

Pulaski County CSA Research Project Briefing Materials

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The first section of this material contains a brief summary of some of the current accomplishments and future directions derived from a collaborative project between the Virginia Department of Social Services, Virginia Tech's Institute for Policy and Governance, and Pulaski County. The second section contains comments and information regarding the historical perspective related to the need for this effort and comments regarding how this project was developed.

I. Current Accomplishments and Future Directions

During this past year, a small research team from Virginia Tech's Institute for Policy and Governance (IPG) along with Dr. Steve Preister, Associate Director of the National Child Welfare Resource Center for Organizational Improvement, conducted a comprehensive assessment of child and family services in Pulaski County. This assessment then led to an extensive Resource Development Plan for Services to Youth and Families in Pulaski County. These processes were made possible by funding through the Virginia Department of Social Services to test a national best practice model to help communities improve their services to youth and families and to improve child welfare/CSA service outcomes.

This process, referred to as a "Service Array Assessment" was recommended and provided by the National Child Welfare Resource Center for Organizational Improvement. The Center prepared and field tested the service array instrument and assessment process to assist states and their respective jurisdictions in evaluating their current services to at-risk youth and their families.

This professionally facilitated process, advised by a local official stakeholder's group, involved some 60 representatives from organizations and agencies involved with serving youth and families. We also involved consumers throughout this process. The

assessment model began using a “template” of approximately ninety-six (96) possible services (see Attachment A) which fall under one of five categories:

1. Community Based Prevention and Early Intervention Services;
2. Investigative and Assessment Services;
3. Home-Based Interventions Services;
4. Out-of-Home Services; and
5. Child Welfare and Service Delivery System Exit Services

The process involved asking the community representatives to answer four (4) basic questions regarding each service. First, participants were asked if the service was available in our community. Second, participants were asked if there was enough of the service capacity to meet current needs in our community. Third, participants were asked to evaluate the quality of the services by looking at each service components including: effectiveness; the degree to which the service was family centered; and the service’s cultural responsiveness. Fourth, participants were asked to evaluate or rate the importance of developing or continuing the service in our community. The evaluation was preformed using a structured and facilitated process to enhance data analysis and evaluation. All participants were informed that the actual service array may look different from community to community based on individual community needs. Participants were given permission to modify the template used for assessing the existing or needed service delivery systems.

The response from the community and participants in this process exceeded all expectations of the stakeholder’s committee, as evidenced by their dedication and time committed over many months,. This effort by all involved directly contributed to the value of the results of this assessment process.

The Service Array Assessment was only the first step in this process to help our community. Once the quantitative and qualitative data collected on each service was compiled, synthesized, analyzed, and placed in a final report, the 94 page report was published and shared with all participants. The same participants (which had grown to

approximately 88 individuals) were then asked to form sub-groups around the five categories of services and using their previous work, to verify the information published in the Service Array Assessment Report. Each sub-group, which met continually over a several month period of time, was asked to address a series of seven (7) questions which helped each group formulate an appropriate Resource Development Plan for Services to at-risk youth and their families. Each sub-group was asked to develop recommended timeframes for short-term, medium-term and long term objectives for change, and service(s) resource development in Pulaski County for youth and their families.

Once each sub-group completed their draft plans, the full community met, presented and discussed each of the draft plans. Virginia Tech staff then compiled the draft plan of each sub group into a comprehensive Pulaski County Resource Development Plan for Child and Family Services.

A copy of the Pulaski County Service Array Assessment Report and the Pulaski County Resource Development Plan for Child and Family Services has been provided electronically to committee staff. Both these documents contain more detailed information regarding the processes used and the outcomes of this effort.

The Resource Development Plan was recently presented to the Pulaski County Board of Supervisors by staff from Virginia Tech and the stakeholder's committee. The Plan received a very favorable response from the Board who took immediate action to adopt one of the Plan's key recommendations which the Board felt necessary to continue implementation of other recommendations contained within the Plan.

It was clear that this work will be a continuing process in our community to promote improved child welfare/CSA outcomes by improving community partnerships and collaboration; building community capacity for services; and strengthening current service delivery systems within Pulaski County.

It was clear to members of the stakeholder's group and some local elected officials that having this work preformed and managed by an independent party directly contributed to the strength of participation throughout the process as well as the willingness of the Board of Supervisors to accept the work as credible, reliable, and appropriate information for future decision making processes.

We already have agencies and organizations serving youth and families using these two reports in their own internal planning and service development processes. These processes have been instrumental in promoting local cultural changes by promoting community wide ownership of outcomes to services to at-risk youth and families. There is agreement among many in Pulaski County that there is a distinct difference today regarding organizational and individual interests in outcomes from service delivery systems serving at-risk youth and families.

The Service Array Assessment and Resource Development Plan were not the only benefit from this collaboration with the Institute for Policy and Governance. Throughout the year long research process, staff from the Institute was actively involved in reviewing local CSA processes and policies and very actively involved in the Family Assessment and Planning Team's work. Formal and informal information provided back to the Family Assessment and Planning Team members and the respective participating agencies on policy and procedure issues as well as best practice data from other localities and states has proven valuable information to help us better serve citizens of Pulaski County.

II. Historical Perspective and Planning

In October 2002 I proposed three questions to a group of local government officials which I believed, if answered to some extent, would help improve outcomes to at-risk youth and their families, as well as, help contain or control the current trend with our expenditures to those served using funds appropriated for services under the Comprehensive Services Act. At the time, there was growing concern, by many local

officials, regarding the trend in costs for services under the Act (see Attachment B).

Those questions proposed were:

1. How can agencies serving Pulaski County citizens enhance their services to reduce the need for referral to our FAP Team and/or reduce the need for high cost CSA Pool funded services?
2. How can existing agencies or service delivery systems in the locality be strengthened or reconfigured to provide improved outcomes toward keeping families together, thus avoiding an out-of-home placement?
3. Are there service delivery systems or resources which do not currently exist in Pulaski County (or the region) that, if present, would likely result in a reduction in the number of out-of-home placements or a reduction in the length of out-of-home placements?

The answers to these questions were considered to impact child welfare outcomes; promote healthy families; and have the potential to impact direct and indirect costs to our locality in a variety of areas.

It was the consensus of those I was speaking with at the time as well as representatives from other organizations serving at-risk youth and families that having an outside entity that could gather data; formulate recommended answers; and possibly help facilitate some implementation of best practice changes would greatly increase the probability of success in our community.

From those discussions, I contacted faculty with Virginia Tech's Center for Public Administration and Policy for assistance. Those individuals, working under an outreach institute within the University agreed to formulate a formal research and technical assistance proposal, based on our local interests, which would be used to approach potential funding sources.

After several years of advocating for resources, Virginia Tech staff found a funding source within the Virginia Department of Social Services for a one year project which

would attempt to address some of our local concerns. Although the ideal scope of work could not be accomplished within one year's time, we were confident that with at least one year's funding we could obtain enough information to at least begin a change process in our locality. A secondary benefit of working with this particular group at Virginia Tech was that, at the same time, they also secured funding for a research proposal to look at Medicaid service delivery models. The Medicaid Research Project looked at underserved populations and provider access where appropriate. It also looked at various service delivery models including locally and regionally based facilitated care models used successfully in other states. The interest for our locality with this companion project, which included three other localities with varied health care environments, was that Medicaid funded services were becoming an increasingly important factor in delivering services to at-risk youth and their families, while access to certain services is becoming more difficult to attain. This Medicaid project has also concluded and Virginia Tech research faculty are awaiting state agency support letters to be included in requests to private funding sources to continue the Medicaid research and two demonstration projects serving foster care children and disabled and elderly populations. If funded, these projects will test some alternative and new approaches to managing Medicaid funded services to improve outcomes to at-risk youth and adults and to impact the utilization of Medicaid funded services at the community level as an alternative to local and state funded services.

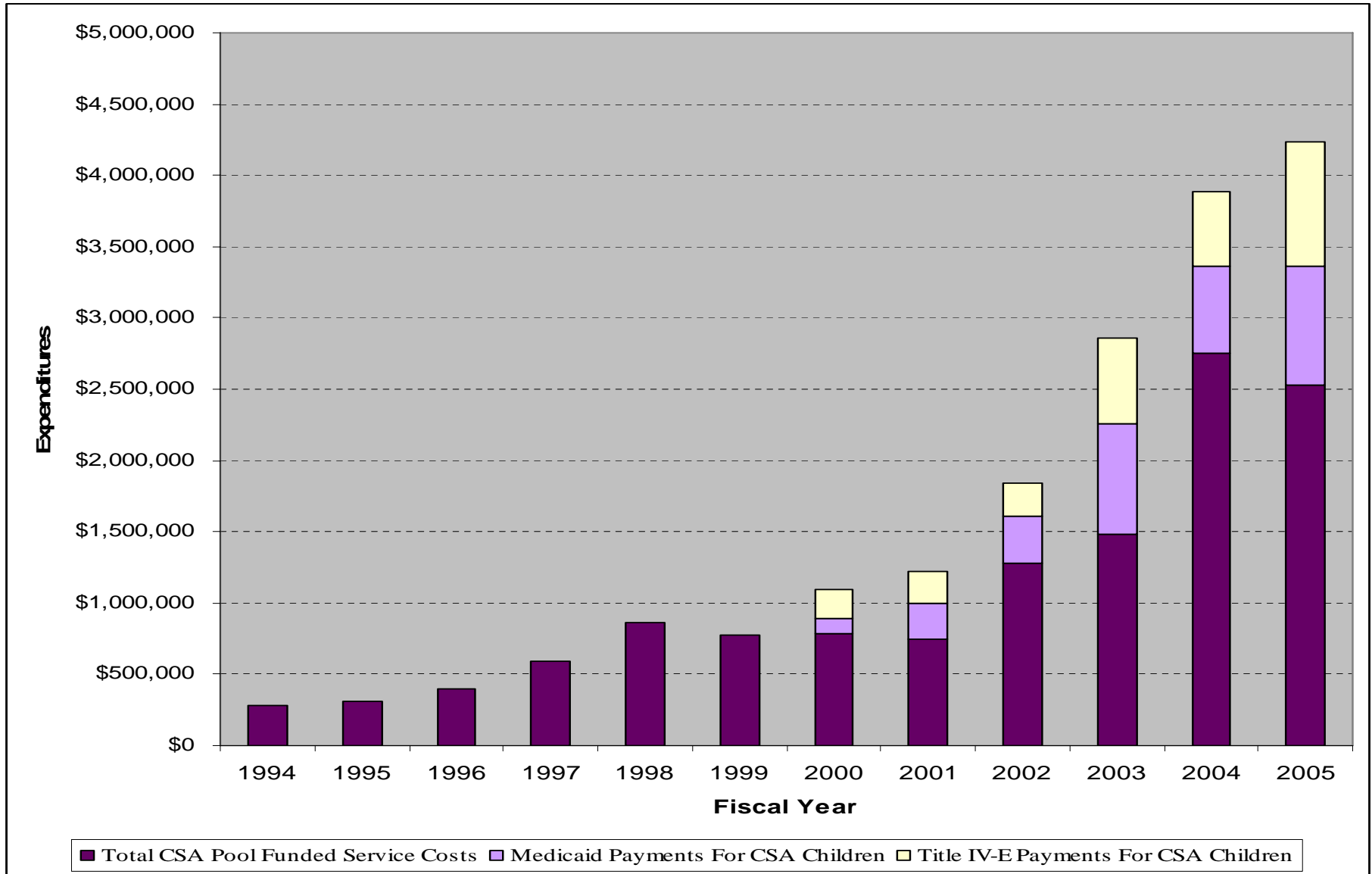
Attachment A

A FULL SERVICE ARRAY IN CHILD WELFARE: The Continuum of Child Welfare Services

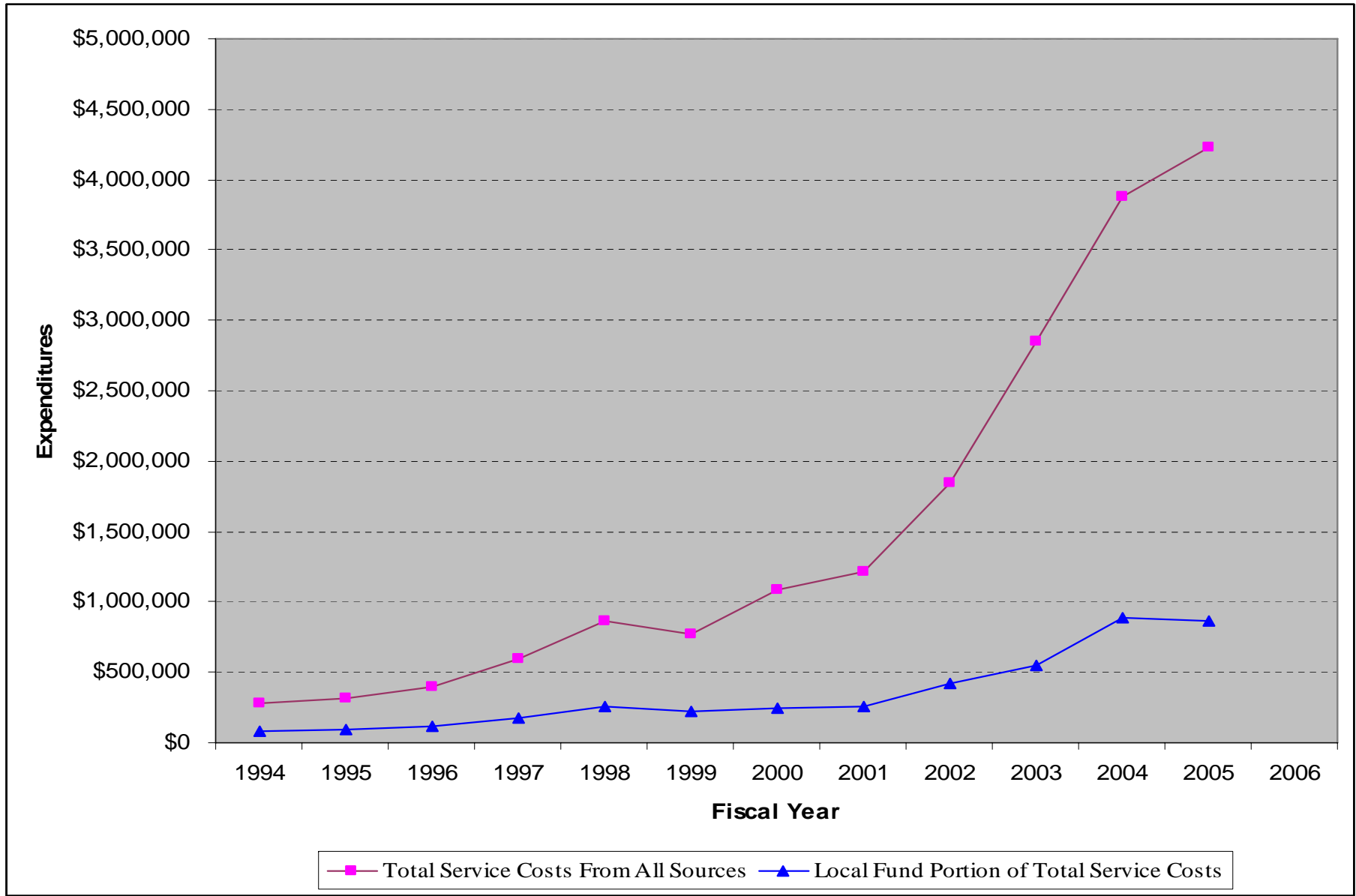
(Draft: April, 2005)

I. Community/Neighborhood Prevention, Early Intervention Services (1-27).	II. Investigative, Assessment Functions/Services (28-36).	III. Home-Based Interventions/ Services (37-55).	IV. Out-of-Home Interventions/ Services (56-82).	V. Child Welfare System Exits Services (83-96).
<ol style="list-style-type: none"> 1. Community Services Information and Referral. 2. Cash Assistance, including: <ol style="list-style-type: none"> a. Food Assistance. b. Utilities Assistance. c. Clothing Assistance. 3. Housing Assistance. 4. Child Care Assistance. 5. Transportation Assistance. 6. Employment Assistance. 7. Crisis Stabilization Services. 8. Children's Health Insurance Programs. 9. Primary Child Health Care. 10. Child Dental Care. 11. Primary Adult Health Care. 12. Educational Services for Children. 13. Family Support Centers. 14. Neighborhood Service Time Banks. 15. Home Visits to Parents with Newborns. 16. Parent Education/Parenting Classes. 17. Life Skills Training/Household Management. 18. Crisis Nurseries. 19. Parents Anonymous. 20. Head Start/Early Childhood Education. 21. School-Based Personal Safety Curriculum. 22. School-Based Family Resource Workers. 23. Before- and/or After-School Programs. 24. Mentoring for Adults. 25. Mentoring for Children and Youth (e.g., Big Brothers/ Big Sisters). 26. Child Abuse and Neglect Education (mandated reporters, etc.). 27. Child and Family Advocacy. 	<ol style="list-style-type: none"> 28. Child Abuse and Neglect Report/Hotline. 29. Child Protection Services (CPS) Intake. 30. Multiple Track Child Protective Services (CPS) Response. 31. CPS Investigation, including Safety and Risk Assessments. 32. Placement Decision-Making and Permanency Planning. 33. Comprehensive Family Assessment. ---- 34. Specialized CPS/Domestic Violence Investigation. 35. Domestic Violence/CPS Protective Order Process. 36. Child Justice/Child Advocacy Centers. 	<ol style="list-style-type: none"> 37. Voluntary In-Home Child Welfare Casework Services. 38. Involuntary In-Home Child Welfare Casework Services. 39. Case Management Services. 40. Family Group Conferencing. 41. Wrap-Around Services. 42. Placement Prevention Flexible Funds. ---- 43. Homemaker Services. 44. Parent Pals/Child Welfare Mentors. 45. Behavioral Aides. 46. Father/Male Involvement Services. 47. Public Health Aides. 48. Outpatient Substance Abuse Services. 49. Outpatient Domestic Violence Services. 50. Outpatient Mental Health Services. 51. Child/Adolescent Day Treatment. 52. Sexual Abuse Treatment. 53. Therapeutic Child Care. 54. Intensive Family Preservation. 55. Respite Care for Parents. 	<ol style="list-style-type: none"> 56. Voluntary Out-of-Home Child Welfare Casework Services. 57. Involuntary Out-of-Home Child Welfare Casework Services. 58. Concurrent Case Planning. 59. Placement Disruption Services. 60. Reunification/Permanency Casework. ---- 61. Court Appointed Special Advocates (CASA). 62. Supervised Visitation. 63. Post-Prison Reunification Services. 64. Emergency Kinship Placement. 65. Emergency Shelter Care. 66. Domestic Violence Shelters. 67. Legal Counsel for Children in Custody. 68. Legal Counsel for Parents When Children in Custody. 69. Child Welfare Mediation. 70. Family Foster Care. 71. Medically Fragile Foster Care. 72. Treatment Foster Care. 73. Shared Parenting Foster Care. 74. Foster-Adoptive Care. 75. Respite Care for Foster Parents. 76. Group Home Care. 77. Residential Programs for Adolescent Behavior Problems. 78. Residential Adolescent Substance Abuse Treatment. 79. Residential Adult Substance Abuse Treatment. 80. Residential Substance Abuse Treatment for Women with Dependent Children. 81. Inpatient Adult Mental Health Treatment. 82. Inpatient Child/Adolescent Mental Health Treatment. 	<ol style="list-style-type: none"> 83. Pre-Adoption Casework. 84. Post-Adoption Casework. 85. Independent Living Casework. ---- 86. Adoption Support. 87. Adoption Subsidy. 88. Post-Adoption Crisis Intervention. 89. Guardianship Support. 90. Guardianship Subsidy. 91. Independent Living Skills Development Program. 92. Independent Living Dormitory Services. 93. Independent Living Supervised Apartments. 94. Job Coaches. 95. Post-Secondary Tuition Waiver. 96. Foster Care Transition Medicaid.

Attachment B – Pulaski County Historical CSA Services Cost Data



Pulaski County Expenditure Chart For Total Service Costs and The Local Portion of Those Costs



Pulaski County Expenditure Data Tables For the Comprehensive Services Act

<u>Service Costs To Youth and Their Families By Funding Source</u>						
Year Ending June 30	Total CSA Pool Funded Service Costs	Total of Medicaid and Title IV_E Payments for Children	Medicaid Payments For CSA Children	Title IV-E Payments For CSA Children		Total Client Service Costs From All Sources
1994	\$280,265.13					\$280,265.13
1995	\$310,466.49					\$310,466.49
1996	\$396,806.08					\$396,806.08
1997	\$594,040.65					\$594,040.65
1998	\$862,209.40					\$862,209.40
1999	\$771,594.57					\$771,594.57
2000	\$787,981.82	\$303,533.48	\$99,763.62	\$203,769.86		\$1,091,515.30
2001	\$744,491.43	\$472,894.86	\$252,456.40	\$220,438.46		\$1,217,386.29
2002	\$1,283,832.49	\$561,539.49	\$323,824.91	\$237,714.58		\$1,845,371.98
2003	\$1,477,949.84	\$1,377,314.76	\$784,150.93	\$593,163.83		\$2,855,264.60
2004	\$2,748,258.12	\$1,132,726.84	\$612,060.12	\$520,666.72		\$3,880,984.96
2005	\$2,530,411.14	\$1,704,159.53	\$829,089.65	\$875,069.88		\$4,234,570.67
2006						
2007						