

Interim Report
from the Roundtable Discussion on
Children Needing Extensive Services

Charlottesville/Albemarle Commission on Children and Families

December 6, 2000

Executive Summary

In response to a recommendation from the CCF work group on "Children Needing Extensive Services," the Charlottesville/Albemarle Commission on Children and Families (CCF) hosted a "roundtable" discussion 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, in October 2000. The CCF work group had presented their findings in an earlier report on the relatively small population of children who require the most in human service and financial assistance from the City and County. The study looked at 36 Charlottesville and Albemarle children with multiple therapeutic needs who were served in 24-hour a day, 7-day a week psychiatric facilities during the past year. Costs per child per month ranged between \$6,000 and \$14,000, and placements were funded with state and local Comprehensive Services Act dollars.

The work group suggested that a gathering of professionals who work closely with these children and know their strengths and needs best, would provide an opportunity for them to identify priorities, target service strategies, and mobilize community resources to improve outcomes. The program was designed to stimulate teamwork and engage the experts in a discussion based on recent research and reliable information about the Charlottesville/Albemarle support, prevention, and therapeutic services currently available for children.

With statistical data and information from speakers and reports as background, participants at the forum were divided into groups with a broad range of expertise in each. To guide and inform their planning efforts, participants also received a written summary of the continuum of services and resources for children currently available in the Charlottesville/Albemarle area.

Each group was asked to collectively ponder the following questions, and to present their ideas at the end of the program.

1. How can we enhance the services that exist locally for this population? How can we better prepare these youth for transition back to the community?
2. How can we strengthen the development of protective factors for children who are at risk of becoming the future "children needing extensive services?"

While many ideas were generated, most of the recommendations fell into five main 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.*

To sustain the momentum generated by the initial efforts of the CCF work group and the participants in the roundtable discussion, this report recommends that CCF's first step should be to prioritize these five areas. A CCF task force or work group could then be appointed to study the funding and human resource issues and the feasibility of the intermediate-term recommendations in the report. Ultimately, the task force would present an action plan to the Commission for implementation of those recommendations that are most feasible and would have the greatest impact on improving the local system of services for the children with the greatest needs .

Introduction

On October 19, 2000, the Charlottesville/Albemarle Commission on Children and Families (CCF) hosted a group of 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 who joined together to gather information and brainstorm collectively on ways to better meet the needs of the small population of children who require the most in human service and financial assistance from the City and County.

The meeting was held in response to a recommendation from the CCF work group on "Children Needing Extensive Services," which presented its findings in July 2000. The work group studied the 36 Charlottesville and Albemarle children with multiple therapeutic needs who had been served in 24-hour, 7-day a week structured psychiatric facilities during the past year. Services were funded with state and local Comprehensive Services Act dollars, costing between \$6,000 and \$14,000 per child per month.

The work group suggested that a "roundtable" forum among the professionals who work closely with these children and know their strengths and needs best, would provide an opportunity for them to identify priorities, target service strategies, and mobilize community resources to improve outcomes. The program was designed to stimulate teamwork and engage the experts in a discussion based on recent research and reliable information about the Charlottesville/Albemarle support, prevention, and therapeutic services currently available for children.

Appendix 1: Roundtable Participants

Appendix 2: Executive Summary of CCF Work Group Report on "Children Needing Extensive Services"

Research and Background Information

Richard Merriwether, CCF Chair, welcomed participants and introduced the first speaker, Peter Sheras, PhD, Professor, Curry Programs in Clinical Psychology, and Associate Director of the Virginia Youth Violence Project at the University of Virginia. In his opening remarks, Professor Sheras discussed some of the societal factors that contribute to the development of severe social, behavioral, and mental health problems in children.

Among these are alcoholism or other substance abuse by parents before and/or after the birth of their children; domestic violence situations in which children are traumatized by witnessing the abuse and/or being victims themselves; sexual abuse; neglect or lack of appropriate parental supervision; social isolation of children who "act out" because of their craving for attention; the widespread availability of illegal drugs and weapons; and pervasive cultural influences in which violent language and behavior are an accepted, and even glorified, part of children's video games, television, and movies.

When infectious diseases strike a community, Professor Sheras said, some people do not get sick, others become ill but are able to recover, and others do not survive. He used this analogy to describe the children who are exposed to societal “toxins,” or known risk factors -- such as poverty, neglect, parental mental illness, alcoholism, and criminal behavior – but still manage to grow up normally and escape becoming the “children needing extensive services.”

Children who feel cared for and who have a sense of community and competency, he said, are most likely to have the resiliency to survive and even thrive in environments that may contain “toxins.” The research literature describes them as children who experience “protective factors,” which include stable, organized, and predictable family environments, secure attachments to caregivers and other adults in the early years and later on, and opportunities to participate and be involved in school and other activities, among others.

Professor Sheras noted that the community does not have “the luxury to be overwhelmed” by the problems in our society. Instead, he suggested, the needed resources for prevention and intervention services are right here in the room. The efforts of the agencies and organizations represented at the roundtable will be most helpful in improving outcomes for the Charlottesville/Albemarle children and families they serve.

Kathy Ralston, director of the Albemarle County Department of Social Services and Chair of the CCF work group on “Children Needing Extensive Services,” summarized the report presented to the Commission in July 2000. She began by explaining that CCF had identified the following group of children as one of its priority issues: “The 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.”

Ms. Ralston noted that common diagnoses for the children studied in both localities were major depression, mental retardation, oppositional defiant disorders, and attention deficit/hyperactivity disorder. The top three behavioral problems in both City and County were seriously emotionally disturbed, aggressive/assaultive, and dysfunctional/chaotic family. The most common family history characteristics were mental illness in the parent and substance abuse by the parent.

She reported that 89 percent of the City children and 76 percent of the County children studied were in foster care. Of the 36 children in the test period, 20 did not have a family willing/able to cooperate with services and willing/able to provide the high level of structure these children need. Ms. Ralston emphasized the significant community impact of this small population of children on the Departments of Social Services, Juvenile and Domestic Court and attorneys, and local implementation of the Safe Families Act, as well as the burden that meeting their extensive needs places on Charlottesville and Albemarle's funding capabilities.

The final speaker on the program was Gretchen Ellis, CCF planner/analyst, who presented information from a recent study she had done on court-involved juveniles with higher levels of need. The original report by the CCF work group included data only on those children who received extensive services through the Comprehensive Services Act. This eliminated those children who were committed by the court to the Department of Juvenile Justice and placed in correctional centers. These children may, and frequently do, receive CSA-funded services prior to their commitment or upon their return from commitment. CSA does not pay for the residential services children received while they are in correctional facilities.

The children in Ms. Ellis's study were defined as children who:

- had any period of intensive probation/parole supervision;
- had been placed in a non-secure residential placement out of the community;
- had been on probation and/or parole supervision for more than 18 months and had received at least 3 purchased services; or
- had been provided at least 6 purchased services.

The study group of higher need, court-involved youth were similar to the children in the CSA group, and showed significantly higher percentages of individual and family risk factors when compared to the court-involved group of "all others." Notably, 81 percent of the higher need youth had a mental health diagnosis, and only 15 percent had any involvement in productive activities (i.e. fine arts or other extracurricular activities). Research has indicated that involvement in positive activities is a "protective factor" for children living in high-risk home environments. Other individual factors related to the higher need group included initial court contact prior to age 14, having mostly delinquent peers, chronic curfew violations, incorrigible behaviors, and inappropriate sexual behaviors.

In looking at specific family factors related to the higher need group, Ms. Ellis reported that 45 percent of these youth had been abused/neglected, 50 percent had experienced domestic violence, and 59 percent had a parent who abused substances. Other significant family factors of the higher need group included living in poverty, and having a parent or sibling on probation or incarcerated.

Twenty-five percent of the higher need youth had the school-related risk factor of special education identification as "seriously emotionally disturbed."

Appendix 3: Characteristics of Juveniles with Higher Levels of Need

The Roundtable Discussion

With statistical data and information from speakers and reports as background, participants at the forum were divided into five groups that were organized to include a broad range of expertise in each group. To guide and inform their planning efforts, participants also received a written summary of the continuum of services and resources for children currently available in the Charlottesville/Albemarle area.

Each group was asked to collectively ponder the following questions, and to be prepared to present their ideas when the entire roundtable re-convened for the last half-hour of the program.

3. How can we enhance the services that exist locally for this population? How can we better prepare these youth for transition back to the community?
4. How can we strengthen the development of protective factors for children who are at risk of becoming the future “children needing extensive services?”

Appendix 4: Charlottesville/Albemarle Support, Prevention, and Therapeutic Services for Children

The Results

As the brainstorming session began, the groups acted expeditiously in selection of their leaders, note-takers, and presenters. They were focused and purposeful in their consideration of the questions they were given. During the last half-hour of the program, the full roundtable re-convened and each group had an opportunity to share their ideas with the others.

Although the participants generated a host of different ideas in a very short period of time, an interesting confluence of priorities emerged. The recommendations can be organized into five main areas.

1. *Continue and expand upon the "team approach" of collaboration among agencies.*

Participants agreed that collaboration among Charlottesville and Albemarle agencies is high, and a good system of interagency cooperation is already in place. One group proposed to increase collaboration among existing programs/agencies by finding ways to share information more efficiently and effectively. With regard specifically to the population defined as “children needing extensive services,” each of the groups had a similar vision of a team approach to the planning, management, and transition of services for these children.

There was one suggestion to create a "specialized crisis response team" of experienced professionals who would provide case management and service planning for the most difficult cases. Another group recommended a "team response" of cross-trained,

interdisciplinary members to work with multi-problem families or families of children with dual diagnoses.

A third group envisioned a "community transition team," "permanency team," or "stability team" that would work specifically with children with multiple needs who are the most difficult to place. Many of these children have had numerous placements over a period of years in therapeutic foster care homes, psychiatric hospitals, and residential treatment centers. Practitioners recognize how valuable a stable environment is for children. Specific objectives of the "stabilization" or "community transition" team would be to reduce the number of changes in placement the child has to make, and provide the supports that would help maintain the child in an appropriate placement as long as necessary.

2) *Bring services into the communities where and when they are needed most.*

The participants seemed to agree that the effectiveness of services could be strengthened by bringing services directly to the neighborhoods where they are needed most. Some of them expressed concerns that although early intervention can be successful in the short term in families with risk factors, it is not always enough to sustain positive impact later on, unless the family continues to receive further supports. This group suggested studying which geographic areas or neighborhoods have concentrated numbers of children and families with extensive needs, and focusing planning efforts on the development of longer-term, community-based services in those areas.

Another group favored implementation of a "Community Probation" model, which would impact individual neighborhoods, provide intervention and early identification of younger children, and heighten community awareness of families with risk factors. In Community Probation models, agents are usually based in community field offices and manage neighborhood caseloads. Channels are established for close partnerships between schools and law enforcement, and for routine formal and informal communication between the agents and other community residents and organizations.

Another group recommended exploring a "community police" model. A model of this kind currently being used in Maryland, for example, includes a police officer assigned to a neighborhood who has the responsibility for problem solving, preventing crime, maintaining community order, enforcing quality of life offenses and building citizen-police trust. Communication between the officer and the community is considered an important aspect of the model.

There was also a suggestion to develop the concept of "community case managers," who would do newborn assessments and continue to follow identified families in the long-term as "family coaches" or "lifetime case managers." Another group echoed this idea when they proposed "ongoing family support," early on and for longer periods of time, that would also be neighborhood-based. That group also wanted to expand outreach capabilities in the community, and advocated less restrictive use of funding.

3) *Improve the system of services for transitioning children back to the community.*

Almost all the groups agreed in one way or another that the family must have supports, such as in-home services, and should be encouraged to visit the child and participate in on-site family counseling during the time that the child is in residential placement. Such support services would help to prepare the family for the child's return and assure a smoother transition home for the child. One group suggested that the family's readiness for the child's return should be assessed and considered as important as the child's readiness to return home.

All groups wanted to see a broader spectrum of resources and better coordination of after-care. One recommendation was to develop a "halfway house" for children returning to the community from corrections. We know from the work group's data that many children do not have a family that is able to provide the structure and supervision they need for a successful return home. Extra supports are important to help children making the transition from the very structured setting of a juvenile correctional facility to the less structured setting of a family home.

Suggestions were made to develop a "transition SWAT team," or residential "family care," consisting of experts who would provide specific planning and case management services for children making transitions. In addition, community out-patient treatment options could be expanded to include counseling/support groups for children and families in public schools and juvenile court. Development of another specialized day program, in addition to the Lafayette School, that would include families in counseling and provide additional support components for children transitioning back from residential care was also suggested.

Many children are "stepped down" from structured residential treatment or correctional facilities to therapeutic foster care. Group participants recommended increasing funds available for therapeutic foster parents, who receive stipends and are specially trained to manage the challenging problems of caring for these children in the home.

An additional suggestion to strengthen community services for children transitioning back to the community was through expansion of the CASA program, to develop trained advocates for children to help them navigate through the systems, including court, schools, social services, and mental health. One group recommended expansion of the Teens GIVE program, which provides structured group activities and opportunities for youth to participate in community service. Teens GIVE has a summer program and half-day and after school structured activities that give youth opportunities to have positive role models and build self-esteem through volunteer work in many different community settings, including nursing homes, child care centers, SPCA, farms, and others.

4) *Tackle domestic violence in cooperative efforts throughout the community, to lessen negative effects on children's intellectual, emotional and behavioral development.*

There appeared to be consensus among participants that the serious and far-reaching impact of domestic violence on children's mental health, social adjustment, and educational development is an area needing increased attention in our community.

There were suggestions to expand links with other community resources such as the Charlottesville/Albemarle Council on Domestic Violence and Sexual Abuse, victim/witness programs, Sexual Assault Resource Agency, and others, as well as development of new collaborative services between police and mental health professionals. For example, some cities have created linkages so that police officers and social workers or mental health professionals routinely go together when responding to domestic or other crisis situations.

Police officers who respond to domestic disturbances or mental health calls need a network of resources for making appropriate referrals, they said. Two of the groups suggested looking at ways that police, who are usually the first to respond to violent or crisis situations, could be empowered and supported in their responses.

Another proposal was to expand children's access to services by including domestic violence as factor for Child Protective Services intervention. Others expressed concerns about the need for providing immediate counseling or other services for pre-schoolers as well as older children who witness traumatic events.

There was a suggestion to step-up early intervention efforts throughout the community by training human service personnel who work with children and families to recognize and assess signs of domestic violence or other types of abuse. If the professionals who are often the first contact with children and families increase their awareness of the prevalence and negative impact of domestic violence, they will be able to make appropriate referrals in a timely manner.

5) *Fill the gaps in local services.*

The groups noted that although many services are available in the community, there is no secure facility in which to provide the continuum of emergency, short-term, and long-term services that are needed. Children are often sent to the Detention home in Staunton because it is a secure facility, but there are missed opportunities in those cases to provide immediate mental health services for children in crisis.

There was consensus in support of a continuum of crisis services. Suggestions included development of a local residential facility that would accept a range of ages, creation of crisis stabilization programs, provision of expanded support to parent/families during crises, and development of a diagnostic/ evaluation/assessment center in which a child could stay until appropriate placement can be secured. Often children come into the care of the Departments of Social Services in crisis situations, before their specific needs have

been assessed, and case managers experience difficulty in finding immediate and appropriate placement for them.

State-wide Efforts

While the CCF work group and Roundtable participants have been wrestling with the complexities of the problems of the children needing extensive services on the local level, the Virginia Commission on Youth recently completed and presented the first part of a state study, HJR119, on "Youth With Serious Emotional Disturbance" which included data from York County. The state study's mandate was to:

- Create a consensus definition of the study population of Seriously Emotionally Disturbed Youth;
- Estimate the number of children who fit the definition; and
- Determine strategies to improve the service system.

The children in the state study had similar characteristics to those in the Charlottesville/Albemarle microcosm of the CSA children with extensive needs and the higher need, court-involved youth. The state study included children "from birth to age 18 who currently or during the past year had a diagnosable mental, behavioral, or emotional disorder...that resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities."

Among other criteria, these were children, like those in Charlottesville/Albemarle, who "exhibited behavior that was so disruptive/aggressive that it presented a threat to the safety of others in the home or community." The state study identified the following as the next steps to be taken:

1. Complete data collection
2. Analyze data
3. Describe current service system
4. Identify service gaps
5. Recommend changes - legislative, policy, budget

The Charlottesville/Albemarle Commission on Children and Families has already completed the first four of the state study's identified "next steps." The challenge that remains for the Commission is to consider the recommendations generated at the roundtable, and move forward on an affordable and effective course that will pave the way for the implementation of local changes.

Conclusions

As CCF's work group stated in its initial report, "Serving this population is a long-term and expensive community commitment. However, issues of safety, costs outpacing

the ability of the locality to help these children, and the loss of human capital to the community are all compelling reasons to develop alternatives."

The roundtable participants and others in the community are committed to making a difference in individuals' lives and improving outcomes for the children and families they serve. More than 50 of the 65 attendees at the roundtable forum indicated that they would like to remain involved and continue their participation in the Commission's ongoing efforts on behalf of the children who need extensive services.

CCF plays a valuable role in the Charlottesville/Albemarle community by facilitating the process of coordinating and enhancing existing services, increasing interagency collaboration to improve the visibility, impact and access to those services, and serving as a catalyst for change. The Commission may consider the following recommendations to sustain the momentum generated by the efforts of the work group and the participants in the roundtable discussion:

First Steps

- CCF prioritizes the five areas of roundtable ideas described above in the "Results" section.
- CCF appoints a task force or work group to carry out the following intermediate recommendations:

Intermediate Actions

- Seek in-kind resources or grant funding and determine staffing needs for initiation of community-wide domestic violence/substance abuse training
- Explore expanding interagency collaboration through formation of new teams of professionals to work specifically with children with higher needs
- Collaborate with interagency partners, including Juvenile Justice, Social Services departments and Region Ten, on a multi-use approach to assessment and crisis intervention in the new Blue Ridge Detention Center, *or*
- Consider developing a Request for Proposal for another secure facility that could provide the continuum of emergency, short and long-term services, and/or serve as a "halfway house" as recommended by the roundtable participants
- Research effective local/national models of community policing, community probation, collaborations between police/mental health workers and study whether implementation would be feasible in the Charlottesville/Albemarle area
- Seek ways to piggy-back on existing programs and services, such as the Partnership for Children, to incorporate additional roundtable ideas on prevention and early intervention strategies into local practice
- Continue to communicate local concerns and recommendations to state legislators, Office of Comprehensive Services, State Executive Council, State and Local Advisory Team, and statewide CSA Local Governments Work Group

Long-term Action

After priorities have been decided and funding and human resource issues have been resolved, CCF will work with the task force/work group to develop an action plan for the implementation of selected recommendations.