

**Charlottesville/Albemarle Commission on Children and Families**

**July 5, 2000 – MINUTES**

Members Present

Martha Carroll, Court Service Unit  
Kevin Castner, Albemarle County Schools  
Robert Cox, Charlottesville Department of Social Services  
Richard Merriwether, Chair  
Linda Peacock, City of Charlottesville  
Kathy Ralston, Albemarle Department of Social Services  
Sterling Robinson  
Martha Snell, University of Virginia  
Ruth Stone, Piedmont CASA  
Roxanne White, Albemarle County

Others Present

Saphira Baker, CCF  
Debbie Stone, CCF

**I. Welcome/Chair Remarks**

R. Merriwether called the meeting to order at 5:00 PM and welcomed members.

**II. Specification of Items to be added and adoption of agenda**

There were no additions and the agenda for the meeting was adopted.

**III. Comments from the public**

No members of the public were in attendance.

**IV. Minutes from June 7, 2000**

**THE MINUTES WERE ACCEPTED AS A RECORD OF THE JUNE 7, 2000 MEETING.**

**V. Reports from Work Groups**

**A. Children Needing Extensive Services Work Group**

Kathy Ralston, Chair, presented the work group's report on this population of children, defined by a sub-group as "Children poised to harm themselves or others and likely to require costly out of home placements and innovative treatment programs, currently served by one or more of the agencies on the CSA Committee, *or* children currently unknown to these systems but either they or their families exhibit similar behavior patterns."

The work group realized early on that they could not respond directly to three of CCF's original charges: (1) contacting vendors to propose service alternatives to higher cost placement, (2) contacting local hospitals to determine use of bedspace at reduced rates, or (3) finalizing the RFP developed previously by the Community Policy and Management Team. The work group concluded that there was insufficient data about this group of children, the nature and severity of their problems, and that they needed to narrow the scope through data collection. The work group did reach consensus, however, on the fourth charge from the Commission—to determine whether current programming offered through schools, recreation programs, etc. is sufficient for the community to care for these children—and they concluded that it was not sufficient.

The work group collected data from cases described in Charlottesville's and Albemarle's requests for supplemental funding and through surveys of FAPT cases during the past year. They also reviewed the literature on children who experienced "protective factors," even though they came from backgrounds with risk factors such as poverty, neglect, abuse and parental mental illness, alcoholism and criminal behavior. The surveys indicated common diagnoses between Charlottesville and Albemarle cases (such as major depression and mental retardation), behavioral problems (aggressive/assaultive behaviors and oppositional defiant disorders), special education needs, and family histories (mental illness and substance abuse). Surveys indicated that many of these children needed twenty-four hour/day, highly structured supervision with medical monitoring, and treatment for sexual abuse and substance abuse in order to return to the community. For many of the cases, particularly in Albemarle county where the children tended to be older, job mentoring and independent living skills were also needed for the child to remain in or return to the community.

K. Ralston noted the low incidence of substance abuse diagnosis, although social workers, teachers, probation officers, and other human service personnel identify drug and alcohol use and abuse as a major presence in the lives of most of these children. K. Ralston speculated that this problem is being under-identified or under-reported throughout the community, and posed the question of whether it is because of poor screening tools. She also noted that high numbers of the children in the study were in foster care, and that of 36 children, 20 were identified as not having a family willing or able to cooperate with services and willing or able to provide the high degree of structure these children require.

The report included a summary of preliminary results from study of children selected for Albemarle's "Bright Stars" program, an early intervention program for children considered to be at risk of failure in school because of known risk factors—including poverty, illiteracy and abuse—in their homes. Although K. Ralston noted that the sample of children studied was not statistically significant enough to draw firm conclusions, it appears that domestic abuse has a negative impact on children's continuing academic and social development. More specifically, those children who experienced domestic abuse were less likely to pass the PALS (Phonological Awareness and Literacy Screening) test.

Research indicates that short-term positive outcomes can be gained from family therapy and cognitive-behavioral approaches. However, they have limited success with children who are dually diagnosed with mental illness/mental retardation, a common factor in the survey. Anecdotal reports by community workers indicate that treatment doesn't seem to work once the children are back in their home environments, even if family therapy and in-home support services have been utilized. M. Snell said this might be not because the services are ineffective but because they are cut off prematurely and there is not enough carry-over to help in the generalization process.

K. Ralston considered it a key point that these children will re-enter our community as adults regardless of their treatment outcomes and that as a free society, we cannot force anyone to utilize community services that are available. The work group's report notes that current research on eliciting long-term positive outcomes is not promising. The best chance for long-term help is to prevent the risk factors that are associated with these results and to establish "protective factors." The work group report proposed four next steps for the CCF to consider:

- Hosting a roundtable discussion among vendors and services providers to brainstorm about or design services in the community to meet the needs of these families;
- Initiating a "wake-up" call to area leaders and others through presentations, etc. to stimulate public dialogue about these problems;
- Developing a guide for recommended government funding priorities as well as a guide for private funding sources;

- Training social workers, counselors, teachers and others who work with children in the early screening and identification of drug and alcohol abuse, depression, and hyperactivity and attention deficit disorders.

R. Stone added that screening for domestic violence should also be included. M. Snell suggested that training in “protective factors,” such as teaching problem solving and social competence skills, should be included as well, or incorporated in programs that are already in place, such as Project Discovery. R. White thought there might be a correlation for developing resiliency factors locally with the state’s “Communities That Care” efforts. K. Ralston said that the development of “protective factors” could be included in early visiting programs, similar to the literacy model that is currently underway in the community. There was discussion that additional data on long-term outcomes from local children is needed in order to assess what has worked well, and that a system for tracking these children needs to be developed. R. White said she would like to have information on trends in the recidivism rates of children going in and out of foster care.

K. Castner said that the Albemarle schools have been collecting data, and that trends seem to be getting worse. He cited increases in school expulsion rates in Albemarle County as evidence of the mounting severity of the problems, and stated that the County plans to start an Alternative Education school similar to Charlottesville’s. K. Ralston reiterated what she described as an often-heard complaint from agency staff that Day Treatment services are inadequate for meeting community needs. She also pointed out that serving children locally, or in therapeutic foster care, is not necessarily less expensive than sending them to out-of-community placements. M. Carroll added that treatment for youth who are sexual offenders, and in-patient substance abuse treatment facilities are also lacking in the Charlottesville/Albemarle area.

S. Baker commented that there is sufficient information available now to begin developing the “roundtable” discussions that were recommended. K. Ralston suggested that CCF staff might take the lead in organizing the roundtable as a joint Charlottesville/Albemarle initiative. She pointed out that community leaders need to be involved in the discussions since broad public policy issues are involved, such as “taking ownership” of these children and developing methods to break the ingrained, multi-generational patterns in these families. R. White said there might be legal issues involved, and also asked how the Healthy Families prevention efforts could be correlated with “breaking the cycle.” M. Snell inquired whether there could be links between families participating in benefits programs and their cooperation with services, but B. Cox said that benefits are generally under federal administration, and therefore could not be linked in this way.

K. Ralston said that it might be helpful to use additional research on prevention to inform the City/County budget review process. R. White suggested that community leaders should be made aware of the consequences of not supporting prevention efforts. R. Stone added that CASA is gathering national data on child abuse and domestic violence that also could be relevant. S. Baker thanked K. Ralston and the work group for all their efforts in gathering information and preparing the report. She said that the CCF office would begin to develop an action plan to be presented back to CCF, and may need others to serve in an advisory capacity to help in its implementation.

## **B. CSA Committee Report**

B. Cox highlighted three points of particular interest in the report. First, he noted that Medicaid is beginning to make payments and that they are in higher amounts than anticipated. Medicaid payments save the localities 50 per cent of their costs for services previously paid with CSA funds.

Second, the state is providing Community Service Boards with funds for mental health services to children who were considered “eligible” but not “mandated” for CSA services. Although the amount is small (\$4 million statewide), the new funds should allow service provision to some children who may not have been funded previously.

Third, the State Board of Social Services, which licenses child-placing agencies, is now allowing “non-abusive corporal punishment.” Together with the Lisa Kelley, Assistant City Attorney, the CSA Committee will be exploring whether to change our vendor contracts to ensure that the vendors we use will not employ corporal punishment practices. K. Ralston said there may need to be discussion to find out whether everyone on the Commission is in agreement on this issue. She suggested inviting Brian Campbell, Fluvanna representative on the State Board of Social Services, to explain the reasons for the Board’s decision. B. Cox said there would need to be CCF approval in order to change the contract. S. Baker suggested that the issue of corporal punishment might be one for CCF to address in its annual packet to legislators, which should be prepared early next fall.

### **C. Executive Committee**

R. Merriwether reported that the Executive Committee would like to increase minority representation on CCF, and asked for suggestions from CCF members. R. White said that few minorities apply when CCF openings are advertised, and that we may need to be more proactive in recruiting minority members. L. Peacock asked whether we needed to increase the total CCF as a way to hasten diversity, or whether we should wait until next June when membership terms are completed, to appoint new minority members. M. Carroll inquired whether there was going to be a new youth member. S. Baker replied that the County was in the process of appointing one, and that Azzurra Cox would continue for another year as Charlottesville’s youth representative. K. Ralston suggested that CCF make presentations to minority groups to heighten community awareness. R. Merriwether said that the Executive Committee would consider all the suggestions, and return a recommendation to CCF at the next meeting.

## **VI. Process for addressing CCF focus on “children and families”**

B. Cox said that broadening the CCF focus would have huge staffing implications, and that in essence CCF would become the “Commission on Human Services.” R. White asked whether there is an alternative for making budget applications and thought that JABA may need to be taken out of the regular budget review process. L. Peacock replied that all the agencies are represented in one way or another on the budget team, with the exception of the elderly. K. Ralston suggested that as a compromise, a CCF sub-committee could have as its focus the elderly as they relate to children and families, while CCF would remain as it has been. This issue will be explored further at the CCF retreat.

## **VII. Update/Scheduling October retreat**

S. Baker highlighted several CCF operational issues from the past month. Discussion of the October retreat resulted in the suggestion that CCF members consider a late afternoon – early evening time for the retreat. They will advise S. Baker of their date/time availability so that the retreat can be scheduled.

S. Baker reported that “Stepping Stones” is at the printer’s, and suggested postponing the public release of “Stepping Stones” until after the CCF presentations to the Board of Supervisors (August 2, 2000) and the City Council (August 7, 2000). Dr. Dickens plans to present “Stepping Stones” at each meeting of the governing bodies. S. Baker and staff have been preparing this year’s Annual Report to Council and the Board, focusing on each of the CCF work groups’ needs, approaches, results, and future activities. A draft of the Annual Report will be e-mailed on Friday, July 7, to CCF members for comment.

S. Baker also said that she is in the final stages of hiring a part-time Planner and full-time Project Assistant, whose job description has been broadened to include community outreach and communication. The CCF office will be mailing out flyers to neighborhood associations, churches, and PTOs in an effort to recruit

more citizen members to serve on work groups. R. White also suggested providing information about CCF to teachers at their school orientation in August.

S. Baker also advised CCF that the triennial certification visit from the Department of Juvenile Justice is scheduled for August. M. Snell inquired whether it would be possible to re-schedule CCF monthly meetings since she will be unavailable on Wednesday evenings during the fall semester. S. Baker replied that re-scheduling is very difficult, but R. Merriwether suggested that the Executive Committee consider the request since it would be only for the months of September – December.

R. Merriwether asked CCF members if they wanted to hold the August meeting, and the group voted not to hold it. Instead, members will try to attend the CCF presentations to the Board of Supervisors and City Council in August.

**THE MEETING ADJOURNED AT 6:35 PM.**