

Children Needing Extensive Services Work Group

Progress Report

June 6, 2001

I. Background

In response to a recommendation from the Charlottesville/Albemarle Commission on Children and Families' (CCF) Work Group on "Children Needing Extensive Services," CCF hosted a roundtable discussion in November of 2000 among sixty five professionals, including CCF members, practitioners from the fields of education, social services, mental health, and juvenile justice, the state Office of Comprehensive Services, and private service providers. The Work Group had studied the small group of Charlottesville and Albemarle children with multiple therapeutic needs who had been served in residential psychiatric facilities during the past year. Services were funded with state and local Comprehensive Services Act dollars, at monthly costs between \$6,000 and \$14,000 per child.

Roundtable participants made recommendations in the following five areas:

- 1. Continue and expand upon the "team approach" of collaboration among agencies to plan services and provide case management for the children with the greatest needs.*
- 2. Bring services into the communities where and when they are needed most to strengthen early intervention and prevention efforts.*
- 3. Improve the system of services for transitioning children back to the community from residential placements.*
- 4. Tackle domestic violence in cooperative efforts throughout the community, to lessen negative effects on children's intellectual, emotional and behavioral development.*
- 5. Fill the gaps in local services, including an assessment/diagnostic center and a secure facility to provide a continuum of emergency, short-term, and long-term crisis services.*

A CCF work group was appointed to develop priorities among these five areas and study the feasibility of the intermediate-term recommendations in the report.

II. Establishing Work Group Priorities

The CNES Work Group, in this second phase of its work, began meeting on February 27, 2001. Its members include:

Julie Benoit, Charlottesville DSS
Kim Higgins, C/A Domestic Violence Community Services Coordinator
Mike Holmes, Albemarle DSS
Daniel Key, People Places
Lee-Lee Lawless, Juvenile Court Assessment Center
Cheryl Lewis, Albemarle Department of Social Services
Bill Lieb, Community Attention

Cartie Lominack, Shelter for Help in Emergency
John Pezzoli, Region Ten Community Services Board
Kathy Ralston, Albemarle DSS
Marti Snell, University of Virginia Curry School of Education
Debbie Stone, C/A Comprehensive Services Act Coordinator
Angela Terrell, Charlottesville City Schools

Committee members decided to merge the first and third recommendations, which together got 6 votes for first priority. They saw considerable overlap between the recommendation to expand the team approach for planning services, and the recommendation to provide transition services for children returning to the community from residential placements or commitment. Committee members thought that these two recommendations together best address the population in the original definition:

“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.”

III. Further Research

Work group members are reviewing data that summarizes the current placements of the children originally studied in the July 2000 CNES report (attached to minutes). So far no change has been noted in the basic patterns identified in the original report.

IV. Draft Concept

Work Group members are currently in the process of designing a pilot project involving a collaborative team model focused on 10 of the 36 the children identified in the original CNES study.

The decision was made to narrow the focus of the group’s effort to include those children already in residential placements or returning to the community. For those children, there is a nucleus of professionals already involved who could provide the structure for a more intensive case management component. With an identified case manager, the team members then could serve as direct conduits to all the agencies involved or needed to provide services for a particular child.

A. The new collaborative team would:

- be more intense and sustained
- be individualized around each identified child
- have the clout of the agency head and exposure to CCF behind their efforts
- have greater visibility and accountability

B. Criteria for the children participating in the pilot teams might include:

- Age (children 14 years old or younger)
- High CAFAS/Level of Need scores

- Involvement with three or more local agencies
- Psychiatric diagnosis
- History of domestic/sexual abuse
- Low IQ
- Unavailability of family to return to

C. Outcomes anticipated for children served by a collaborative team would include:

- A natural home for the child
- Transition to less or no services
- Length of stay in residential care less than without team
- Movement to less intensive services takes place more quickly
- Minimal transitions/fewer placements for stability (placed in appropriate facilities early on)
- Reduction in delinquency/troublesome behavior
- Information on outcome data from vendors relating to the child's success in reaching stated goals.
- Charting movement and progress of children more regularly
- Increased accountability for vendors; new expectations for the system
- More rapid rate of achievement with progressive programs
- Children are not in a high level psychiatric placement for more than a set number of months
- On-going systematic needs-based assessment of children's needs and the gaps – places where we hit walls.

V. **Draft Structure and Responsibilities of Collaborative Team**

The structure and membership of the collaborative team, and how it would relate to the existing FAPT and CART committees, is still under discussion.

Preliminary recommendations for membership include a core group of senior staff at the major public agencies serving CSA-funded children and the assigned case manager(s) for the child in each of the agencies. Major agencies include the Court Services Unit, Departments of Social Services, Region Ten, and the Public Schools. Other potential core members might include parents/citizens and/or an evaluator/researcher to provide different perspectives. The team's responsibilities would include:

- Meet regularly
- Review the history of the identified CNES children and their families
- Track and monitor monthly service plans
- Marshall resources as needed to serve children & families
- Marshall representative agencies to improve services if needed
- Identify if additional case management services needed to be purchased
- Trouble-shoot and problem solve in conjunction with the case manager
- Refine specialized plan to meet desired outcomes

- Follow-up on child's progress regularly with a higher focus on provider accountability

VI. Difference from current FAPT/CART Teams

- Pilot team would be empowered as a group to direct resources for the child and family beyond the normal FAPT authorizations;
- Pilot team would review cases more often (FAPT/CART review is 6 months)
- Pilot team would have the ability to spend more time focusing on each case. FAPTS/CART currently review many cases.

VI. Next Steps

- Further refinement of responsibilities of team and case managers
- Determine membership of pilot team and get approval from agency heads
- Determine criteria for selection of pilot cases
- Determine time frame for implementation
- Evaluate pilot program
- Report to CSA Committee and CCF
- Begin work on other priority areas identified at the Roundtable.