receiving more intensive services are reassessed more frequently.

- The CANS School Domain score is the average score of the three items that constitute the domain¹.
- The CANS Child Behavioral/Emotional Needs Domain score is the average score of the ten items that constitute the domain.²
- The CANS Child Strengths Domain score is the average score of the 11 items that constitute the domain.³

Each item in a Domain is ranked 0, 1, 2, or 3, with a lower score indicating the youth has less significant needs (or is better functioning) in those areas. Domain scores would be expected to decrease (as needs decrease) if interventions have the desired impact. Children are assigned to the cohort where their baseline (initial) assessment occurs. Only youth with at least one reassessment within six months of the end of the FY (i.e., for FY 2021, as of December 31, 2021) are included in this report (as time elapses and additional youth in the FY 2021 cohort receive reassessments, the number in the cohort will grow and the outcomes recalculated)⁴. The baseline assessment score is compared to the most recent assessment for children in each cohort. The percentage of youth with a decreased average score on these items is calculated for each locality. The average time between assessments was 183 days for the FY 2021 cohort.

¹ The items are: School Behavior, School Achievement and School Attendance.

² The items are: Psychosis, Impulsivity/Hyperactivity, Depression, Anxiety, Oppositional, Conduct, Adjustment to Trauma, Anger Control, Substance Use and Eating Disturbance.

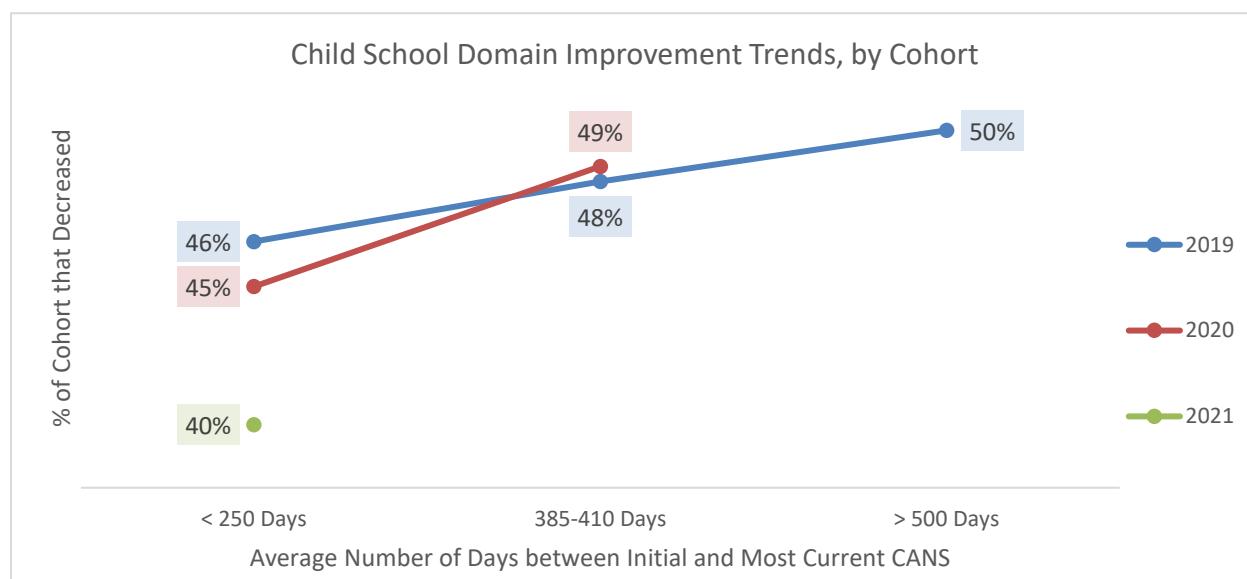
³ The items are: Family, Interpersonal, Optimism, Educational, Vocational, Talents/Interests, Spiritual/Religious, Community Life, Relationship Permanence, Child Involvement with Care, and Natural Supports.

⁴ FY 2021 and updated data from prior year's cohorts at the local level is reported in the "State and Local CSA Performance Measures" application found on the CSA website.

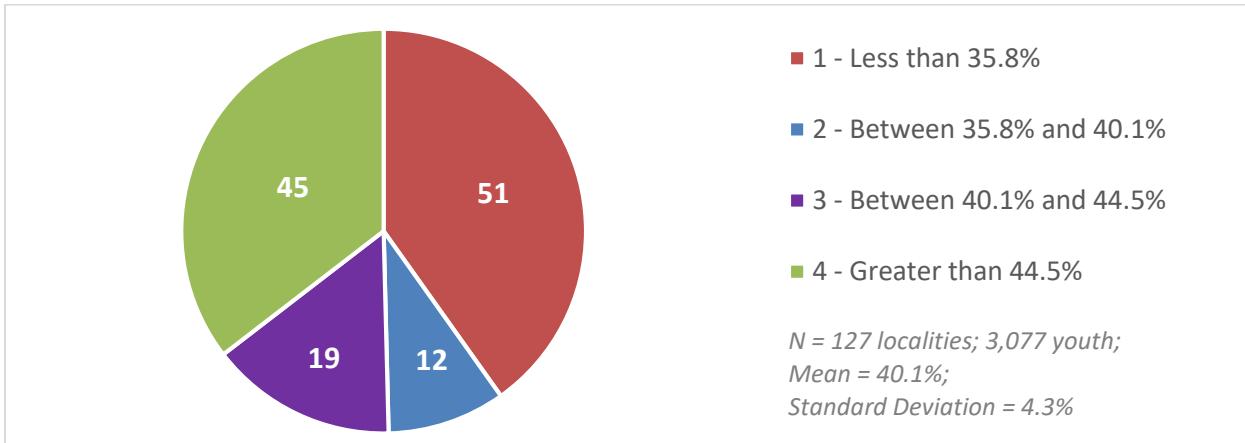
Percent of Youth with a Decrease in the School Domain of the Child and Adolescent Needs and Strengths (CANS) Score

In the first year of reporting children in the FY 2021 cohort, 40 percent showed improvement (decrease) between the initial and most current assessments. In comparison, about 45 percent of the FY 2020 cohort and 46 percent of the FY 2019 cohort decreased their CANS School Domain score during their first year of reporting.

Outcomes tend to improve as the time between the initial and most current assessment increases, and this pattern is seen with the increasing percentage of a cohort that improves over time. For example, the FY 2019 cohort increased its performance by around two percent per year (46 to 48 to 50 percent between FY 2019 and FY 2021). This consideration should be taken into account when comparing differences between the current and prior years' cohorts.



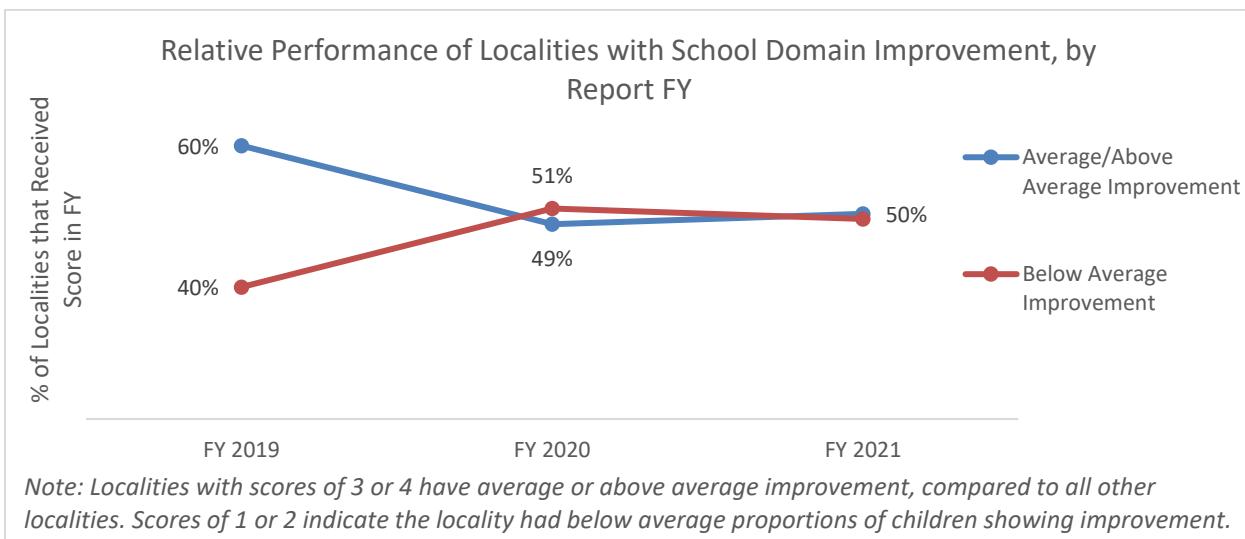
FY 2021 Cohort Locality Rankings (1=Lowest), by Percentage Decrease in School Domain



Note: 3 of the 130 localities were not rated due to not having any youth meet the inclusion criteria in the FY 2021 entrance cohort.

For the FY 2021 cohort, localities were split equally above and below the mean of 40.1 percent of children improving between their initial and most recent assessments. However, more localities (51) were notably lower than the average (less than 35.8 percent) than localities that were notably higher (45 localities showing improvements of more than 44.5 percent among their cohort).

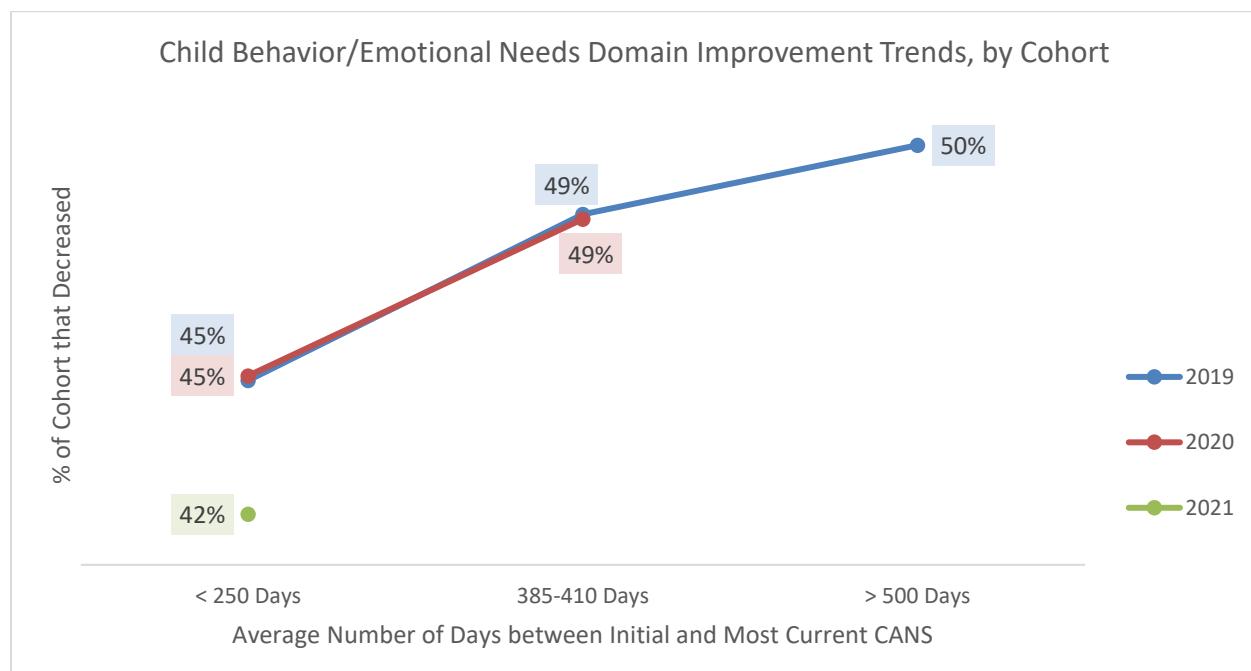
Over the last three fiscal years, in each cohort's first year of measurement, the proportion of localities with below-average performance in School Domain improvement has grown (40 percent of localities for the FY 2019 cohort's first year). During the same period, the proportion of localities with above-average performance in School Domain improvement has declined (60 percent of localities for the FY 2019 cohort's first year). The last quarter of FY 2020 was the beginning of the COVID pandemic; FY 2021 is the first cohort whose entire measurement period occurred during the pandemic. The impact of this on School Domain performance is unknown but worth noting.



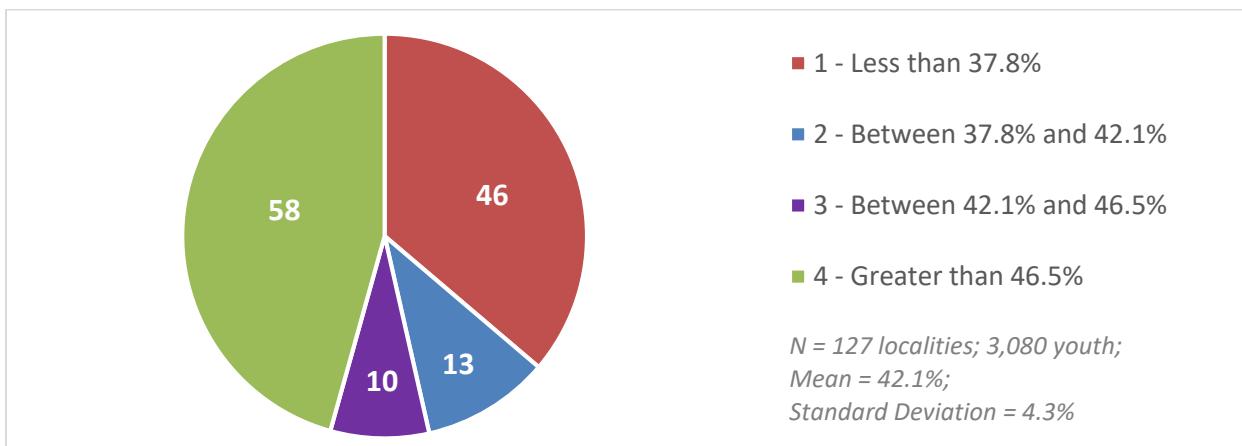
Percent of Youth with a Decrease in Child Behavioral/Emotional Needs Domain of the Child and Adolescent Needs and Strengths (CANS) Score

In the first year of reporting children in the FY 2021 cohort, 42 percent showed improvement (decrease) between the initial and most current assessments. About 45 percent of the FY 2020 and FY 2019 cohorts decreased their CANS Child Behavioral/Emotional Needs Domain score during their first reporting year.

Outcomes tend to improve as the time between the initial and most current assessment increases, and this pattern is seen with the increasing percentage of a cohort that improves over time. This consideration should be taken into account when comparing differences between the current and prior years' cohorts. For example, the FY 2019 and FY 2020 cohorts increased their performance by around four percent between the first and second FYs of reporting. However, the FY 2019 rate of improvement slowed between the second and third year of reporting and increased from 49 percent to 50 percent of the cohort showing improvement.



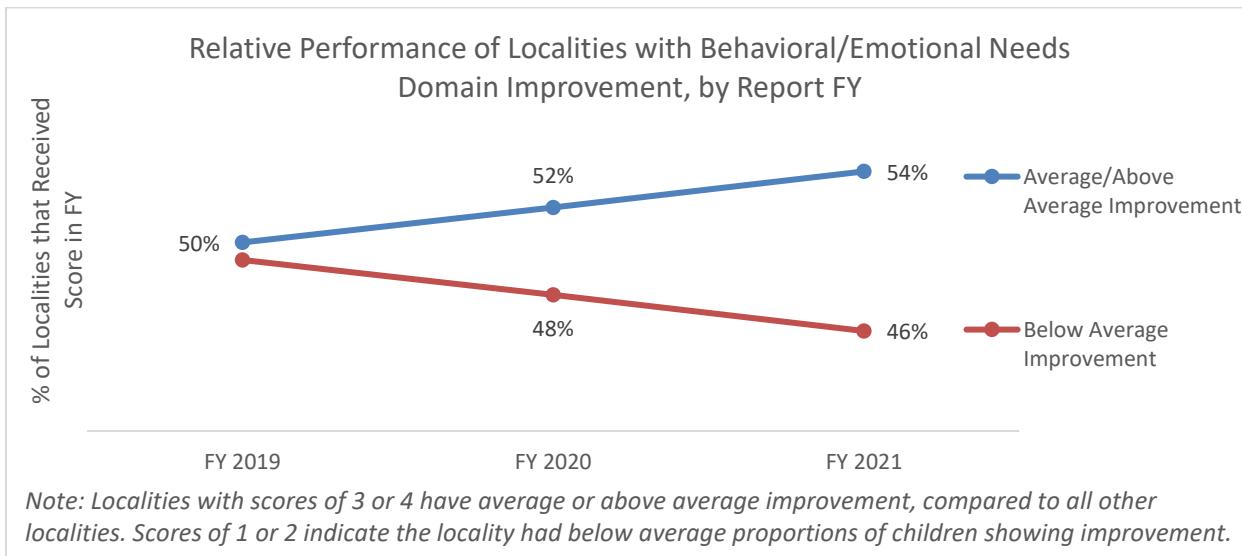
FY 2021 Cohort Locality Rankings (1=Lowest), by Percentage Decrease in Behavioral/Emotional Needs Domain



Note: 3 of the 130 localities were not rated due to not having any youth meet the inclusion criteria in the FY 2021 entrance cohort.

The performance ranking for a majority (104, or 82 percent) of localities fell into two categories. Compared to statewide improvement, locality performance was either very high (greater than 46.5 percent) or very low (less than 37.8 percent).

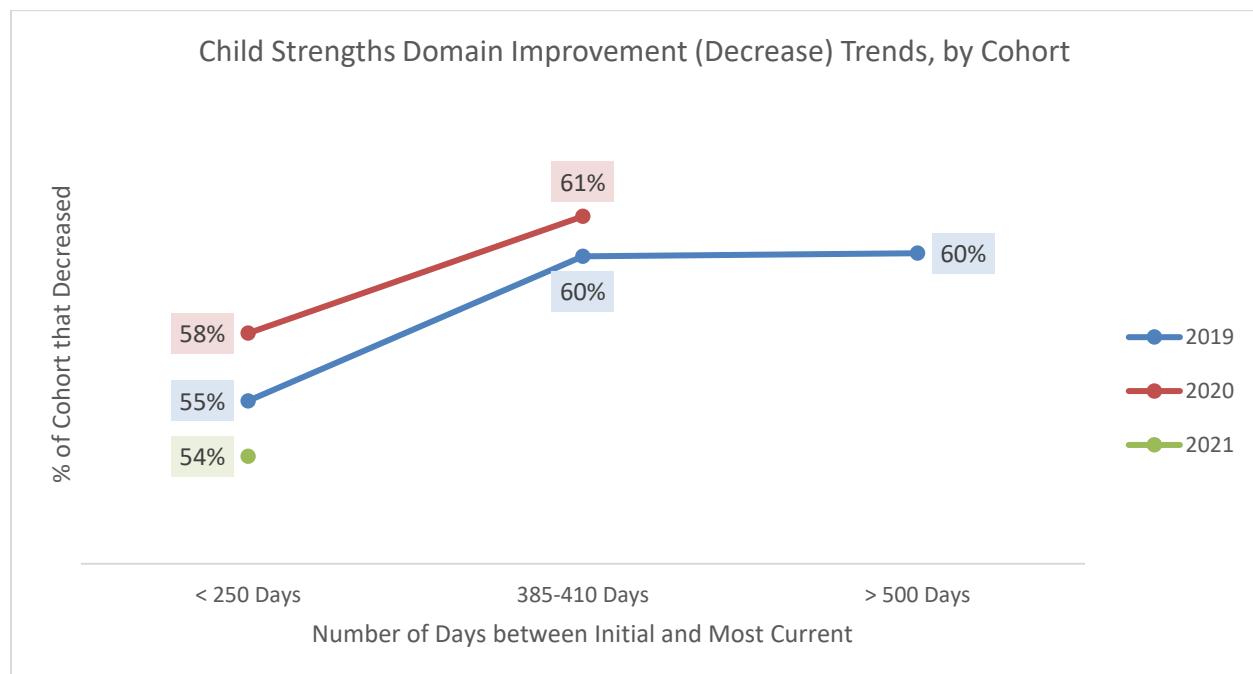
Improvement for each cohort in its initial year has increased for this indicator in the last few years. The proportion of localities with average or above-average gain on the Child Behavioral/Emotional Needs Domain was 50 percent for FY 2019 and 54 percent in FY 2021.



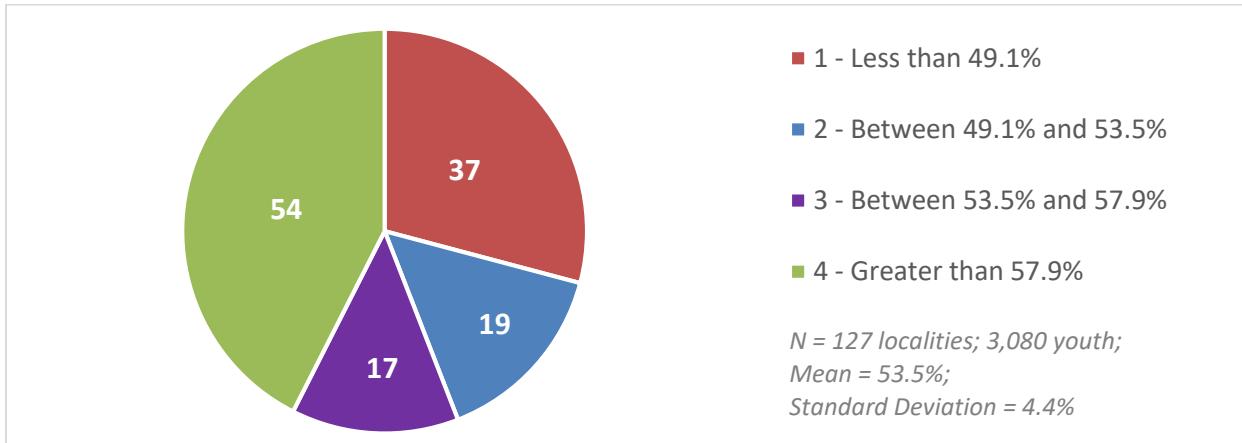
Percent of Youth with a Decrease in Child Strengths Domain of the Child and Adolescent Needs and Strengths (CANS) Score

In the first year of reporting for the FY 2021 cohort, 54 percent of youth showed improvement (decreased scores) between the initial and most current assessments. This improvement is lower than the proportion that improved for the FY 2020 (58 percent) and FY 2019 cohort (55 percent) in their first reporting year. However, among the three CANS Domains measured, improvement in the Child Strengths Domain has been more prevalent among these cohorts compared to the other two Domains.

Outcomes tend to improve as the time between initial and most current assessment increases. This can be seen with the increasing percentage of a cohort that improves over time. This consideration should be taken into account when comparing differences between the current and prior years' cohorts. For example, the proportion of children in the FY 2019 and FY 2020 cohorts that improved between the first and second FYs of reporting increased by three percent and five percent, respectively. The FY 2019 cohort's rate of improvement slowed between the second and third years of reporting, stabilizing at 60 percent.



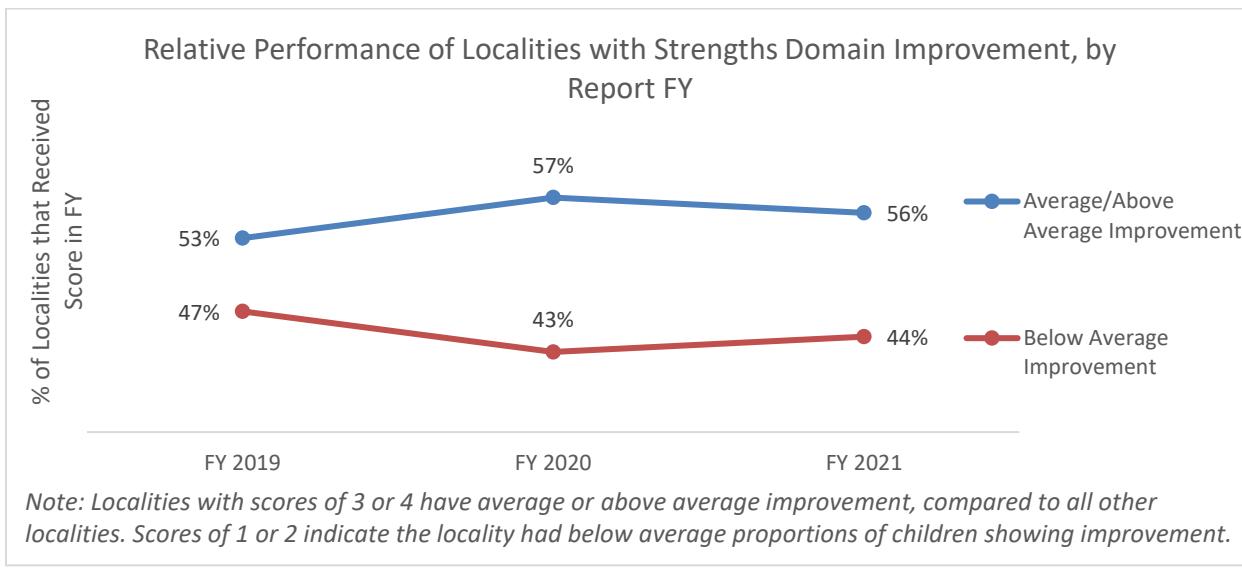
FY 2021 Cohort Locality Rankings (1=Lowest), by Percentage Decrease in Strengths Domain



Note: 3 of the 130 localities were not rated due to not having any youth meet the inclusion criteria in the FY 2021 entrance cohort.

For the FY 2021 cohort's first year of reporting, slightly more than half (56 percent) of localities had achieved or exceeded the 54 percent average, and 56 localities (44 percent) scored below the mean on this measure.

The degree of improvement for each cohort in its initial year has been more stable than the other two CANS indicators (between 53 and 57 percent of localities had average or above-average improvement, while between 43 and 47 percent of localities had below-average gain).



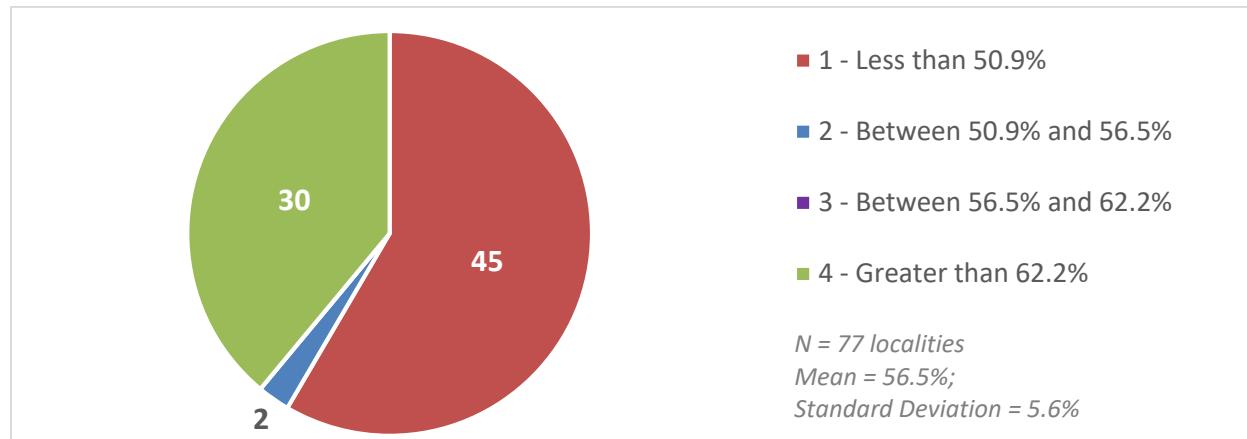
CSA Performance Indicators

Percent of Youth Receiving Intensive Care Coordination Services Against All Youth Placed in Residential Settings

Intensive Care Coordination (ICC) is an evidence-informed service (also known as High Fidelity Wraparound) defined by the State Executive Council as appropriate for children at risk of entering or placed in residential care. The intent of ICC is to prevent the need for residential placement, shorten the length of residential placements, strengthen discharge planning and community reintegration, and improve results for children at high risk for adverse outcomes. In 2014, the SEC identified a target for this indicator at 75 percent. This performance measure weighs a locality's utilization of ICC services relative to the number of youth placed in a residential care setting during the year.

For FY 2021, the average was 56.5 percent, up from 48.6 percent in FY 2020 and 45.5 percent in FY 2019. Thirty localities met or exceeded the state average, while 47 localities were below the state average.⁵ A majority of localities (45, or 58 percent) received a quartile score of one on this measure, indicating performance of more than one standard deviation below the state average. Twenty-nine of the 77 localities (38 percent) met or exceeded the 75 percent target. This percentage is about nine percent more than FY 2020 (29 percent) when 24 of 82 localities met or exceeded the target.

FY 2021 Locality Rankings (1=Lowest), by Intensive Care Coordination Utilization



Note: 53 of the 130 localities were not rated due to low sample size. See footnote 5 below.

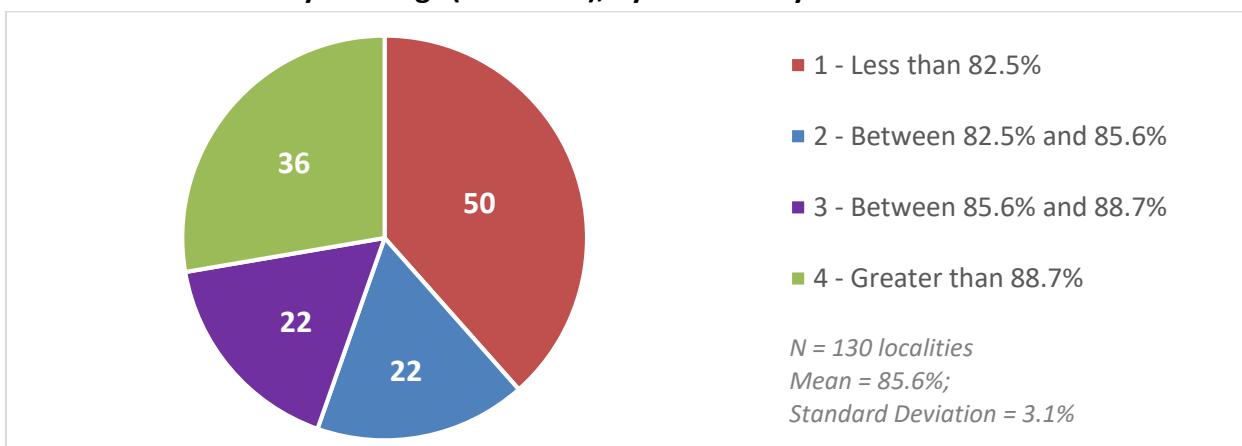
⁵ Localities with no youth receiving ICC and six or fewer youth placed in residential care were excluded from the calculations and not ranked to avoid misrepresentation due to low sample size.

Percent of Youth Receiving Only Community Based Services of All Youth Receiving CSA Funded Services

The CSA has long supported the principle of serving youth in their homes and home communities as a centerpiece of the system of care approach. This measure is one indicator of how this goal is realized. Youth who, in FY 2021, received only community-based services through CSA (no residential or congregate care) are counted from the entire population served. In FY 2021, 85.6 percent of all CSA youth received only community-based services, up slightly from 84.8 percent in FY 2020. This is the sixth straight year this indicator has increased.

This performance measure considers the proportion of those receiving only community-based services to all youth served through the CSA. Fifty-eight localities (45 percent) scored above the state average, and 72 localities (55 percent) scored lower than the average. In all 130 localities, at least half of the CSA youth received only community-based services.

FY 2021 Cohort Locality Rankings (1=Lowest), by Community Based Services Utilization



Outcomes Related to Foster Care⁶

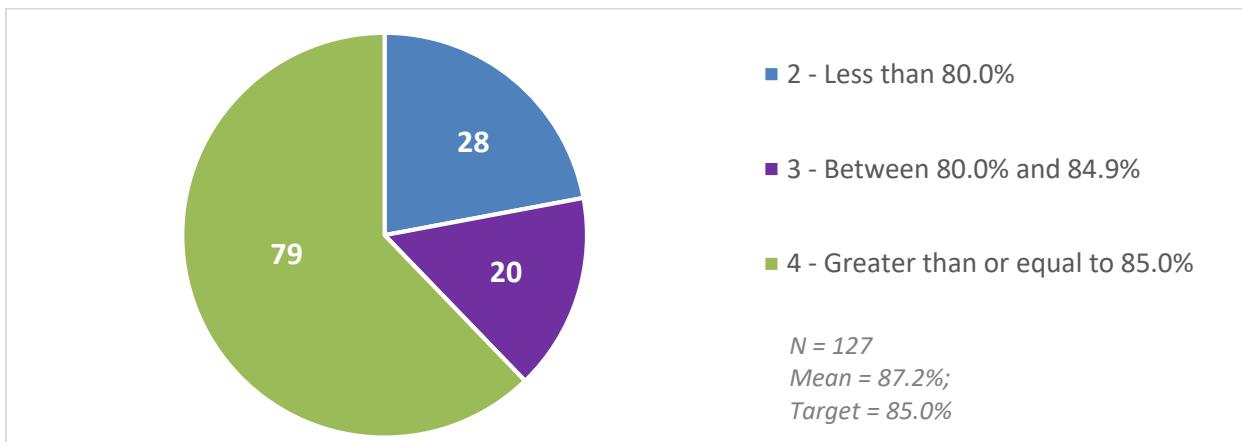
A majority (53 percent) of children served through the CSA in FY 2021 were referred due to involvement in Virginia's child welfare system through local departments of social services. The state Department of Social Services (VDSS) has established multiple indicators for children in the foster care system. The CSA has adopted two of these indicators in its performance measurement model.

Percent of Children in Foster Care in Family-Based Placements

Best practices in child welfare suggest that children removed from their homes due to abuse, neglect, or other reasons do best in family-based foster care settings. These are family and family-like settings with a limited number of children instead of group homes or other larger congregate care settings. The VDSS has established a target that 85 percent of the children in foster care are placed in a family-based placement.

Statewide performance on this indicator was about 87 percent, or two percent above the VDSS established target, at the end of FY 2021. Performance was also about 87 percent in FY 2020 and 85 percent in FY 2019. Localities received a score of 4 when the target was met or exceeded, a score of 3 if performance was below but within five percent of the target, and a score of 2 if performance was more than five percent below the target. Nearly two-thirds of reporting localities (79) met or exceeded this target for FY 2021. This is four localities more than in FY 2020, but more localities were not ranked in FY 2020 due to no children in family-based or congregate care at the time of the report.

FY 2021 Locality Rankings (2=Lowest), by Family-Based Placements of Children in Foster Care



⁶ The Virginia Department of Social Services (VDSS) is comprised of 120 local agencies, with some covering multiple jurisdictions. The VDSS reports foster care outcomes at the agency level. In this report, each locality within a multiple jurisdiction agency was assigned the overall DSS jurisdictions' percentage.

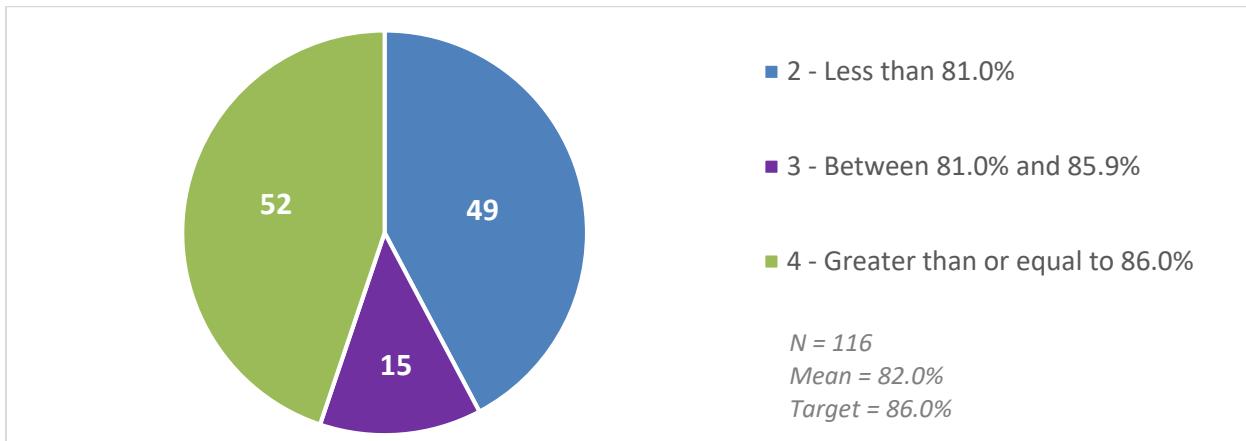
Note: 3 of the 130 localities were not rated due to not having any youth meet the inclusion criteria. The percentage of children in family-based placements was calculated using the total number of children identified in either current family-based placements or current congregate care placements as the denominator. Reported children in foster care without a defined placement type were excluded from the calculation. This is a new method for calculating this measure and resulted in a higher percentage than is reported by VDSS. For local DSS agencies that contain multiple FIPS, the calculated value was applied to all individual FIPS within the jurisdiction.

Percent of Children Who Exit from Foster Care to a Permanent Living Arrangement

Children who "exit" or "age out" of the foster care system without establishing a permanent family connection (typically through adoption, reunification with their biological family, or placement with a relative) are known to have considerably poorer life outcomes. Achieving permanency is a critical indicator of performance for the child welfare system. The VDSS has established a target that 86 percent of the children in foster care "exit" to a permanent living arrangement before "aging out."

For FY 2021, the percent who exited to permanency statewide was 82 percent, or four percent below the target. This is higher than the 76 percent of children that exited to a permanent living situation in FY 2020. The largest group of jurisdictions (52, or 45 percent) were at or above the target, and this was an increase of 23 localities meeting or exceeding the target compared to FY 2020 (29 out of 118, or 25 percent)⁷.

FY 2021 Locality Rankings (2=Lowest), by Children Who Exit from Foster Care to a Permanent Living Arrangement



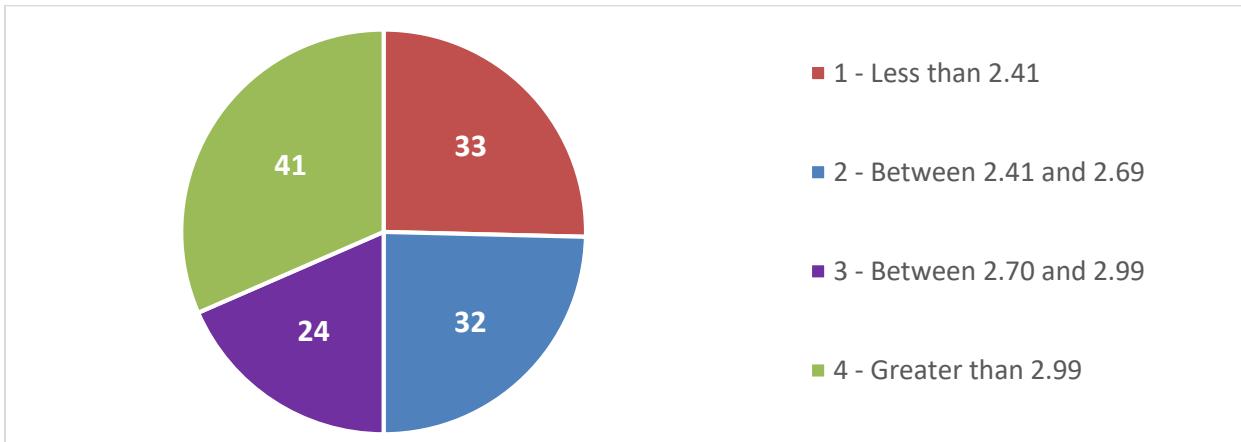
Note: 14 of the 130 localities were not rated due to not having any youth meet the inclusion criteria.

⁷ Localities with no youth exiting foster care to a permanent living arrangement and having six or fewer total youth exiting from foster care were excluded from the calculations and not ranked to avoid misrepresentation due to low sample size.

Composite Performance Measure

A composite measure for each locality was derived, summarizing a locality's scores on as many of the seven performance indicators as possible. The composite performance measure score is calculated using the average of the seven⁸ individual outcome indicators: 1 is the lowest 25 percent of scores; 2 is the between 25 percent and the midpoint (50 percent), 3 is between the midpoint and 75 percent, and 4 is the highest group between 75 and 100 percent.

FY 2021 Composite Locality Rankings (1=Lowest), by Average Scores across All Indicators



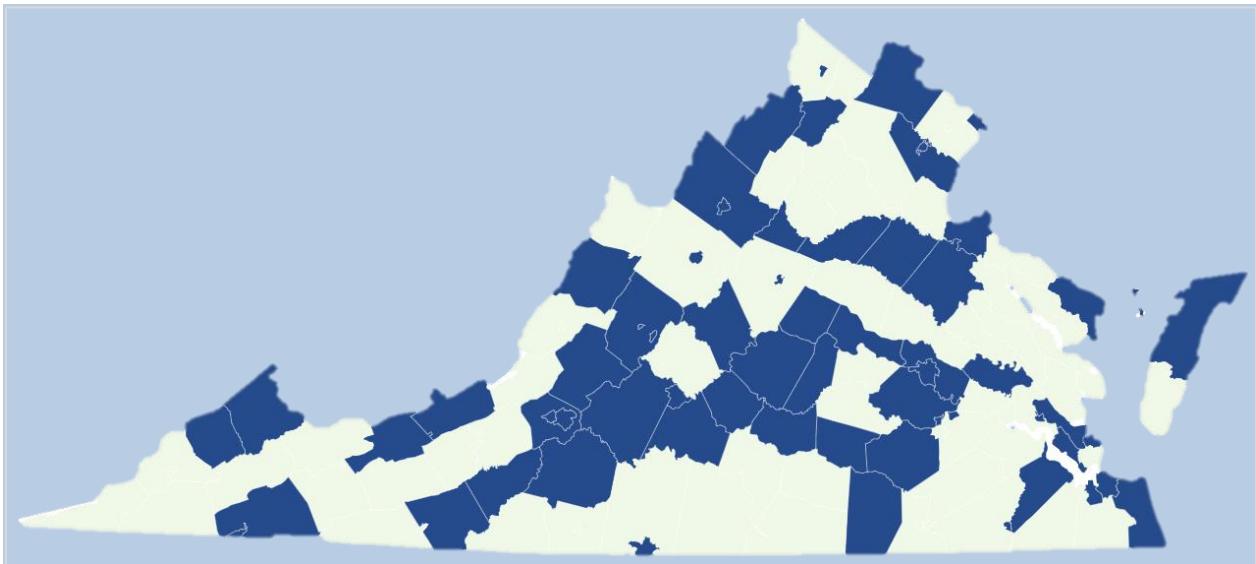
⁸ In cases where a locality did not receive a score for all outcome measures, the average was taken of only those outcome measures for which they do have scores.

Geographic Differences in Performance Measures⁹

Geographic differences between the seven performance measures and the composite score are shown in the map below.

The localities displayed in dark blue are those with scores of 1 or 2 (falling below the mean) for their total composite score, the average score across all seven indicators. The localities in lighter areas of the state scored a 3 or 4 (above the mean) on their Composite Performance Measure.

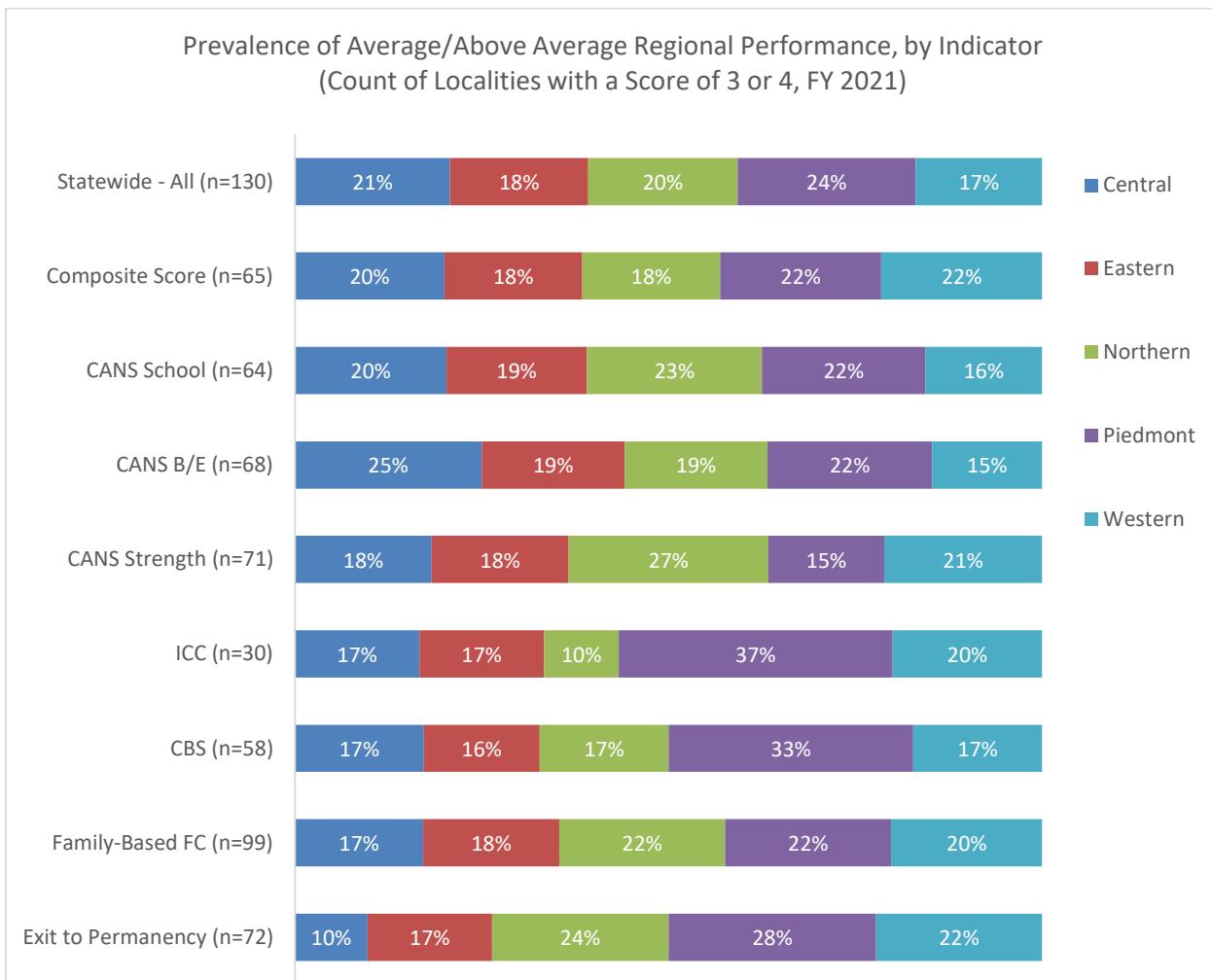
Map of Virginia Localities, Total Composite Score for FY 2021



Map created using Datawrapper

The following chart shows the representation of higher-performing localities, for each indicator, across the five geographic regions.

⁹ Geographic regions were aligned with the five VDSS defined regions.



Conclusion

Measuring the Children's Services Act's performance is critical in determining if CSA achieves its stated goals and objectives. This report provides updates and additions to reporting completed in FY 2015-2020. These performance benchmarks are treated with statistical analysis to provide information to CSA stakeholders and the State Executive Council about localities with a high level of performance and areas where possible improvements can be identified.

In addition to the state-level data summarized in this report, the Office of Children's Services has developed a web-based application allowing individual localities to view their performance on the seven measures and compare their outcomes to the state average and other localities.¹⁰ That application is available on the CSA website at www.csa.virginia.gov (see the Statistics and Publication > Reports and Publications menu). It is hoped that local CSA programs utilize this application to identify and build upon areas of strength and develop strategies to improve performance where appropriate.

¹⁰ See Appendix 1 of this report for the FY 2019 – FY 2021 statewide results displayed through the web-based application.

Appendix 1

CSA Performance Measures - FY2019-2021

	Percent of Youth with a Decrease in CANS Child School Domain ¹			Percent of Youth with a Decrease in CANS Child Behavior/Emotional Needs Domain ¹			Percent of Youth with a Decrease in CANS Child Strengths Domain ¹			Percent of Youth Receiving ICC Against Those in Residential ² (Target=75%)			Percent of Youth Receiving CBS Out of All CSA Youth			Percent of Foster Care Children in Family-based Placements (Target=85%)			Percent of Children Who Exit from Foster Care to a Permanent Living Arrangement (Target = 86%)			Composite Performance Measure ³		
Locality	2019	2020	2021	2019	2020	2021	2019	2020	2021	2019	2020	2021	2019	2020	2021	2019	2020	2021	2019	2020	2021	2019	2020	2021
Statewide	49.9%	48.7%	40.1%	50.1%	48.5%	42.1%	60.1%	61.3%	53.5%	45.5%	48.6%	56.5%	84.5%	84.8%	85.6%	85.1%	86.8%	87.2%	76.3%	75.6%	82.0%	2.70	2.59	2.59

Locality Performance Measures with Rankings



¹Decreases in CANS scores are generally indicative of improved functioning. CANS performance measures are updated periodically with the youth's latest scores. Scores are expected to decrease as time passes and more services are provided. The average number of days between the youth's initial and latest scores is 520 days for FY 2019, 385 days for FY 2020 and 183 days for FY 2021. As such, CANS scores are not directly comparable across fiscal years.

²For the percent of youth receiving ICC, the average is taken for non-zero values only.

³For each of the seven outcome measures, localities are assigned a score relative to their proximity to either the statewide average or targets set by the Commonwealth. The composite outcome measure score is calculated using the average of the seven outcome measure scores, with 4 being the highest possible score.