

**JOINT SUBCOMMITTEE STUDYING THE COMPREHENSIVE SERVICES
ACT AND COMPREHENSIVE SERVICES FOR AT-RISK YOUTH AND
FAMILIES PROGRAM**

November 22, 2006

The second meeting of the Joint Subcommittee Studying the Comprehensive Services Act and the Comprehensive Services for At-Risk Youth and Families Program took place on November 22, 2006 in Senate Room A of the General Assembly Building. Following a call to order, introduction and opening remarks by Chairman Senator Emmett Hanger, Jr., three speakers offered presentations. A fourth speaker, Mr. Jim Wallis, Director of Social Services for Pulaski County, was unable to attend.

Comprehensive Services for At-Risk Youth and Families- the Local Experience

Mr. Phillip Bradshaw, County Supervisor, Isle of Wight, spoke on the issue of challenges posed by the Comprehensive Services Act (CSA) and Comprehensive Services for At-Risk Youth and Families Program for local governments. Specifically, Mr. Bradshaw pointed out that the CSA was not developed as the sole program to address all issues confronting children, but rather that as other state programs and services have been reduced or cut in the years since the CSA's development, more pressure has been put on the CSA structure to handle various problems confronting at-risk youth and families. To remedy this situation, Mr. Bradshaw suggested establishment of prevention programs like the Healthy Families program, development of appropriate and cost-effective services in the community, funding of the children's mental health system and increased funding for administrative functions as ways to ease the burden on the CSA system. With regards to the issue of mandated vs. non-mandated children, Mr. Bradshaw disagreed with the idea of making all children mandated for services under the CSA. Rather, he argued, these children should be cared for by the mental health system or other system charged with meeting their specific need.

Innovative Approaches to the Delivery of Services - Hampton

Mr. Walter Credle, Director of Social Services for Hampton, and Ms. Denise Gallop, Hampton's CSA Coordinator, gave a presentation on Hampton's innovative approach to the delivery of services under the CSA. Mr. Credle identified two key factors that drove Hampton to initiate the program: local government's concerns about the increasing costs of services and judges and staff members' belief that children were doing poorly in residential placements. Mr. Credle also identified four key belief systems supporting the status quo which had to be overcome before Hampton could initiate its innovative approach:

- Family-focused, community-based services perceived as not suited for the most at-risk and hardest to serve children. A professional acceptance of residential placement as more appropriate. There has to be a commitment to create community-based placements where none exist that are tailored to the individual needs of children. There is growing research to support this approach.

- Higher cost = better quality service. The medical field began challenging this assumption through an emphasis on outpatient procedures and prevention services. Community-based care in Hampton demonstrates that high quality and lower cost are not incompatible.
- Individual agency approaches prevail over a collaborative approach. Leadership from the CSA coordinator and commitment from the Community Policy and Management Team needed to reinforce a collaborative community-based (CSA) approach. There needs to be a state CSA Academy to institutionalize training and certification for a local "systems of care" model.
- Professional influence prevails over parent involvement. Leadership from the CSA coordinator is necessary to require a parental voice in developing case plans.

Ms. Denise Gallop then discussed several major elements and accomplishments of the Hampton CSA program:

- Hampton seldom utilizes residential treatment as a service option. 2% of all services funded by Hampton in the third quarter of 2005 were residential treatment services.
- Hampton and Newport News were the only localities reviewed for this report that had **no** children placed out of state as reported by the third quarter 2005 CSA Data Set.
- 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 Project has shown significant success as evidenced by 92% of the children in the project during the past 12 months 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 at the time of this report had CAFAS scores of 100 or higher. This demonstrates the Hampton CPMT and FAPT's ability to support children with complex needs in community settings.

Mr. Credle concluded the presentation by identifying two elements necessary to ensure that the program continues to function well: dedicated staff to support the Family

Assessment and Planning Team (FAPT) and a single FAPT to give consistent, collaborative assessments. Additionally, Mr. Credle identified three things that must exist to ensure continued success:

- A commitment to reduce length of stay in residential placements by returning children to the community quickly.
- A commitment to develop alternate funding sources to supplement the fund pool.
- A commitment to rigorous utilization review of all high cost placements

Innovative Approaches to the Delivery of Services - Charlottesville/Albemarle

Ms. Gretchen Ellis gave a presentation on innovative approaches to the delivery of services developed by the Charlottesville/Albemarle Commission on Children and Families (CCF). The CCF is charged with

- Providing comprehensive short and long range planning
- Evaluating current service delivery systems
- Identifying and encouraging new and innovative approaches
- Identifying additional public and private funding sources
- Making program and funding recommendations to the City and County
- Adhering to the responsibilities of the Community Policy and Management Team under the Comprehensive Services Act (CSA) and Virginia Juvenile Crime Control Act (VJCCCA)

In carrying out the responsibilities of the Community Policy and Management Team under the CSA, the CCF's Comprehensive Services Act (CSA) Committee established the Cost Containment Subcommittee to study the reasons for increasing caseloads and cost growth in the CSA program and to recommend ways to improve cost control.

CCF published the *CSA Cost Containment Report*, with recommendations on how to increase efficiency of services and contain costs. These recommendations included:

- Establish a full-time Utilization Management (UM) Coordinator position to implement a comprehensive utilization management system.
- Establish a half-time FAPT Coordinator position to handle the administrative responsibilities of the FAPT process.
- Establish a single-FAPT model.
- Establish new Foster Care Prevention social worker positions.
- Ensure continued funding support for foster care prevention programs such as Bright Stars and the Family Support Program.
- Support prevention service programs using models with demonstrated success for children age 11 and older.
- Create sufficient social worker positions to ensure that foster care caseloads do not exceed the recognized maximums.
- Strengthen staff retention efforts.
- Develop a local program or system to provide CSA-purchased comprehensive multidisciplinary assessment of any child who requires it.
- Develop and implement local programs or facilities to accept and stabilize any child in a crisis situation who needs a CSA-funded emergency placement.
- Increase state funding for local CSA administrative costs.

- Examine whether delinquent children are being placed in foster care when less costly alternatives are available that are equally effective.
- The State Department of Juvenile Justice and the General Assembly should provide the necessary resources to add staff positions to reduce caseloads to recommended levels.
- Advocate for relief from state cost shifting.
- Bring the problem of Title IV-E funding eligibility guidelines to the attention of the Congressional delegation and urge them to update eligibility guidelines.

Other unique elements of the Charlottesville/Albemarle CCF model, described by Ms. Ellis included:

- Utilization Management and Review Initiative: The Commission entered into a contractual agreement with the Community Services Board to develop and implement a system wide utilization management and review process to assess the efficacy and efficiency of service providers, which resulted in increased use of alternative funding and greater vendor accountability.
- CHINS Team: An Interdisciplinary Truancy Team to address the problem of truancy in the Charlottesville/Albemarle community more effectively using a grant from the Virginia Department of Criminal Justice Services to develop and implement.
- Single FAPT: In July 2005 the local CSA program switched to a single FAPT from its previous four to provide for more consistent and in depth assessment and review of client service outcomes utilizing the expertise of the most knowledgeable agency workers to ensure quality services and oversee financial accountability.

Next Meeting

The final meeting of the Joint Subcommittee Studying the Comprehensive Services Act and the Comprehensive Services for At-Risk Youth and Families Program for the 2006 interim will take place on December 11, 2006 at 9:30 a.m. at the General Assembly Building.