STRATEGY BRIEF

STRONG FAMILIES

How did Virginia **safely reduce the number of children in congregate care?**

Every child deserves a safe and stable family. When children must be removed from their families, it is the responsibility of the child protection agency to ensure that they are placed in the most nurturing and least restrictive settings possible. Congregate care — whether small group homes, larger residential care facilities or psychiatric hospitals — should be used for the treatment of complex physical and behavioral health needs, not for meeting the general placement needs of children in out-of-home care.

In response to multiple requests from child welfare leaders, child advocates, and jurisdictional partners seeking to better understand how different states had approached safely reducing their reliance on congregate care, Casey Family Programs conducted in-depth interviews with a number of jurisdictions. This jurisdictional snapshot provides a summary of conversations with the state of **Virginia**[1] regarding the strategies implemented to achieve an over 50 percent reduction in its use of congregate care over the past 10 years.

This brief includes background information and context about Virginia, key strategies, relevant outcomes as a result of the strategies employed,

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and any lessons learned or tips for other jurisdictions seeking to reduce their reliance on congregate care.

Background

Virginia's child welfare system is a state-supervised, county-administered system. There are 120 localities with their own Departments of Social Services, each with individual directors and boards. The state Department of Social Services covers prevention, child protective services, foster care, adoption, interstate compact, Title IV-E, continuous quality improvement, training, and all the legislative work in their division. Virginia's child welfare funding structure is somewhat unique: the Children's Services Act (CSA) created a single pool of funds, including all state foster care funding, to purchase services for at-risk youth and their families, while all federal IV-E dollars continue to be managed by the Department. The state funds, combined with local community funds, are managed by local interagency teams who plan and oversee services to youth.

Strategies

When children enter care in Virginia, they are placed in the custody of their local board of social services, and the local department of social services (LDSS) is responsible for determining placement. If a child needs to be placed in congregate care or access higher levels of care, the LDSS is now required to go through the **Children's Services Act** process. But before CSA funding can be requested, Title IV-E and Medicaid must be used first. These additional measures ensure that there is a documented medical need for the requested placement, and that the need and request have been certified by a physician.

Virginia has also worked with the CSA system to develop a **community-based continuum of care**, so that services and supports can be provided locally in families' homes and neighborhoods, rather than in congregate care settings. Localities are required to match CSA funds, and Virginia has made the match rate higher for residential care than for community-based care, further **incentivizing the use of community-based placements** instead of congregate care placements.

When CSA funding is requested, a **Family Assessment and Planning Team** meeting is now required to determine and approve the placement. The family is included in the process, and has considerable say with regards to where their child is placed. A **Family Partnership Meeting**, similar to a Family Team Decision-Making meeting, is also required before a removal or within five days after a child is placed. Each congregate care placement is reviewed every three months (at maximum), and some localities re-evaluate congregate care placement decisions every month.

A 2010 report by the Annie E. Casey Foundation, *Back on Track: Transforming Virginia's Child Welfare System*, provides a snapshot of some of the additional strategies to reduce congregate care, which have included:

- Creating the **Council on Reform** to serve as a steering committee for improving statewide efforts on child welfare;
- Providing information and technical assistance, including a performance measurement system called **SafeMeasures**, to easily monitor progress using existing data; and,
- Implementing **Team Decision Making** for all children being considered for a step-down from congregate care.

Outcomes

Virginia achieved a 55 percent reduction in the use of congregate care over 11 years. In 2005, when Virginia began its efforts to reduce congregate care, there were approximately 6,857 children in care, with about 26 percent placed in congregate care settings (1,790). By 2016, with approximately 4,840 children in care, only 17 percent (800) were placed in congregate care settings.[2] In addition, adjusting the match rate to incentivize community-based placements and

dis-incentivize congregate care placements has led to a savings of more than $40 million in about three years.

Lessons learned

The **support of the governor and first lady** has been key to developing a community-based continuum of care. Most providers were able to successfully transition their residential care models to community-based models of care with sufficient support. Creation of a **statewide practice model**, which includes a strong family engagement model, was important to moving the agency's placement model to reflect best practice. The practice model has also been particularly successful because it was **developed by staff at all levels**. Utilizing SafeMeasures to manage by data has been a building block to improved outcomes.

To learn more, see related resources at Casey.org/Virginia-reduce-congregate-care.

1 Interview, with Carl Ayers, Director of Family Services, Virginia Department of Social Services, August 1, 2017.

2 AFCARS data made available from the National Data Archive on Child Abuse and Neglect Data (NDACAN), Cornell University.

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