

A model for collaboration and results

How cross-agency collaboration helped Hampton, Va., build a broad array of child and family services

THE ANNIE E. CASEY FOUNDATION



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About this Publication

This case study was written by Tamara Horne, a consultant for Casey's Child Welfare Strategy Group. Our thanks go to the author and to the dedicated staff in Hampton, Virginia, who generously shared their expertise.

About the Annie E. Casey Foundation

The Annie E. Casey Foundation is a private philanthropy that creates a brighter future for the nation's children by developing solutions to strengthen families, build paths to economic opportunity and transform struggling communities into safer and healthier places to live, work and grow. For more information, visit www.aecf.org.

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Introduction

The best way to learn is by seeing and doing. That's why the Annie E. Casey Foundation's Child Welfare Strategy Group brings child welfare leaders and staff to see excellent work being done by their peers in communities across the country. Site visits work, both because seeing is believing and because peer learning is a powerful way to engage professionals in innovation.

This publication highlights the highly successful experiences of child-serving agencies that are collaborating in Hampton, Virginia, to achieve better outcomes for children and families. Hampton exemplifies how child-serving agencies can cooperate to serve children¹ in their communities. By emphasizing prevention and building a smart array of services and supports, more of Hampton's children live with their families, safe and thriving, reducing the need for child welfare or juvenile justice group placements.

In Hampton, child-serving systems collaborate. They share funds, set priorities and manage cases together. The welfare, education, juvenile justice and mental health systems are on the same team. Their collaborative approach bypasses barriers such as competing departmental budgets and service delivery constraints.

What does success look like in Hampton? Mandated, weekly joint meetings are a regular feature of schedules for each key player. City leaders know each other well because they work alongside one another and make decisions together. Their efforts are guided by agreement on a powerful core value: They will do whatever it takes to be child centered, family focused and community based. The results of this ethos have been powerful, too, as the city has built a remarkably effective community-based service array.

I hope you are as inspired by Hampton's persistent focus on collaboration and results as I have been.

Tracey Feild

Director

Child Welfare Strategy Group

The Annie E. Casey Foundation

Leading with results

In Hampton, results are defined as keeping children out of systems and in family homes, their needs met by their own families and an array of informal and formal preventive services and supports in the community.

This success story describes Hampton's results, the seven key components of the city's approach and the ingredients of their success — including an innovative funding mechanism, a history of collaboration and a consensus that children belong with families.

INTRODUCING HAMPTON

About an hour and a half south of Richmond, Virginia, Hampton is home to more than 137,000 residents, according to U.S Census figures. About 23 percent of city residents are children under the age of 18. Roughly 60 percent of Hampton's children are African American, Hispanic or of other races and ethnicities. While 15 percent of the total population has incomes below the poverty level,ⁱⁱ an estimated one in four children live in poverty.ⁱⁱⁱ

In the late 1990s, Hampton was struggling to take care of its children, especially those from low-income families. Each year for a decade, between 200 and 300 children were removed from their families and placed in foster care. Other children were placed in group settings, primarily in residential treatment centers, which research has since shown to cause ill effects when used as long-term living situations.

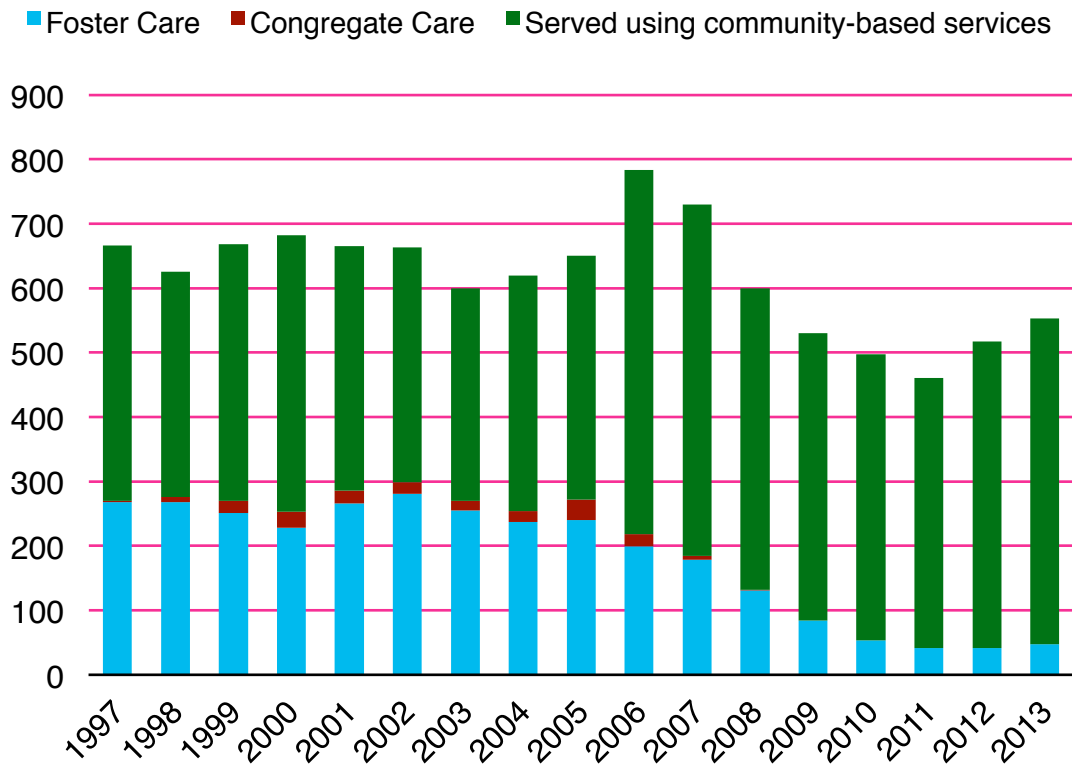
In Hampton, the agency has not placed one child in a group setting since 2009.

By 2007, the city was rethinking its approach. Children removed from their families often had poor outcomes as adults, with the legacy of foster care and group placements weighing heavily on them. Meanwhile, the costs of providing this poor-quality care was increasing. A different solution was needed.

Today, children and families in Hampton have many more — and better — options. The city's child-serving agencies and providers are quick to offer help earlier, before higher-level problems occur. Whereas nearly half of the children served by public systems were once removed from their families, now fewer than 50 are — and not one child has been placed in a group setting since 2009. Instead, Hampton provides an innovative array of preventive services, providing informal care options for children as well as considerably more intensive assistance — from family mentors and kinship navigators to family stabilization and respite services.

In particular, Hampton has been remarkably effective in getting children out of group placements including residential treatment centers (RTCs), reducing foster care and using pooled funding, community-based prevention and intervention services to keep children with their families and in their communities. In 2005, Hampton had 32 children in RTCs; by 2008, they had one. Since 2009, they have had zero. Their use of foster care has fallen from a peak of 281 children in 2002 to around 40 in 2014 (an 85 percent reduction). During the same time period, children served in their own families by the community-based service array increased more than 50 percent, from 330 to 506.

**Helping more children and families in their community,
not in foster care or group placements**



Source: Hampton Department of Human Services, 2014

The city's success is due largely to the willingness of the judiciary and child-serving agencies to work together on case planning and management, funding and service delivery. In addition to allowing Hampton to redirect substantial savings from out-of-home placements to community-based services, Hampton's reform efforts have improved outcomes for children and their families

by providing earlier, more effective service options and by reducing bureaucratic, duplicative service delivery.

KEY SUCCESS FACTORS

Hampton's success is characterized by:

- **A wide service array.** Hampton considers the needs of each individual child and family and builds the city's community-based service array one child at a time, prioritizing creative and common-sense ideas. They focus on replacing current options with better options, doing it right, not doing more.
- **Committed judicial and agency leaders.** From the beginning of reform efforts in the late 1990s, Hampton has benefited from strong judicial leaders who have been willing to make the court an active participant in helping children and families, first by restructuring the court docket and process, then by convening a stakeholders meeting to push child-serving agencies for better results by focusing on issues as system problems, not agency problems. Likewise, the agency benefited from having a core team of administrators for nearly three decades. This continuity in vision has been key to Hampton's success at focusing on outcomes.
- **True collaboration.** Reform has brought together city staff members who are charged with helping children and families. Child welfare, education, juvenile justice and mental health agency leaders, supervisors and workers meet frequently and have a record of working together on behalf of children and families.
- **Effective partnerships with community-based providers.** Hampton developed a wide array of effective community-based private providers by recognizing that there were already people in the system who possessed the necessary core competencies and values and encouraging them to launch needed programs. Hampton intentionally prioritizes the development and funding of services that work and get outcomes. Also, it does not pay for services or programs that don't work. Hampton has developed strong, collaborative relationships with providers and the city, with a goal of working together without being protective of turf or clients.
- **Innovative legislation.** The impetus for Hampton's reform effort was state legislation (the Comprehensive Service Act, or CSA) that required child-centered, family-focused, community-based service delivery and set up a collaborative structure and flexible funding mechanism to make reform possible. "Other agencies have visited and replicated Hampton's model," notes Hampton Department of Social Services (DSS) Director Wanda Rogers.
- **Effective funding.** Hampton does not believe that deficient resources are an excuse for any lack of action. Agency leaders have worked together to develop the necessary services for children and families in crisis, then figure out how to pay for it by blending and braiding funding across agencies. "Hampton has been willing to be courageous and

spend money differently,” says Rogers, “with savings from reducing RTC costs being funneled into prevention and community-based services, vastly increasing the variety of successful, cost-effective options over time.”

- **A focus on outcomes.** Two of Hampton’s core values are that they will do whatever it takes to support the success of children and families and that trying hard is not good enough. All agencies at all levels are committed to these results-based principles and they provide a sense of urgency and responsibility to case management and service delivery. For example, after the agency articulated its single-minded focus on serving children in families rather than group placements, that outcome became a reality, with no children being placed in group settings for several years.

Ingredients of success

Hampton's work to reimagine its approach to serving children and families stretched over a decade and continues today. Driving its success are an innovative funding mechanism, a culture of reform and innovation and a belief that, whenever possible, children belong with families.

AN UNUSUAL FUNDING MECHANISM

One trigger for real reform occurred in 1992 with the passage of CSA. Modeled after the national Systems of Care philosophy, CSA aimed to create a collaborative system of services throughout the state that is more child centered and family focused, with a pooled, incentive-based funding system that gives jurisdictions the flexibility to spend creatively on prevention and rewards them for using community-based treatment alternatives.

"We have each come from a single-agency, somewhat specialized approach to providing services for children and families," DSS Director Walt Credle told staff in 1994. The new finance and service delivery approach, called the Comprehensive Service Act, "challenges us to create a new approach, to reinvent the way services are provided."

The 14,000 open cases represented only about 5,000 children. Many children had several cases open simultaneously with multiple agencies.

Rogers, the current DSS director, says "that is a challenge the city continues to address — and with great success — today."

The impetus for CSA passage was a 1990 study by the Virginia Department of Budget and Planning, which determined that while there were some 14,000 open cases in child-serving agencies statewide, this volume of cases

represented only about 5,000 individual children. Many children had separate cases open simultaneously with multiple agencies. That meant separate case plans involving varied goals, services and treatment plans. Meanwhile, the cost of serving those children, however ineffectively, was increasing at an average of 20 percent each year.

While CSA was a statewide reform effort, it was especially well received in Hampton. The city had a record of fostering a culture of collaboration. At the same time, families in the city believed they knew better about the needs of their children — and they did not appreciate children being placed and living for periods of time in group settings. Neither did city staff believe these out-of-home solutions were benefiting children. Still, children continued to live in these group placements because few community-based treatment alternatives existed.

The flexibility of CSA and the funding it offered gave agency leaders in Hampton an opportunity to create less restrictive, community-based service options and use these new options to strengthen families, rather than continue to remove children and place them in group settings. For children in

group placements, the city established early discharge dates and step-down plans rather than keeping children in facilities after any treatment benefit had been realized.

Hampton's approach aligned with the state General Assembly's goals for CSA, which were to:

- Preserve and strengthen families;
- Provide services in less restrictive settings;
- Identify children in need of services and intervene early;
- Create new services for unmet needs of children and families;
- Grant local flexibility and require local accountability;
- Encourage public and private partnerships in service delivery; and
- Increase agency collaboration and family involvement.

A CULTURE OF COLLABORATION AND INNOVATION

Like other Virginia jurisdictions, Hampton inherited from CSA legislation a mandate to form two collaborative teams:

- *A Community Policy and Management Team (CPMT)* to define the local CSA structure and oversee its implementation and budget, and
- *A Family Assessment and Planning Team (FAPT)*, which constructs individualized child and family case plans and monitors care across agencies.

The Hampton CPMT includes leaders of many agencies — from court services, education, health, mental health and social services — plus one private provider representative and one parent representative. Hampton's CPMT meets monthly to set and review budgetary targets, conduct utilization reviews, provide governance and accept responsibility for the overall process. Because it involves agency heads, not their designees, the CPMT has the capacity to make quick decisions, without having to go up the chain of command.

While some Virginia communities formed multiple FAPTs, Hampton determined early on to have just one to ensure continuity of care and underscore core values and principles in all decision making, DSS's Rogers says. The Hampton FAPT's membership is similar to the city's CPMT, with full-time representatives from all child-serving agencies plus parent and provider representatives. In addition, a FAPT Coordinator and a Utilization Review Coordinator sit on both the FAPT and CMPT to provide continuity, approve services and give budget updates.

Inside the FAPT

FAPT meets for two full days each week to assess new cases in the morning and review ongoing cases in the afternoon. Parents and children attend; their input is highly valued.

FAPT meetings are similar to Team Decision Making meetings.^{iv} At these meetings, team members discuss individual and family strengths and listen to what the family feels they need. FAPT commits to wrapping any needed services and supports around children and families, and to determining whether clinical or other help is needed, such as child care, mediation or family stabilization. Together, FAPT members, the child and the family brainstorm solutions and develop creative, child-centered, family-focused, community-based individualized service plans. FAPT also assumes responsibility for assisting service coordinators by researching services, committing agency resources and authorizing and monitoring care.

CSA sparks reform — and helps Hampton focus on its core values

With CSA in place, reform in Hampton kicked into high gear in the early 2000s. Hampton's Juvenile and Domestic Relations District Court joined the state's court improvement program, becoming a best practice court in 2002. The chief judge strongly believed that children should be served in the community and that group placements were being used out of habit, despite evidence that they were ineffective long-term living situations. The city joined the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative in 2003.

At the same time, the child welfare agency adopted a "One Child at a Time" philosophy. They began developing a community-based service array that would allow them to bring Hampton's children back to the community and prevent others from being placed outside the community.

The agency developed a set of core values that continues to guide the work of all of Hampton's child-serving agencies and community partners:

- Keeping children and families together is the best possible use of resources.
- Hampton partners with all who can support children and families' successful outcomes.
- We begin with outcomes, not process.
- Families are the experts on their families.
- All stakeholder groups are accountable for positive outcomes for children and their families at home, at school and in the community.
- Child-centered, family-focused and community-based service delivery is the law in Virginia 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.

Providing help — one child at a time

The wide service array that arose in the wake of the "One Child at a Time" approach originated with literally one child, Rogers says. In 1997, when Hampton's DSS was still using group placements, the agency conducted a nationwide search for a foster family for one extremely aggressive, HIV-positive child with a history of throwing blood at his caretakers. Eventually, DSS

told the judge they were unable to find a family for this boy and asked for an extension on the boy's stay in group placement.

They didn't get it. Instead, the judge gave DSS 30 days to find a community-based alternative.

Unsure how the agency could possibly meet the judge's mandate, DSS assigned an FAPT member to observe the boy in his group placement, which was several communities away from Hampton. The idea was to find some strength, some personal connection, some motivation that could lead to a successful transition to a family-based alternative.

The worker visited every day. Nothing. She kept visiting. Finally, she noticed the boy's rapport with a particular evening shift worker. Might this be a relationship that could be encouraged — could it possibly become the connection to family the boy so clearly needed?

The DSS FAPT representative and FAPT Coordinator took the group placement worker to lunch. What would it take, they asked him, for him to develop a parenting relationship with this child so the child could return to the community and grow up in a family?

The worker was interested, but the barriers seemed high. He would have to quit his job, move to Hampton and become a licensed foster parent.

The wide service array that arose in the wake of the "One Child at a Time" approach literally originated with one Hampton child.

"FAPT staff are persuasive — and persistent," Rogers says. Soon enough, the boy was living in the former group worker's new home in Hampton. This child's case was the spark that led Hampton to develop Specialized Intensive Foster Care (SIFC), an alternative they have used sparingly but effectively.

How SIFC works: With the money DSS spent to support one child in a group placement, an SIFC parent could care for up to three children. To ensure that newly certified SIFC parents could care for these kids with very complex needs, Hampton contracted with other employees to help out at SIFC homes as needed during the day.

Using this model, Hampton was able to remove all children from group placements from 2005 to 2008; by 2008, there were no Hampton children in group placements. During the peak of the transition from group placements to community-based care, Hampton operated seven SIFC homes. At present, with so few children in care, Hampton only operates two SIFC homes — one for boys and one for girls.

Elizabeth Clark, Hampton's CSA administrator, says that SIFCs are not group homes, as some critics have claimed. "The SIFC foster parents are just like any parent," she says. "They go to parent teacher conferences, kids' sports games and school performances. Most importantly, they work to incorporate kids' families into their daily lives, to rebuild or initiate new family

relationships. Sometimes SIFC foster parents provide respite after a child has returned home, to help in the transition to stability. The only difference is that SIFC homes may have extra, customized support in their homes — supports that follow the individual child, whether the child is in his or her parent's home or a foster home.”

The success of Hampton's transitional SIFC model can be seen in its ability to support children with very high needs in their communities. One analysis found that 84 percent of children in SIFC homes had academic challenges, 80 percent had a history of physical aggression, 61 percent had depressive symptoms, 30 percent had suicidal or self-harming behaviors and roughly 40 percent had a Child and Adolescent Functional Assessment System (CAFAS) score of 100 or higher, which is considered a severe level of impairment..

Although a small number of these very high-needs children have been unable to stay in their homes, even with extensive community-based supports, they still are able to stay in their community and maintain contact with their biological families. SIFC providers supervise family visits, provide coaching to family members and often maintain a lifelong relationship with these children, either by committing to support the child in a certain way (e.g., providing educational and career mentoring, hosting holiday vacations or committing to a permanency pact^v) or through adoption. Perhaps the biggest success is that these young people are able to do things a normal teenager does — make friends in high school, learn to drive, get part-time jobs, graduate, transition to their own apartments and go to college.

Children belong at home and in the community

During the peak period of group placement reduction, Hampton launched a series of initiatives and supported the establishment of new community-based organizations to keep families intact, reunify families faster and keep children in the community.

Hampton developed this now extensive service array one child at a time and one talented provider at a time, Rogers says. When the agency discovered someone in the community with a gift for working with children, whether at the FAPT table or within its own workforce, the DSS director would encourage that person to leave their existing work and develop a community-based program to meet an unmet need. Some of Hampton's most successful private providers started this way, as the city established a broad array of programs and services from 2004 to today.

Some of the DSS initiatives designed to keep children at home and in the community included:

- *The Family Stabilization Program*, which DSS developed with the Court Services Unit to address family instability and offer effective community-based services to keep families intact and reduce the need for out-of-home placements. "We focus on offering services that meet a family's needs, in response to an assessment, rather than having a standard package of interventions," says Denise Gallop, Hampton DSS deputy director. In the Family Stabilization Program, that could include intensive, home-based family preservation-type services but it may also include respite, access to therapeutic after-school programs and other supportive services.
- *Intensive Intervention Services*, which provide a wraparound approach to serving the needs of the child and the family, including mental health, physical health, social, emotional and crisis interventions as needed.
- *Parents & Children Together (PACT)*, a service that places entire families in a foster home environment for protection and mentoring.
- *Parent to Parent Support*, which provides mentors to families who have received services from child-serving agencies to guides them through the FAPT process.
- *The Fatherhood Initiative*, a 12-week group session designed to increase the involvement of fathers in the FAPT process and in Hampton's child service delivery system.
- *Post Adoptive Services*, which supports adoptive families to reduce the risk of dissolution and keep children from reentering the foster care system.
- *Intensive Care Coordination*, which involves a multi-agency approach to avoiding out-of-home placements, supporting family reunification and ensuring that children reunified with their family and community get the services and supports they need to succeed.

- *Family Partnership Meetings/Family Group Conferencing*, a type of family meeting, were introduced to provide an active forum for families to make the best possible decisions for children at risk of removal from their homes.
- *Therapeutic Respite Services*, which allow a much-needed break, sometimes for the day or several nights, for parents and caregivers rearing children with challenging behaviors. This service is provided by trained and certified caregivers who undergo a DSS certification process just like foster parents.
- *Pathway to Permanency*, a tool designed to speed reunification when children have been removed from their families. The tool promotes mediation and supervised visitation to emphasize parent empowerment, transparency and consistent planning and communication.
- *Youth in Fast Forward*, a program designed to empower older children by helping them focus on their educational, career and family goals.
- *The Safe Harbor Visitation Center*, which hires trained professionals to supervise workday, evening and weekend visitation sessions between children in care and their parents to support their ongoing relationships in anticipation of reunification.
- *Kinship care navigation*, which offers extensive search and coordination of family-finding efforts, including facilitation of family assessments and family engagement sessions.

These initiatives are complemented by private efforts to provide more supports for children and families in the community. Hampton's private community partners include:

- *CATCH Summer Camp*. CATCH is designed to meet the needs of children and adolescents who have emotional and severe behavioral problems that interfere with concentration and their ability to learn. CATCH is specifically for those students who are not succeeding in traditional programs.
- *Family Restoration Services*. FRS uses sports and fitness programs, nutrition-focused activities, therapeutic interventions and community partnering to offer children and families restorative counsel to repair dysfunctional homes, build healthy family relationships and curb negative behaviors and attitudes.
- *Inner Circle Inc.* ICI's mission is to employ therapeutic treatments and principles creatively, help individuals and their families achieve positive outcomes and address and correct inappropriate behavior constructively and safely.
- *Together Lives Change*. TLC works in at-risk families' homes to strengthen and improve lives with a strong emphasis on preventing and intervening in challenges and meeting the unique and concrete needs of individuals and families by reinforcing positive behavioral change.

- *Center for Child and Family Services.* The center delivers quality counseling programs and support services that empower individuals and families to improve their lives, from behavioral health, child and family counseling and consumer credit counseling.

WIDER SERVICE ARRAY HELPS FAMILIES AND DECREASES FOSTER CARE

What do children and families have to say?

“There has never been a time that I had to deal with adversity all alone. I always had support from one or more members of the awesome and dynamic staff here in Hampton.”
– *Michele Credle, mother of seven*

“I was under so much pressure. I was going to leave all those kids right down there at Social Services. [Then] this lady walked up and introduced herself to me. She talked to me like a loving sister with great concern. She talked to me about the FAPT, how it looks at the strengths and needs of the youth and family and decides what services to provide, with input from the family. I would recommend this program to any family.” – *Kinship care provider with nine nieces and nephews*

“I am a single father raising three children and appreciate all the help that has been given. The way Hampton’s system of care works has helped my family to be happy and successful. They have provided me with hope and needed resources. I am grateful for everyone believing in us.” – *Kevin Wright, working with the School-Based Initiative*

“Everyone went above and beyond what was expected to get me what I wanted and needed to be successful in life.” – *Michael Ganoë, former foster child*

“It’s hard when you leave foster care. I reached out for help from Hampton DSS and they were there for me.” – *Former Hampton foster child*

As Hampton built out their service array and stopped using group placements as long-term living situations, the city was able to see better results in its family preservation and reunification efforts. An unexpected result: the city also began to rethink its longtime reliance on foster care. Instead of a widely used placement option, foster care became a last resort intervention, used only when other available family support services just didn’t work.

DSS also wanted to improve the supports it offered to family members willing to support children in need of care. When biological families cannot be preserved or reunified, Hampton places children with kin^{vi} whenever possible. DSS undertakes extensive family-finding efforts for all of the children in their care. The goal is to establish and strengthen lifelong family relationships and, if possible, to place children who cannot live with their birth parents with kin. “Finding kin to

support youth who would otherwise enter the foster care system is our specialty,” Gallop says. “You can see that in our statistics: While we currently have 51 youth in foster care, the system is serving a much larger number — 470 so far — because as soon as a placement is even considered, we have a family engagement meeting to see if a child can be placed with kin instead.”

Hampton recognizes that kin caregivers often need support to maintain connections with children in care, especially if they are considering becoming foster, guardianship or adoptive parents.

Because the state of Virginia does not offer guardianship subsidies and children in need of kin care are at imminent risk of entering the foster care system, Hampton makes preventive funding and services available to kinship care providers. For example:

- Hampton offers kinship care providers a “teaching parent” stipend (\$750 per month in 2014).
- Kin placements are monitored as prevention cases and providers come to DSS for quarterly meetings to report on how the service is going.
- Children living with kin care providers are eligible for a full array of support services, including counseling, mentoring, resource parenting, transportation and day care. DSS helps kinship care parents get custody when reunification cannot be achieved quickly and/or safely.
- Hampton looks to overcome other practical barriers facing kin placements. In one example, CSA paid to add two bedrooms and a bathroom to a grandmother’s two-bedroom home. For several years after taking in her five grandchildren, she had been sleeping on her couch. As the children become teenagers, the situation was becoming untenable. CSA recognized that over the years the grandmother had saved the city and state significant money by caring for these children; if she was to continue to do so, she needed a house that made it possible.

MOVING FROM TREATMENT TO “EXTREME PREVENTION”

Now that Hampton has stopped using group placements and downsized its foster care population, the city is focusing on what could be called extreme prevention. The idea is to proactively identify families at risk and offer appropriate, customized services as early as possible, when help is more effective and least intrusive. Examples include:

- *The Welcome Baby and Healthy Start home-visiting programs*, which reach out to all new parents to provide information about child growth and development.
- *DSS’s early identification processes*, such as:
 - Opening prevention cases on hotline calls that don’t meet the criteria to be screened in to examine overall family functioning in addition to child safety and risk; and

- Screening families who apply for TANF to see if they need additional support and/or services. Similar to the FAPT model, screening is carried out by a TANF Assessment and Planning Team, or TAPT.
- *Early truancy prevention.* As part of a pilot led by the chief judge, DSS has a social worker stationed full time in a local elementary school. This worker meets with families whose children are chronically tardy, truant or who exhibit behavior problems. The worker is supervised by the FAPT coordinator and paid by the juvenile justice unit with savings from detention reduction. The belief is that elementary school is one of the first opportunities to identify and help families in crisis. Through this early intervention, Hampton hopes to prevent later, more serious problems that interfere with child development and could lead to the need for less effective, more costly interventions including out-of-home placements.

Collaboration helps more children and families

Over the years, Hampton's leaders could see that helping children and families overcome challenges was necessarily going to involve the help and support of all child-serving partner agencies throughout the city. As a result, Hampton has encouraged cross-agency collaboration with partners in education, juvenile justice and mental health.

EDUCATION. Schools in Virginia have placing authority, meaning they can remove children from their homes and place them in private day schools, group homes and residential settings, with placement costs covered by the CSA funding pool.

Fortunately, the Hampton school system is a full partner in the city's efforts to keep children in the community and has not made a residential placement in more than nine years. A school system representative is active on FAPT and CPMT. The school system works closely with the city's child-serving partners to use and build an array of resources that allow children to stay in the least restrictive educational settings, providing behavioral specialists for children who have special needs, require one-to-one assistants or need day treatment services.

New Horizons Regional Education Center, in neighboring Newport News, provides local educational services for children with emotional disabilities or autism. Hampton also helped develop and support operation of a private day school so children who needed such services would not have to leave Hampton. The Rivermont School emphasizes academics, including reading proficiency, provides intensive behavioral support and works toward an eventual return to neighborhood schools.

JUVENILE JUSTICE. Initially, the juvenile justice system (which is called the Court Services Unit in Hampton) was the most resistant partner in Hampton's drive to eliminate group placements. Normally, juvenile justice systems use group placements to prevent children from being sent to secure detention facilities, where they are more likely to be exposed to more criminal behaviors and frequently live far from their families. To convince the Court Services Unit (CSU) to get on board, the judge demanded proof that group placements benefited these children. Lacking such evidence, the judge challenged CSU to work with DSS and CSA to find a solution that would better serve these children and keep them in the community.

Together DSS and CSU developed the Family Stabilization Program. The program diverts children from out-of-home placements by addressing parent-child conflicts and providing access to behavioral health and other services. Often the program keeps parents from charging their own children with legal offenses or requesting that DSS take custody because they can't handle a child's behavioral or other needs. The Family Stabilization Program has offered effective community-based services to keep families intact, reducing the need for out-of-home placements including secure detention, group and residential treatment and foster care.

As part of the program, CSU can call DSS at any time of day or night and get a return call from an on-call social worker within 30 minutes. The social worker can provide an assessment and crisis counseling, identify any needed resources, provide immediate access to community-based family stabilization services, and allow access to respite home placement for up to 21 days, if necessary. The program also provides preventive services for a minimum of six months for entire families, including providing access to an array of FAPT resources. The mental health agency and other community providers also support the Family Stabilization Program by providing intensive in-home services, mentoring, personal care assistance, before- and after-school support, and respite.

The Family Stabilization Team (with representatives from DSS and CSU) meets biweekly to review and plan for all open cases. The agencies go into court with a unified, coordinated plan. DSS takes the lead on about 75 percent of the cases; CSU takes the lead on the rest. After a minimum of six months of family stabilization services, all cases are returned to CSU's case management.

To keep these relationships working smoothly, CSU has a representative on FAPT and CPMT and supports the goal of keeping Hampton's children in their families by emphasizing family engagement in their own service array. CSU offers:

- *Detention expediting interventions*, in which CSU workers meet with families weekly to monitor the status of juveniles in detention. CSU workers also screen juveniles in secure detention, make step-down plans and communicate about these plans with parents.
- *Probation supervision services*, in which probation officers engage parents in the supervision and treatment process to strengthen parenting skills, strengthen the family unit and keep the family intact. Probation officers can also refer children and families to the mental health agency and FAPT for more intensive services, including family stabilization.
- *Parole supervision services*, in which parole officers are charged with maintaining family contact with juveniles in state care through video conferencing and in-person visits, establishing family domain goals and comprehensive reentry plans and treating family issues. These officers are also able to refer to mental health and FAPT for more intensive services.
- *Direct care and parole initiatives*, including the transfer of children from state to local facilities for the last 45 days of their sentence to facilitate reengagement with their families.

At any one time, CSU has 10 to 15 children on the FAPT roster, about half of whom are on probation. And although judges still order correctional placements, they have not ordered placement in any residential facility since 2007.

MENTAL HEALTH. The Community Services Board (CSB), Hampton's mental health agency, is a full partner on FAPT and CPMT and has programs and initiatives that support DSS, CSU and education. CSB supports DSS as its preferred provider of mental health services for children and families. It offers comprehensive outpatient care, intensive care coordination and intensive in-home, case management and emergency services. CSB is also a responsive partner in newer prevention initiatives, placing a mental health case manager at DSS to screen families applying for TANF, for example.

Just as Hampton's judge determined that delinquency cases are often a sign of family crisis, CSB examines the extent to which behavioral and other mental health issues are related to family crises. The agency developed the Mental Health Screening program, through which a CSB therapist works at court four days each week, screening delinquent children for mental health issues and interviewing their parents to understand the child's history of services and his or her experiences in home, school and community life. If indicated, the therapist can refer the child for a full assessment and recommend services including case management, outpatient, therapeutic day treatment, mentoring, anger management and/or substance assessment and treatment. CSB also supports court services by taking referrals from the Family Stabilization Unit and Probation and Parole Supervision Services.

CSB offers similar supports to the school system, providing therapeutic day treatment for enrolled students, mental health skill building and therapeutic mentoring. CSB also staffs the Youth Parent Empowerment Program (YPEP), a multi-agency partnership between the schools, court services and the mental health agency. CSB supports mental health counselors in every school to work with students and families on improving attendance and achievement and addressing behavioral issues.

Hampton's remarkable success at keeping children in their homes and communities is the result of years of hard work and collaborative effort.

CONCLUSION

Hampton's remarkable success at keeping children in their homes and communities is the result of years of hard work and collaborative effort. The key ingredients to their success can be replicated and can serve as a road map for jurisdictions looking to improve outcomes for children and families in their communities.

Endnotes

ⁱ Throughout this publication, the term children is intended to include young people of all ages, from newborns to teens.

ⁱⁱ U.S. Census Bureau State & County Quickfacts: <http://quickfacts.census.gov/qfd/states/51/5135000.html>

ⁱⁱⁱ KIDS COUNT Data Center: <http://datacenter.kidscount.org/data#VA/2/0>

^{iv} Team Decision Making (TDM) is a collaborative practice used by child welfare agencies that includes family members for all decisions involving child removal, change of placement, reunification or other permanency plans. Team Decision Making is a much more effective way to approach the critical issue of placement for potentially at-risk kids, compared with the traditional model of agency personnel telling the family what to do. To learn more, see *Team Decision Making Case Study: Engaging Families in Placement Decisions* at aecf.org.

^v Learn more about permanency pacts at www.fosterclub.com/_transition/article/permanency-pact

^{vi} Kin is defined as relatives and others with whom the child has a family-like relationship. For more on kin care, see the KIDS COUNT policy report, *Stepping Up for Kids (2012)* at aecf.org.