The Traditional Single Agency Approach reviews and accepts community-based options at the step before making a residential placement. The New Collaborative Team Approach creates community-based options for specific children that do not now exist.

Walt Credle, 1994

Supported by:
Hampton Community Policy and Management Team
Hampton Family Assessment and Planning Team
Hampton Department of Human Services
Hampton Virginia Systems of Care
Core Values and Beliefs

- Keeping children and families together is the best possible use of resources.

- Hampton CPMT and FAPT partner with all who can support children and families’ successful outcomes.

- We begin with outcomes not process.

- Families are the experts about their families.

- All stakeholder groups are accountable to positive outcomes for children and their families at home, school and in the community.

- Child centered, family focused and community based service delivery is the law and must be turned into actions.

- We will do whatever it takes to support the success of children and families.

- Trying hard is not good enough¹.

¹ Trying Hard Is Not Good Enough
by Mark Friedman - 2005
The Hampton Service Delivery System

Hampton has developed a comprehensive array of community based supports and services that has grown and changed over the past 15 years. These supports and services are always developed utilizing child centered, family focused, community based, strengths based and culturally competent individualized approaches that support children remaining in their homes, schools and communities. The success Hampton has had supporting children and young adults remaining with their families and in their neighborhoods and communities has been significantly supported by the array of quality interdependent and individualized services provided within our system of care. Supports and services developed within the Hampton System of Care and implemented include:

- The Hampton Family Assessment and Planning Team
- Healthy Families Partnership
- Pathways to Permanency
- Specialized Intensive Foster Care
- Intensive Care Coordination
- Specialized Educational Services
- Family Stabilization Project
- Parent to Parent Support
- Teaching Parent Project
- Family Group Conferencing
- Safe Harbor for Kids
- Specialized Housing Services Project
- Supervised Independent Transitional Living
- Mediation Project
- Post Adoption Services
- Managing Emotions Project
- Fatherhood Initiative
- Fast Forward
- Parents and Children Together (PACT) - Shared Family Care Project

The Hampton Family Assessment and Planning Team consists of the agencies serving children and their families and family representatives. The Hampton FAPT is a single team meeting multiple times a week and has staff that devotes a significant part of their work hours to FAPT involvement. Team members are acculturated into the child centered, family focused and community based approach to providing supports and services for children and their families. All approaches are individualized to the specific needs of children and their families and innovation is supported. The new PACT project, supporting entire families in “Host” homes to avoid foster care and out of community placements, was one of many innovative projects begun by supporting an individual family at FAPT.

The Hampton Healthy Families Partnership was developed as city officials understood the link between strong families, early childhood development, and the creation of a globally competitive workforce. Strong healthy families would provide the foundation for a sturdy economic future. The goal of the Partnership is to ensure that every child is born healthy and enters school ready to learn. Program components include Parenting Education, Healthy Stages, Young Family Centers, Healthy Start, Welcome Baby and Child Fair. Outcomes have included a 26.8% reduction in the rate of child abuse and neglect between 1992 and 2000 outpacing the region’s rate of 3.4%; 0% repeat teen births among Healthy Start mothers versus an average of 30% for all teen mothers in Virginia; a 96% immunization rate for two-year olds in the Healthy Start program versus 73% for all two-year olds in Virginia; and 85% of Healthy Start children entered school ready to learn.

The Hampton Approach to Systems of Care
November 20, 2007
**Best Practices Court Stakeholders Group** is a collaborative effort of all child serving stakeholder organizations led by the Hampton Juvenile and Domestic Relations District Court and the Hampton Department of Social Services. The group has become the forum for an ongoing evaluation of and accountability to progress made by the court and the service providers in achieving better outcomes for children and families. Under the leadership of the Honorable Jay E. Dugger this group emerged as a result of efforts to make improvements to the handling of child dependency issues, service planning and filings, timeliness of hearings and various service delivery issues.

**Pathway to Permanency Planning** Tool is a product of the cooperative efforts of the Hampton Department of Human Services, the Hampton Juvenile & Domestic Relations District Court, and other local agencies working to assist foster children and their families in the City of Hampton. Pathway to Permanency is a tool designed to reunite children with their biological parents in a way that focuses on parent empowerment and consistency in planning. Every family having children entering foster care has a transitional services worker to guide them through the process. Each family is provided a Pathway to Permanency Planning Tool, which is a binder full of important information regarding all aspects of the process, and is filled by the family with important additional information as they continue through the process. Families must bring the binder to all important meetings, FAPT, supervised visitation (Safe Harbor), school meetings and court dates. Pathways to Permanency also offers the ability to provide concurrent planning processes, Parental Capacity Evaluations, family preservation services and the *Stable School Order* which supports children remaining in their home schools and avoiding school disruptions.

**Specialized Intensive Foster Care (SIFC)** was developed as an alternative to residential treatment centers. Professional Parents, with the knowledge and experience to support children and families with the most complex needs, provide 24-hour services, support and housing utilizing an *unconditional care* approach. SIFC families have typically worked in the field in residential treatment centers, group homes and therapeutic foster care and have the ability to support children and young adults with complex needs and aggressive behaviors. SIFC families receive Wraparound supports individualized for each child’s specific strengths and needs. SIFC families also provide a positive family environment that supports children and their families succeeding at home, school and in the community. SIFC parents connect with the biological family and often serve as mentors to the families and siblings. *Specialized Intensive Foster Care has served as a significant alternative to residential treatment for children and families in Hampton.*

**Intensive Care Coordination (ICC)** is a multi-agency tiered approach to supporting children and families remaining together and avoiding out of home and out of community placements. ICC is provided in family’s homes, schools and communities and has been a critical factor in quickly implementing supports and services that reduce the need for residential treatment services. The ICC team consists of the Hampton Utilization Review Coordinator who has leadership responsibility in supporting children remaining in the community and sits as a full-time FAPT member; Clinical Case Management provided as a collaboration between Hampton FAPT and the Hampton/Newport News Community Services Board and insures that children returning to the community from out of home placements have all the services and supports necessary to be successful; Specialized Case Management purpose is to support the foster home environment to prevent disruption of placements; Intensive Case Managers contracted by FAPT to work closely with families to identify needed services and supports to avoid out of home placements and access these services; and Parent to Parent services provided by family members who have received FAPT services and help families navigate and understand the complex service delivery system.

**Specialized Educational Services** support Hampton’s philosophy for children to attend their neighborhood schools and if children need to be placed outside of their home school to support their individualized educational needs; placement at the nearest school is sought. Hampton City Schools was a leader in developing local classrooms for children with autism. These “hard to serve” children were served in their home school or served at the regional school facility, New Horizons. Many communities
struggled with supporting children with autism and mental retardation and co-occurring behavioral issues resulting in children being placed in residential treatment centers outside of the community and outside of the state. Hampton City Schools also has a strong vocational program with high school job coaches for children with mental retardation in place for the past 10 years. Children are placed in jobs in such diverse work places as the school, T.J. Maxx, the VA Hospital laundry room etc. As of 2006 there were 48 children in Private Day placement out of 3428 children receiving special education services. Hampton Private Day Schools have strong academics, a comprehensive social skills curriculum, GED prep courses, a horticulture class and canoeing, skiing and camping experiences. Private Day schools have also collaborated with foster parents to support children and adolescents with significant behavioral health needs.

The Family Stabilization Project is collaboration between the Hampton Court Services Unit, Hampton Department of Social Services and private child-serving agencies. Children and families involved in the juvenile justice system and at significant risk of removal from their homes and families are provided intensive in-home services including case management, family support, connection to natural and community supports, linkages to an array of community based services, advocacy, and crisis support. Short term out of home stays are available to allow the time for services to be developed as well as an assessment to determine the best possible services and supports for each child and family.

The Parent to Parent Support Project provides family mentors to serve as guides and support for families involved in the FAPT process. Parent-to-Parent advocates have received services from FAPT member child serving agencies and developed the skills necessary to support families at home, school and in the community. Parent Partners have a strong working knowledge of all of the agencies involved with FAPT as well as available resources in the community. Parent Partners support families through such diverse activities as IEP meetings, FAPT meetings, mental health and substance abuse appointments, scheduling multiple appointments, social services connections and one to one support based on each family’s individualized needs.

The Teaching Parent Project provides birth parents and other natural supports such as relatives and community members whose children are at imminent risk of removal from their families and communities an array of services and supports including ongoing education and training to support children and families staying together; case management services including behavior management, advocacy, linkages to services and crisis intervention support; ongoing FAPT support and monitoring to insure quality of services; and a monthly stipend to support the goal of children and their families successfully together. The Teaching Parent Project has been another critical ingredient in keeping children and families together.

Family Group Conferencing provides an active forum for families to make decisions for the best possible placement for children at risk of removal from their homes and families. The Hampton Department of Social Services Foster Care Unit utilizes the New Zealand approach that insures family meetings to develop solutions regarding cases of abuse and neglect. The foster care staff brings together family members and community members identified by the family to develop a family conference. The family is given guidelines to insure safety and meets alone for several hours to develop a strengths based plan and then share this plan with the foster care staff. Hampton has found families can develop real and powerful plans that support children remaining safely in the community.

Safe Harbor for Kids facilitates successful supervised visits between parents and children. This project is part of the Pathways to Permanency project and provides trained professionals to supervise visitation, provide feedback to families as well as feedback to the court and social services. The goal of visits is for children and families to experience love and acceptance as well as provide supervision and support regarding potential safety concerns.

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Mediation is a component of the Pathways to Permanency project that allows families the opportunity to voluntarily resolve differences to support unified planning and expedite court processes. Mediation offers a strengths base method to open dialogue between family members; an opportunity to find fair and equitable solutions; a focus on the best interest of the children; a confidential forum; and an informal process facilitated by an impartial third party. Family members must voluntarily agree to be involved in the mediation process; agree to ground rules negotiated with the facilitator; and agree to listen to the other family member involved in the mediation process as the mediation moves toward a written agreement between family members.

Post Adoption Services are provided by the Hampton Department of Social Services to support adoptive families and reduce the likelihood of adoption dissolutions. This is a particular emphasis for children adopted out of the foster care system who, if the adoption fails, often return to the foster care system. Post adoption services are provided for families who have adopted children and need additional support; children with complex needs including infants with prenatal drug and/or alcohol exposure; children with physical, emotional or developmental challenges; and children seeking answers regarding their adoption or searching for their birth parents. Services include information and referrals for services, clinical support and general support for the adoptive family and children.

The Managing Emotions Program (ME) is a partnership between the Center for Child and Family Services and the Hampton Healthy Families Partnership that supports parents increasing parental skills through participation in a variety of group experiences. The primary goal of the project is to insure that parents strengthen their abilities to provide a safe, nurturing environment for their children. The variety of group experiences includes nurturing and parenting; parent anger management; and parent violence anger management.

The Fatherhood Initiative has been developed to increase the role of fathers in the FAPT process as well as throughout the Hampton children’s service delivery system. Fathers attend a 12 week group to provide support and education regarding their child’s strengths and complex needs; reduce stressors regarding the role of fathers with their children and families; increase understanding of systems processes including FAPT, DSS, IEP processes and other systemic supports and barriers; increasing understanding and access to community based services and supports; and develop each father’s skills and abilities to advocate for their child and family.

The Brotherhood is an ongoing group developed to provide a positive outlet for young black men to foster healthy discussions on issues each of them may face day to day. Co-facilitated by a Hampton DSS social worker and a Hampton foster parent group topics are diverse and include positive peer interactions; moving toward adulthood; the importance of education; what is a family; being a black male in today’s world; respect for women; the influence of gangs; drugs, alcohol and peer pressure and a variety of experiential community activities.

The Specialized Housing Services Project offers an option for young adults who have a need for supportive adults in their lives as well as a place to live while transitioning to adulthood. The Supportive Adult serves as a mentor and guide as the young adult travels on his or her journey toward adulthood as well as commits to providing housing and teaching life lessons on the road to independence. Services and supports provided include a place to live, help with house and apartment searches, support mastering independent living skills, coaching and role modeling, career counseling, transportation, educational and vocational support, money management support, volunteerism and development of community supports and activities.
The Supervised Transitional Independent Living Project (STIL) provides apartment living with transitional supports to bridge the gap for young adults over 18 between foster home placements and living independently in the community as adults. Services provided include case management, intensive in-home services, independent living skills training, monitoring, supervision and 24-hour crisis support. The young adults are provided with practical and applicable skills development including employment readiness, money management, housekeeping and daily living skills, nutrition and transportation education and support.

Fast Forward is a program that is designed to fit employers with the most qualified employees. The placement professionals strive to meet each employer’s unique requirements by referring only successful Fast Forward graduates who are qualified and ready to perform. Each graduate receives ongoing follow-up counseling in support of continued success on the job. Fast Forward also works with employers to design and deliver special pre and post employment training and orientation programs aligned to specific organizational goals. Structured training and apprenticeship programs are part of the Fast Forward program; candidates are carefully screened based on employer requirements with a goal of long-term employment and potential advancement. Training and education dollars are often available to help Fast Forward graduates gain critical skills.

Shared Family Care is Hampton’s newest project and a collaboration of all CPMT/FAPT member agencies, Lutheran Family Services (A CPMT/FAPT agency providing the project manager and Triad Training and Consulting Services. The concept was developed at the FAPT “table” as an individualized approach for families with complex needs to avoid immediate foster care placement and the placement of children and adolescents in residential programs. Hampton researched models and projects across the country and discovered the Shared Family Care model, which originated in Europe. The approach has been successfully implemented in Contra Costa County California and Hampton opened a dialogue with the community and the University of California Berkeley to offer technical assistance to Hampton CPMT and FAPT in the development of the project. Hampton received a CSA Innovative Community Services grant from the state to support development of the project. Hampton FAPT leadership met with the folks involved in Contra Costa County and the University of California Berkeley to see the project and gain an understanding of lessons learned in their development of Shared Family Care.

Hampton identified a “Host” family as well as a family in need of the supports and services provided by Hampton Parents and Children Together (Shared Family Care). Twelve “Host” families have been identified and new families are being identified to receive housing, support and services. The plan is for families to remain in the project for up to six months; develop the necessary tools and skills to support their children with complex needs; find employment and housing; and successfully live independently in the community.

Hampton CPMT and FAPT understand that we can never stop developing, implementing and modifying service approaches. The strength, needs and complexities of the families and children we support are always evolving and the services and supports we provide must also evolve. We develop services and supports always mindful that all services and supports must be child centered, family focused, community based, culturally and linguistically competent and strengths based. We also know that services must be individualized and change as the needs of children, families and communities change. These core values and beliefs support the development of innovative community based services.
Historical Development of the Hampton System of Care

- **1991:** Hampton child-serving agencies develop inter-agency team.

- **1993:** CSA implementation begins.

- **1994:** Robert J. O’Neill, Hampton City Manager, informs CPMT local options must be developed to serve at-risk children and families; DSS Director meets with CPMT to develop alternative community-based options; child-specific teams developed for children in residential treatment.

- **1995:** CSA Coordinator and DSS FAPT Representative meet with community-based providers to insure community-based services are supporting children and families remaining together. Hampton hires first Intensive Care Coordinator to support reducing out of home and out of community placements.

- **1997:** Judge Durden requests answers from FAPT regarding a specific child remaining in RTC placement; Hampton FAPT develops Intensive Specialized Foster Care Project. Mark Hinson is first ISFC parent.

- **1998:** Hampton CSA Coordinator and Hampton DSS develop second Specialized Intensive Foster Home; Hampton contracts to bring in Utilization Review Coordinator to proactively reduce the need for out of community placements.

- **2000:** Hampton CPMT continues reviews of children placed out of community and directors of agencies offer resources to support children remaining in the community. Resources lead to the development and expansion of clinical care coordination at the CSB; alternatives to out of community placements at Hampton City schools; and utilizing foster care prevention funds for children at-risk of foster care served by the Hampton Court Services Unit.

- **2002:** Hampton expands Specialized Intensive Foster Care. DSS Foster Care Supervisor, and FAPT decide to have ICFS families provide supportive services to one another.

- **2004:** Hampton CPMT and Hampton FAPT continue to increase utilization of community based in-home services providers who are able to utilize strategies to support children remaining with their families and in their communities.

- **2005:** Hampton Best Practices Court Stakeholders led by Judge Dugger and including all child and family-serving agencies and individuals collaborates to insure families with children entering foster care have reunification supports and services including Pathway to Permanency binders.

- **2006:** CPMT and FAPT continue the development of innovative community based projects. CSA Coordinator leads the development of the grant to provide Host homes for entire families at risk of foster care and residential treatment placement.

- **2007:** Hampton continues its historic limited utilization of residential treatment and group home. As of November 1, 2007 Hampton has had 0 children in Residential Treatment Centers for 7 months and 1% of all children served in group homes.
Hampton Keys to Success in Developing a System of Care

Interviews with key leaders involved in the Hampton CSA project throughout the years mentioned several common themes as reasons for the city’s success with developing community based services for at-risk children and families. These include:

- The trust and strong working relationships between and among child-serving agency department leadership
- The trust and strong working relationships between elected officials and city government staff prior to the implementation of CSA
- City government’s belief in innovation and best practices in serving children and families including viewing families as the primary “natural” community resource
- Local leaders, department directors and program staff’s firm belief that children had better outcomes served in the community rather than in out of home and out of community placements
- Selection of the private provider representative as the first CPMT chairperson
- Selection of the Hampton Department of Social Services Chief of Services as the manager of the program
- Significant and consistent leadership and support from Hampton Juvenile and Domestic Relations Court Judges
- Development of a FAPT team dedicated to CSA and co-located at DSS
- Designation of quality staff to the FAPT team who also served as CSA ambassadors at their agencies and in the community
- Clear focus, from the beginning, on creating innovative community based services and bringing children home from out of community residential treatment centers
- Development of a FAPT support team including a strong CSA Coordinator
- The commitment of member agencies to offer additional resources to support CSA including the development of a robust children’s mental health system by the Community Services Board; utilization of 294 Funding and VJCCCA funding by the Court Services Unit; the development of a regional school approach for special needs students by Hampton City Schools; commitment of a dedicated staff by the Hampton Health Department and the development of a significant number of private agencies that provided strengths based, community based alternatives to out of home and out of community placement.
Hampton CSA Systemic and Service-Related Outcomes

Hampton contracted with Triad Training and Consulting Services in 2006 to develop the Historical Perspective, Data, Outcomes and Practice Improvement Project document. This information and perspective comes from that document and some data has been updated to include 2006 information.

- Hampton seldom utilizes residential treatment as a service option. 6.9% of all children served by Hampton in CSA program year 2006 received residential services (the state average was 25%).

- Hampton utilizes residential services but views residential services placement as a treatment failure in the community. 13.4% of services dollars in CSA program year 2006 were spent on residential services. The state average was 44.9%.

- Hampton has had no children placed in residential treatment facilities for a significant part of calendar year 2007.

- There has been a strong commitment to multi-agency collaboration since 1993 to support children and families remaining together in the community. Multiple collaborations have resulted in the development of innovative programs by all CPMT member agencies. Projects include intensive care management, specialized foster care, the teaching parent approach, family reunification and intensive in-home services.

- Hampton has long emphasized prevention and early intervention services. The Hampton Healthy Family Partnership has played a significant role in inter-agency collaboration and reducing the need for intervention services.

- The Specialized Foster Care Project has supported children with significant needs remaining in the community as evidenced by 84% of the youth having academic problems; 80% of the youth having physical aggression issues; 61% of the youth having depressive symptoms; and 30% of the youth having suicidal or self-harmful behaviors.

- The Specialized Foster Care Project has shown significant success as evidenced by 92% of the children in the project during 2005-2006 remaining in their specialized foster home, moving to a less restrictive environment or being adopted.

- The Specialized Foster Care project serves children and families with complex needs. One year ago 38% of children in specialized foster homes had a CAFAS score of 100 or higher. 42% of children in specialized foster homes one year later had CAFAS scores of 100 or higher. This demonstrates Hampton’s ability to support children with complex needs in community settings.

- One specialized foster home “closed” last year after the family adopted the children in the specialized home.