



Pooling and Braiding Funds for Health-Related Social Needs: Lessons from Virginia's Children's Services Act

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Introduction

Virginia has been pooling funds for over twenty years to meet the needs of at-risk youth and families. Lessons from the state's long-term experience with its Children's Services Act (CSA)¹ can benefit states seeking to combine funding streams to meet the health-related social needs of low-income and at-risk populations who often need services and supports outside the scope of a single state agency in order to live productive, healthy lives. While state agencies are well positioned to provide this support by using funding and policy levers to address the social determinants of health, individuals and families too often must navigate a labyrinth of referrals to access the services available to them. Indeed, inadequately aligned programs that are not coordinated in the service of a common goal can have negative consequences for the populations they are trying to help.² Inefficiency, fragmentation and duplication of services can also result from a siloed approach, which can prove expensive for the state and frustrating for individuals and families.

Jean and John

A previous NASHP [brief](#) and [infographic](#) illustrated the beneficiary experience in a siloed system by introducing the fictitious Jean, whose uncontrolled diabetes, substance abuse, and depression compromise her ability to work full time and care for her seven-year-old son, John.³

Jean is working part-time at a low-wage job, and needs help paying rent, buying healthy food, and heating her home, among other issues. A poor diet and a cold, damp apartment exacerbate Jean's diabetes and John's asthma, making it even more difficult for Jean to work and for John to stay healthy enough to succeed in school. Caught up in a fragmented array of supports, Jean and John—who has serious emotional and behavioral problems—bounce like Ping Pong balls from agency to agency in an uncoordinated and complex system of referrals. Given the differences in agencies' eligibility requirements, funding sources, and waiting lists, simply making referrals without the funds to deliver the needed services is an empty promise.

Building on NASHP's previous work exploring the braiding and blending of funding streams as a means of meeting the health-related social needs of low-income people, this brief examines lessons from Virginia about the promises and pitfalls of braiding and blending funding across agencies, and explores whether the state's model could serve as a roadmap for other states seeking to coordinate funding and services for other populations. The brief also imagines Jean's and John's experience under the CSA and asks how state Medicaid policymakers could use a blending or braiding system to help beneficiaries like them receive the person-centered physical and behavioral health services they need – not just referrals to agencies that might be able to help.

Virginia's Children's Services Act

States support low-income and high-risk families such as Jean's by addressing their intertwined health care and social service needs and goals. One approach is to first address families' health care needs, and then fold social services and supports into a plan of care. The CSA addresses the social needs of at-risk youth, and folds in health services. The CSA also works to minimize the fragmentation and cost of providing the services needed by high-risk youth in families like Jean's.

In the late twentieth century, Virginia found itself facing rising costs for residential treatment for at-risk children, and a fragmented system of caring for them. A 1990 study by the Virginia Department of Planning and Budget found that many Virginia children had cases open with multiple child-serving state agencies. Indeed, the study showed that the 14,000 open cases across four child-serving state agencies represented fewer than 5,000 separate children.⁴ Services for those less than 5,000 children cost the state \$101 million in 1990. A complex system of 14 separate funding streams served children across multiple agencies, and costs were increasing.⁵ This lack of coordination, coupled with budget pressures and the state's desire to move more children out of residential care and into community-based care, helped spur the passage of the CSA.⁶

When the Virginia General Assembly passed the CSA in 1993, it created a pool of funds originally fed by at least seven separate funding streams in four different departments (see Table 1). Once the funds were pooled, the General Assembly

“Now, there's a structure that requires people from different agencies to come to the table and talk to each other about kids.”

– state official, Virginia

abolished the separate state funding streams, so that the blended state funds were not traceable back to their original sources. This bold legislative act dismantled the siloes separating the funding streams for the state's child-serving agencies, and realigned their rules and structures in the service of a common goal. Although the state agencies whose funds had been pooled no longer had exclusive control over those dollars, the agencies participated in the new infrastructure created by the CSA to allocate the pooled funds. Heads of state agencies still serve alongside other stakeholders on the State Executive Council for Children's Services which oversees the fiscal and programmatic policies of the CSA system.⁷

Table 1**The CSA: Virginia's Longstanding Funding Pool for At-Risk Youth**

For over 23 years, the Commonwealth of Virginia has worked across silos to blend funds to serve at-risk youth and families through its Children's Services Act (CSA). When the Virginia General Assembly passed the CSA in 1993, it created a pool of funds, fed by at least seven separate funding streams in four different departments, to support at-risk youth.

Division of State Government⁸	Original Funding Stream
Department of Social Services	State and Local Foster Care
	Foster Care Block Grant for Purchased and Supplemental Services
Department of Juvenile Justice	Special placement funding under Virginia Code Section 239
	Special placement funding under Virginia Code Sections 286
Department of Education	Private tuition assistance for children placed in private school special education programs
	Interagency assistance fund for the non-educational placement of children with handicaps in private residential facilities or special education day schools
Department of Mental Health, Mental Retardation, and Substance Abuse Services	Mental health bed purchase fund for adolescents

The state budget allocates CSA funds to localities based on a funding formula established by the CSA Appropriations Act.⁹ The local funds are received and managed by the local Community Policy and Management Team (CPMT), which is appointed by the local governing body.¹⁰ The CPMTs authorize the funds to pay for the services recommended by the local Family Assessment and Planning (FAPT) teams. Localities also contribute matching funds to the CSA state pool and report to the state on pool expenditures as a whole; they do not report on expenditures by stream.

Federal funds are treated differently than the pooled state and local funds. Some federal child welfare funds are transferred between the Virginia Department of Social Services and the Office of Children's Services, but they are accounted for separately from pool funds. Federal special education and foster care funds are braided with pool funds, provided that all the federal rules are followed and the state

“State Supervised; Locally Operated and Administered”

The pooled funds are managed by the CSA structure, which one state official describes as “state supervised; locally operated and administered.” The state, through the State Executive Council for Children's Services, sets policy and allocates the funds to localities, which are required to contribute a local match. The state Office of Children's Services (OCS) is the administrative office for the pool, and is charged with implementing the executive council's decisions. Localities, which have considerable autonomy, manage the funds through their interagency Community Policy and Management Teams (CPMT). The CPMTs determine eligibility for CSA services according to the statutory eligibility criteria, and manage and administer pool funds. The pool funds are then allocated according to the recommendations of local Family Assessment and Planning (FAPT) teams.

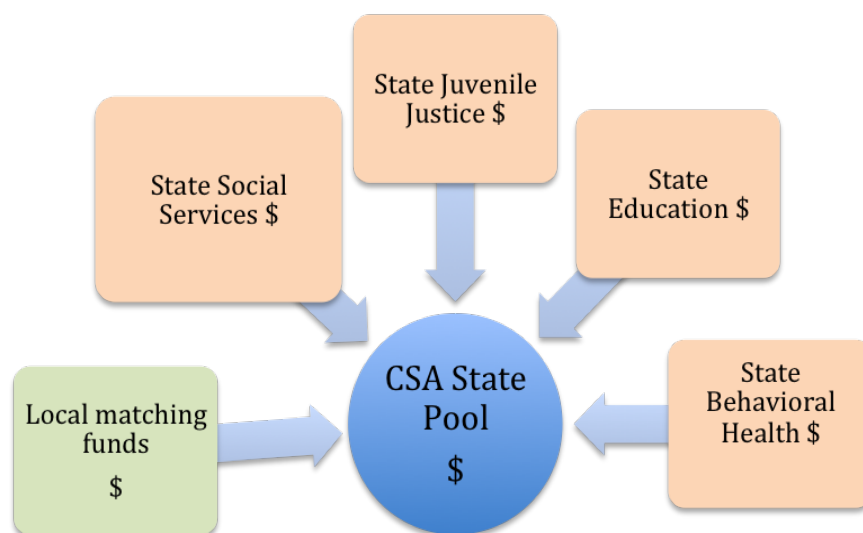
guarantees that children eligible for mandated services under the federal programs receive them under the CSA. There are no such federal requirements mandating services for children served by the state juvenile justice and mental health agencies that also contributed funds into the pool. In some localities this results in concern by some agencies that their constituencies are not receiving as much from the CSA pool as the children given priority due to federal mandates. However, braiding the federal funds into an integrated plan of services allows for a more seamless use of funds to support at-risk youth.

“They said, ‘Bring all your funds to the table like you’re playing cards, put the money in the middle of the table, then remove your hands from the table.’”

– former state official, Virginia

Establishing the CSA pool and negotiating the pooled funding structure was neither quick nor easy for Virginia. Current and former state officials describe the initial CSA planning process as long and multi-faceted, with hundreds of people providing input and a number of workgroups diligently planning for at least 18 months. Executive leadership, including the Governor’s office and the heads of the state divisions involved, was seen as crucial to getting the CSA off the ground. Even 23 years after enactment, state and local officials describe the CSA as still evolving to better meet the needs of at-risk youth.

Figure 1.



Medicaid and the CSA

Virginia’s Medicaid office—the Department of Medical Assistance Services (DMAS)—pays for certain residential and case management services through funding transfers from the CSA office, although the funds are not considered part of the CSA state pool. The CSA works at the local level to braid Medicaid funding with CSA pool funds. Local Family Assessment and Planning Teams (FAPT) braid Medicaid funding for eligible children with other available funding sources to support the child’s overall care plan. If a local FAPT identifies a need for Medicaid-covered services for a child, the locality can help the child or family with the Medicaid eligibility process; however, local departments of social services determine Medicaid eligibility.

Because the state funds and local matching funds in the CSA pool can be used to support Medicaid-eligible services, those CSA dollars help draw down federal Medicaid funding. According to state officials, Medicaid provider billing codes for residential treatment services and case management “apply to any CSA Medicaid funded service and a local match will apply.”¹¹ States and localities report separately on non-CSA pool funding sources, such as Medicaid or the Supplemental Nutrition Assistance Program (SNAP), which pay for part of a family’s plan of services.

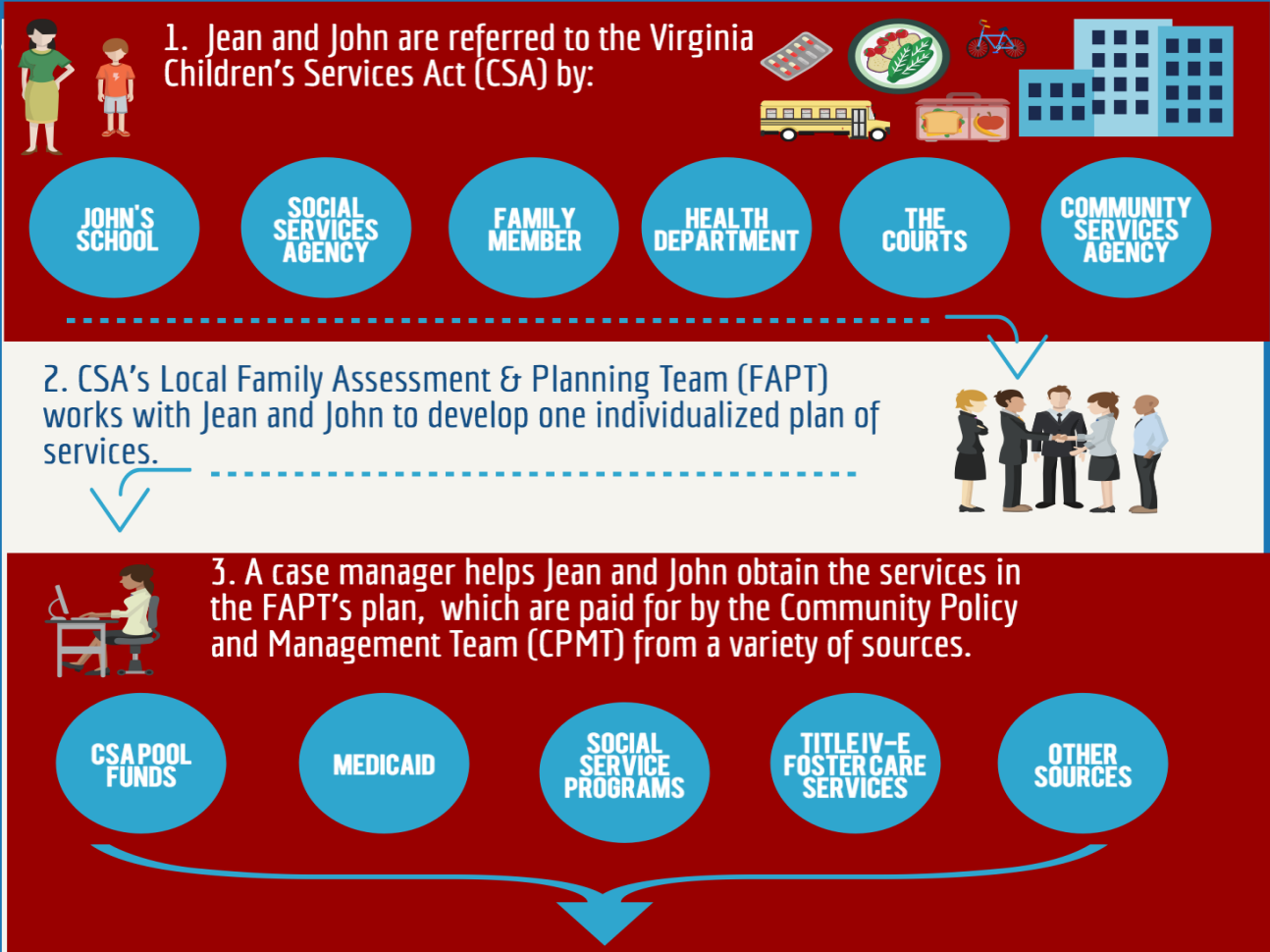
One area for future exploration is the possibility of involving Medicaid managed care organizations (MCOs) in the CSA process for at-risk youth and families. For example, if a MCO were to convene local representatives and experts from multiple disciplines, a locality might choose to recognize the MCO as a FAPT team. Doing this might allow localities to more fully integrate physical and behavioral health and social services by drawing on the MCO’s expertise. Incorporating value-based Medicaid managed care models that reward the streamlined coordination of health care and social services is another possibility. Louisiana has taken a similar approach, and looks to a Medicaid MCO involved in the state’s Coordinated System of Care to work with wraparound agencies and family support organizations to provide support and services to at-risk youth.¹³

Table 2

Children Statutorily Eligible for CSA Funds: ¹²
Have emotional or behavior problems that have persisted over time or are critical and in need of intervention, are “significantly disabling,” and require resources beyond those normally provided across agencies, are unavailable, or involve “coordinated interventions” across multiple agencies; and/or
Are in, or at risk of entering, “purchased residential care,” and have emotional and behavior problems requiring resources beyond those normally provided across agencies or involving “coordinated interventions” across multiple agencies; and/or
Need placement in a private school special education program; and/or
Require foster care services.

Once an eligible child or family is referred to the CSA—by an entity such as a school, court, social service agency, health department, family member, or community services agency—the local FAPT works with the family to assess their strengths and goals and develop a comprehensive, individualized plan of services. The plan identifies the appropriate services for the child or family, as well as the appropriate practitioner or organization to provide the services. A FAPT often assigns a case manager to implement the plan and help the family obtain the services called for in their plan. Some services in the plans are paid for with CSA pool funds, while others may be paid for by Medicaid, the SNAP program, or other sources, if the child or family is eligible. Regardless of the funding source of the services, the FAPT case manager helps the child or family access all the services in their plan (see Figure 2).

After a local FAPT develops a comprehensive plan of services for a child, the local CPMT arranges payment for each service in a child’s plan. The CPMT negotiates and enters into contracts with vendors for purchased services required by the plan, and then submits a reimbursement form to the state quarterly or monthly. The state then reimburses them with CSA pool funds.¹⁴



Jean & John's Plan of Services from CSA

	GOALS	SERVICES	PAID FOR BY
EDUCATION	Educate John at grade level and manage behavior issues	Special education placement	CSA Pool Funds
PHYSICAL HEALTHCARE	Manage Jean's diabetes and John's asthma for success at work and school	Primary and preventive care	Medicaid/CHIP (FAMIS)
	Control Jean's depression and help her stay sober	Behavioral health care	Medicaid/CHIP (FAMIS)
MENTAL & BEHAVIORAL HEALTHCARE	Help John overcome behavioral/emotional issues	Applied behavioral analysis; yoga	CSA Pool Funds
HOUSING	Provide a stable home; cook healthy meals	Emergency rent support	CSA Pool Funds
TRANSPORTATION	Reliable transportation to and from work, school, and appointments	Car repair	CSA Pool Funds
FOOD	Cook healthy meals at home, refrigerate medication	Food assistance/refrigerator repair	Social service programs (SNAP)/ CSA Pool Funds



Why pool funds?

Efficiently delivering health and social services that meet peoples' needs without duplication can be a boon to beneficiaries as well as states. In Hampton, Virginia, each child or family is assigned a service coordinator tasked with implementing the plan of services developed by the FAPT. That service coordinator works with the child or family to make sure they receive all the services for which they are eligible, regardless of whether the services are paid for by Medicaid, Title IV-E, or CSA pool funds. In localities where the system works well, families know that their service coordinator is their single point of contact for help or questions. Assigning each family a single service coordinator helps them know whom to contact, and prevents them from shuttling between multiple care coordinators and referrals. This single point of contact also helps the state and locality ensure that duplicative services are not unwittingly paid for by multiple sources, and helps identify any remaining gaps in the child's plan of services. One local official said, "The CSA, if done right, does a good job of making sure they get the services they need without waste."

State and local officials also report that the CSA gives them the flexibility to tailor services to the needs of each individual child. One local official said that before the CSA, they were trying to fit families into the interventions that were available under siloed funding streams. The CSA gave the state and localities the flexibility to pay for interventions tailored to the family, not dictated by the funding stream. With the CSA, form more closely follows function, with program goals determining funding approaches, instead of the funding rules driving program operations. The person-centered and multidisciplinary nature of the FAPT planning process helps provide struggling families with children at risk of entering the foster care system with the kinds of supports needed by that particular family, to, for instance, ensure the child attends school regularly and has needed after-school supports.

A CSA-style collaborative approach to providing and funding services can also facilitate system improvement. Discussions about system shortcomings and possible improvements tend to be more open and productive when there is collective responsibility for the system and no agency feels singled out, according to one official. This sort of cross-agency relationship building helps keep the focus on improving the system for children and families.

Pooled CSA funds have supported:

- Car repair for a family who couldn't take their asthmatic child to doctors' appointments or to school.
 - The building of two rooms and a bathroom onto a grandmother's house, to keep her grandchildren out of foster care.
 - Sending a child to camp.
 - Employment apprenticeships.
 - Mentors spending time with at-risk kids during the vulnerable after-school hours before a parent comes home.
-

“When families aren’t bouncing around, they get a consistent message, they know who is responsible and who to call, so we’re not duplicating services and families are getting exactly what they need instead of a bunch of stuff they don’t.”

--A Virginia local official

Challenges and Barriers to a CSA-style Funding Pool

The efficiency and flexibility of Virginia’s CSA system did not come without its share of hurdles. State policymakers interested in pooling funds may benefit from an examination of the challenges and barriers that can accompany such efforts.

- **Competing state agency priorities.** State agencies may have concerns about fulfilling their own responsibilities and meeting goals and mandates while relinquishing funding to a pool that may benefit other constituencies or further the priorities of other agencies. Coordinating the diverse missions of state agencies in the service of a shared goal can also be challenging for states, although the diverse perspectives and expertise of different state agencies is an asset.
 - As one former state official said, you need to “get the money people to embrace the philosophy” of the pooling system in order to minimize such resistance. Ensuring that agencies have a voice in managing the pool so that it appropriately benefits their constituencies may also be helpful.
- **Technical challenges.** In Virginia, legislative action by the General Assembly was required to pool separate state funding streams, which previously had separate reporting and accountability requirements. To comply with federal laws and regulations governing the use of federal special education and child welfare funds, the state had to agree to federal requirements, which, as discussed earlier, had long-term repercussions for the program.
- **Balancing local autonomy and state accountability.** Virginia vested its localities with considerable autonomy in implementing the CSA. Balancing local flexibility with the state’s goal of minimizing geographic disparities in the accessibility of services statewide is an ongoing challenge, given the variation in local resources and the autonomy of local governments. While all localities have to abide by the statutory parameters, there is still variation in how effectively localities implement the system. However, the state, through the CSA State Executive Council, is ultimately responsible for the successful operation of the system, and the individual state agencies remain accountable to their constituents statewide.
 - Whereas some local FAPTs may include a range of interdisciplinary team members who have the expertise needed to work with families with complex needs to craft an effective plan of services, other localities may lack the capacity to ensure that such expertise is available to the CSA process.
 - Or, localities that are not fully on board with the CSA vision could simply overlay the CSA funding structure on top of the locality’s existing systems, with the FAPT functioning as a rubber stamp instead of a transformational way to fund the services that are right for an individual family. Building localities’ will and capacity to implement the CSA as designed is important to the system’s success.

Other States

While Virginia is unique in the longevity of its pooling initiative, other states have worked across silos to address the needs of children at risk. Some notable states that involve Medicaid in these efforts include:

- **New Jersey** Department of Children and Families' Children's System of Care division uses an administrative service organization (ASO) and local care management organizations to provide care management and wraparound services for children with "complex behavioral health challenges," according to a CHCS report. The services are paid for with Medicaid funds, including those available pursuant to a 1115 waiver.
- Under **Louisiana's** Coordinated System of Care, at-risk children and their families work with a wraparound facilitator to develop a plan of services and supports. According to the state's Coordinated System of Care website, by December 2017, Louisiana Medicaid, working through a Medicaid managed care organization, plans to determine children's eligibility for the program and refer them to a wraparound agency for assessment and service planning. The governor's March 2011 Executive Order establishing the Coordinated System of Care Governance Board gave the board the authority to direct the use of multiple funding sources and work with agencies to redirect their funds to support the Coordinated System of Care.

Sources: CHCS, "Intensive Care Coordination Using High-Quality Wraparound for Children with Serious Behavioral Health Needs: State and Community Profiles," July 2014, <http://www.chcs.org/media/ICC-Wraparound-State-and-Community-Profiles1.pdf>, accessed May 4, 2016. See also Bazelon Center for Mental Health Law, "Mix and Match: Using Federal Programs to Support Interagency Systems of Care for Children with Mental Health Care Needs," <http://www.bazelon.org/LinkClick.aspx?fileticket=-ELUn7dsyVQ%3D&tabid=104>, accessed April 6, 2016; State of New Jersey, Children's System of Care, <http://www.state.nj.us/dcf/families/csc/csocqaplan.html> and <http://www.state.nj.us/dcf/families/csc/>, accessed April 6, 2016; PerformCare New Jersey, <http://www.performcarenj.org/about/index.aspx>, accessed June 7, 2016; State of Louisiana, Coordinated System of Care, <http://csoc.la.gov/index.cfm/page/1418/n/333>, <http://csoc.la.gov/index.cfm/page/1339/n/338>, & <http://csoc.la.gov/index.cfm/page/2222>, accessed April 6, 2016; State of Louisiana Executive Department, Executive Order No. BJ 2011-5, "Coordinated System of Care Governance Board," http://csoc.la.gov/assets/csoc/Documents/Executive_Order_5BJ2011_CSoC_Governance_Board.pdf, accessed May 5, 2016. CSOC Report to the Governance Board, April 28, 2016, http://csoc.la.gov/assets/csoc/Documents/GovernanceBoard/2016April/2016AprilGBDirReport_DRAFT.pdf, accessed June 7, 2016.

Lessons Learned: A Template for State Health Policymakers?

State health policymakers interested in pooling or braiding funding to meet the health-related social needs of Medicaid beneficiaries could benefit from some of Virginia's lessons learned.

- **Pooled and braided funding, allocated by multi-disciplinary teams, helps states and localities meet a wide range of needs in a timely, person-centered way.** The structure of the CSA funding pool facilitates cross-agency cooperation and the breaking down of silos, and allows for more flexibility in the use of funds. That collaborative spirit also facilitates the use of multi-disciplinary teams, like Virginia's FAPTs, to help ensure that a range of needs can be met effectively and efficiently for an individual person or family. Medicaid policymakers could consider involving some managed care or coordinated or accountable care entities in addressing health-related social needs in a role analogous to the CSA's multidisciplinary teams.
- **Clearly identify the entity responsible for providing the plan of services and supports, and accountable for expenditures.** While pooling funds is effective at breaking down silos, it may also require a rethinking of the roles played by state agencies. It is important to clearly identify the entity ultimately responsible for ensuring that a beneficiary receives the services and supports in their plan under a system of pooled funding. The CSA legislation included detailed descriptions of the new CSA infrastructure, including the roles and duties of teams responsible for furnishing plans of services.
- **Take the time to collect stakeholder input.** Before passing the CSA, Virginia spent more than 18 months gathering input from hundreds of stakeholders and building support for a common goal. Taking the time to lay the groundwork can help ensure successful implementation of a pooling initiative, even in the face of some state agencies' concern over losing control of their funds. As one state official said, "Make sure the people whose money you're touching are involved." Engaged and committed executive leadership helps build stakeholder buy-in. Also, engagement does not end with implementation: turnover in leadership and other changes necessitate continual work to sustain stakeholder commitment to the

goals of the program. Ongoing stakeholder collaboration can also help identify challenges and strategies for program improvement.

- **Identify program goals, and measure progress.** Identifying the program's purpose and goals and keeping those goals in the forefront of all decision-making helps the program stay true to its purpose. Tracking progress toward measurable goals can also gauge the program's impact and inform program changes. A rational, objective assessment of effectiveness is important in helping states and localities allocate resources where they have the greatest impact.
 - The CSA posts progress reports on its website showing breakdowns of CSA funding and expenditures, as well as progress toward the system's goals.¹⁵
- **Build and fund state-level administrative infrastructure.** Administering a multi-agency program with braided and blended funding requires an entity to monitor changes to state and federal law and policy and align the program accordingly. In Virginia, the state Office of Children's Services serves this and other key administrative functions.
- **Consider the terms of funding sources.** Braiding federal funding streams with the CSA pool funds augmented the resources allocated to at-risk youth, but it had an unintended consequence: the creation of two distinct classes of children. This bifurcated system stems from the state's need to comply with federal mandates for special education and foster care by guaranteeing that those services are available to children under the CSA system. As a result, children who are not federally mandated to receive services can get short shrift in the allocation of CSA pool funds. While some localities strive to provide quality service to both categories of children, non-mandated children in other localities face a barrier to receiving all the services they need. States braiding federal and state funding streams might consider the long-term consequences of the requirements attached to each stream.
- **Be prepared for pushback.** The flexibility and innovation nurtured by a system such as the CSA leaves the system open for criticism from those with more rigid notions of publicly funded services. For instance, one locality heard skeptics ask why the CSA spent money intended for children's services on construction work on someone's house. Although building an addition to a grandmother's home kept her grandchildren out of foster care, the CSA's unorthodox approach elicited criticism.
 - Transparently and publicly reporting hard data showing measurable progress toward program goals and situating expenditures in the context of the program's overall purpose may help respond to such criticisms.
- **Bring decision-makers to the table.** State and local officials emphasized the importance of having decision-makers, not their delegates, present at meetings. For example, with a few exceptions, the commissioners or directors of the state agencies represent them on the CSA State Executive Council. When decision-makers attend meetings, decisions can be made collaboratively in the context of the meeting discussion.
- **Tailor the system to your state.** While pooling funding allows for shared, integrated fund administration, it also requires statutory authority and so may require more time and effort to institute or change. Braiding funding may allow states to coordinate their efforts less formally and to change or realign the braiding system as needed without formal approval.¹⁶ Virginia chose to develop a system that allows localities to manage pooled funds and establish the teams that develop plans of care. Although the CSA statute clearly delineates the roles and responsibilities of the state and localities, some localities embrace the CSA mission more enthusiastically and implement it more effectively than others. Although Virginia's system of pooling funds uses this state/local structure, other states might choose to administer pooled funds differently. Perhaps a less populated state or one without strong local governance structures or provider networks might choose to design a system with more central administration. Similarly, some states might decide that blending and/or braiding different funds in a different manner could achieve the efficiency, coordination, and person-centeredness of Virginia's CSA pool.

Conclusions and Looking Ahead

States interested in blending or braiding funds to meet the health and health-related social needs of Medicaid beneficiaries could build on Virginia's groundbreaking model by considering developments such as aligning Medicaid managed care contracting with a CSA-like pool to more seamlessly meet the physical health and social services needs of at-risk youth. States could also consider adapting a CSA-like structure to serve other populations. For example, Virginia may consider braiding state and federal funds to expand coverage for people with substance use disorder. Sources of braided funding for that effort might include a HUD Healthcare and Housing Systems Integration Initiative or for people with HIV/AIDS¹⁷ and a Substance Use Disorder waiver to expand Medicaid to people with substance use disorder.¹⁸ States could also consider building into other health system transformation efforts a blending or braiding initiative that addresses the social determinants of health.

Virginia's CSA is an important example of a state using its policy levers to simultaneously control costs and ensure that residents receive the services that they need — no more and no less.¹⁹ The longevity of its funding pool provides a tested model for other states seeking to work across agencies and disciplines to make sure that spending is driven by the needs of the beneficiaries more than the parameters of the funding stream. One former state official said the CSA is worthy of study because “a lot of initiatives can achieve the initial steps of reform. How to sustain it is the challenge.”

As more states seek to integrate health equity and the social determinants of health into their health systems transformations, models such as Virginia's may help policymakers think about the funding models that would work best for their own constituents. Virginia's long-running model, which has survived changes in political leadership and economic fluctuations, may help others plant the seeds for a model that may continue to bear fruit decades in the future in the form of healthy, productive residents.

Endnotes

1. In 1993, the Virginia General Assembly passed the Comprehensive Services Act for At-Risk Youth and Families. In 2015, the General Assembly changed the name to the Children's Services Act, but retained the original mission. Source: Virginia Department of Social Services, “Comprehensive Services Act Becomes the Children's Services Act on July 1,” June 30, 2015, accessed April 11, 2016. https://www.dss.virginia.gov/files/division/pa/news_releases/2015/Comprehensive_Services_July_1_2015.pdf
2. See the video series produced by the Virginia Department of Social Services: “The Road to Self Sufficiency,” http://www.dss.virginia.gov/geninfo/reports/financial_assistance/sufficiency.cgi, accessed May 19, 2016. The videos describe the drop in net discretionary income faced by some low-income families when their slightly increased earnings result in reduced SNAP, TANF, childcare subsidies, medical assistance, and other benefits. Aligning tax policy—such as the Earned Income Tax Credit and Child Tax Credit—and safety net programs toward a common goal could help families become economically self-sufficient, according to one video.
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11. Code of Virginia, Chapter 52, Section 2.2-5204, "Community policy and management team; appointment; fiscal agent," <http://law.lis.virginia.gov/vacode/title2.2/chapter52/section2.2-5204/>, accessed June 7, 2016.
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15. Office of Children's Services, "CSA Reports and Publications," http://www.csa.virginia.gov/html/manual_pubs/csa_reports_publications.cfm, accessed May 5, 2016.
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18. Virginia Department of Medical Assistance Services, "Notice of Public Hearing: Improving Medicaid Service Benefits and Delivery Systems for Individuals with Substance Use Disorders," http://www.dmas.virginia.gov/Content_atchs/atchs/DMAS%20SUD%20Notice%20of%20Public%20Hearings%20for%20Jan%205%20and%207_Final.pdf, accessed May 4, 2016.
19. State reports show that the rate of foster care and expenditures on foster care have declined in Virginia, and other progress toward CSA goals: http://www.csa.virginia.gov/html/GA_FY13_PROGRESS_REPORT_ON_THE_CSA.PDF; <http://vaperforms.virginia.gov/indicators/healthfamily/fosterCare.php>; http://www.csa.virginia.gov/html/training_technical/Resource_Library.cfm, accessed June 8, 2016

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