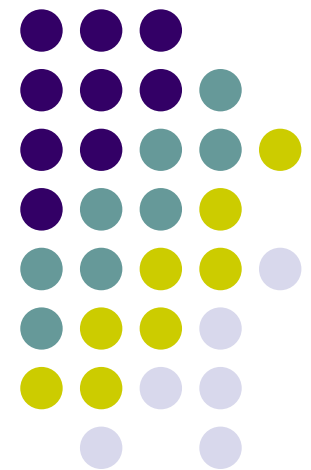


Systems of Care in Montgomery County, VA 2008

Michael Terkeltaub
Executive Director
Triad Training and Consulting Services



December 5, 2008

So Many Choices....



Permanency
Planning &
Permanency
PACT

Evidenced
Based
Practice

Systems of
Care

Family Group
Conferencing

Positive
Behavior
Supports

Family
Team
Decision
Making

Children and Families

Kinship
Care

**Positive Youth
Development**

Balanced
Approach
to

**Restorative
Justice
Intervention
Prevention**

MST
&
FFT

Structural
Approaches
& Systemic
Approaches

Wraparound

Children & Young Adults



Andrew

(1997)

Antoine
(2008)

Doug
(2007)

Michael
(1973)

Nicky
(2007)

Collandra
(1988)

Questions a Community Might Ask



- + Where are our children and young adults?
- + How are we spending our money?
- + Can our community based service providers support children and families with complex needs in our community?
- + Where are our creative SOC champions?
- + Are our schools ready?

Questions a Community Might Ask

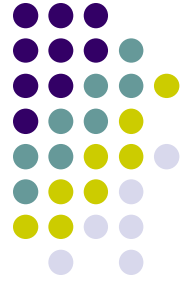


- + What do our judges need?
- + What model should we use?
- + How do we manage liability?
- + What outcomes can we, should we, will we measure?
- + Our vision, mission, values and beliefs are.....

Local Systems of Care Core Values and Beliefs



- Keeping children and families together is the best possible use of resources.
- CPMT and FAPT partner with all who can support children and families' successful outcomes.
- We begin with outcomes not process.
- Families are the experts about their families.
- All stakeholder groups are accountable for positive outcomes for children and their families at home, school and in the community.
- Child centered, family focused and community based service delivery is the law in Virginia and must be implemented through new practice models.
- Do ***whatever it takes*** to support the success of children and families.
- Trying hard is not good enough. [Trying Hard Is Not Good Enough](#)
by Mark Friedman - 2005

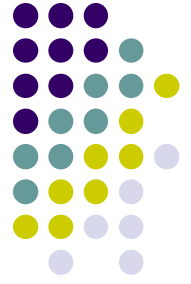


**A community can
not “recreate”
Wraparound
Milwaukee or Stark
County, Ohio or
Hampton, Virginia.**

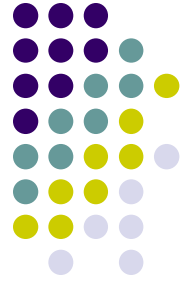
**Communities must
create their own
Systems of Care
based on their
strengths and
needs driven by
outcomes.**



The Phoenix Approach 2004

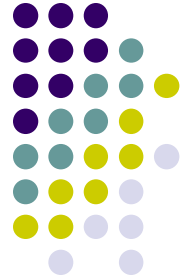


The Phoenix Approach



- ✦ Many children and young adults in out of state and out of community placements.
- ✦ The team decided to use Child and Family Teams to change System of Care.
- ✦ “*Human*” resources brought to the process.
- ✦ Savings from not sending children out of community reinvested in community based services.

Phoenix Outcomes



- + 75% reduction in out of state placements.
- + 25% reduction in RTC utilization
- + 35% reduction in TGH utilization.
- + Increased family involvement, access and satisfaction with services.
- + Functional outcomes....

The Hampton Approach 1994 - 2008



Correspondence Between Hampton City Manager and Hampton CPMT in October 1994



City Manager States:

**“CPMT needs to develop
local options for providing
quality services to our youth
but at a more reasonable
cost.”**

Hampton Systems of Care 1993 - 2007



“We have each come from a single-agency somewhat specialized approach to providing services for children and families. CSA challenges us to create a new approach, to reinvent the way services are provided.”

Walt Credle
DSS Director
October 31, 1994

1994 Correspondence Continued



CPMT Responds with Vision Statement:

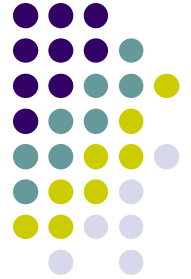
1. The Traditional Single Agency Approach reviews and accepts community based options at the step before making a residential placement. ***The New Collaborative Team Approach creates community based options for specific children that do not now exist.***
2. The Traditional Single Agency Approach encourages parents to accept residential placements because community based options are not readily available. ***The New Collaborative Team Approach offers parents creative community based options for their children and commit to their development.***

1994 Correspondence Continues



CPMT Responds with Vision Statement:

3. The Traditional Single Agency Approach continues residential placements beyond the point of significant treatment benefit. ***The New Collaborative Team Approach establishes early discharge dates and rigorously pursues step-down plans.***
4. The Traditional Single Agency Approach states that residential placements are driven by statutory and judicial considerations which are external to CSA teams. ***The New Collaborative Team Approach states that residential placements are driven by the degree to which we take responsibility for creating alternatives.***



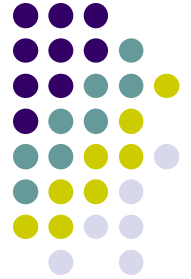
Strengths

- Culture of collaboration
- Acceptance of new CSA philosophy as best for kids and families
 - Single FAP Team
 - Importance of utilization review
- Willingness to take advantage of new flexibility

Challenges

- Rising costs a concern of the City Manager's office (crisis)
 - Failing kids a concern of staff and the Judges
 - Coordinator with a single agency perspective
 - Professional experts trump CSA philosophy
 - CPMT struggles with implementation issues

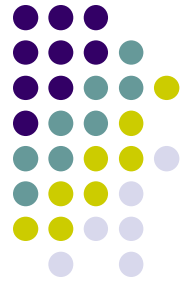
What Changed?



- Sense of urgency about changing course
- Medical profession demonstrating that lower cost is compatible with quality service
 - CPMT focused on philosophy and critical data (expenditures, length of stay in residential, alternative funding sources and utilization review)
- Strong Coordinators knew how to implement CSA philosophy
 - Professional experts bought into CSA
 - Started talking to parents

The Community System

Shared Responsibility for Systems of Care



Healthy Families

Prevention

**Comprehensive
Services**

Individualized Systems
of Care

**Court Best
Practices**

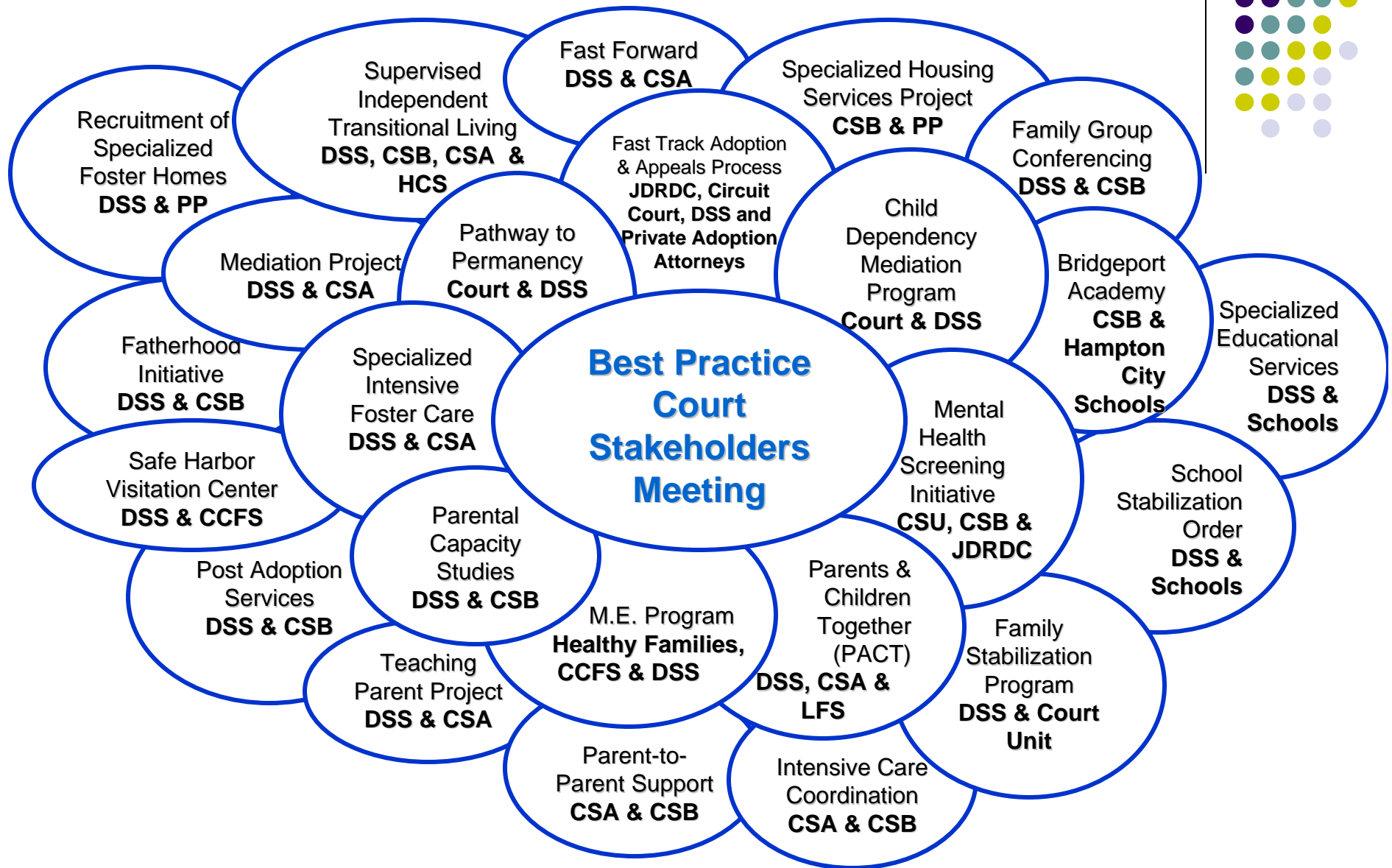
Community
System Development

Community Based Services in 1996



Youth were in Residential Treatment

Community Based Services in 2008



This Community Service System was created one child at a time.

Key Findings from the 2006 Historical Perspective, Data, Outcomes and Practice Improvement Project



- Children served by specialized foster care have significant needs as evidenced by 84% having academic problems; 80% having physical aggression issues; 61% having depressive symptoms; and 30% having suicidal or self-harmful behaviors.
- Hampton seldom utilized RTC as a treatment option in program year 2006. 13.4% of CSA expenditures were spent on residential services. The state average was 44.9%.

Key Findings from the 2006 Historical Perspective, Data, Outcomes and Practice Improvement Project cont...

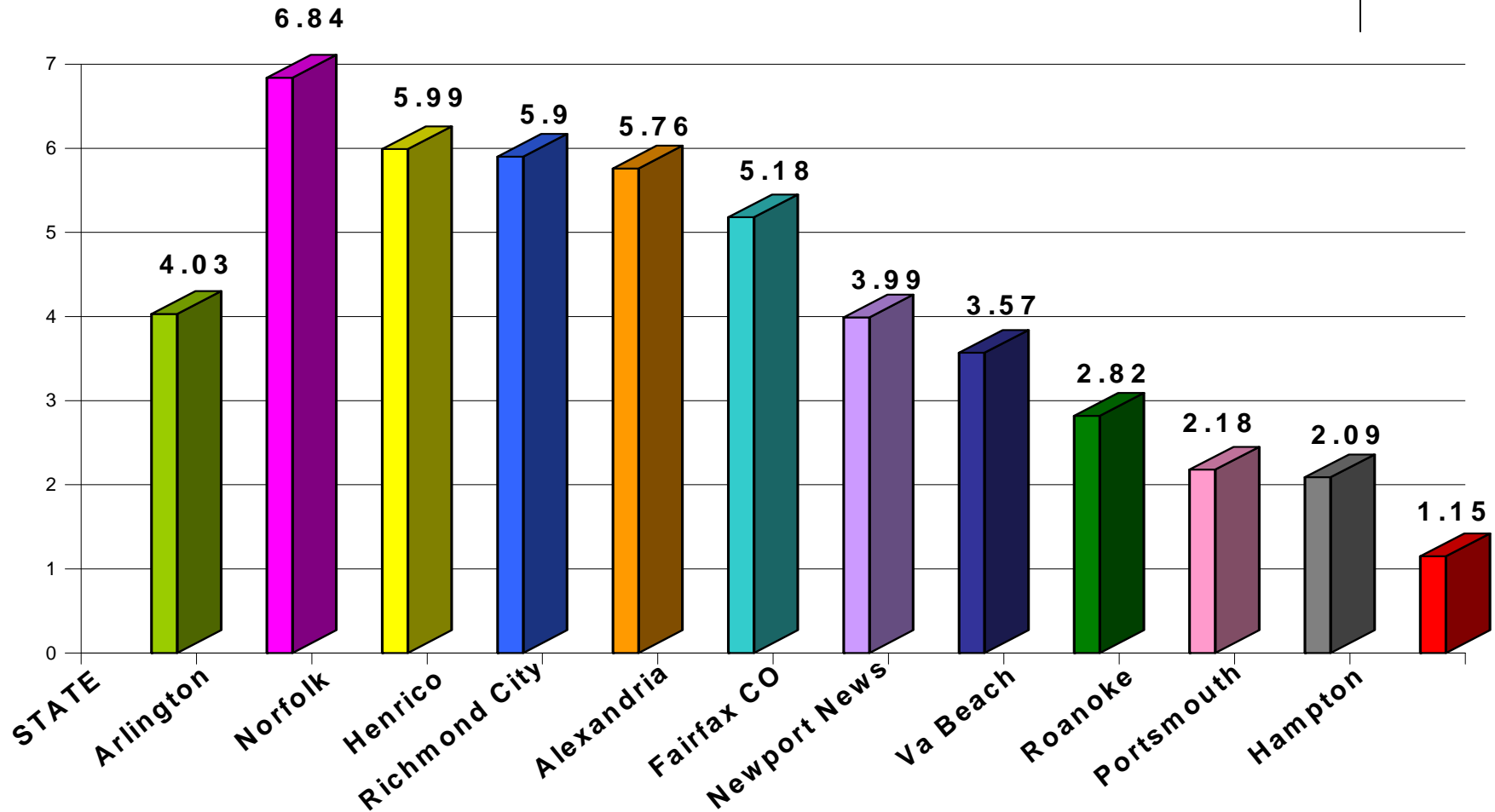


- Average length of stay for program year 2006 in residential programs was 4 months. The state average was 9 months.
- 92% of children served by Hampton Specialized Foster Care in 2005 - 2006 did not move to a higher level of care.
- No Hampton children have been placed out of state in over 10 years.

Permanency for Children

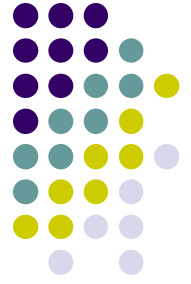
Virginia Localities Serving Over 175 Children in Foster Care

July 1, 2005 – December 31, 2006



*Average number of children re-entering foster care after returning home within 12 months.

The Research and The Evidence



- When Hampton committed to development of community based services research regarding the efficacy of any service approach was extremely limited.

Since 1999:

- The report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda.
- Institutions versus Foster Care: The Empirical Base for a Century of Action. (Richard Barth, 2002)
- The Effectiveness of Selected Community Based Services Models. (Barbara Burns, 2003)

Recent Research



Juvenile Delinquency in Child Welfare: Investigating Group Home Effects

Joseph P. Ryan, Jane Marie Marshall, Denise Herz, Pedro M. Hernandez
School of Social Work, University of Illinois at Urbana-Champaign, United States
School of Criminal Justice and Criminalistics, California State University at Los Angeles, United States
Received 3 December 2007; received in revised form 24 January 2008; accepted 1 February 2008

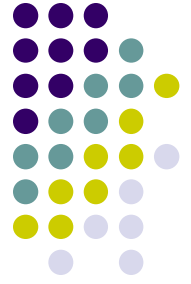
The Impact of Foster Care on Development

CATHERINE R. LAWRENCE, ELIZABETH A. CARLSON, and BYRON EGELAND, *University of Minnesota Development and Psychopathology* **18** ~2006!, 57–76, Copyright © 2006 Cambridge University Press
Printed in the United States of America, DOI: 10.1017/S0954579406060044

Kids Gain More From Family Than Foster Care

Joseph J. Doyle Jr., Massachusetts Institute of Technology, July 3, 2007

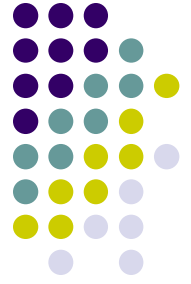
Questions



and

Comments

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