

**Systems of Care is CSA:
Developing Innovative, Cost-
Effective, Outcome Driven Services
and Supports for Children, Families
and their Communities**

**Charlottesville and Albemarle County
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Just Some Thoughts:

- There is no one way to develop a System of Care.
- There are core values and principles for Systems of Care development.
- There are 3 Systems of Care core values and principles in Virginia; 8 in Hampton; and 12 in Arizona.
- More of “something” or more complex “something” does not produce better outcomes.

Just Some Thoughts: cont.

- Effective child and family serving and supporting agencies reinforce that **every** child and adolescent will have a family.
- There are no DSS, DJJ, IEP, or MH kids. They are *community* children and families.
- Positive outcomes and cost effectiveness are mutually inclusive.

Just Some Thoughts:

Charlottesville and Albemarle County will develop your own unique, individualized approach to Systems of Care and CSA.

Comprehensive Services Act (CSA) & Systems of Care (SOC) Core Values The Same

SOC



CSA

Child Centered

Family Focused

Community Based

Community Level Decision Making

Culturally & Linguistically
Competent Services

Complete array of services for family's
physical, emotional, social and educational
needs.

Child Centered

Family Focused

Community Based

Community Policy Management
Team (CPMT) and Family
Assessment Planning Team (FAPT)

Service development that is
responsive to the unique and
diverse strengths and needs

Public/Private Partnership
in Service Delivery

SOC



CSA

Individualized services based on needs and potential of child and family

Family as full participant in all aspects of planning and service delivery

Integrated services and supports between and among child serving agencies

Coordinated case management among multiple services to ensure appropriate service

Early intervention to ensure positive outcomes

Smooth transitions to adulthood

Child and Family Rights Protected and Effective Advocacy Promoted

Development of the unique Individualized Family Service Plan (IFSP)

Full participation by the family in the team process that involves assessment planning and implementation of services for their child

Multidisciplinary Team Approach (FAPT)

Lead Agency Service Coordinator

Identify and intervene early with young children “at-risk”

Independent Living Services

Meaningful parental representation on CPMT & FAPT

SOC



CSA

Individualized plans that are needs driven and strengths based emphasizing child and family assets and skills

Commitment to unconditional care with fluid services based on the child and family's needs

Outcome measures to improve practice

Complete array of services for family's physical, emotional, social and educational needs.

IFSP developed based on needs of the child and family and focusing on their strengths

An array of services to include creative service planning to ensure the least restrictive environment possible

CSA Data Set and Local Reporting of Data and Outcomes

Public/Private Partnership in Service Delivery

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**

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

Community Based Services Developed Since 1996



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.

Two Innovative Approaches and Their Development

2006 Parent Partners

2007 Shared Family
Care (Parents and
Children Together)

Hampton Virginia Systems of Care

Core Values and Beliefs

- ❖ Keeping children and families together is the best possible use of resources.
- ❖ Hampton 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 and must be turned into actions.
- ❖ We will 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

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

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The Impact of Foster Care on Development

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Kids Gain More From Family Than Foster Care

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

Questions and Comments