Interagency Collaboration on Children & Youth Services

Presentation to the Fairfax-Falls Church Community Services Board

April 25, 2007

Introductions: Patrick McConnell, *Director, Youth Services, Alcohol and Drug Services*
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Presenters: Gail Ledford, *Manager, Comprehensive Services Act, Department of Family Services*
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Overview of System of Care Concepts & The CSA Program

Developed by the Fairfax-Falls Church Community Policy & Management Team CSA Program Staff

Presented by Gail Ledford, *Manager, Comprehensive Services Act, Department of Family Services*

A System of Care...

- is child-centered, family-focused, family-driven, and youth-guided
- is community-based
- is culturally competent and responsive
- includes children's rights and advocacy
- provides for individualized service planning
- provides for the least restrictive and clinically appropriate treatment setting
- provides services that "wrap around" the child
- includes case management and care coordination
- must be culturally sensitive
- is a coordinated network of community-based services and supports
- is organized to meet the challenges of youth with mental health and other complex needs
- includes early identification and intervention services
- provides for the smooth transition to adult services
- includes flexible funding
- includes a comprehensive array of services

In a Systems of Care Environment…

that embraces the principles of family-driven & youth-guided service delivery...

- families and youth are given accurate, understandable and complete information necessary to set their goals
- families and youth, providers and administrators embrace the concepts of shared decision-making and responsibility for their outcomes
- families and youth make choices for improving their planning
- families and youth come together and organize to use their knowledge and skills as a force for systems transformation
- families and family-run organizations engage in peer support activities to reduce isolation, share information, and strengthen the family voice
- families and family-run organizations provide direction for decisions that impact funding for services, treatment, and support
- youth are engaged in the idea that change is possible in their life and in the systems that serve them
- with family-driven care, providers take the initiative to change practice *from* provider-driven *to* family-driven

With Family-driven Care...

- leadership ensures that the staff, training, support and resources to make family-driven practice work are provided
- funding mechanisms allow families and youth to have choices
- community attitudes focus on removing the barriers and discrimination that are created by stigma
- community partners and stakeholders encourage and listen to the views and opinions of youth, rather than minimize their importance
- communities embrace, value and celebrate the diverse cultures of their youth and families

With Family-driven Care... *(continued)*

- everyone who connects with youth and families advances their own cultural and linguistic responsiveness as the population changes
- family and youth experiences, steer decision making about all aspects of service and system design, operation, and evaluation
- administrators and staff actively demonstrate their partnerships with families and youth by sharing power, resources, authority, responsibility, and control
- agency leadership understands the role of youth at the policy-making level

With Family-driven Care... *(continued)*

- families and youth have access to useful and understandable information and data, as well as sound professional expertise, so they have good information to make decisions
- all children, youth, and their families have a voice for advocating on their behalf
- meetings and service provision happen in culturally and linguistically competent environments where family and youth voices are heard and valued, everyone is respected and trusted, and it is safe for everyone to speak honestly
- family-run organizations receive resources and funds to support and sustain the infrastructure essential to ensure an independent family voice

The CSA is the Framework for the Fairfax-Falls Church Local System of Care

Select Fairfax Falls-Church CSA Information & FY 2006 Data

Intent of the Comprehensive Services Act for At-risk Children, Youth & Families

- The CSA is state legislation enacted and intended to . . .
  - To create a collaborative system of services and funding that is child-centered, family-focused and community-based when addressing the strengths and needs of troubled and at-risk youths and their families in the Commonwealth (Virginia Acts of the Assembly, Chapter 80, Section 2.5-745).
- The legislation required <u>three</u> major (an myriad other) changes in how services are delivered to at-risk youth and their families . . .
  - Individual funding streams are pooled
  - Multi-disciplinary teams are required for service development, planning and monitoring
  - Localities and the state are required to engage and involve parents in the service planning and service delivery processes

How the CSA Program Operates... Teams, teams and more teams

State Teams

- State Executive Council (SEC)
  - Mandated by state Code
- State and Local Advisory Team (SLAT)
  - Mandated by state Code
- Task specific workgroups

- Local Teams
- CPMT
  - Mandated by state Code
- CSA Management Team
  - Local Practice
- FAPTs
  - Mandated by state Code
- CSTs
  - Local practice
- Task specific workgroups

CPMT Strategic Goals

- To deliver effective services for all CSA eligible children in an *efficient* manner.
- To deliver in-community services in an *effective* manner to all CSA eligible children.
- To ensure equal access to services for children without regard to mandated and non-mandated *categorical definitions*.

Participants

Core Values – Local

- The well-being of its children is the community's most important responsibility.
- The community's health and the well-being of its children depends upon the strength and abilities of its families to care for their children.
- The quality of life in the community is the responsibility of everyone in the community.
- The community must embrace individual and family diversity.
- All community members have worth and a right to dignity and a right to make decisions concerning their own lives, along with taking the responsibility for their choices.
- All members of the community have a right to live in a safe and welcoming environment.

CSA History: FY 1994 thru FY 2006 Caseloads, Expenditures, Case Planning & Monitoring

Fiscal Year	Caseload	Total Expenditures	Unit Cost	Total FAPT Reviews	Total "New" Child Specific Team (CST) Requests
FY 1994	1,059	$25,506,373	$24,085	Shaded area indicates that data were not collected for this item in these fiscal years	
FY 1995	1,225	$27,575,466	$22,511		
FY 1996	1,271	$30,004,913	$23,607		
FY 1997	1,273	$31,589,127	$24,815	737	
FY 1998	1,255	$29,431,173	$23,451	779	
FY 1999	1,291	$32,936,239	$25,512	886	530
FY 2000	1,277	$33,083,987	$25,908	1,083	564
FY 2001	1,286	$33,739,900	$26,236	1,664	448
FY 2002	1,259	$36,847,367	$29,267	1,647	405
FY 2003	1,191	$33,040,546	$27,742	1,599	438
FY 2004	1,090	$32,751,403	$30,047	1,732	431
FY 2005	1,009	$31,809,470	$31,526	1,620	438
FY 2006	1,059	$32,634,163	$30,816	1,751	366

In FY 2006...

- The Fairfax-Falls CSA program served 1,059 youth
- The average age of the youth was 13 years old
- 60% were male
- 58% had a DSM-IV diagnosis
- 42% of the youth took medication for a mental health need
- 66% of the youth received their services in a community-based setting
- 9% were placed in a residential treatment center setting
- 9% were placed in a therapeutic foster care setting
- 8% were placed in a in private day school
- 2% were placed in a group home setting
- 95% of families surveyed indicated satisfaction with their involvement in the CSA planning processes and with the services provided
- 88% of the CSA-funded services were delivered in a community setting

FY 2006 CSA Data & Information

(continued)

Unduplicated # of CSA Funded Children in Residential Service	Unduplicated Total # Children served by CSA	% of Total CSA Funded Children in Residential Service	Average Length of Stay for Youth in Residential Care after July (in days)	Total CSA Residential Expenditures	% of all CSA Dollars Spent on Residential Care	Average Cost of Child in Residential Care
333	1,059	31.4%	207	$16,552,945	49.3%	$49,709

Select CSA Initiatives Currently Underway

- Coordination with the CSB and private provider (UMFS) for the operation of Leland House
- Improving the multi-disciplinary service planning process (CST) to ensure the greatest benefit to the youth and their family, while reducing the administrative burden on staff
- Standardizing the Family Assessment & Planning Team (FAPT) processes to ensure consistency in the monitoring and review of CSA funded services
- Enhancing Utilization Review (UR) of residential treatment placements
- Northern Virginia region-wide coordination for serving youth sex offenders to include development of standards of care for purchased of service, staff training, and identification of service gaps
- System-wide, multi-disciplinary workgroup focusing on the needs of youth transitioning to adulthood
- On-going effort to leverage local, state and federal resources to optimize funding sources to enhance service delivery

Department of Family Services

Presented by Kathy Froyd *(Director, Children, Youth and Family Division, Department of Family Services)*

Overview

- Four Regions
- Over 1,300 staff
- Four Divisions in the Department of Family Services (DFS)
  - Adult and Aging
  - Children, Youth and Families
  - Self-Sufficiency
  - Office for Children

Children, Youth and Families (CYF) Division Goals & Values

- Community-based, family-focused service delivery system designed to:
  - protect children from harm
  - prevent abuse and neglect
  - support and enhance families' capacity to care for and nurture their children
  - ensure the well-being of Fairfax County's children

CYF Overview

- Staff working in the community from four regional offices & other community sites
- Four Program Areas
  - Child Abuse and Neglect Prevention Services
  - Family Preservation Services
  - Child Protective Services
  - Foster Care and Adoption Services

Prevent Child Abuse and Neglect

- Child abuse prevention programs support families, particularly those at risk of child abuse or neglect, through community-based, family-focused and early intervention services.
  - 684 families received first-time parent services including home visits from a social worker and nurse.
  - 195 families participated in parenting classes.

Support & Preserve Families

- Family preservation programs are designed to help families who are at a moderate to high risk of child abuse and neglect, to improve family functioning and strengthen family supports.
  - An average of 465 families (including 940 children) received services in their homes each month. Of the families receiving in-home services:
    - 65% suffered from mental health issues
    - 43% had experienced either alcohol or drug abuse
    - 35% had experienced domestic violence

Keep Children Safe from Abuse & Neglect

- Child Protective Services protects children from abuse and neglect by assessing their safety, risk of harm, and the family's strengths and needs; providing services and support to families; and taking action if necessary to assure the children's safety.
  - 27,790 calls were made to the Child Protective Services Hotline/Helpline
    - About 50% of the calls were for information and referrals while the other 50% involved concerns about child abuse and neglect
      - 13% of these calls resulted in families receiving an assessment or an investigation

Serve Children in Foster Care and Achieve Permanency

- When children cannot safely remain in their homes, foster care and permanency services are provided to them and their families so the children can return to their families or be placed with an adoptive family or in another long-term living arrangement.
  - In FY 2006, 209 children entered foster care and 198 children left foster care
  - An average of 437 children were in foster care each month
  - The average length of stay for children in foster care was 23 months
  - The primary reason children enter care is neglect
  - Over the past 10 years, the number of children in foster care has declined by almost 50%

Demographics of Child Welfare Population in Fairfax County

- 43% of children in foster care are African-American (compared to 10% of the population)
- Fastest growing population in foster care is Hispanic (up from 10% in FY 2005 to 22% in FY 2006)
- Average age of children in foster care is 12.18
- 1,813 homeless
  - 1,083 or 60% were families with children (including 674 children)
- Almost 36% of families served by Family Preservation Services speak a language other than English

Critical Issues

- Addressing the Disproportionality of Minority Children in Child Welfare
- Achieving Permanency & Stability for Older Children in Foster Care
- Meeting the Needs of a Diverse Population
- Prevention of Homelessness and Support for Homeless Families

Designing Services to Meet Changing Community Needs

- Family Group Conferencing
- Domestic Violence – connecting with larger county efforts
- Family Intervention and Resource Engagement (FIRE Team)
- Nurturing Program Designed for African-American Families
- Redesign of Prevention Community Based Services
- Permanency Planning Forum

Fairfax County Juvenile & Domestic Relations Court Mental Health Services and Alcohol and Drug Services Partnerships

Presented by James S. Dedes, *Director of Court Services, Juvenile & Domestic Relations Court*

Juvenile Court – CSB Partnerships

Probation Services and CSB Mental Health Services

- **Outpatient Services Sites**
  - Mental health assessments and counseling treatment services for clients and families (individual, family and group therapy, anger management, etc.)
  - Day Treatment program services for clients and families
  - Emergency services pre-screening of clients in need of psychiatric hospitalization and admission to Leland House crisis stabilization program
- **Juvenile Forensic Evaluation Program**
  - MHS staff provide court ordered and staff referred psychological evaluations of youth detained at the Juvenile Detention Center and the Less Secure Shelter
  - Emergency evaluations and pre-screening of clients in need of psychiatric hospitalization
  - Treatment services to probation youth in Court's Post-Dispositional program (BETA) in JDC along with aftercare planning
  - Court ordered competency to stand trial evaluations of juveniles

Probation Services and CSB Mental Health Services

(continued)

- **Inter-Disciplinary Team (IDT)**
  - MHS provide a standing team member and provides clinical assessment and staffing information on all court ordered IDT evaluations for Children in Need of Services (CHINS)
- **Juvenile Drug Court Treatment Team**
  - MHS staff serves as standing team member
  - Assist in case management and making recommendations

Probation Services and CSB Alcohol and Drug Services

- **Outpatient Services**
  - Substance abuse evaluations and counseling treatment services for clients and families
  - Day treatment program for clients and families
  - Weekly staffing of cases with ADS site staff and probation officers
  - ADS staff co-lead parent support group with intake staff
  - Cross training of staff to enhance communication
- **Residential Treatment Programs**
  - Substance abuse residential treatment services for clients and families
- **Juvenile Drug Court Treatment Team**
  - ADS staff serves as standing team member
  - Assist in case management and making recommendations

Probation Services and CSB Alcohol and Drug Services

(continued)

- **Evening Reporting Center**
  - ADS staff provide substance abuse prevention group for ERC participants
- **Juvenile Forensic Evaluation Program**
  - ADS staff provide court ordered and staff referred substance abuse evaluations of youth detained at the Juvenile Detention Center and the Less Secure Shelter
  - ADS staff provide treatment services to youth in the Court's Post-Dispositional program (BETA) in detention along with aftercare planning
- **Inter-Disciplinary Team (IDT)**
  - ADS staff serve as standing team member and provide clinical assessment and staffing information on all court ordered IDT evaluations for Children in Need of Services (CHINS)

Adult Probation: Clients Receiving Community Services Board Services

Snapshot – February 26, 2007

- **175 clients receiving either mental health or substance abuse services**
  - 101 receiving alcohol/drug services
  - 74 receiving mental health Services
- **151 Males; 24 Females**
- **Languages: Spanish (43), Korean (5), other language (13)**
- **Type of Services**
  - 6 receiving assessment
  - 155 in outpatient services
  - 5 in day treatment services
  - 9 in residential services

Juvenile Probation: Clients Receiving Community Services Board Services

Snapshot – February 26, 2007

- **248 clients receiving either mental health or substance abuse services**
  - 150 receiving alcohol/drug services
  - 88 receiving mental health Services
- **203 Males; 45 Females**
- **Languages: Spanish (79), Vietnamese (12), Korean (4), other language (17)**
- **Type of Services**
  - 96 receiving assessments
  - 96 in outpatient services
  - 26 in day treatment services
  - 30 in residential services

Probation Referrals to Juvenile Forensics Unit Services

- **FY 2006**
  - 51 psychological evaluations
  - 4 consultations
  - 9 emergency psychological evaluations
- **FY 2007 (July – Feb)**
  - 42 psychological evaluations
  - 4 consultations
  - 7 emergency psychological evaluations

Juvenile Detention Center and Less Secure Shelter Mental Health Unit

- Court Psychologist and Mental Health Therapist (in-house, general population)
- Assessment of risk to self and others due to Mental Illness
- Conduct:
  - staff-generated consultations
  - Intake screenings
  - Court-Ordered Emergency Mental Health Evaluations
  - Individual follow-up sessions as indicated
  - Weekly process group at the LSS
- Facilitates TDO process as needed
- Provides educational opportunities for JDC/LSS staff and outside probation staff when requested

Juvenile Detention Center Beta Post-Dispositional Program

- The Post Disposition Beta program located at the Juvenile Detention Center, is a six-month sentencing program for adolescents that offers both Mental Health and Substance Abuse treatment
  - capacity - 15 residents (3 female and 12 male)
  - provides educational, clinical, and behavioral services
  - funded by Fairfax County Juvenile and Domestic Relations Court with clinical staff provided by the Fairfax-Falls Church Community Services Board
  - fully accredited school program hosted by the Fairfax County Public School System.
- Mental Health and Alcohol and Drug Services staff activities include
  - developing an individualized comprehensive treatment plan for each resident
  - providing treatment services including psycho-education groups, therapy groups, individual therapy, family therapy, and a multifamily support and educational group
- Psychiatric consultation is also available

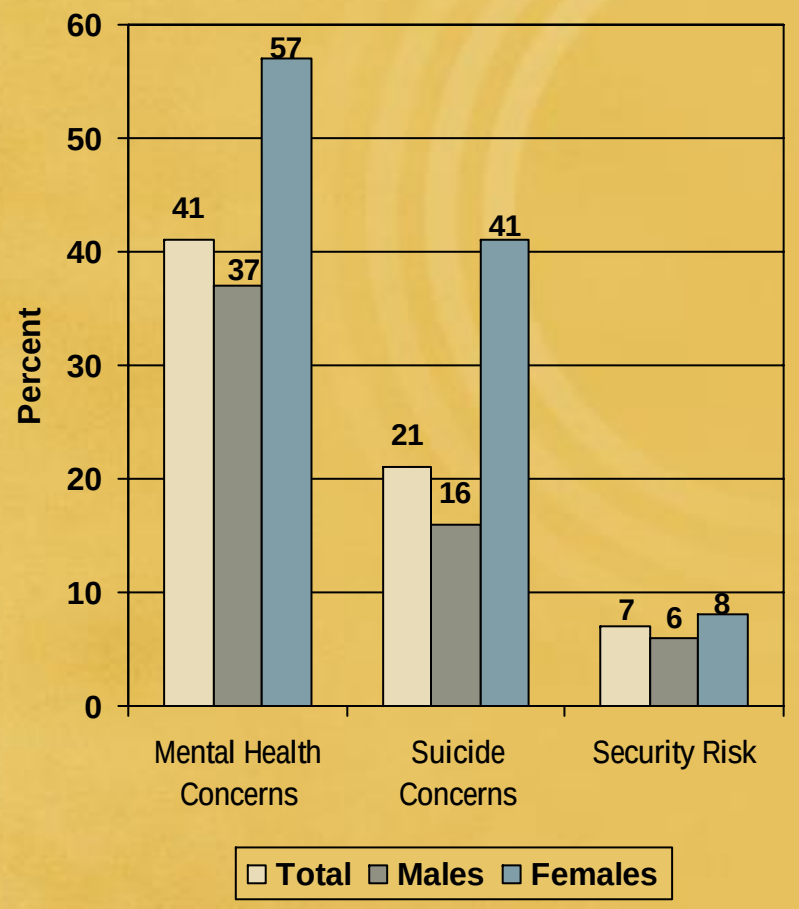
Girls and Boys Probation Houses

- The Forensic Unit provides evaluations if the staff have concerns about the mental health status of a resident
- ADS provides weekly psycho-educational groups at each facility

Juvenile Client Mental Health and Substance Abuse Needs

Percent of Detained Youth with "Red Flag" Status

July 1, 2006 – February 28, 2007 (536 individual youth)



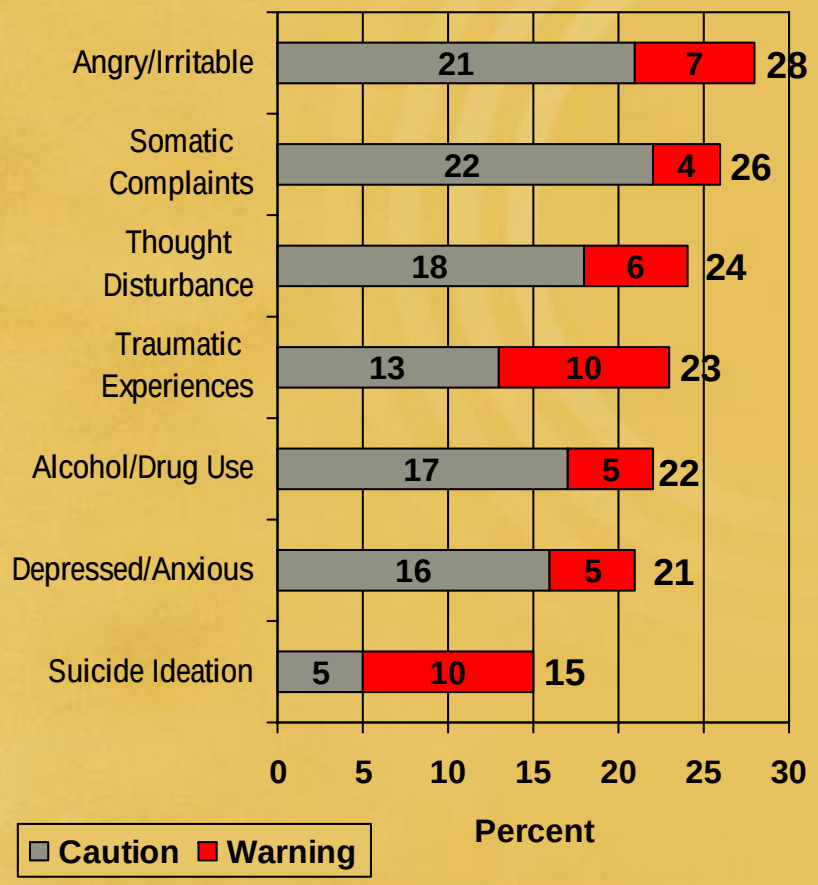
- Detention staff apply "red flag" status to residents who exhibit or have recently exhibited serious and potentially harmful behavior to themselves or others and are in need of heightened attention from staff.
- Overall, 41% of the youth are "red flagged" for mental health concerns. This includes youth who exhibit bizarre or psychotic behavior. Emotional disturbance can also be under this category. This designation is more common among female residents.
- Twenty-one percent of residents during this period were flagged as suicidal. This includes youth who are currently or have a history of suicidal thoughts and/or have attempted suicide or have used suicide threats to manipulate others. Females are over twice as likely as males to receive this designation.
- Seven percent of residents were seen as security risks which includes youth who are assaultive, hostile, violent or prone towards intimidation of others. There is little difference between males and females on this dimension.

Massachusetts Youth Screening Instrument – 2 (MAYSI-2) Scales

- ***Alcohol/Drug Use*** – frequent use of alcohol/drugs; risk of substance abuse or psychological reaction to lack of access to substances
- ***Angry-Irritable*** – experiences frustration, lasting anger, moodiness; risk of angry reaction, fighting, aggressive behavior
- ***Depressed-Anxious*** – experiences depressed and anxious feelings; risk of impairments in motivation, need for treatment
- ***Somatic Complaints*** – experiences bodily discomforts associated with distress; risk of psychological distress not otherwise evident
- ***Suicide Ideation*** – thoughts and intentions to harm oneself; risk of suicide attempts or gestures
- ***Thought Disturbance*** – unusual beliefs and perceptions; risk of thought disorder
- ***Traumatic Experiences*** – Lifetime exposure to traumatic events (e.g., abuse, rape, observed violence) Questions refer youth to "ever in the past," not "past few months." Risk of trauma-related instability in emotion/perception

Youth in the Juvenile Detention Center with caution and warning scores on MAYSI scales

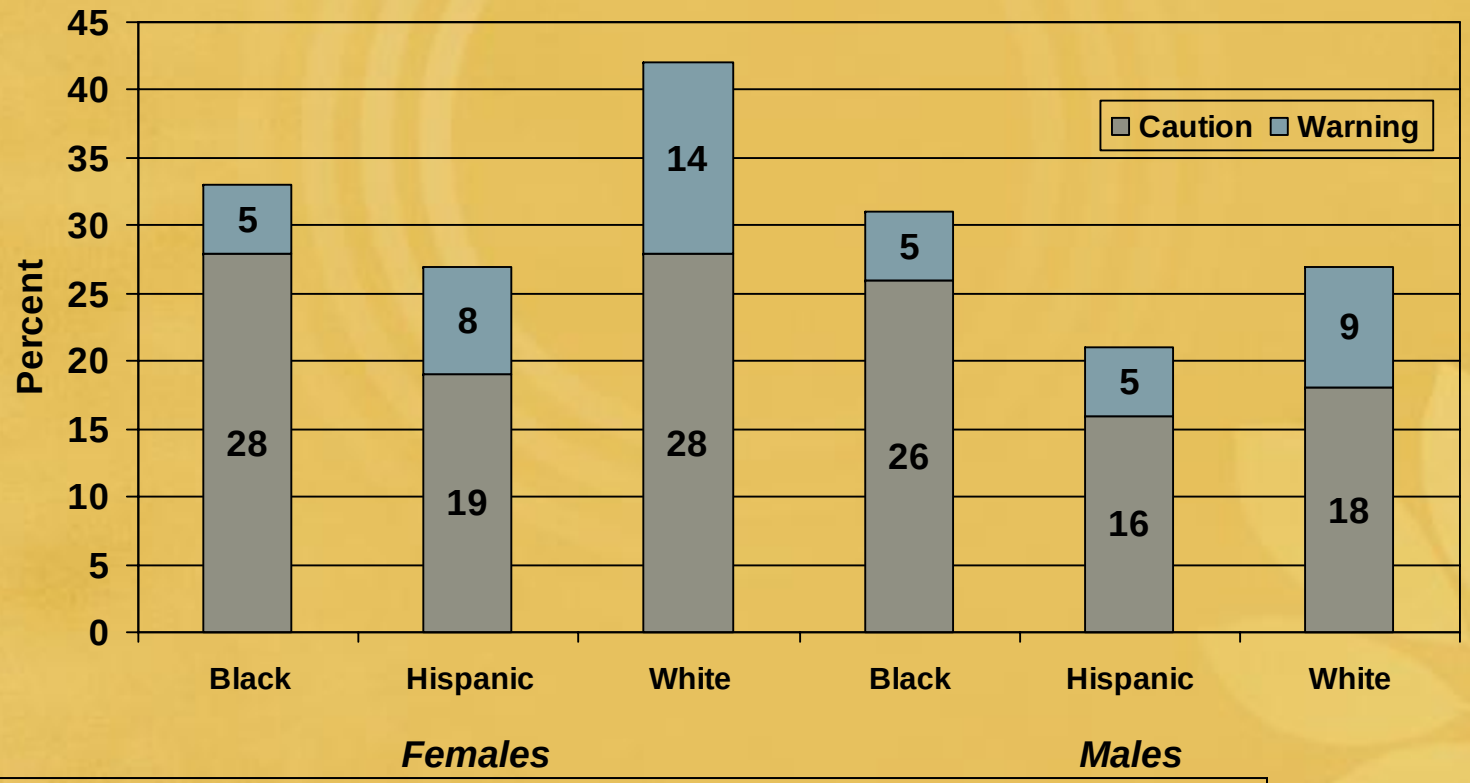
July 2006 – February 2007



- MAYSI scores are one of several tools used to determine if a detained youth needs mental health services. "Warning" cut-off scores identify a subset of youth in the "Caution" zone who are most in need of attention and may require further evaluation.
- Over a quarter of the youth have either caution (21%) or warning (7%) scores on the Angry/Irritable Scale which is associated with fighting and aggressive behavior.
- 26% exhibit caution (22%) or warning (4%) scores on the somatic complaints scale - bodily discomfort that is associated with distress.
- 24% have either a caution (18%) or warning (6%) scores on the Thought Disturbance Scale which is associated with risk of thought disorder.
- 23% have experienced traumatic experiences over their lifetimes (13% caution, 10% warning)
- 22% of youth have either a caution (17%) or warning (5%) score on the Alcohol/Drug Use scale.
- A fifth of the youth have either a caution (16%) or warning score (5%) on the Depressed/Anxious Scale which is associated with depressed and anxious feelings.
- 15% of the youth have either a caution (5%) or warning (10%) score on the Suicide Ideation Scale which is associated with risk of suicide attempts or gestures.

Percent of Detained Youth with Caution or Warning Scores on MAYSI-2 Angry Irritable Scale

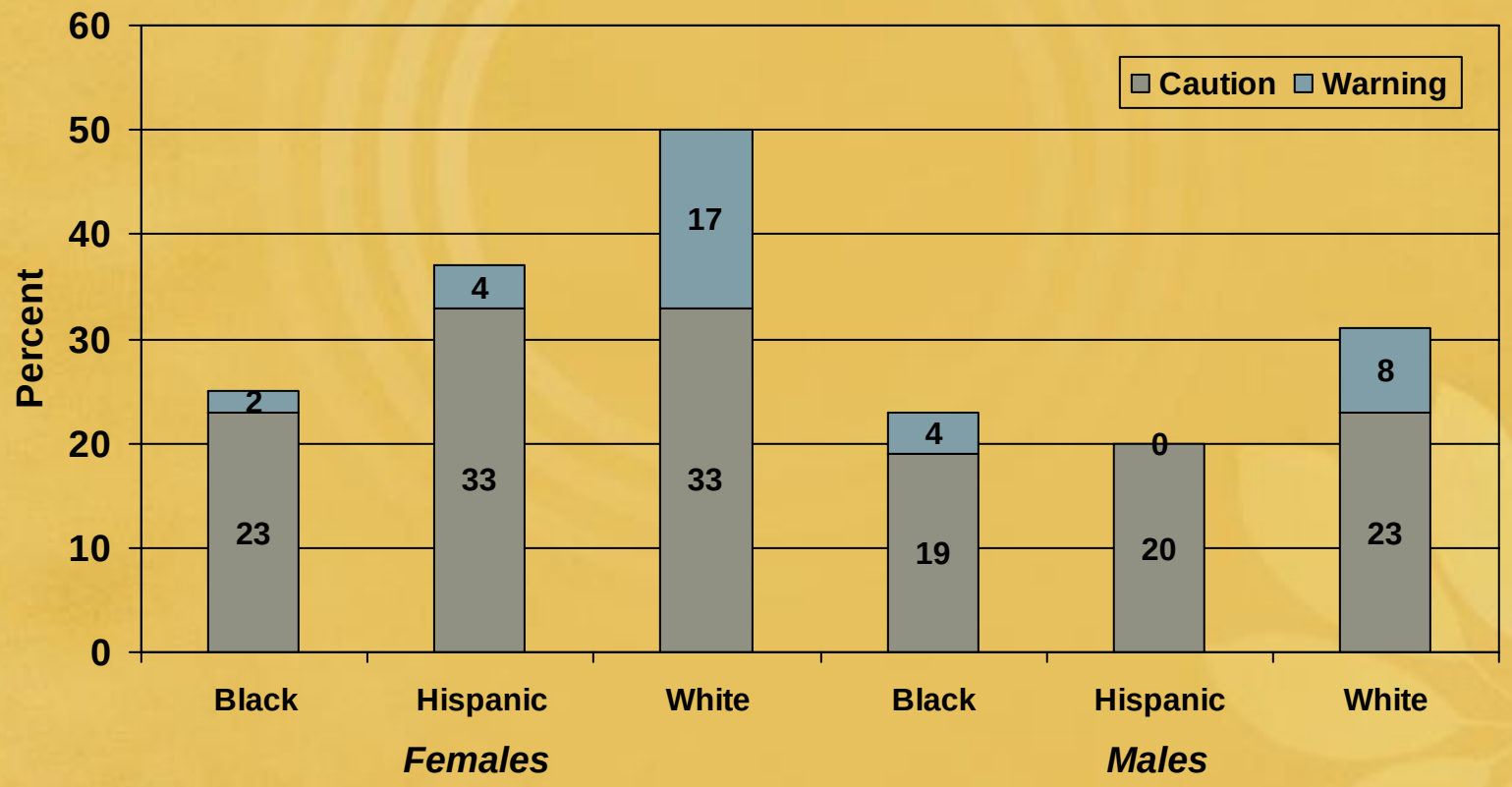
July 1, 2006 – February 28, 2007



Total Number of Youth
Females: Black (43) Hispanic (26) White (36) Males: Black (152) Hispanic (116) White (88)

Percent of Detained Youth with Caution or Warning Scores on MAYSI-2 Somatic Complaints Scale

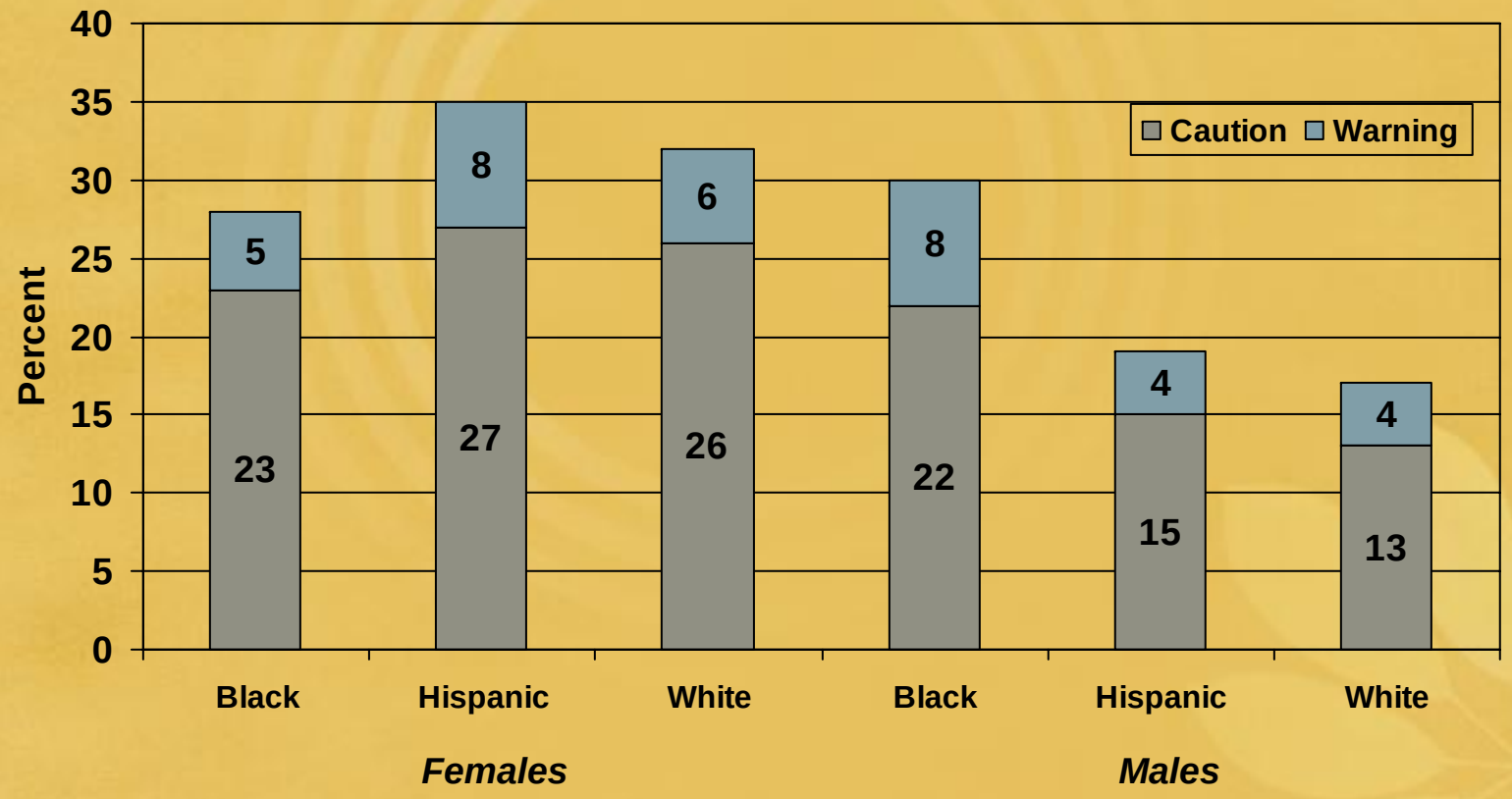
July 1, 2006 – February 28, 2007



Total Number of Youth
Females: Black (43) Hispanic (27) White (36) Males: Black (153) Hispanic (116) White (92)

Percent of Detained Youth with Caution or Warning Scores on MAYSI-2 Thought Disturbance Scale

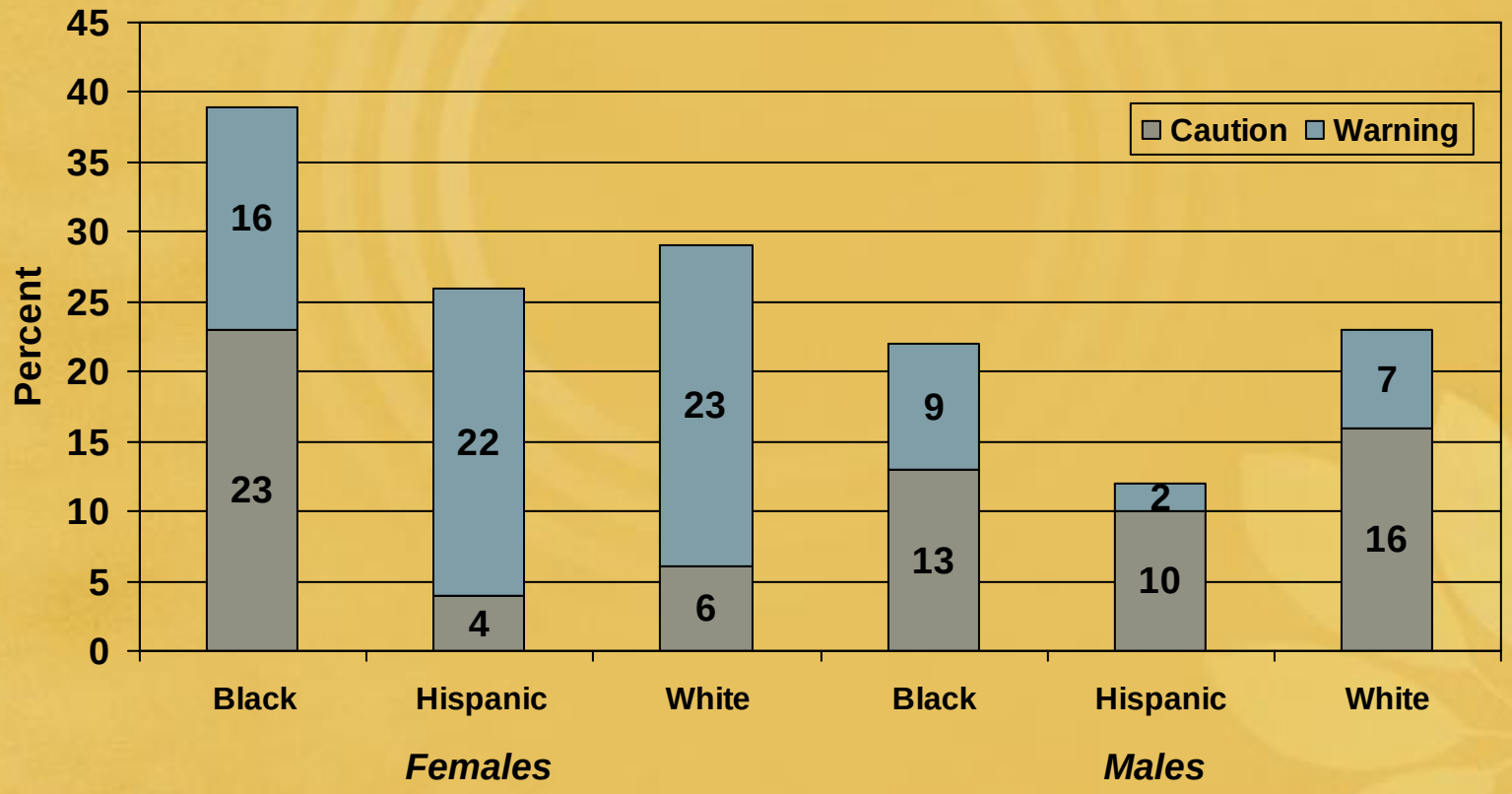
July 1, 2006 – February 28, 2007



Total Number of Youth
Females: Black (43) Hispanic (26) White (35) Males: Black (152) Hispanic (115) White (93)

Percent of Detained Youth with Caution or Warning Scores on MAYSI-2 Traumatic Experiences Scale

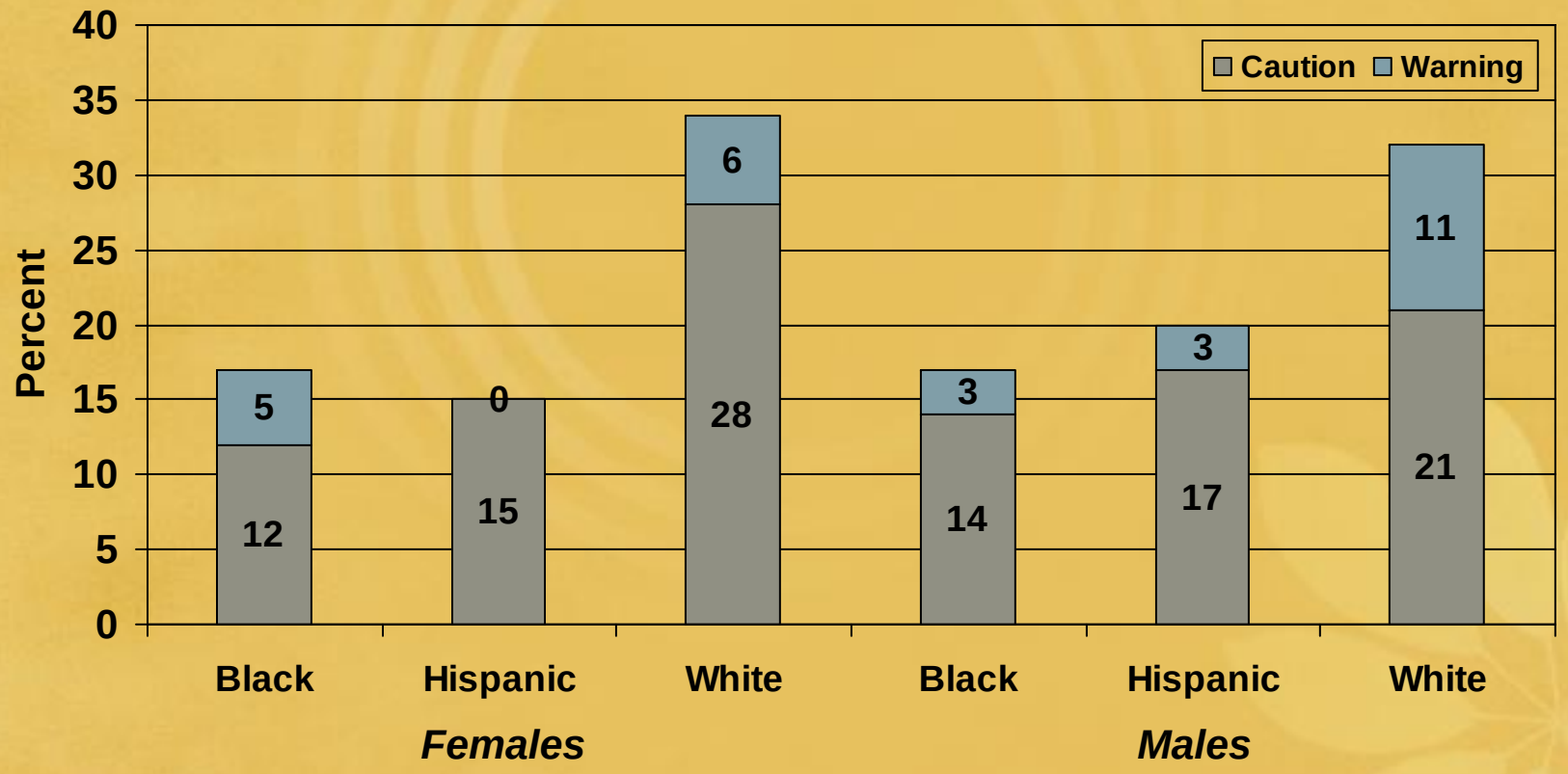
July 1, 2006 – February 28, 2007



Total Number of Youth
Females: Black (43) Hispanic (27) White (35) Males: Black (150) Hispanic (115) White (92)

Percent of Detained Youth with Caution or Warning Scores on MAYSI-2 Alcohol/Drug Scale

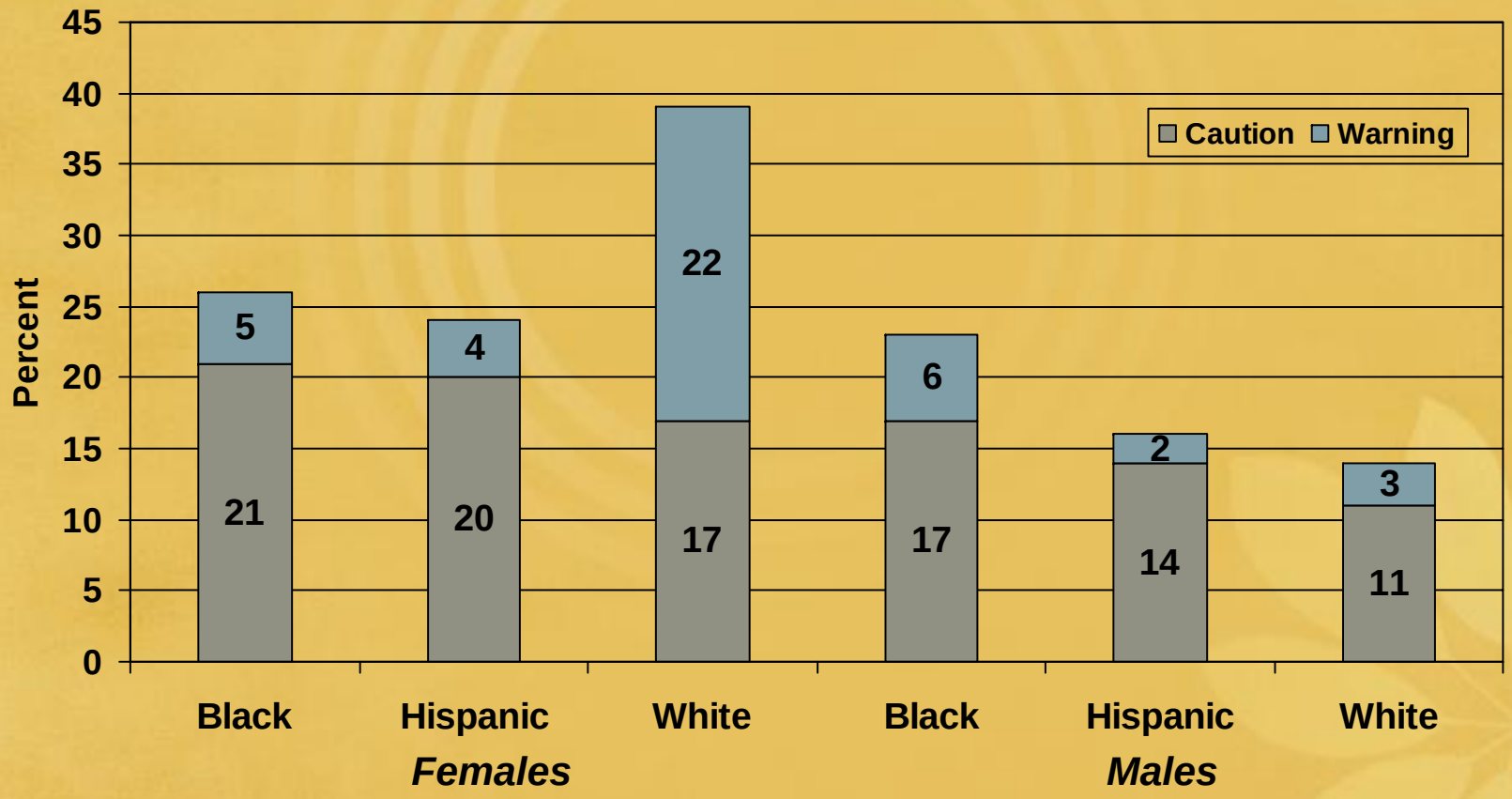
July 1, 2006 – February 28, 2007



Total Number of Youth
Females: Black (41) Hispanic (26) White (36) Males: Black (152) Hispanic (115) White (92)

Percent of Detained Youth with Caution or Warning Scores on MAYSI-2 Depressed/Anxious Scale

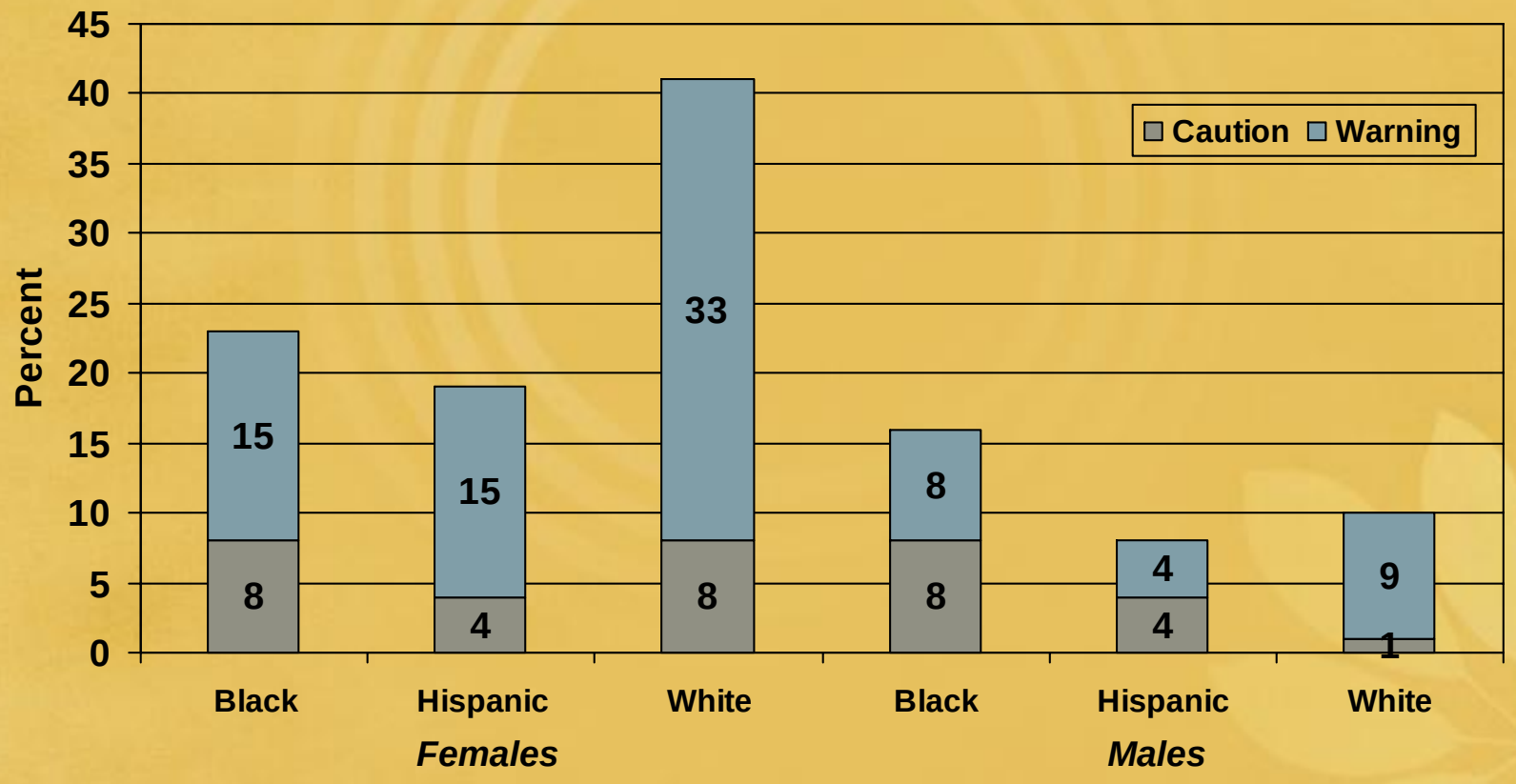
July 1, 2006 – February 28, 2007



Total Number of Youth
Females: Black (42) Hispanic (25) White (36) Males: Black (151) Hispanic (114) White (91)

Percent of Detained Youth with Caution or Warning Scores on MAYSI-2 Suicide Ideation Scale

July 1, 2006 – February 28, 2007



Total Number of Youth
Females: Black (40) Hispanic (26) White (36) Males: Black (153) Hispanic (114) White (92)