

# **Getting the Most Out of CSA**

A Guide to Hampton, VA Best Practices

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## I. INTRODUCTION

In 1992 the Virginia Legislature responded to growing financial pressure by passing the Comprehensive Services Act (CSA) – a new state-wide approach for delivering social services to children and families by redeploying resources. At the local level, CSA is implemented by two teams: the Community Policy and Management Team (CPMT) and the Family Assessment and Planning Team (FAPT). Both of these teams include representatives from departments across the system, including Social Services, Community Services Board, Juvenile Court Services Unit, School Division, and Health Department – along with parent representatives and private providers. By pooling funds across agencies, CSA enables localities to create flexible team-based systems that can improve care.

*The purpose of the act is to provide high quality, child centered, family focused, cost effective, community-based services to high-risk youth and their families. – CSA Website*

While the purpose of CSA is clear, successful execution depends on the ability of each of Virginia's 131 localities to develop effective inter-agency teams that can partner with private providers to better redeploy resources to serve families in need. While working on state-wide reform in Virginia, the Annie E. Casey Foundation reviewed CSA data from localities across the state and discovered a set of positive results in the Hampton CSA Office – highlighted by the city's success in building community-based services and reducing reliance on residential care. For more information about the effectiveness of community-based care, please see *Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda (2000)*.

Hampton's approach to CSA resulted in cost savings and better treatment modalities that evidence suggests produce positive results for children and families. CSA enables participating agencies to both support children in out-of-home care *and* develop innovative preventive services to preserve families or keep children in the community whenever possible. CSA funding may be applied to a range of cases since parents are not required to relinquish custody in order to receive services, enhancing the service coordinator's ability to serve children entering the system through the Court or Foster Care agencies.

This Guide reviews Hampton Department of Social Services (HDSS) outcomes and outlines the steps taken to get there. It shows how HDSS changed its approach to child welfare by applying CSA to create a portfolio of services that support children and families. It offers a qualitative overview of how Hampton developed best practices rather than a technical policy and procedure manual; for a summary outline of lessons learned from this study, see Appendix 1. Over the past 15 years, HDSS has adapted to the State's new rules by re-thinking how the department operates in five key areas:

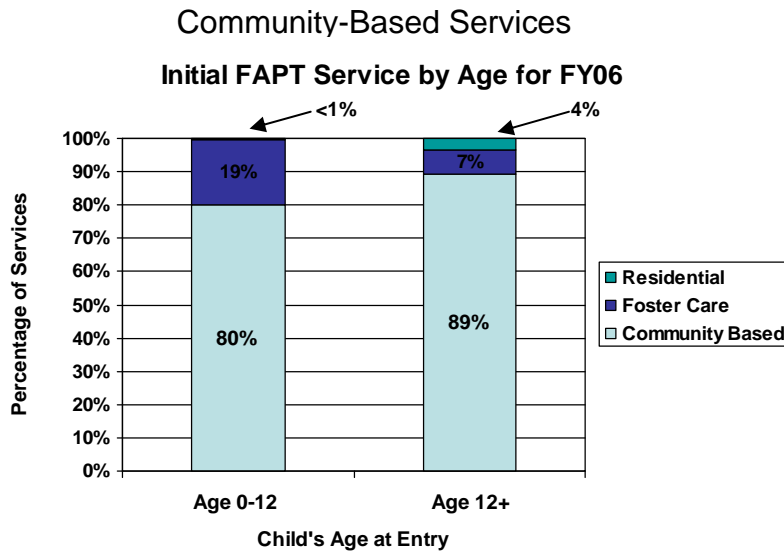
1. Change **Practice**
2. **Partner** with Multiple Stakeholders
3. Create **Community-Based** Services
4. Leverage **Flexible Funds**
5. Build More Effective Administration and **Accountability**

This Guide explores each of these areas and demonstrates the critical steps taken by HDSS to build capacity and improve performance. It examines Hampton’s system, the policy, practice, and culture that has evolved over time – and offers examples from HDSS leaders and front-line workers that demonstrate innovative applications of CSA. The Guide has been developed with generous input from more than 35 interviews and focus groups with HDSS leadership and staff, city leaders, private providers, and children and families. Information was also gathered by attending key standing meetings such as the FAPT, the CPMT, and the Stakeholders Group where Hampton puts CSA to work. Thank you to all HDSS stakeholders for participating in this process.

Hampton’s ongoing effort to change its approach to better serve high-risk children and families has already yielded positive results. The following data (Figures 1-3) presents a snapshot of department performance:

Figure 1

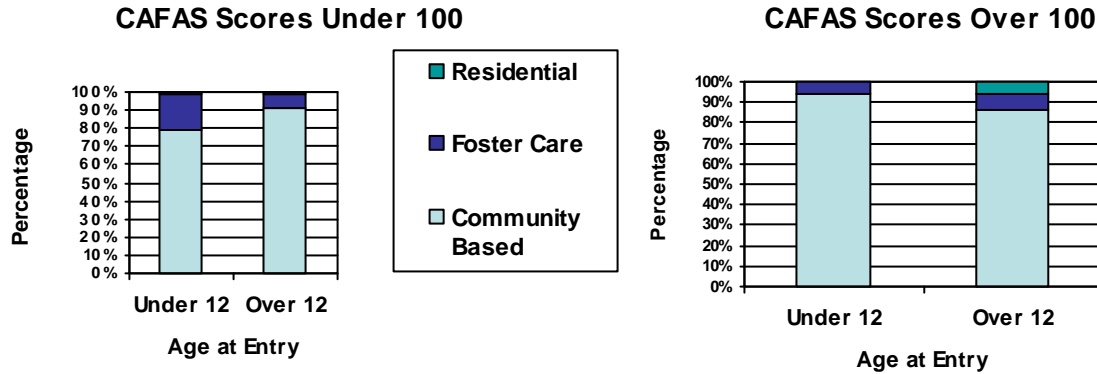
Hampton is able to provide safe and effective community-based services to 80%-90% of children entering the system regardless of age



Source: This Information was compiled by using data from a CSCG Case File Review conducted on April 29, 2008 for children entering care in FY2006

Figure 2

In FY06, Hampton was able to serve nearly 9 out of 10 children with a CAFAS score of 100+ with safe and effective community-based services regardless of age

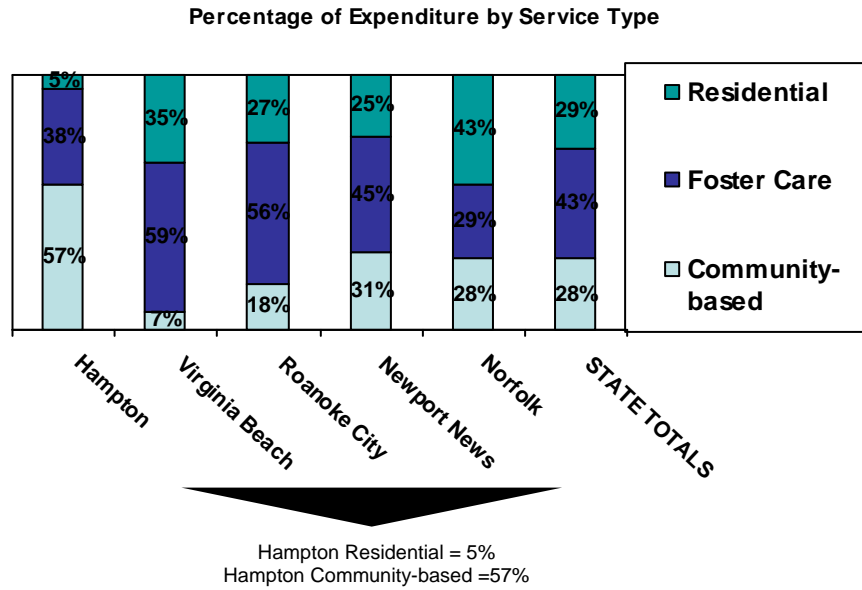


Source: This Information was compiled by using data from a CSCG Case File Review conducted on April 29, 2008 for children entering care in FY2006

Please note that a score of 20-30 signifies the need for outpatient treatment, 40-70 signifies the need for care which is more intensive than outpatient, and/or includes multiple sources of supportive care, 80 or higher signifies the need for intensive treatment.

Figure 3

In FY07, compared with other localities Hampton spends more resources on community or foster care than on residential care



Source: This data was compiled using information from the expenditure figures in the CSA Data Pool Expenditures by Service Category Report and CSA Data Set Quarterly Profiles

## **II. HOW TO CHANGE PRACTICE**

### **A. Background**

Most of the changes that Hampton made were initially driven by two simultaneous crises: funding pressure from the City Manager due to the growing cost of high-end placements and pressure from the Court to reduce residential placements. Both crises could be addressed by serving more children and youth in the community – following the growing belief of HDSS and city leaders that community placements result in better outcomes for children and families. This philosophical shift combined with financial pressure led to a change in focus away from residential care – and created an opportunity for CSA to create a range of services *and* administrative supports to meet the needs of at-risk children and families in a new way.

While the CSA gave localities greater freedom in determining how to fund and deliver social services, it also mandated a team-based infrastructure across the State. The legislature defined cascading entities to provide oversight, from the State Executive Council, which includes state-wide agency leaders down to the local level FAPT that work directly with customers and partners [for more detailed information see the *Comprehensive Services Act For At-Risk Youth and Families Manual, Revised 2004*]. Localities retain considerable choice in determining how to staff and operate their teams – and this flexibility offers both a challenge and opportunity as each department assumes greater responsibility for serving children and families within their community.

### **B. Keys to Changing Practice**

In 2002, faced with the challenge of soaring caseloads, the City Manager’s Office sponsored an “internal reengineering process” through facilitated discussions with HDSS social workers, GALs, and attorneys. Different stakeholders were asked how they would ideally serve children and families if there were no resource constraints. This discussion drove a strategy with three key components (along with many sub-components) described below:

- Share understanding of core beliefs across the department
- Translate beliefs into action through FAPT
- Align department infrastructure with practice

## **1. Share understanding of CSA beliefs across Hampton Agencies**

- **Identify goals; make clear what you want to achieve**
  - Based on the belief that children and youth do better in the community, “Everything should start and end with outcomes”; for a complete list of HDSS core values and beliefs see Appendix 2, *The Hampton Approach to Child Centered, Family Focused, Community Based Practice*, p2
  - HDSS Director, as CPMT Chair, demonstrates commitment to new way of working in one-page summary, “Reinventing Services to At-Risk Children and Families” (see Appendix 3) which captures attention of Hampton system and beyond
  - Insist on serving children and youth in community; residential placements seen as “treatment failure”
  - Help teens find permanent connections before they age out

*The first goal is that kids deserve to be with their families. They just deserve to be with their families. And because of that, we’re not putting kids in residential treatment. We are going to work really hard to keep kids in the community, and sometimes that means a lot of services, and that’s what’s keeping them in the community setting. – HDSS Leader*

- **Inspire staff to change the way they work**
  - Staff buy in to approach when they see that it works; “What turned the corner for us was the success of the first child treated in the community – then do it for the next child” (HDSS Leader)

*We had a teen who came from a psychiatric facility, Cumberland Hospital, and they said he wouldn’t make it on the outside. He doesn’t have any social skills, can’t hold a job – and has been locked up for two years in that institution. Well, I do respite with him and now he’s holding a job, been working in telemarketing since October. I teach him social skills, how not to become angry, how to resolve issues and vent effectively. I’m teaching him how to drive and he got his Learner’s Permit about a month ago. – Hampton Provider*

- Leaders have front-line social work experience, making it easier to share vision with staff

- “When asking people to try something new and different, show them it is doable; we’re able to support mission and get better results for kids with our CSA process” (HDSS Leader)

*So you really have to believe within your heart that you are truly serving the children and families in your community – and that if you don’t do that, you’re not going to be successful. And that message is relayed to us from the top. So even as line workers, when we’re helping to train new workers, we’re instilling that value in people right away. And I think when we really see the impact of what we’re implementing, that it really does make a difference and it really works, it’s addictive. – HDSS Social Worker*

*Unless you do research you don’t understand that the best care is not residential care and there is absolutely a lot of research that proves that the best care is not residential care. That in fact you’re doing damage to kids if you just ship them off to residential care. – Hampton City Leader*

- **Build system infrastructure aligned with core beliefs**

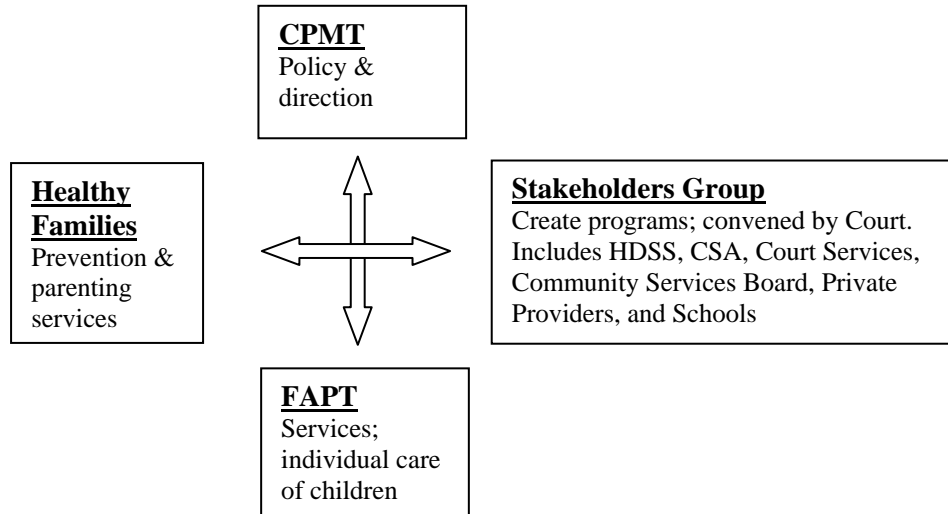
- Team-based approach throughout Department of Social Services (including CSA office) drives creative problem-solving
- City manager created a city wide culture of collaboration reinforced by 360 degree performance reviews of leadership
- Active court role where Judge convenes community stakeholders to identify and develop community resources
- Early commitment to prevention; Hampton Healthy Families Partnership was launched in 1992
- Best Practice staffing enables CPS, foster care, and courts to respond effectively to individual cases by reviewing cases together and coordinating services

*Working with teams like this is harder than working with the traditional bureaucracy because you’re not in control of everything. But I think the potential for superior outcomes is greater with the team. – HDSS Leader*

HDSS and agency leaders embraced the CSA infrastructure as a lever to change the way they do business, using the legislation as an opportunity to better align practice with its mission to serve families within the community. The city structure was reframed around four functions that support and reinforce each other, with an emphasis on prevention at the front end as a key to reducing the number of foster care cases (See Figure 4). The model also focuses on collaboration – teams are authorized to create community-based resources that ultimately result in lower cost and better outcomes for children and families.

*When the CSA legislation was adopted, we really took to heart the message to collaborate as a set of agencies about better outcomes for kids. No one ever saw at all a problem with the legislation about putting the money into one pool. No one ever saw that they were losing anything. No one ever saw it as a territorial issue. – Hampton City Leader*

Figure 4 **Hampton Systems of Care Framework**



The roles of these four groups will be addressed below as the Guide demonstrates how CSA is implemented throughout the organization.

- **Communicate mission and approach to stakeholders and the public**
  - Leverage opportunities to share information through standing meetings (including FAPT and CPMT) with partner agencies; private providers are often invited to participate or give presentations
  - The Pathway to Permanency reunification tool shows parents how to navigate the child welfare and judicial system; for more information see Appendix 4
  - A single, stable FAPT team produces more consistent messages from CSA to gain support from stakeholders, such as:
    - We try to do “whatever it takes” to keep children and families together or create permanency for children who can’t be with their biological families
    - Treating “one child at a time” means that we’re not “opening the floodgates” and overwhelming the community

- Articulating specific needs can influence providers to create services that keep children and youth out of residential care

*One great thing about Hampton is how well it has communicated that change is going to occur – and we’ve had employee buy-in for the most part and I think that goes back to communicating first and foremost what our core values are. We’ve started with what we want to do, that we’re trying to keep kids in the community – how can we achieve that? We have some ideas, what do you think? That allows worker participation, so we hear their voices. – HDSS Leader*

## **2. Translate beliefs into action through FAPT**

Hampton’s FAPT team has functioned as the fulcrum for practice change. As the primary interface between the department and its customers, the FAPT team has the responsibility to create appropriate practice based on its understanding of both community needs *and* available resources. Over the past decade, Hampton has developed a high-performing FAPT team through following approach:

- **Configure single team with single coordinator**

- Easier to manage than rotating teams; they understand different roles, resources, and relationships

*We made a decision early on to only have one FAPT team and I can’t overstate the importance of that. Once you go to multiple FAPT teams, you have discontinuity among the people around the table; you have different people at different meetings. With multiple FAPT teams you have a musical chairs kind of thing in terms of who shows up – so you don’t have any consistent philosophy or approach or focus. – HDSS Leader*

- **Ensure that FAPT exercises considerable decision-making authority**

- Team has capacity to put services in place on the day of the meeting rather than defer to another decision-making unit – but they will not bring children back into the community until an individualized systems of care is in place

*We think that you delegate to one FAPT team total responsibility for case planning, for funding, for budget, for outcomes, and that the agencies have to staff that team, no matter what it takes. The CPMT oversees it but doesn’t micromanage it. It delegates all that authority and we only track a few things – total expenditures, how many kids in residential, and alternative funding sources. – HDSS Leader*

▪ **Recruit strong CSA Coordinator**

- Critical role described as “a circular position – which means you report to everybody at all times”; coordinator must direct team without formal supervisory authority
- Should be structured as senior-level administrative position within the department to support high-level relationships with other agencies
- Coordinator should chair or sit in on most staffings to promote consistent practice
- Should understand big picture as well as specific community needs
  - Participate in state-wide policy meetings such as SEC, SLAT
  - Follow changes in state and federal policies; “I want to know it before it happens to us.”

*You’ve got to have a CSA coordinator with special leadership ability because they’re forming a team of diverse people that they don’t supervise. They’ve got to lead, they’ve got to persuade, and if things just aren’t working, they’ve got to let CPMT know and make recommendations. – HDSS Leader*

▪ **Find the right people for the FAPT Team**

- Roles require experienced high-performing staff, dedicating at least half time
- Develop new members with FAPT orientation
  - Outline expectations of members, explain commitment; review CSA policies; review parental rights and role of family in process
  - For a more detailed example, see Appendix 5, 7 *Commandments of FAPT Etiquette* from the Hampton orientation packet
- Effective parent representative enhances credibility of team
  - Hampton recruited a parent with professional training who had a master’s degree in counseling, taught parenting education for over a decade, and was also a licensed minister

*Each person comes to the table not just with different personalities but with different training and background, which gives them a different lens through which to see the case – the Court Services worker looks at it from a criminal justice perspective, the School person is looking at it from a least restrictive environment, we might be looking at it from a family system perspective, Mental Health is looking at it as emotional and behavioral issues. Those four people look at the same case and see something entirely different. Well, we have to come up with one plan, one strategy, and one way of doing this – because CSA is a block grant that requires that we focus on outcomes for these kids. So how do you get people to step back from their credentialed training and look at different points of view and create something new from that? You’ve got to find people that are flexible and self assured enough to do that. – HDSS Leader*

*The trick is everybody is on the same page. There’s no one at that table who would think that residential is what the child would need first. – Director, Regional Provider*

- **Engage parents as experts in understanding their own children**
  - Never pull a parent out of a FAPT meeting
  - Offer full disclosure during the staffing – so we don’t say to parents, “Would you step out in the waiting room while we make a decision?” Follow the principle “Nothing about us without us”
  - Make FAPT table as welcoming as possible by treating clients in a positive, encouraging manner – while clearly communicating what is required to move the case forward
  - Hampton’s CSA Office created a “Family Forum” listening session where parents gathered to share their experience with the FAPT Team
    - Their feedback will help FAPT develop a tool to measure family satisfaction with the FAPT process and with services funded by FAPT
    - The CSA Office is working with experienced FAPT parents (“Parent Partners”) to provide peer support and help new families navigate the system
  - The Hampton FAPT works with parents through team-based practice, such as **Family Group Conferencing**, that helps create resources for families
    - Assembling key people in the child’s life empowers families to participate in decision-making process, to contribute to service plan, and to follow through with commitments
    - The FAPT team may recommend Family Group Conferencing when there is a risk of foster care placement despite receiving services from the **Family Stabilization Program** – or to create a transitional plan for a child aging out of system

*Our FAPT team follows a formal process but the meetings are sort of informal, allowing parents to feel very relaxed. Generally kids as young as ten or eleven are able to participate and we confer with the families beforehand to make sure we know what they want and they know what's going on – so I'm able to present what progress has been made and it allows a flow of ideas to happen within the room. – HDSS Social Worker*

*The FAPT team has families in the room when they're doing the case plan. When the family is not an integral part of the case plan process – that sets up an adversarial relationship. When we offer families well developed plans as alternatives to going into institutional care, and at-home placements to support them, they feel like we're responding to their situation, not just trying to pull a kid. – HDSS Leader*

*Family Group Conferencing gives us as an opportunity to plan ahead, to be able to have relatives present, to come together so it won't be last minute. Because in the past it has been known that family members have come up and said, "I didn't know the child was in foster care – I had no clue. I would have stepped up." I think this gives the family a fair opportunity to pull together and come up with a system for that parent – and the parent is present, along with family members, the foster care supervisors, and the social worker. You are coming together and planning what is best for this child – so I think it has been a huge benefit. – HDSS Social Worker*

- **Coordinate communications from FAPT team**

*You want to make sure you're in there saying and doing the same things – or to me, that's fatal. You don't want to sabotage anything anybody else is doing. We uphold each other and support each other. – Hampton FAPT Member*

- **One rule: No individual is allowed to bring a plan to the meeting**

*Here generally there's an agency that brings a kid but they don't necessarily bring the plan. They bring the kid and parents and they say, "Here's what our problem is" – and then everybody comes together and they build the plan. – Juvenile Court Judge*

### **3. Align department infrastructure and initiatives with practice**

Located in the middle of HDSS, the Hampton’s CSA Office and FAPT team are closely integrated with the rest of the department – and work together to serve at-risk children and families in the community. Their approach includes the following:

- **Integrate benefits with services**
  - By bringing diverse units together in the Administrative Team, HDSS has improved service delivery through information sharing and coordination
  - The FAPT team receives training on eligibility requirements for benefits like TANF and Food Stamps
  - The VIEW program (“Virginia’s Initiative for Employment not Welfare” that promotes self-sufficiency) reviews database of CSA children and youth to screen them for potential services
  - Senior Case Managers from VIEW are learning how to generate FAPT referrals from their caseload when they identify children and families who qualify for services; they may also help parents access services to prevent potential placements
  - The VIEW budget can be accessed for services, such as training support for youth aging out of system

*Things that they pay for out of CSA funds I can actually pay for out of the VIEW budget and I try to do that first. So we identify the service and get the group together to figure out what and who we need to bring in, and then we’ll just write an MOU if it’s a state organization that we’re using or write a contract with somebody else to provide that service if we’re not able to do it internally. – HDSS Leader*

- Includes staff across the department in the process
  - Administrative fiscal and IT staff receive program and service training so they can support workers throughout the department
  - “You need to know your program side so you don’t fund something in error or let something fall through – and don’t be afraid to criticize something if you wonder if it’s correct or not.” (HDSS Leader)

*It’s a huge resource in your own backyard. We collaborate with all of the agencies, the community, and the church – why not right downstairs? – Hampton FAPT Member*

*It's training our people in what to look for. On the benefits side, you normally train people to look for eligibility criteria – you don't train them to look for family problems that keep the people from functioning in the community. Historically, if they do identify those family problems, they don't have anywhere to send them. We now have the FAPT team and we can send some of them there. – HDSS Leader*

- **Coordinate new foster care and foster care prevention cases through Transitional Social Worker**
  - Position created to fill the gap between CPS and foster care
    - Attempts to prevent foster care by quickly engaging family members
    - Accelerates provision of services to families; coordinates visitation
  - Functions as “early warning signal” that can manage FAPT cases where child is at risk of coming into care and address issues before they intensify
  - The HDSS Transitional Social Worker also sits at the FAPT table as the department representative, bringing valuable communication across different service areas about the needs of different cases

*If a child is coming into care with a lot of behaviors, he might not fit your basic foster parent. He might need a more therapeutic level – and I would take it to a foster care supervisor, CPS, and the CSA office and say “Hey, I think we need to support this foster parent” – and then we brainstorm so our parents can be supported from the beginning and not wait for the bottom to fall out. – HDSS Social Worker*

- **Leverage Group Homes only as resource for stabilization and short-term support**

*We utilize group homes in rare cases when there are extreme behavioral problems with a child in the community where he or she can be a danger to himself or others around him. It's a short-term type of intervention that we use to assess and stabilize the child so that there is a limited stay of 90 days up to six months – but I've never seen a child in there beyond six months on my caseload. – HDSS Social Worker*

### **III. HOW TO PARTNER WITH MULTIPLE STAKEHOLDERS**

#### **A. Background**

With a strong belief that children belong in their own community, CSA has developed innovative practices through partnerships with a range of stakeholders, including the court, private providers, schools, community services boards (CSBs), and Hampton Healthy Families Partnership. [Please note that this Guide refers to Juvenile Court although the full title of Hampton’s court is Juvenile and Domestic Relations Court.] In addition to the required FAPT and CPMT meetings, standing meetings improve communication and solidify relationships across agencies and units. The following section outlines successful partnering structures and describes some of their output.

*When CSA came into child welfare, it put a structure in place that depended upon collaboration in order for it to work. If you didn’t have a culture of collaboration, the structure would just be a workaround – but we were able to adapt and embrace that structure successfully. – HDSS Leader*

#### **B. Keys to partnering with multiple stakeholders**

With a team-based structure that includes stakeholders meeting at least twice per week at the HDSS, CSA provides an active laboratory for partnering. Both FAPT and CPMT members act as two-way conduits with their home agencies – building capacity by sharing ideas about needs and resources. Hampton’s successful approach to partnering includes the following:

- Work with Juvenile Court to achieve shared goals
- Work with private providers to create customized services
- Build buy-in through FAPT and CPMT partners
- Access preventive services early and often

##### **1. Work with Juvenile Court to achieve shared goals**

The court brings a top-down view of the system and is able to play a key leadership role in bringing agencies together based on a shared commitment to keep children and youth in the community whenever possible. HDSS and the Court have collaborated on a range of organizational and programmatic initiatives that provide a useful model for driving systems of care.

- **Seek opportunities to work with the Court to create and coordinate services**
  - Hampton Juvenile Court Judge shadowed a foster care social worker to learn more about case management and workload. Court involvement contributed to a series of multi-agency initiatives, including:
    - **The Safe Harbor Visitation Center**; modeled on similar facilities used for domestic violence victims, this resource makes it easier for social workers to coordinate weekly visits in a safe environment
    - **Stable School Placement Order** offers children continuity and support by enabling them to remain at their current school when moving to a new placement
    - **Alternative Day School** designed for youth at risk of detention due to relatively minor infractions at school
    - The court **restructured dockets** to reduce wait times for social workers

*We worked together as a community to develop an alternative day school with a day reporting center – and we basically did it without adding a lot of new money to the budget process. The schools reallocated the money they were spending on homebound instruction to start the educational component of the school and the city added some funds for behavioral counseling... It's an example of what we can do without adding a lot of new dollars but taking the dollars we're already spending in the system and redirecting them to get better outcomes. – Hampton City Leader*

- **Pathway to Permanency** is a binder-based reunification tool (see Appendix 4) developed by HDSS, the Juvenile Court, and other local agencies to help families navigate the system. The binder went to scale in 2005 for all foster care cases where the goal is reunification. It accomplishes the following:
  - Clearly outlines entire process for abuse and neglect cases and articulates parents' rights
  - Provides resource (including visitation and behavioral health) and scheduling information; also includes service plan and summary letter that documents progress
  - Helps judges, attorneys, and GALs review cases by capturing all necessary information in one place
  - Promotes continuity of care when workers (or circumstances) change over time

*When children enter foster care, the best practice that works is our Pathway to Permanency tools that our parents are court ordered to receive. I give them the binder and explain page by page what it means. It's very self-explanatory – what happens now; what hearing is next; who's my attorney; every child has a guardian ad litem. It's really full disclosure – we want parents to know everything up front. – HDSS Social Worker*

- **Mediation** is an option offered to parents by foster care workers at the time of removal.
  - The initial foster care service plan is mediated by a neutral party (currently a certified mediator), separate from DSS and paid for by Court Services
  - Approximately 80 percent of new cases in Hampton are mediated

*Child protective mediation offers an effective alternative to traditional practice through the use of a non-adversarial conflict resolution process in an environment of collaborative problem solving. It allows all parties a safe, guided exchange of information following simple rules that are clearly explained at the outset. – Mediation Program Development Guide, Hamilton County Juvenile Court, September 2002*

*This tool does not just hold you accountable, it holds us accountable – and I think it gives a little bit of shared ownership to the parents. – HDSS Social Worker*

- **Leverage Juvenile Court as convener**

- Chaired by the Court, the **Stakeholders Group** is a standing bi-monthly meeting of senior and frontline staff from across DSS and other agencies that work together on problem solving as well as success sharing
  - Court oversight adds legitimacy to the process and promotes agency collaboration
  - Bringing together different perspectives creates best practice *and* supports implementation, such as bringing in Police Department to accelerate background checks for potential relative placements
  - Developed **Aging Out Development Team** to develop strategies that support Hampton teens

*The Stakeholders Meetings have been crucial because you have directors and supervisors at the meeting from the agencies represented on the FAPT team – so they’re taking back the same message from the Court to the line worker. – HDSS Leader*

*A development committee has been constructed with judges, different service providers, and foster care workers. We’re trying to come together to formulate a binder to assist foster kids who are aging out of care because that is an area where we can improve. Then we can look at checkmarks – do they know how to open a bank account? Do they know how to balance a checkbook? Do they know how to pay a bill? Do they know who to go to as far as getting housing? Do they know how to cook a meal? The basic things that you would think an adult would need. – HDSS Social Worker*

- Established in 2002 by Virginia’s Supreme Court, the **Best Practices Group** enables jurisdictions to share innovative practice, such as Pathway to Permanency or the Visitation Center

*This meeting will provide you the opportunity to share with your colleagues your successes in community collaboration and to learn about other innovative efforts in Virginia that enhance the ability of courts, social services and the bar to serve children and families and conduct child dependency litigation in an efficient and effective manner.*  
 – Chief Justice, Supreme Court of Virginia, December 9, 2002

## **2. Work with private providers to create customized services**

Working closely with local and regional private providers has helped CSA develop the range of services needed to keep children and youth in the community. In addition to providing in-home and respite services, one major provider has shared training sessions with the department – and provided a grant writer to assist with program needs. Providers have been key partners with HDSS since the introduction of CSA when a regional agency director was appointed the first chairperson of Hampton’s CPMT in 1993.

*An important change in Hampton was a change in job expectations from searching for services that children need to creating services that don't yet exist in the community.*  
 HDSS Leader

*We’ve had a long-term relationship with the Hampton FAPT because we have the same philosophy that a child is better off in the community. We didn’t see them getting any better when they were in residential and all the research showed that a child will thrive when they’re in a home if you put the right services in place.* – Director, Regional Provider

- **Match individual children with providers by specialty and by specific workers**

*The FAPT team knows the available resources and they know who in those resources would be specifically beneficial to that particular child.* – HDSS Leader

*It’s a matter of matching the agency’s worker and I don’t think they go by the agency. They go by the worker who they meet at the table week after week. A relationship is formed and once the worker leaves, they will still utilize that worker – and even with us, we get the business according to the skills of our workers.* – Director, Regional Provider

- **Focus on outcomes and work backwards**

*In seeking to contain rising costs we have been more concerned with achieving the right outcomes for children than with negotiated rate setting. By reducing the length of stay in residential care, for example, we were able to return children to the community and provide more effective services at lower costs, regardless of the residential rates.*

*In seeking to create community-based options for children we would say to providers, for example, “Here’s the outcome we need, can you do it?” And if they could do it, we would work with them. And the savings would come on the other end by keeping children out of higher cost residential care. – HDSS Leader*

### **3. Build buy-in through FAPT and CPMT partners**

The structure of CSA requires an ongoing partnership between social services and other agencies. HDSS has built strong relationships with system stakeholders by supporting FAPT and CPMT teams with stable personnel and sufficient resources to build needed services.

*And the best thing about FAPT is because you have providers from each different sector it’s like whatever services you need at that particular moment you can pull from that person right there just sitting at the table. So I think that makes the process so much quicker and so much more seamlessly done because rather than make a phone call, the person is right there. They can do the referral right there. – HDSS Social Worker*

- **Leverage agency liaisons**

- With fewer Hampton children coming into foster care, there are a majority of FAPT children in special education. **Schools** play a critical role by accommodating a range of needs to keep children in the community and to avoid residential placements.

*Since 2002 there has been a 44 percent reduction in the number of children that are in foster care. So the private day numbers have gone up because we are keeping children in the community. And because as we keep these children in the community the same kinds of things that we had to do when we were bringing children back from residential treatment, we have to do with those children in the community. And so private day ensures that their parents are not getting called every single minute of every day – come get your child. – HDSS Leader*

- As Chair of Hampton’s CPMT, the special education director is accessible to HDSS and guides workers through the Individualized Education Program (IEP) process.

*In Hampton, the superintendent chose the Director of Special Education to sit on the CPMT because they’re all her kids. That puts her on ground level and it’s so helpful since she knows the kids, she’s available to all the specialized parents, and she’s available to all the social workers. That makes our social workers more savvy about the whole special ed system – from child study to eligibility to responding to parents. – Hampton Provider*

- The **Community Services Board** plays a key support role in determining appropriate services by providing timely evaluations and case management; it has increased focus on coordinating transitional care for youth as they age out of the system. As with the local schools, the role of CSB has expanded to successfully serve children in the community.

*We have a wonderful partnership with CSB, starting with the ability to call over and schedule our parental capacity evaluations and being able to get insight about cases – like right now we’re working with them with youth who are aging out, making sure that our emotionally disturbed or mentally ill children are receiving the appropriate services and that they’re getting case management. – HDSS Social Worker*

*We’re trying to respond to the needs of children who are aging out of foster care, who have some independent living needs that aren’t being met and Mental Health supports them in that way – and it’s Medicaid billable so it’s cost effective for the team. CSB was able to do that and offer that service as collaboration between our agency and the FAPT process. – FAPT Member*

#### **4. Access preventive services early and often**

Hampton’s Mayor and City Council created the Hampton Healthy Families Partnership (HHF) in 1992 after recognizing the importance of investing in young people to support the city’s future and to build a competitive local workforce. HHF represented many departments, including Social Service, Health, and Library. Through home visitation, parenting classes, newsletters, and other resources, HHF works to reduce foster care demand – between 1992 and 2000, the rate of child abuse and neglect decreased 26.8 percent while the region’s rate declined 3.4 percent over the same period.

*They are really trying to do prevention the way it should be done – they are trying to make sure that babies are born healthy. They’re trying to impact the community in such a way that the need for Child Protective Service will sometimes go away because they have caught these parents and these children at the front end. – HDSS Leader*

▪ **Split prevention from social services**

- HHF has enhanced its image and improved access by moving to its own building and actively marketing services to the greater Hampton community
- Partnership with Library has reduced stigma of parenting education
- Child developmental newsletter provides additional support for all Hampton parents and increases awareness of HHF as a community resource

*Social Services is actually a silent partner with Healthy Families. The community does not see any linkage between Healthy Families Partnership and Social Services or the Department of Health – and that was a conscious decision from day one. When we need a public face to Healthy Families, it might be the Library Director, who is very involved. But we couldn’t ask for better, more supportive partners than the Health Department and Social Services. – HDSS Leader*

*You’ve got a great facility, it’s a great building – you’re not necessarily committed to CPS; you do not have the scarlet letter that says I’m court ordered to be here because they serve all types of parents from the community. – HDSS Social Worker*

▪ **Reach neediest families through universal home visit program**

- **Welcome Baby** program provides in-hospital visits and support for all of Hampton’s new parents, enabling HHF to do universal screening for programs and services that families may need
- Based on the Healthy Families Americas model, **Healthy Start** is an intensive home visitation program that serves at risk families

*We wanted our community to view the parenting program as being for everybody as opposed to just for people of limited means. And now it has grown from our initial pilot of just 150 people to where we’re really servicing all the newly born in our community with a Welcome Baby Program and engaging people of all means with our parenting programs. – Hampton City Leader*

- **Link back to Social Services through FAPT and CPMT**

*Our representative on the FAPT team brings in what we do here at Healthy Families and makes that part of the discussion when it's appropriate – and then he brings back information to say these are areas that additional services are needed for families and children in the community. And with the CPMT, where we're talking about the bigger picture, then I become the conduit for what we can bring to the table and what we need to bring back here and see how we can fit the needs of the families that are in the CSA system. – HDSS Leader*

## IV. HOW TO CREATE COMMUNITY-BASED SERVICES

### A. Background

This Guide will highlight a few of the services that best represent successful partnering with stakeholders to change practice. For more information about Hampton’s array of services, please see *The Hampton Approach to Child Centered, Family Focused, Community Based Practice*, published by the Hampton CPMT in November, 2007 (<http://dls.state.va.us/GROUPS/CSA/meetings/112007/hamptonsystem.pdf>)

*If all we can think of to do for this child is to recommend foster care then why do we even need to exist?* – HDSS Leader

### B. Keys to Creating Community-Based Services

Ongoing work with agency and provider partners – along with frequent input from children and families at the FAPT table – enabled HDSS and CSA to create the infrastructure needed to develop and manage a portfolio of community-based services.

*When you put a kid in residential, you’re just delaying the point in time when you’re going to have to treat them in the community. You can do it now or you can do it two years from now, but ultimately you’ve got to serve these kids in the community – so why not do it now and try to get it right?* – HDSS Leader

#### 1. **Develop services based on a set of individual needs**

With a sense of crisis due to both the practice and cost of residential care, HDSS looked for new ways to serve high-risk children and families.

*If you can think it up, someone else can do it. We can put it into place.* – HDSS Social Worker

In some instances, a partner pushed HDSS to create new community-based services. In 2004, the Hampton Juvenile Court concluded that the city confined too many children in secure detention, often after parents refused to keep them at home. The Court considered freeing them directly to foster care as “abandoned” youth, pressuring stakeholders to develop an alternative solution.

With a goal of limiting the number of children initially sent to detention, HDSS worked with Court Services to create a **Family Stabilization Program** using CSA funding (since they were mandated services for foster care prevention). In the first year the program prevented 50 at-risk youth from entering care by providing a respite placement before their parents file charges –

saving enough money from reduced detention for the Court to finance an additional CPS stabilization worker.

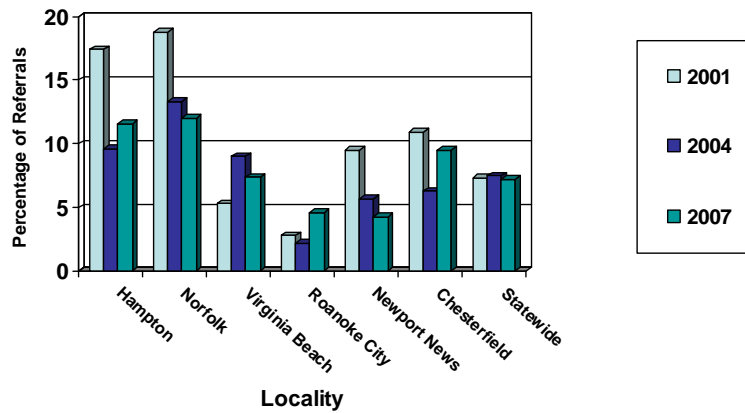
*The Family Stabilization Program came out of the need for children involved in the criminal justice system – that’s where we try to work with the family, put in the services to have that family take the child home – so now the child doesn’t stay in detention and the child doesn’t come into foster care. – HDSS Leader*

- **Treat youth in Court Services like any other youth**

Figure 5

Even with a relatively high percentage of juvenile justice referrals, Hampton is still able to serve most of their kids with community-based services

**Percentage of Juvenile Justice Referrals 2001-2007**



Source: Data is from the CSA Census by Locality Report

- CSA funds may be used to support youth in the juvenile justice system that are at risk of entering foster care (see Figure 5)

*Children that come from Court Services are more likely to fall through the cracks since they don’t come through our direct services. But either way, the child needs services – and I’m quite sure that children coming through the court system have had long- term unattended behavior problems. – HDSS Leader (FJ p5)*

*We have kids flowing to FAPT through delinquency matters and typically we'll have a dispositional order that simply says that they're to comply with the recommendation of the FAPT team – it's that broad. Very rarely do you have cases that come back in for noncompliance after that. And because our service provision sector works so well, we rarely see CHINS services petitions. – Hampton Juvenile Judge*

*Most of the kids that other jurisdictions consider non-mandated are mandated – because foster care prevention is mandated. If there's a high likelihood that they would end up in the foster care system, then providing service to them is foster care prevention, which is a good common sense type of approach to me. – Hampton Juvenile Judge*

- **Roll up demand to create new programs**

- HDSS and CSA use incremental approach to expand services

*This is creating resources for each child, one child at a time. This is creating plans, one child at a time. And then as you begin to accumulate kids that are being maintained, then you start to say, well you know there are a number of kids that need this same service, so maybe we need a program. But we say you never start with a program, you start one kid at a time, and the program need then emerges from that. – HDSS Leader*

*You look at the child by child to see what you need. It's really not a whole lot different in the private sector. You wouldn't create a business without surveying the population to ensure that there would be a demand for the service being provided. It's all about needs. – Hampton Juvenile Judge*

- **Wrap services around families to support high-end youth**

- HDSS and CSA created **Specialized Intensive Foster Care** by training foster parents to work with more challenging children
  - Specialized Intensive Foster Parents often have a background in residential care; they bring the clinical skills needed to work with children that might otherwise require residential care
  - They are often recruited for a specific child to ensure a good match

*Once you create the foster home, then you've got to create the support services that they need. They need respite care, so you go to a provider and say, "I know you don't currently provide this in homes like this but we want to purchase a respite service on a certain schedule and we want you to work with this foster care provider so that you're doing the services the same way – and we'll write the specs for it and pay for it." And if they could do it, we would work with them. And the savings would come on the other end where you're keeping kids out of residential. – HDSS Leader*

- HDSS and CSA developed **PACT** (Parents and Children Together) as an alternative to foster care where children and parents are placed together in a "Host Home"
  - The host family mentors the natural parents and provides support in housing, employment, transportation, life skills development, and positive parenting approaches – with a goal of self-sufficiency.
  - PACT host parents receive much of the same training offered to foster parents, making them a valuable community resource as case managers or life coaches
  - After receiving some media coverage, the community responded to the PACT program with strong interest and HDSS has successfully recruited 12 potential guest families
  - HDSS received an innovative services grant in 2007 to start program

*The host family works as positive parenting role models the entire time. Often our guest families aren't taught how to parent appropriately and it's difficult to replicate something you've never seen before. We deal with everything from anger management, to grief and loss, to counseling issues, and the host family oversees all of that on a day-to-day basis. Also the host family makes sure they're connected into resources in the community – everything from the YMCA to after school care. – HDSS Social Worker*

*It's not enough just to put a child in a home if the parent really needs help. – FAPT Member*

## **2. Consider community-based alternatives to failed placement**

In some cases, rather than escalating to a higher level of care when a child disrupts out of a Foster or Group Home, a community-based approach may be more effective.

- HDSS and CSA initially developed **Specialized Intensive Foster Care** to find a permanent connection for a challenging child who was unable to remain in a group home. That initial specialized foster parent succeeded and the program has expanded.

*He is not a group home because he does not have staff. Some of his children may have a one-on-one, but he does not have staff. He is the one who has to cook all the meals, who has to show up at all the school conferences, who has to take them to all of their doctors' appointments, who has to do med management and keep appointments with everybody. He does what parents do and clearly that is the difference. – HDSS Leader*

- **Specialized Housing** was developed by FAPT to support high-risk teens through mentoring and housing support

*I'm introducing him to what I would want for my sons – and he is accepting. I show him how families work so that gangs no longer replace what he views as family. I'll make sure that he continues his GED, help him with a job, and this summer we've got to work on the SATs – so I'm preparing him for what he wants as far as college. – Hampton Provider*

*They sent me to a Group Home but I was getting in trouble up there so I was sent here... He took me in as one of his own; I could do whatever his kids could do. He doesn't have too many rules – so it's comfortable; it's a good environment for me. I would tell other kids to use this to your advantage, as a tool to take you where you want to go – because it's good for you, something to help you stay out of trouble. – Youth in Specialized Housing*

*Specialized housing is a family. It's not a place to stay – it's a family setting where you'll be part of the cohesive, holistic entity. Group homes provide a service. I think that I provide life. – Hampton Provider*

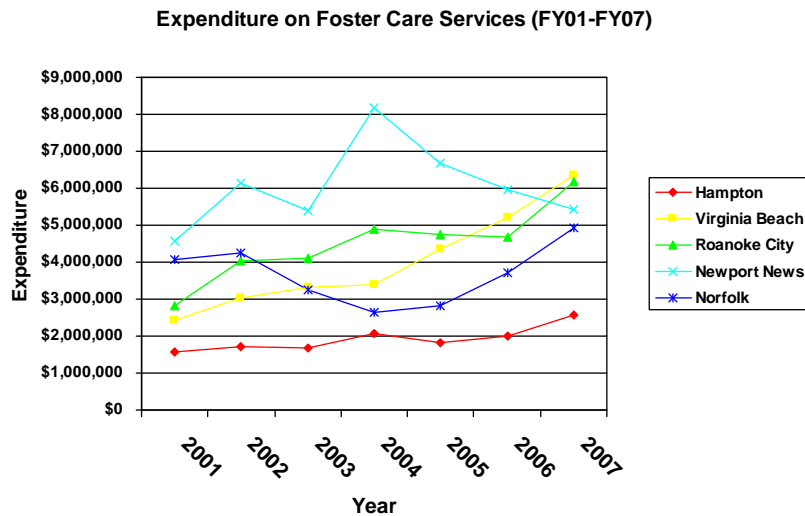
## V. HOW TO LEVERAGE FLEXIBLE FUNDS

### A. Background

HDSS applies CSA creatively to execute its mission to serve children and families in the community. Through a dedicated FAPT team, the department has streamlined operations to improve access to a wide range of services. With enhanced ability to review cases, create services, and pay for them with funds pooled from multiple agencies, HDSS has improved care while reducing cost (see Figure 6). Hampton has also reduced its reliance on CSA funding; between 1994 and 2005, the city's CSA spending increased by 39 percent while overall state CSA spending increased by 161 percent.

Figure 6

Hampton's rate of expenditure on foster care services from 2001 to 2007 has not increased as much as other localities



Source: Calculated by looking at changes in expenditure as reported in the CSA Data Pool Expenditures by Service Category Report on the CSA website

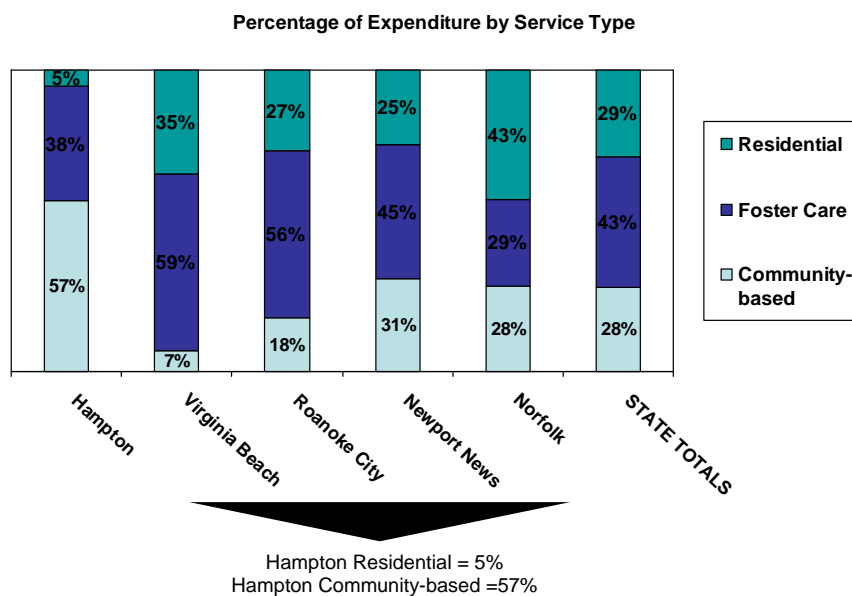
## B. Keys to leveraging flexible funds

The number of children entering out-of-home placement in Hampton continues to decrease because more challenging children are maintained in the community. This translates to a growing need for more intensive (and often more costly) services such as private day school programs or wraparound services. (See Figures 7 and 8) All funding for HDSS services (including services outside of FAPT) comes through the CSA Office to prevent duplication and to promote clear financial tracking.

*We're asking for supplemental funds a little sooner than normal because a lot of services are needed... and we have to pay more for at-risk children than for a child that has a few little behavior problems. – HDSS Leader*

Figure 7

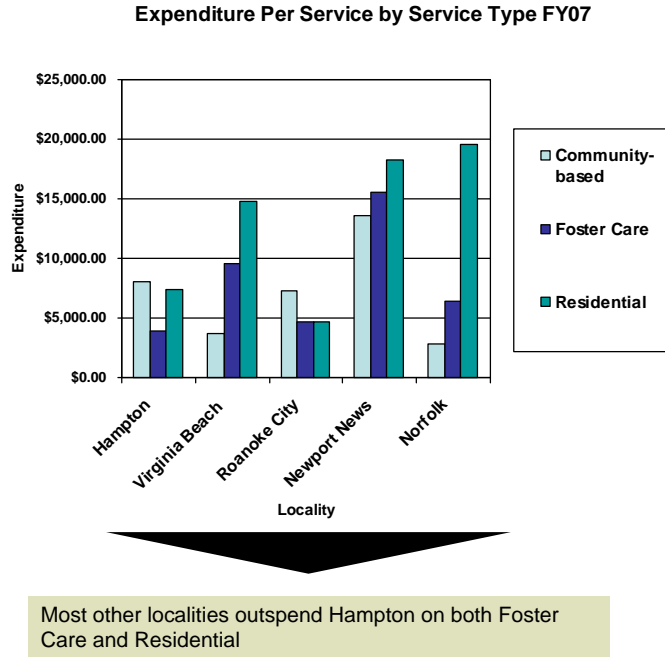
In FY07, Hampton's total expenditure on residential services was significantly less than other localities while the percentage spent on community-based services was much higher



Source: This data was compiled using information from the expenditure figures in the CSA Data Pool Expenditures by Service Category Report and CSA Data Set Quarterly Profiles

Figure 8

In FY07, Hampton spent more money per Community-based Service than they did on either Foster Care Services or Residential Services



Source: This data was compiled using information from the expenditure figures in the CSA Data Pool Expenditures by Service Category Report and CSA Data Set Quarterly Profiles

- **Explore alternative funding streams**

- FAPT uses any available Medicaid or Title IV-E funding prior to CSA funding; CPMT tracks funding streams to make sure they are properly utilized

*If the child has Medicaid, we do explore what Medicaid billable options are available first before deferring to CSA dollars. Then in the event that there are services that are necessary, such as mentoring, that are not billable to Medicaid – then we refer to CSA dollars. – FAPT Member*

- **Use CSA to enhance prevention and contain cost**

*CSA expenditures have been much lower as a trend line in the state and we think a factor is the prevention piece with Healthy Families – the reduction in the rate of child abuse and neglect contributed to that line. – HDSS Leader*

*Right now the state is going back and looking at rate setting. We just don't think that's the answer. We think that investing in better quality services and better outcomes is where you actually save money... if the state goes into too much rate setting, they will take away our flexibility to negotiate with different providers for unique packages of services – and undermine this whole community-based effort. – HDSS Leader*

- **Consider subsidized guardianship to keep youth out of foster care**

*I would like to see that a grandparent or aunt who takes care of a child who would otherwise be in foster care would be compensated appropriately because to me it makes great sense that if a child went into foster care the dollar amount that you would attach to that would be far greater than supplementing this family – a small amount to help them care adequately for the child. – FAPT Member*

## VI. HOW TO BUILD MORE EFFECTIVE ADMINISTRATION AND ACCOUNTABILITY

### A. Background

In the mid-1980s, Hampton's City Manager changed the structure of local government, reducing hierarchy and giving independent departments greater autonomy. This established a culture of collaboration within the city government that supported CSA from the beginning.

*He essentially created a contract with each department head at the beginning of the year and it said what we were going to do and what was going to be accomplished – and you came back a year later to say whether or not you did it. – HDSS Leader*

### B. Keys to building more effective administration and accountability

The HDSS administration has evolved to meet the increasingly complex demands of serving children and families within the community. Leadership has built a flat organization, delegating most day-to-day decision-making authority to the front-line teams closest to the client. Through CPMT, leaders ensure accountability by monitoring total costs, alternate funding sources, and residential care usage. In a city with "limited revenues and limited resources," the City Manager's office emphasized the need to focus on both the quality and cost of care.

*We want to make sure that kids are properly cared for but there is a realistic financial constraint. People are afraid that if you say there is a financial bottom line you're going to be accused of denying kids good service. And unless you spend a lot of time doing research, there is not a clear understanding that good quality service can be delivered in the community. – Hampton City Leader*

#### ▪ Use budget to guide behavior

- Although most FAPT services are "sum sufficient," the CPMT gives the team a budget to help guide the process and promote accountability
- CPMT gives FAPT an annual target for projected expenditures (approximately \$7 million in 2008)
  - CPMT tracks residential placements, high-end placements (over \$50,000 per year), and alternate funding sources
  - CPMT intercedes only when spending exceeds the budget (through special meetings with both teams)

**Casey Strategic Consulting Group**  
Hampton CSA Guide 8 15 08 FINAL.doc  
Frank R. Steinfield

*A lot of communities say you don't have to give a budget to a FAPT team because we're dealing with mandated services and we can't budget anyway. Well, we don't give them a budget target in order to cap expenditures, we do it in order to say you need to change the way you work in order to fit within this target. You can't do business as usual, putting kids in residential, and make this goal. – HDSS Leader*

▪ **Use information technology to manage by data**

- HDSS is working to improve its use of data to improve practice. It currently monitors reunification and re-entry data and the timeliness of Child Protective Services
- The Hampton FAPT has successfully used enterprise software for financial management of services and vendors

*The Harmony information system provides us with any case management information we need, anything for a particular vendor or provider. It has a breakdown of services by years and by different components. Because you want to see how fast you're spending now as opposed to how fast you were spending last year, or in this program the year before – and the trends. – HDSS Leader*

▪ **Support interaction with state-wide CSA organizations**

- The Hampton CSA Coordinator participates in State Executive Council (SEC) and State and Local Advisory Team (SLAT) meetings to learn about current state and federal issues that might have local impact

*Our goal is to understand what the laws are, what the rules are, and then to be able to see how flexible that is and to make sure that we're still meeting the goals of the state, that we are still meeting our local goals – and at the same time, making sure our kids and families are receiving services that are uninterrupted. – FAPT Member*

▪ **Promote from within**

- HDSS has benefitted from a strong, stable leadership team that has trained and developed staff with a common philosophy

*The Director knows the community, knows the city and people who are in political offices. He knows what this city wants and what's needed and he's been doing it for a long time and knows what brings about success. He saw that when kids were in residential they weren't coming out to be successful. So when home-based and all of the wraparound services came into existence in the early 90s here, he was there and he fell for it – he believed in it and he brought on people who felt the same way. – Director, Regional Provider*

*It can be very beneficial to promote people who will carry on the vision and who have the kind of commitment to the things that we find important. When you have that in place and the leadership has modeled the way for the staff to come on board, I think you build consistency and can take the organization to the next level. – HDSS Leader*

▪ **Drive better care and reinforce accountability through practice**

- Multiple stakeholders provide checks and balances; each one assumes responsibility for delivering high-quality services within the CSA structure

*Using the Pathway to Permanency planning tool is expected in a reunification case now. If it's not being used and used correctly, I'll find no reasonable efforts. But you have to have accountability – everybody has to feel comfortable that when we put our heads together and create something then the expectation is that it will be utilized and we'll all play by the same rules of the game. And I think we've always been pretty good at that here. – Hampton Juvenile Judge*

*The FAPT team will meet with the whole family – the child and the parents – to make sure that they're receiving the services that FAPT is funding. And if necessary, you have to have a discharge plan from day one – and before we get there, these are the steps that we have to take, and they monitor them quite closely. And if we don't produce, they terminate the services – I've seen that happen before. – Director, Regional Provider*

*Utilization Review is built into the FAPT process – and part of that is managing timeframes around cases. We see high level placements every month. For cases that have few services and their needs aren't as intense, we see quarterly. Then there are some cases we might staff on an emergency basis, depending on the level of need. So in the FAPT process, I'm looking at how much it costs, I'm looking at the length of service, and its effectiveness – is it will working, and then I'm looking at do we have a duplication of services? And that's very important so we don't overspend. – FAPT Team Member*

## VII. CONCLUSION

Because of Hampton's relatively small size (145,000), HDSS and CSA can reasonably gauge the results of its work, tracking outcomes by watching what happens both at the FAPT table and with the budget. Nonetheless, tracking more specific outcome data that captures the experience of children in the system over time (rather than year to year) would help the city and the state better understand how different practices drive performance – and promote better care.

Over the past two decades, Hampton's Department of Social Services has used CSA to change the way it does business. With a goal of providing better care to at-risk children and families, HDSS has worked collaboratively with agency partners to serve its customers in the community. This approach has enabled the department to deploy resources more effectively:

*And if we bring one kid home then that will save \$100,000. And if we save \$100,000 that will give us a pool of money that will allow us to build more community services that will then allow us to bring a second kid home. Which will then build more savings that will allow to bring a third kid home and so forth and so on, so success breed success. – Hampton City Leader*

Hampton's approach has created a virtuous cycle where building community resources ultimately increases both staff and client satisfaction. Over time, the HDSS and CSA leveraged strong leadership from the city, agency, and private providers to develop best practices and build buy-in across the system, a process that continues today. Looking ahead, there is an opportunity to spread Hampton's approach by sharing the city's experience with other Virginia localities – perhaps by creating an educational resource that would promote best practice across the state.

*If you say to somebody, "You need to bring kids back from residential" – well as a practical matter on the practice level, they don't know how to do that. We need to have an academy that has some sort of classroom on the front end that says, "Here's the philosophy, here's the research to back it up, here are the practical ways in which you bring kids back and treat them in a community" – and I think people should go through that, maybe as a team, such as CPMT, FAPT, and judges. A lot of people talk about this stuff, but the question is, can you translate it into practice? – HDSS Leader*

HDSS leaders and staff regard success one child at a time – and celebrate when a troubled youth flourishes with community-based care.

*When I come here, they let me know what's going on, what's being recommended for me, and what they planned on doing. I felt it was helpful because if I didn't come, I wouldn't be going home. When I was younger, I didn't think it was working for me, but as you get older you realize it helps you. They let me know that they care about me. So I know they're there for my own good. They make sure everything's all right with me, make sure I'm getting everything that I need. – Hampton Youth in Specialized Housing*

## **APPENDIX 1: LESSONS LEARNED FROM HAMPTON, VA**

### **I. HOW TO CHANGE PRACTICE**

- **Share understanding of CSA beliefs across department**
  - Identify goals; make clear what you want to achieve
  - Inspire staff to change the way they work
  - Build system infrastructure aligned with core beliefs
  - Communicate mission and approach to stakeholders and the public
  
- **Translate beliefs into action through FAPT**
  - Configure single team with single coordinator
  - Ensure that FAPT exercises considerable decision-making authority
  - Recruit strong CSA Coordinator
  - Find the right people for the FAPT Team
  - Engage parents as experts in understanding their own children
  - Coordinate communications from FAPT team
  - One rule: No individual is allowed to bring a plan to the meeting
  
- **Align department infrastructure and initiatives with practice**
  - Integrate benefits with services
  - Coordinate new cases with Transitional Social Worker
  - Leverage Group Homes only as resource for stabilization and short-term support

### **II. HOW TO PARTNER WITH MULTIPLE STAKEHOLDERS**

- **Work with Juvenile Court to achieve shared goals**
  - Seek opportunities to work with the Court to create and coordinate services
  - Leverage Juvenile Court as convener
  
- **Work with private providers to create customized services**
  - Match individual children with providers by specialty and by specific workers
  - Focus on outcomes and work backwards

- **Build buy-in through FAPT and CPMT partners**
  - Leverage agency liaisons
- **Access preventive services early and often**
  - Split prevention from social services
  - Reach neediest families through universal home visit program
  - Link back to Social Services through FAPT and CPMT

### **III. HOW TO CREATE COMMUNITY-BASED SERVICES**

- **Develop services based on a set of individual needs**
  - Treat youth in Court Services like any other youth
  - Roll up demand to create new programs
  - Wrap services around families to support high-end youth
- **Consider community-based alternatives to failed placement**

### **IV. HOW TO LEVERAGE FLEXIBLE FUNDS**

- **Explore alternative funding streams**
- **Use CSA to enhance prevention and contain cost**
- **Consider subsidized guardianship to keep youth out of foster care**

### **V. HOW TO BUILD MORE EFFECTIVE ADMINISTRATION AND ACCOUNTABILITY**

- **Use budget to guide behavior**
- **Use information technology to manage by data**
- **Support interaction with state-wide CSA organizations**
- **Promote from within**
- **Drive better care and reinforce accountability through practice**

**APPENDIX 2: *THE HAMPTON APPROACH TO CHILD CENTERED, FAMILY FOCUSED, COMMUNITY BASED PRACTICE, NOVEMBER 2007***



Hampton Virginia  
Comprehensive Services Act  
Community Policy and  
Management Team

## **The Hampton Approach to Child Centered, Family Focused, Community Based Practice**

November 2007

*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.*

Walt Credle, 1994

Supported by:  
Hampton Community Policy and Management Team  
Hampton Family Assessment and Planning Team  
Hampton Department of Human Services

# 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 to 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<sup>1</sup>.

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<sup>1</sup> [Trying Hard Is Not Good Enough](#)  
by Mark Friedman - 2005

# The Hampton Service Delivery System

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Hampton has developed a comprehensive array of community based supports and services that has grown and changed over the past 15 years. These supports and services are always developed utilizing child centered, family focused, community based, strengths based and culturally competent individualized approaches that support children remaining in their homes, schools and communities. The success Hampton has had supporting children and young adults remaining with their families and in their neighborhoods and communities has been significantly supported by the array of quality *interdependent and individualized* services provided within our system of care. Supports and services developed within the Hampton System of Care and implemented include:

- The Hampton Family Assessment and Planning Team
- Healthy Families Partnership
- Pathways to Permanency
- Specialized Intensive Foster Care
- Intensive Care Coordination
- Specialized Educational Services
- Family Stabilization Project
- Parent to Parent Support
- Teaching Parent Project
- Family Group Conferencing
- Safe Harbor for Kids
- Specialized Housing Services Project
- Supervised Independent Transitional Living
- Mediation Project
- Post Adoption Services
- Managing Emotions Project
- Fatherhood Initiative
- Fast Forward
- Parents and Children Together (PACT) - Shared Family Care Project

**The Hampton Family Assessment and Planning Team** consists of the agencies serving children and their families and family representatives. The Hampton FAPT is a single team meeting multiple times a week and has staff that devotes a significant part of their work hours to FAPT involvement. Team members are acculturated into the child centered, family focused and community based approach to providing supports and services for children and their families. All approaches are individualized to the specific needs of children and their families and innovation is supported. The new *PACT* project, supporting entire families in “Host” homes to avoid foster care and out of community placements, was one of many innovative projects begun by supporting an individual family at FAPT.

**The Hampton Healthy Families Partnership** was developed as city officials understood the link between strong families, early childhood development, and the creation of a globally competitive workforce. Strong healthy families would provide the foundation for a sturdy economic future. The goal of the Partnership is **to ensure that every child is born healthy and enters school ready to learn.** Program components include Parenting Education, Healthy Stages, Young Family Centers, Healthy Start, Welcome Baby and Child Fair. Outcomes have included a 26.8% reduction in the rate of child abuse and neglect between 1992 and 2000 outpacing the region’s rate of 3.4%; 0% repeat teen births among Healthy Start mothers versus an average of 30% for all teen mothers in Virginia; a 96% immunization rate for two-year olds in the Healthy Start program versus 73% for all two-year olds in Virginia; and 85% of Healthy Start children entered school ready to learn.

**Best Practices Court Stakeholders Group** is a collaborative effort of all child serving stakeholder organizations led by the Hampton Juvenile and Domestic Relations District Court and the Hampton Department of Social Services. The group has become the forum for an ongoing evaluation of and accountability to progress made by the court and the service providers in achieving better outcomes for children and families. Under the leadership of the Honorable Jay E. Dugger this group emerged as a result of efforts to make improvements to the handling of child dependency issues, service planning and filings, timeliness of hearings and various service delivery issues.

**Pathway to Permanency Planning Tool** is a product of the cooperative efforts of the Hampton Department of Human Services, the Hampton Juvenile & Domestic Relations District Court, and other local agencies working to assist foster children and their families in the City of Hampton. Pathway to Permanency is a tool designed to reunite children with their biological parents in a way that focuses on parent empowerment and consistency in planning. Every family having children entering foster care has a transitional services worker to guide them through the process. Each family is provided a Pathway to Permanency Planning Tool, which is a binder full of important information regarding all aspects of the process, and is filled by the family with important additional information as they continue through the process. Families must bring the binder to all important meetings, FAPT, supervised visitation (Safe Harbor), school meetings and court dates. Pathways to Permanency also offers the ability to provide concurrent planning processes, Parental Capacity Evaluations, family preservation services and the *Stable School Order* which supports children remaining in their home schools and avoiding school disruptions.

**Specialized Intensive Foster Care (SIFC)** was developed as an alternative to residential treatment centers. Professional Parents, with the knowledge and experience to support children and families with the most complex needs, provide 24-hour services, support and housing utilizing an *unconditional care* approach. SIFC families have typically worked in the field in residential treatment centers, group homes and therapeutic foster care and have the ability to support children and young adults with complex needs and aggressive behaviors. SIFC families receive Wraparound supports individualized for each child's specific strengths and needs. SIFC families also provide a positive family environment that supports children and their families succeeding at home, school and in the community. SIFC parents connect with the biological family and often serve as mentors to the families and siblings. *Specialized Intensive Foster Care has served as a significant alternative to residential treatment for children and families in Hampton.*

**Intensive Care Coordination (ICC)** is a multi-agency tiered approach to supporting children and families remaining together and avoiding out of home and out of community placements. ICC is provided in family's homes, schools and communities and has been a critical factor in quickly implementing supports and services that reduce the need for residential treatment services. The ICC team consists of the Hampton Utilization Review Coordinator who has leadership responsibility in supporting children remaining in the community and sits as a full-time FAPT member; Clinical Case Management provided as a collaboration between Hampton FAPT and the Hampton/Newport News Community Services Board and insures that children returning to the community from out of home placements have all the services and supports necessary to be successful; Specialized Case Management purpose is to support the foster home environment to prevent disruption of placements; Intensive Case Managers contracted by FAPT to work closely with families to identify needed services and supports to avoid out of home placements and access these services; and Parent to Parent services provided by family members who have received FAPT services and help families navigate and understand the complex service delivery system.

**Specialized Educational Services** support Hampton's philosophy for children to attend their neighborhood schools and if children need to be placed outside of their home school to support their individualized educational needs; placement at the nearest school is sought. Hampton City Schools was a leader in developing local classrooms for children with autism. These "hard to serve" children were served in their home school or served at the regional school facility, New Horizons. Many communities

struggled with supporting children with autism and mental retardation and co-occurring behavioral issues resulting in children being placed in residential treatment centers outside of the community and outside of the state. Hampton City Schools also has a strong vocational program with high school job coaches for children with mental retardation in place for the past 10 years. Children are placed in jobs in such diverse work places as the school, T.J. Maxx, the VA Hospital laundry room etc.

As of 2006 there were 48 children in Private Day placement out of 3428 children receiving special education services. Hampton Private Day Schools have strong academics, a comprehensive social skills curriculum, GED prep courses, a horticulture class and canoeing, skiing and camping experiences. Private Day schools have also collaborated with foster parents to support children and adolescents with significant behavioral health needs.

**The Family Stabilization Project** is collaboration between the Hampton Court Services Unit, Hampton Department of Social Services and private child-serving agencies. Children and families involved in the juvenile justice system and at significant risk of removal from their homes and families are provided intensive in-home services including case management, family support, connection to natural and community supports, linkages to an array of community based services, advocacy, and crisis support. Short term out of home stays are available to allow the time for services to be developed as well as an assessment to determine the best possible services and supports for each child and family.

**The Parent to Parent Support Project** provides family mentors to serve as guides and support for families involved in the FAPT process. Parent-to-Parent advocates have received services from FAPT member child serving agencies and developed the skills necessary to support families at home, school and in the community. Parent Partners have a strong working knowledge of all of the agencies involved with FAPT as well as available resources in the community. Parent Partners support families through such diverse activities as IEP meetings, FAPT meetings, mental health and substance abuse appointments, scheduling multiple appointments, social services connections and one to one support based on each family's individualized needs.

**The Teaching Parent Project** provides birth parents and other natural supports such as relatives and community members whose children are at imminent risk of removal from their families and communities an array of services and supports including ongoing education and training to support children and families staying together; case management services including behavior management, advocacy, linkages to services and crisis intervention support; ongoing FAPT support and monitoring to insure quality of services; and a monthly stipend to support the goal of children and their families successfully together. The Teaching Parent Project has been another critical ingredient in keeping children and families together.

**Family Group Conferencing** provides an active forum for families to make decisions for the best possible placement for children at risk of removal from their homes and families. The Hampton Department of Social Services Foster Care Unit utilizes the New Zealand approach that insures family meetings to develop solutions regarding cases of abuse and neglect. The foster care staff brings together family members and community members identified by the family to develop a *family conference*. The family is given guidelines to insure safety and meets alone for several hours to develop a strengths based plan and then share this plan with the foster care staff. Hampton has found families can develop real and powerful plans that support children remaining safely in the community.

**Safe Harbor for Kids** facilitates successful supervised visits between parents and children. This project is part of the Pathways to Permanency project and provides trained professionals to supervise visitation, provide feedback to families as well as feedback to the court and social services. The goal of visits is for children and families to experience love and acceptance as well as provide supervision and support regarding potential safety concerns.

**Mediation** is a component of the Pathways to Permanency project that allows families the opportunity to voluntarily resolve differences to support unified planning and expedite court processes. Mediation offers a strengths base method to open dialogue between family members; an opportunity to find fair and equitable solutions; a focus on the best interest of the children; a confidential forum; and an informal process facilitated by an impartial third party. Family members must voluntarily agree to be involved in the mediation process; agree to ground rules negotiated with the facilitator; and agree to listen to the other family member involved in the mediation process as the mediation moves toward a written agreement between family members.

**Post Adoption Services** are provided by the Hampton Department of Social Services to support adoptive families and reduce the likelihood of adoption dissolutions. This is a particular emphasis for children adopted out of the foster care system who, if the adoption fails, often return to the foster care system. Post adoption services are provided for families who have adopted children and need additional support; children with complex needs including infants with prenatal drug and/or alcohol exposure; children with physical, emotional or developmental challenges; and children seeking answers regarding their adoption or searching for their birth parents. Services include information and referrals for services, clinical support and general support for the adoptive family and children.

**The Managing Emotions Program (ME)** is a partnership between the Center for Child and Family Services and the Hampton Healthy Families Partnership that supports parents increasing parental skills through participation in a variety of group experiences. The primary goal of the project is to insure that parents strengthen their abilities to provide a safe, nurturing environment for their children. The variety of group experiences includes nurturing and parenting; parent anger management; and parent violence anger management.

**The Fatherhood Initiative** has been developed to increase the role of fathers in the FAPT process as well as throughout the Hampton children's service delivery system. Fathers attend a 12 week group to provide support and education regarding their child's strengths and complex needs; reduce stressors regarding the role of fathers with their children and families; increase understanding of systems processes including FAPT, DSS, IEP processes and other systemic supports and barriers; increasing understanding and access to community based services and supports; and develop each father's skills and abilities to advocate for their child and family.

**The Brotherhood** is an ongoing group developed to provide a positive outlet for young black men to foster healthy discussions on issues each of them may face day to day. Co-facilitated by a Hampton DSS social worker and a Hampton foster parent group topics are diverse and include positive peer interactions; moving toward adulthood; the importance of education; what is a family; being a black male in today's world; respect for women; the influence of gangs; drugs, alcohol and peer pressure and a variety of experiential community activities.

**The Specialized Housing Services Project** offers an option for young adults who have a need for supportive adults in their lives as well as a place to live while transitioning to adulthood. The *Supportive Adult* serves as a mentor and guide as the young adult travels on his or her journey toward adulthood as well as commits to providing housing and teaching life lessons on the road to independence. Services and supports provided include a place to live, help with house and apartment searches, support mastering independent living skills, coaching and role modeling, career counseling, transportation, educational and vocational support, money management support, volunteerism and development of community supports and activities.

**The Supervised Transitional Independent Living Project (STIL)** provides apartment living with transitional supports to bridge the gap for young adults over 18 between foster home placements and living independently in the community as adults. Services provided include case management, intensive in-home services, independent living skills training, monitoring, supervision and 24-hour crisis support. The young adults are provided with practical and applicable skills development including employment readiness, money management, housekeeping and daily living skills, nutrition and transportation education and support.

**Fast Forward** is a program that is designed to fit employers with the most qualified employees. The placement professionals strive to meet each employer's unique requirements by referring only successful Fast Forward graduates who are qualified and ready to perform. Each graduate receives ongoing follow-up counseling in support of continued success on the job. Fast Forward also works with employers to design and deliver special pre and post employment training and orientation programs aligned to specific organizational goals. Structured training and apprenticeship programs are part of the Fast Forward program; candidates are carefully screened based on employer requirements with a goal of long-term employment and potential advancement. Training and education dollars are often available to help Fast Forward graduates gain critical skills.

**Shared Family Care** is Hampton's newest project and a collaboration of all CPMT/FAPT member agencies, Lutheran Family Services (A CPMT/FAPT agency providing the project manager and Triad Training and Consulting Services). The concept was developed at the FAPT "table" as an individualized approach for families with complex needs to avoid immediate foster care placement and the placement of children and adolescents in residential programs. Hampton researched models and projects across the country and discovered the Shared Family Care model, which originated in Europe. The approach has been successfully implemented in Contra Costa County California and Hampton opened a dialogue with the community and the University of California Berkeley to offer technical assistance to Hampton CPMT and FAPT in the development of the project. Hampton received a CSA Innovative Community Services grant from the state to support development of the project. Hampton FAPT leadership met with the folks involved in Contra Costa County and the University of California Berkeley to see the project and gain an understanding of lessons learned in their development of Shared Family Care.

Hampton identified a "Host" family as well as a family in need of the supports and services provided by Hampton Parents and Children Together (Shared Family Care). Twelve "Host" families have been identified and new families are being identified to receive housing, support and services. The plan is for families to remain in the project for up to six months; develop the necessary tools and skills to support their children with complex needs; find employment and housing; and successfully live independently in the community.

Hampton CPMT and FAPT understand that we can never stop developing, implementing and modifying service approaches. The strength, needs and complexities of the families and children we support are always evolving and the services and supports we provide must also evolve. We develop services and supports always mindful that all services and supports must be child centered, family focused, community based, culturally and linguistically competent and strengths based. We also know that services must be individualized and change as the needs of children, families and communities change. These core values and beliefs support the development of innovative community based services.

## Historical Development of the Hampton System of Care

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- **1991:** Hampton child-serving agencies develop inter-agency team.
- **1993:** CSA implementation begins.
- **1994:** Robert J. O'Neill, Hampton City Manager, informs CPMT local options must be developed to serve at-risk children and families; DSS Director meets with CPMT to develop alternative community-based options; child-specific teams developed for children in residential treatment.
- **1995:** CSA Coordinator and DSS FAPT Representative meet with community-based providers to insure community-based services are supporting children and families remaining together. Hampton hires first Intensive Care Coordinator to support reducing out of home and out of community placements.
- **1997:** Judge Durden requests answers from FAPT regarding a specific child remaining in RTC placement; Hampton FAPT develops Intensive Specialized Foster Care Project. Mark Hinson is first ISFC parent.
- **1998:** Hampton CSA Coordinator and Hampton DSS develop second Specialized Intensive Foster Home; Hampton contracts to bring in Utilization Review Coordinator to proactively reduce the need for out of community placements.
- **2000:** Hampton CPMT continues reviews of children placed out of community and directors of agencies offer resources to support children remaining in the community. Resources lead to the development and expansion of clinical care coordination at the CSB; alternatives to out of community placements at Hampton City schools; and utilizing foster care prevention funds for children at-risk of foster care served by the Hampton Court Services Unit.
- **2002:** Hampton expands Specialized Intensive Foster Care. DSS Foster Care Supervisor, and FAPT decide to have ICFS families provide supportive services to one another.
- **2004:** Hampton CPMT and Hampton FAPT continue to increase utilization of community based in-home services providers who are able to utilize strategies to support children remaining with their families and in their communities.
- **2005:** Hampton Best Practices Court Stakeholders led by Judge Dugger and including all child and family-serving agencies and individuals collaborates to insure families with children entering foster care have reunification supports and services including Pathway to Permanency binders.
- **2006:** CPMT and FAPT continue the development of innovative community based projects. CSA Coordinator leads the development of the grant to provide Host homes for entire families at risk of foster care and residential treatment placement.
- **2007:** Hampton continues its historic limited utilization of residential treatment and group home. As of November 1, 2007 Hampton has had 0 children in Residential Treatment Centers for 7 months and 1% of all children served in group homes.

## Hampton Keys to Success in Developing a System of Care

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Interviews with key leaders involved in the Hampton CSA project throughout the years mentioned several common themes as reasons for the city's success with developing community based services for at-risk children and families. These include:

- The trust and strong working relationships between and among child-serving agency department leadership
- The trust and strong working relationships between elected officials and city government staff prior to the implementation of CSA
- City government's belief in innovation and best practices in serving children and families including viewing families as the primary "natural" community resource
- Local leaders, department directors and program staff's firm belief that children had better outcomes served in the community rather than in out of home and out of community placements
- Selection of the private provider representative as the first CPMT chairperson
- Selection of the Hampton Department of Social Services Chief of Services as the manager of the program
- Significant and consistent leadership and support from Hampton Juvenile and Domestic Relations Court Judges
- Development of a FAPT team dedicated to CSA and co-located at DSS
- Designation of quality staff to the FAPT team who also served as CSA ambassadors at their agencies and in the community
- Clear focus, from the beginning, on creating innovative community based services and bringing children home from out of community residential treatment centers
- Development of a FAPT support team including a strong CSA Coordinator
- The commitment of member agencies to offer additional resources to support CSA including the development of a robust children's mental health system by the Community Services Board; utilization of 294 Funding and VJCCCA funding by the Court Services Unit; the development of a regional school approach for special needs students by Hampton City Schools; commitment of a dedicated staff by the Hampton Health Department and the development of a significant number of private agencies that provided strengths based, community based alternatives to out of home and out of community placement.

## Hampton CSA Systemic and Service-Related Outcomes

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Hampton contracted with Triad Training and Consulting Services in 2006 to develop the *Historical Perspective, Data, Outcomes and Practice Improvement Project* document. This information and perspective comes from that document and some data has been updated to include 2006 information.

- Hampton seldom utilizes residential treatment as a service option. 6.9% of all children served by Hampton in CSA program year 2006 received residential services (the state average was 25%).
- Hampton utilizes residential services but views residential services placement as a *treatment failure* in the community. 13.4% of services dollars in CSA program year 2006 were spent on residential services. The state average was 44.9%.
- Hampton has had **no** children placed in residential treatment facilities for a significant part of calendar year 2007.
- There has been a strong commitment to multi-agency collaboration since 1993 to support children and families remaining together in the community. Multiple collaborations have resulted in the development of innovative programs by all CPMT member agencies. Projects include intensive care management, specialized foster care, the teaching parent approach, family reunification and intensive in-home services.
- Hampton has long emphasized prevention and early intervention services. The Hampton Healthy Family Partnership has played a significant role in inter-agency collaboration and reducing the need for intervention services.
- The Specialized Foster Care Project has supported children with significant needs remaining in the community as evidenced by 84% of the youth having academic problems; 80% of the youth having physical aggression issues; 61% of the youth having depressive symptoms; and 30% of the youth having suicidal or self-harmful behaviors.
- The Specialized Foster Care Project has shown significant success as evidenced by 92% of the children in the project during 2005-2006 remaining in their specialized foster home, moving to a less restrictive environment or being adopted.
- The Specialized Foster Care project serves children and families with complex needs. One year ago 38% of children in specialized foster homes had a CAFAS score of 100 or higher. 42% of children in specialized foster homes one year later had CAFAS scores of 100 or higher. This demonstrates Hampton's ability to support children with complex needs in community settings.
- One specialized foster home "closed" last year after the family adopted the children in the specialized home.

**APPENDIX 3: REINVENTING SERVICES FOR AT-RISK CHILDREN & FAMILIES**

<b>Traditional Single-Agency Approach</b>	<b>New Collaborative Team Approach</b>
1. Review and accept community-based options as the step before making a residential placement	Create community-based options for specific children that do not now exist
2. Encourage parents to accept residential placements because community-based options are not readily available	Offer parents creative community-based options for their children and commit to their development
3. Continue residential placements beyond the point of significant treatment benefit	Establish early discharge dates and rigorously pursue stepdown plans
4. Money is not a consideration when services are mandated	Avoid obligating City money that has not been appropriated
5. Residential placements are driven by statutory and judicial considerations which are external to CSA Teams	Residential placements are driven by the degree to which we take responsibility for creating alternatives

## **APPENDIX 4: PATHWAY TO PERMANENCY PLANNING TOOL**

# Pathway to Permanency Planning Tool

A product of  
the cooperative efforts of



the Hampton Department of Social Services,



the Hampton Juvenile &  
Domestic Relations Court,

and the other local agencies  
working to assist foster children  
and their families  
in the City of Hampton.

# Pathway to Permanency



The following provides you with what you need to know about the court process and the people helping you with your case.

**A RESOURCE FOR:**

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WRITE YOUR NAME HERE

## Information for Parents and Guardians in Child Abuse & Neglect Cases

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Being involved in a child abuse and neglect case can be very confusing and stressful for a family. Not knowing what to expect can make it even harder. This binder will help you understand what will happen. Keep this binder with you and write in it the names of the people who will be working with you and the dates of the court hearings. This binder will also be an important tool in planning with the Department of Social Services, your attorney and the Guardian ad Litem for your child. You **MUST** bring this binder to **ALL** Court hearings, meetings with your social worker, meetings with your attorney, and meetings with the Guardian ad Litem.

# How Does Virginia Law Define Abuse and Neglect?

An abused or neglected child is a child whose caregiver creates, inflicts, allows or threatens physical or mental injury to the child other than by accident. In addition, abuse or neglect can occur when the caregiver does not provide the care necessary for the child's health or allows a sexual act to be committed against the child. A child can be abused or neglected even if it is not clear who injured the child. An abused or neglected child may also be a child whose caregiver abandons the child or who is mentally or physically unable to care for the child.

# Why Do You Have To Go To Court?

The Department of Social Services ("Social Services") receives reports of suspected child abuse or neglect. Child Protective Services workers investigate the reports and, if the reports are true, determine what help the family and the child need. Social Services will file a petition with the Juvenile and Domestic Relations Court ("Court") for an Emergency Removal Order when the family fails to cooperate, the situation is severe, or services cannot be provided while leaving the child in the home. This order gives Social Services emergency custody of the child.

In deciding these cases, the actions of the Court are intended to keep the children safe, to help families create a safe home for their children, and to ensure that both families and children receive the help they need.

The Judge can require you and your family to get help. Also, the Judge can order that your child stay in the custody of Social Services and be placed in foster care. This means that Social Services is legally responsible for your child and, with the approval of the Court, can make decisions about where your child should live and what you need to do to have your child returned to you. You remain financially responsible for your child and may be ordered to pay child support.

The same problems that brought you to the Court could also result in criminal charges against you, your partner, or someone else in your family. In that case, you may also have to go to Circuit Court to see another judge. This binder does not deal with criminal cases.

# How Do You Get Your Child Back Home?

Children grow best in a permanent, safe and loving family. When they are removed from their homes, it is best for them to return as soon as possible. For your child to be returned to you, you must make your home safe and ensure proper care of your child within certain time limits as explained in this binder.

When children cannot return to their families, another permanent, safe home will be found for them-often through adoption.

# Who Will Help You?

There will be two social workers at the Hampton Department of Social Services that will meet with you: the transitional social worker and the foster care social worker.

## YOUR TRANSITIONAL SOCIAL WORKER

Social Services will assign a Social Worker for your child and family. When you go to Court, you should be given that person's name and phone number. This worker will be your link to ongoing services. The transitional social worker should:

- Help you understand the problems that brought you to Court; and
- Set up immediate visitation between you and your child

Your transitional social worker will need the following information to care for your child:

- Birth certificate*
- Medical insurance coverage*
- Immunization record*
- Family medical history*
- Social security card*
- Your wage and income*
- Names and addresses of relatives who might be able to take care of your child*
- Identifying information for both parents including names, addresses, social security numbers, birth dates and phone numbers*

Write the name of your transitional social worker, address and phone number here:

NAME: \_\_\_\_\_ PHONE: 757-727-1800

ADDRESS: 1320 LaSalle Ave. Hampton, VA 23669 BEST TIME TO CALL: \_\_\_\_\_

Things I want to discuss or ask about:

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# When Will You Have to Go to Court?

The Court will require you to attend several court hearings so that the Judge and others may listen to all sides and decide what is best for your child. Most child abuse and neglect cases have at least five different court hearings during the first year.

**STEP 1 Preliminary Removal Hearing** (This hearing has already been held)

**STEP 2 Adjudicatory Hearing**

**STEP 3 Dispositional Hearing**

**STEP 4 Foster Care Review Hearing**

**STEP 5 Permanency Planning Hearing**

Each court hearing has a different purpose. They are all described in this binder so that you will know what to expect at each hearing, when and where it will be held, and why it is important for you to attend.

Remember, the actions of the Court are intended to keep children safe and help families create a safe home for their children. If you do not understand the purpose of any of the hearings you are asked to attend, talk to your attorney. Unless you improve the conditions that brought your child into foster care, the Court may terminate your parental rights and your child may be placed for adoption .

## **STEP 1: The Preliminary Removal Hearing**

*Will my child remain in a foster home?*

Social Services may take a child into custody without a court hearing when there is an imminent threat to the child's life or health.

The Court will hold a Preliminary Removal Hearing within 5 business days if your child is removed from your home.

At the Preliminary Removal Hearing the Judge will determine if the child is abused or neglected. If you ask, the Court will put off making this decision and set a separate hearing called an Adjudicatory Hearing. It will be held within 30 days. The Judge will decide if your child should stay in the custody of Social Services.

The Attorney for Social Services, the GAL and your Attorney will present information about the case to the Judge.









## These are your rights:

- You have the right to an attorney. If you cannot afford to pay for an attorney, one may be appointed for you by the court.
- You have the right to admit or deny the allegations made about you and your family.
- You have the right to be notified of all Court hearings. You must keep the court informed if you move.
- You may have an interpreter appointed by the Court if you do not understand English or cannot hear.
- You have the right to talk to your social worker and your attorney. But remember, they may be busy with someone else when you call. Be sure to leave a message with a phone number where you can be reached or call them again. Keep track of the best times to call them.

## These are your responsibilities:

- Take this seriously.
- Attend the court hearings.
- Do what the Foster Care Plan says you have to do. If you do not understand what is required, ask your attorney.
- Stay in touch with your attorney and your social worker. Be sure they always have a current address and telephone number for you.
- Be sure that you know what you are supposed to do and when, and then do it. Things move very quickly in child abuse and neglect cases. It will make a difference in whether or not your child is returned to you.
- Always have this binder with you when you meet with people regarding your case.

Unless you do what the Court requires, you could lose custody of your child forever. Start working now on the things you need to do.

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This material was adapted from the handbook prepared for use throughout the Commonwealth by the Parents' Handbook Committee comprised of representatives from the Juvenile & Domestic Relations Court for the 12th Judicial District, the Chesterfield-Colonial Heights Department of Social Services, the Chesterfield County Attorney's Office, CASA, and the Children's Home Society of Virginia. (*Funds were provided for the original handbook by DHHS Grant #G9901-VASCIP*)

## APPENDIX 5: THE SEVEN COMMANDMENTS OF FAPT ETIQUETTE

- I. Thou shalt not allow your cell phone, pager or other little noisy gadgets you may have to go off during FAPT staffings... Vibrate is Magic!
- II. Thou shalt not eat your breakfast, lunch or dinner while families are pouring their hearts out to you!
- III. Thou shalt not take a cat nap regardless how boring you think the “story” is!
- IV. Thou shalt not read the paper, skim through magazines, or devote FAPT staffing time to the other very important job duties for which you are responsible!
- V. Thou shalt not share your own personal testimonies with families during their time of crisis! (Feel free to testify upon their exit....)
- VI. Thou shalt always remain calm, cool, and collected regardless of how frantic, hostile and out of control the family (or service coordinator) may behave... We expect such behavior!
- VII. Thou shalt always treat the family with dignity and respect. Be mindful of our tone of voice, our body language, and our biases... Remember we are one child, sibling, parent, spouse, or friend away from being in their shoes!