

DBHDS

Virginia Department of
**Behavioral Health and
Developmental Services**

Recent Improvements in the Delivery of Services to Children and Families

Presentation to the Joint Commission
on Health Care
Behavioral Health Subcommittee
October 7, 2009

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Key Events in Children's Services

- Annie E. Casey Foundation's findings on child welfare made public - 2007
- First Lady Anne Holton spearheaded the "For Keeps" initiative - 2007
- "Systems of Care and Evidence-Based Practices" Conference for 600 people September 2007
- JLARC Study of CSA Children in Residential Treatment - 2007
- The Inspector General issued its Review of Community Services Board Child and Adolescent Services in September 2008.
 - Inspector General James Stewart briefed this subcommittee on the report in November 2008
- Children's Services System Transformation – December 2007 - Present
- A new position, the Special Advisor for Children's Services, was created to lead the transformation.
- Early Childhood Transformation – 2007

Office of the Inspector General Review – Key Findings

- **Availability** of MH services varies widely among communities;
- **Support and cooperation** of the local Community Policy and Management Team and the other child serving community agencies is a leading factor in developing community services
- **Medicaid** is the largest source of funding for children’s services in CSB budgets
- CSB **case-related involvement with and collaboration** with other agencies was mostly limited or did not occur
- CSBs have difficulty **recruiting and retaining qualified clinical staff**, especially psychiatrists.
- **Leadership** is a primary factor that influences development of community systems of care for children in CSBs:

Recommendations

1. DBHDS lead an interagency process
2. Every CSB have a single point of leadership for children
3. Provide leadership in training and staff development
4. CSBs with more comprehensive systems of services share factors of their success with other CSBs
5. CSBs should assess children with mental health or intellectual disabilities for substance abuse to assure integrated care

Children's Service System Transformation – Interagency Process

- **The Children's Service System Transformation has established an interagency process as called for in the OIG review.**
- **The collaborative effort goes beyond CSBs to include, Social Services, Education, Juvenile Justice and CSA**
- **Virginia's child-serving agencies are improving the way we help at-risk children and their families to achieve:**

Success in life;

Safety for children and communities;

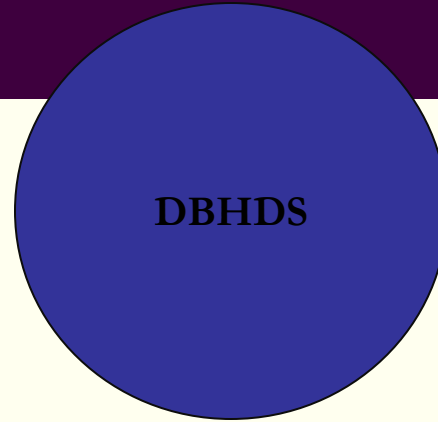
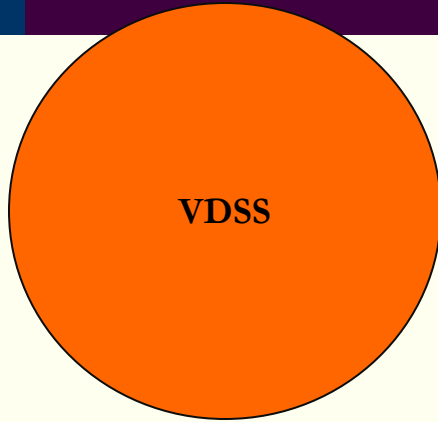
Life in the community;

Family based placements; and

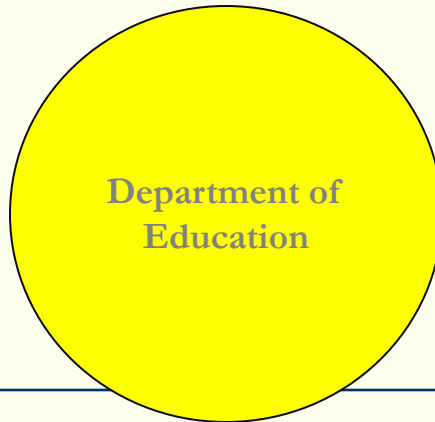
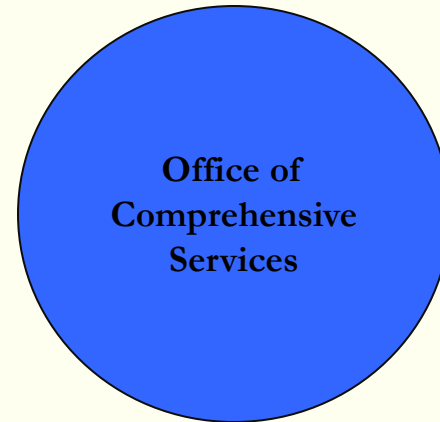
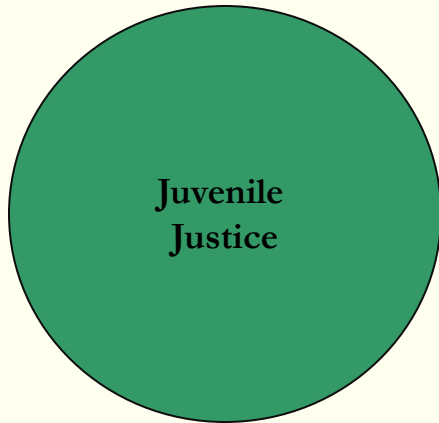
Life-long family connections.

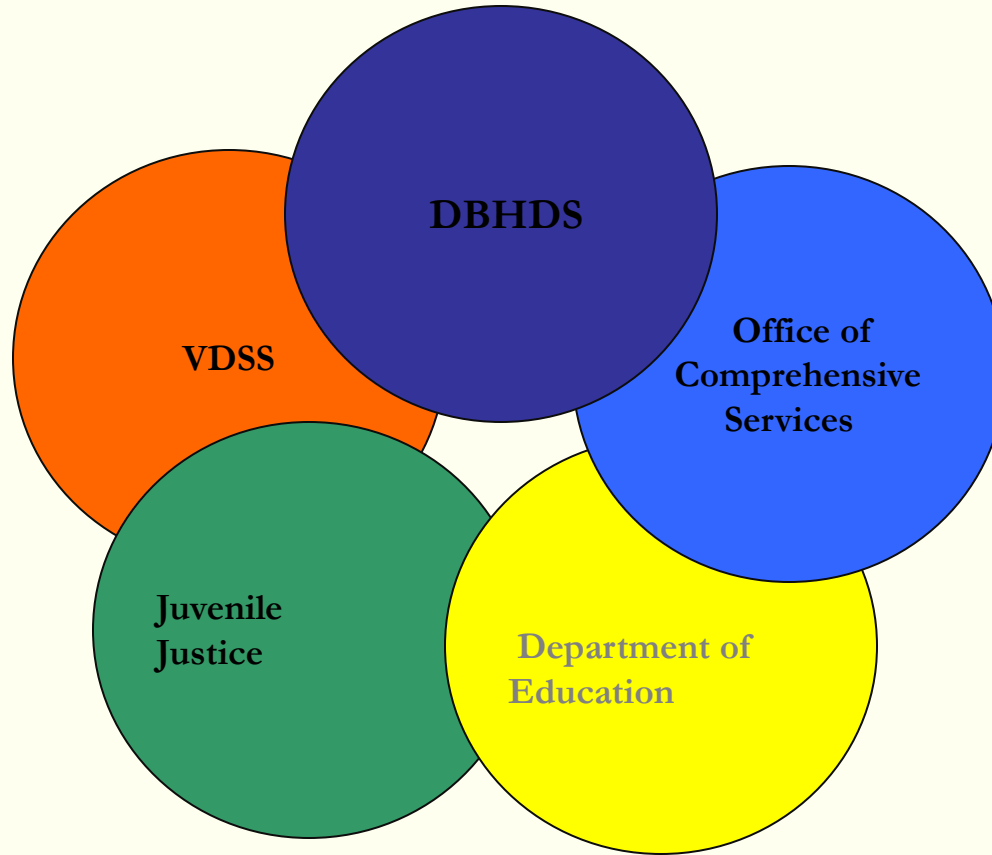
Council on Reform (CORE)

- Partnership since December, 2007 with thirteen targeted localities to develop a shared vision for Children's Services and implement best practices at the state and local level
- **Membership:** Representatives from thirteen geographically diverse localities:
 - Charlottesville, Chesterfield, Dinwiddie, Fairfax, Henrico, Newport News, Norfolk, Prince William, Richmond City, Roanoke County, Roanoke City, Virginia Beach and Washington County
 - These localities account for almost 50% of statewide foster care population
- Workgroups focused on the development of a Practice Model and implementation of "Building Blocks" of Transformation
- The Annie E. Casey Foundation has been providing extensive financial and consultative assistance in this work.



From This...





...To Cross Agency Collaboration

We have developed a common philosophy that will help to shift practice to achieve better outcomes for youth and families.

We believe:

- All children and communities deserve to be safe.
- In family, child, and youth-driven practice.
- Children do best when raised in families.
- All children and youth need and deserve a permanent family.
- In partnering with others to support child and family success in a system that is family-focused, child-centered, and community-based.
- How we do our work is as important as the work we do.

Building Blocks of the Transformation

Community-Based Continuum – Developing, funding and sustaining a continuum of services that will meet the needs of every child and ensure that when at all possible children receive the services that they need within their own home and community.

Statewide Training System – A comprehensive, competency based training system built on the practice model and accessible across Virginia

Resource Family Recruitment, Development and Support – Finding, training and supporting resource and adoptive families to provide permanent connections for youth in foster care

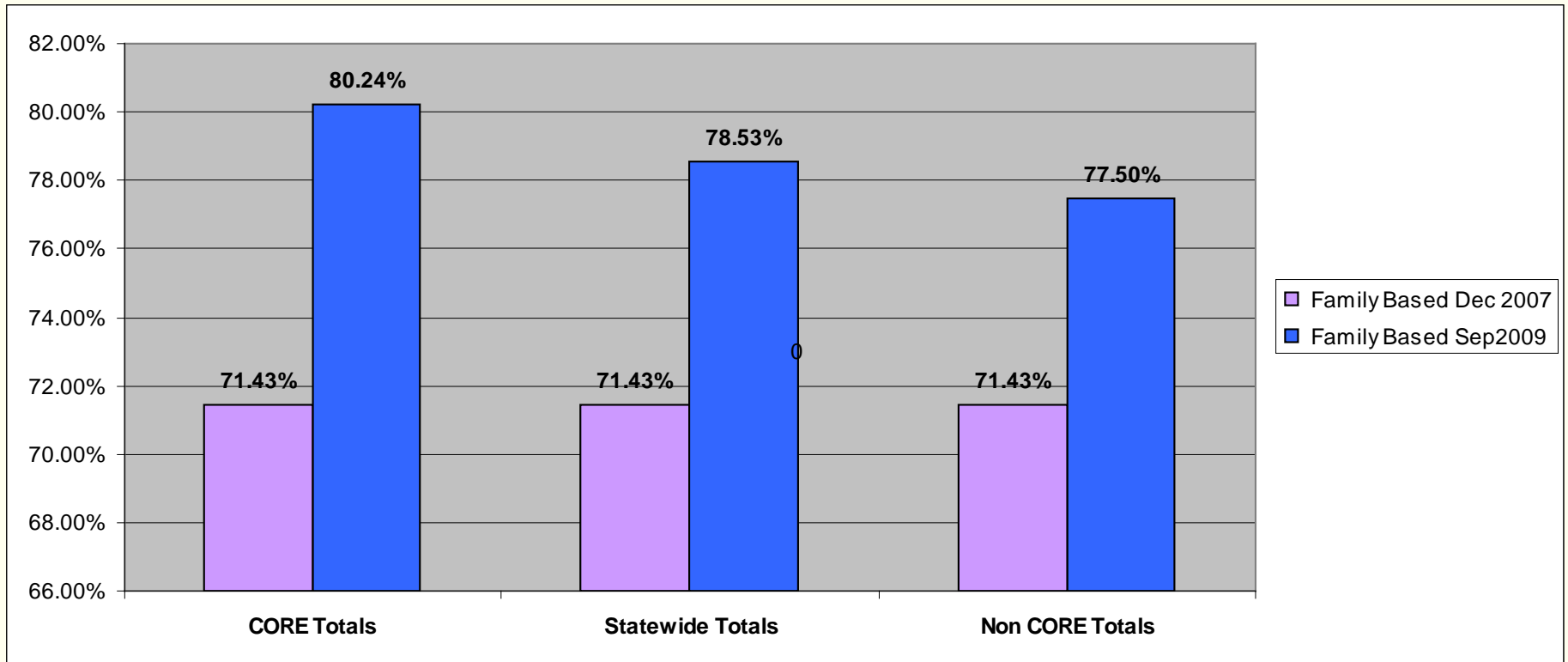
Managing by Data – Using data to guide our decision making and using our desired outcomes to drive practice

Family Engagement Model – Engaging families in a deliberate way by giving them a voice in what happens to their families and their children.

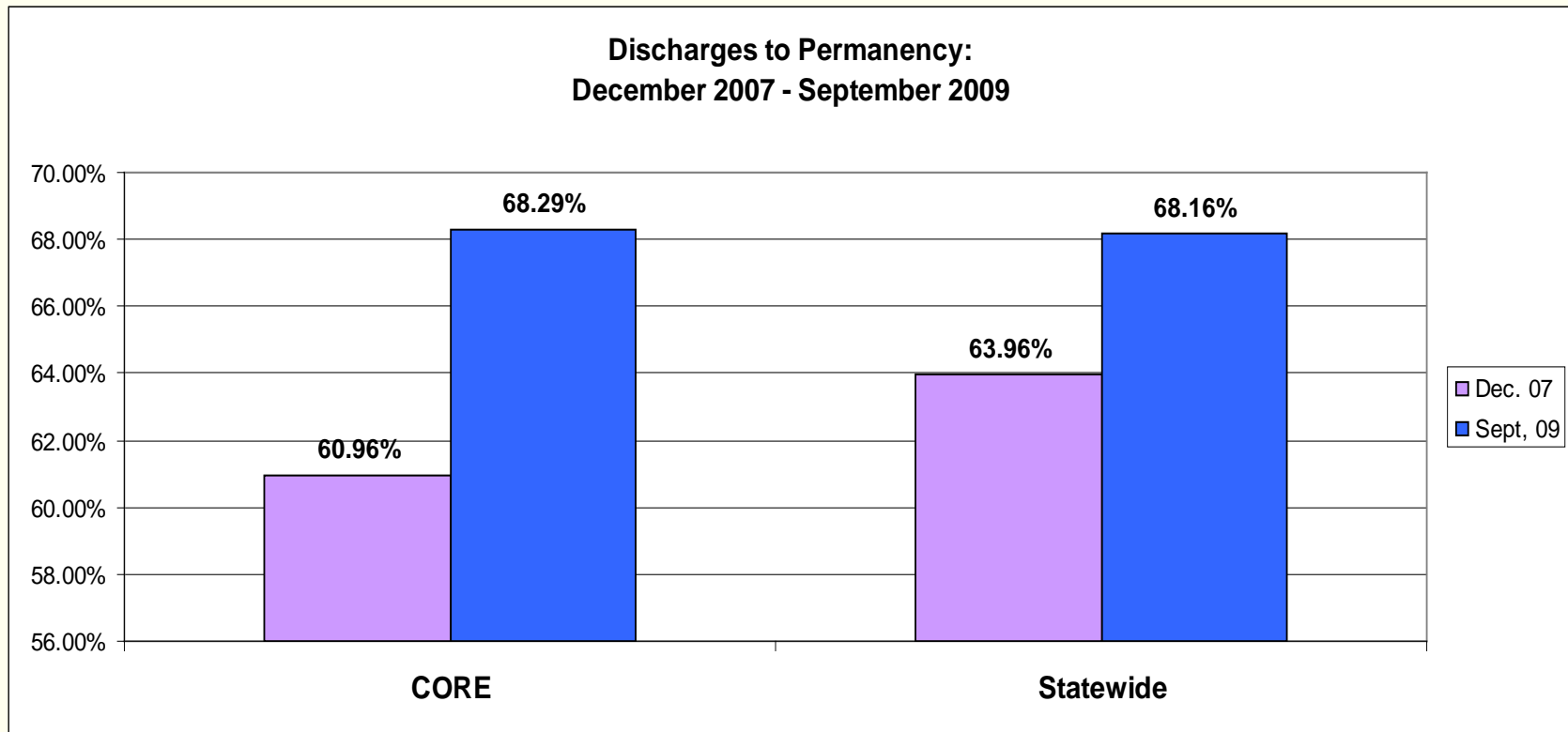
CSB Community Services to Children

Fiscal Year	Children Served in Mental Health and Substance Abuse Services	Expenditures
FY 2006	40,991	\$64,604,278
FY 2007	48,687	\$70,523,325
FY 2008	60,577	\$87,746,038

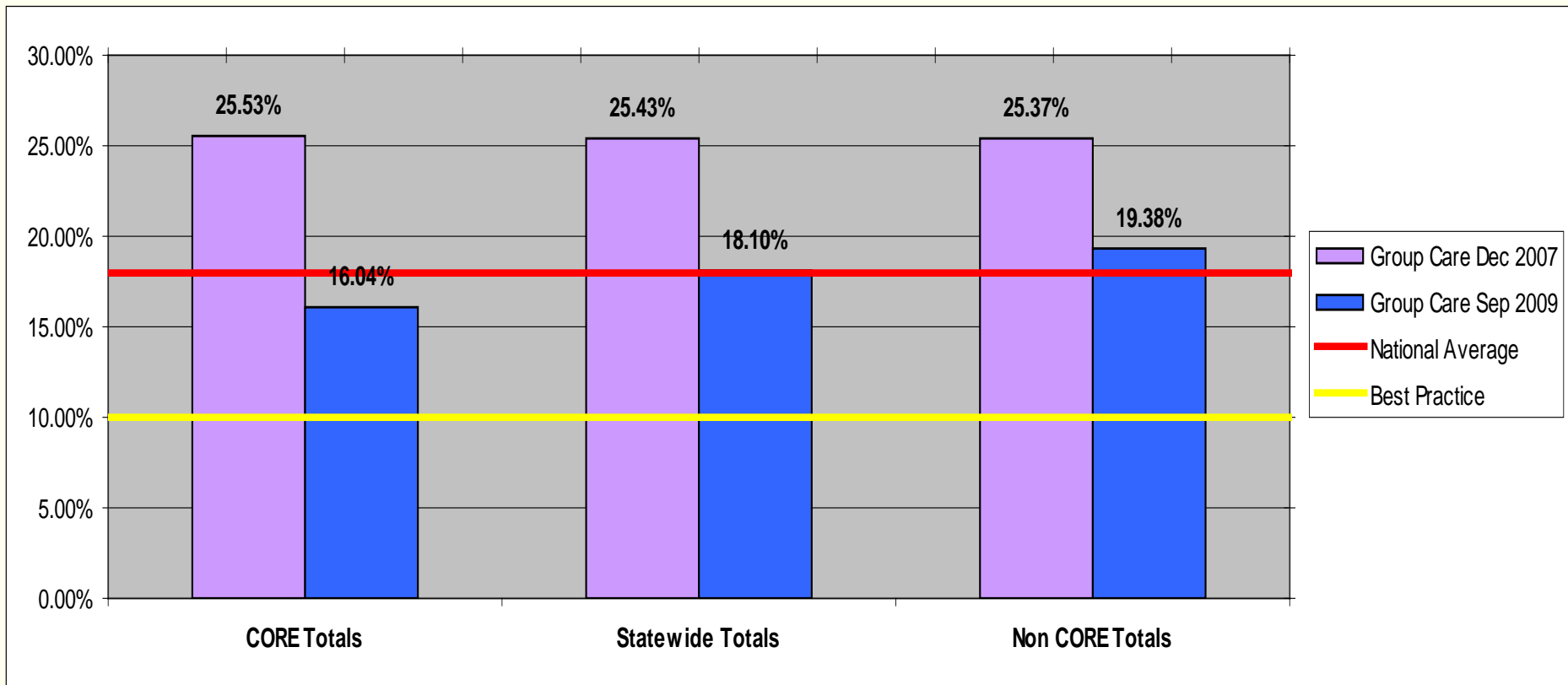
Family Based Placements



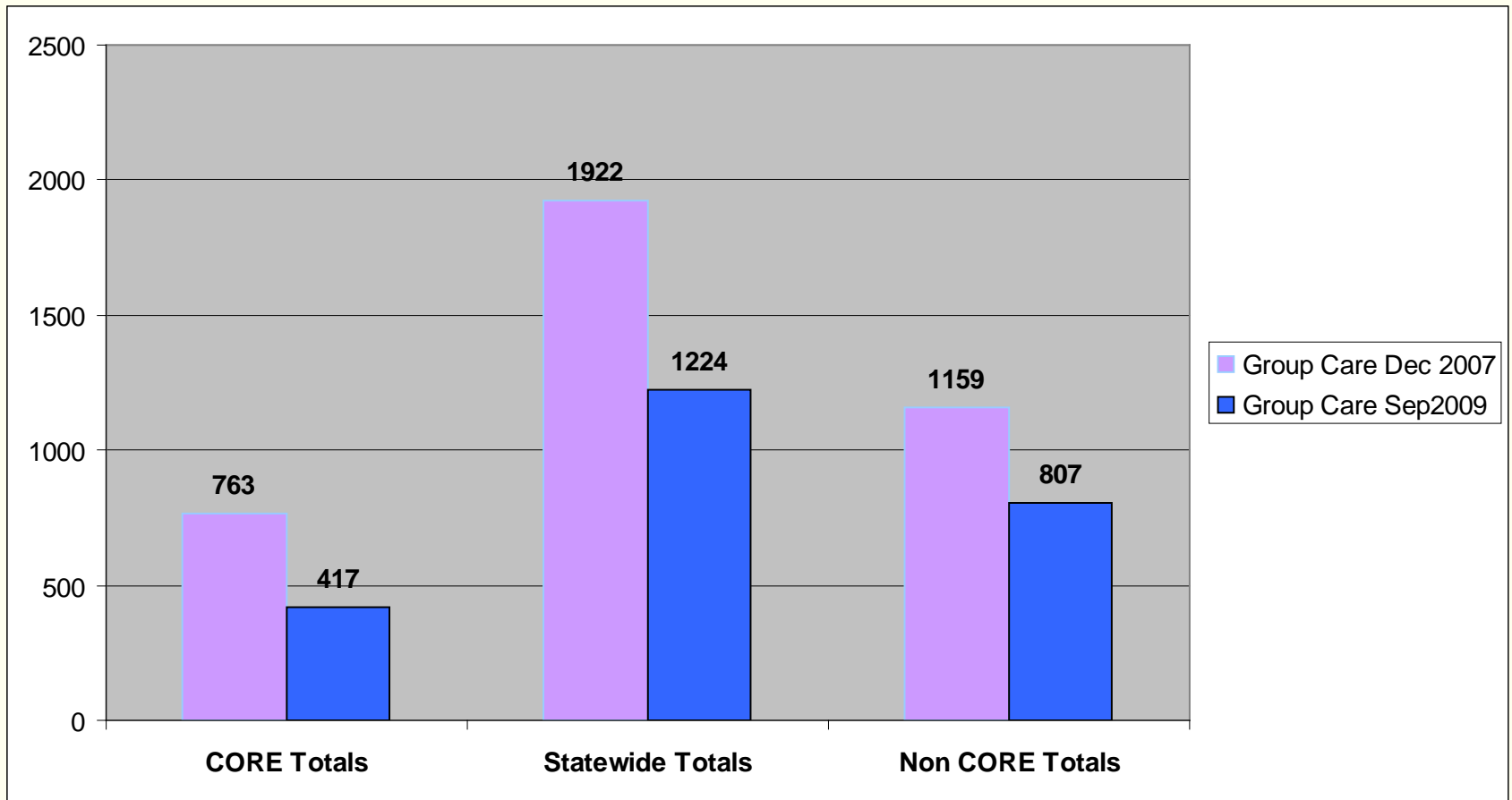
Discharges to Permanency



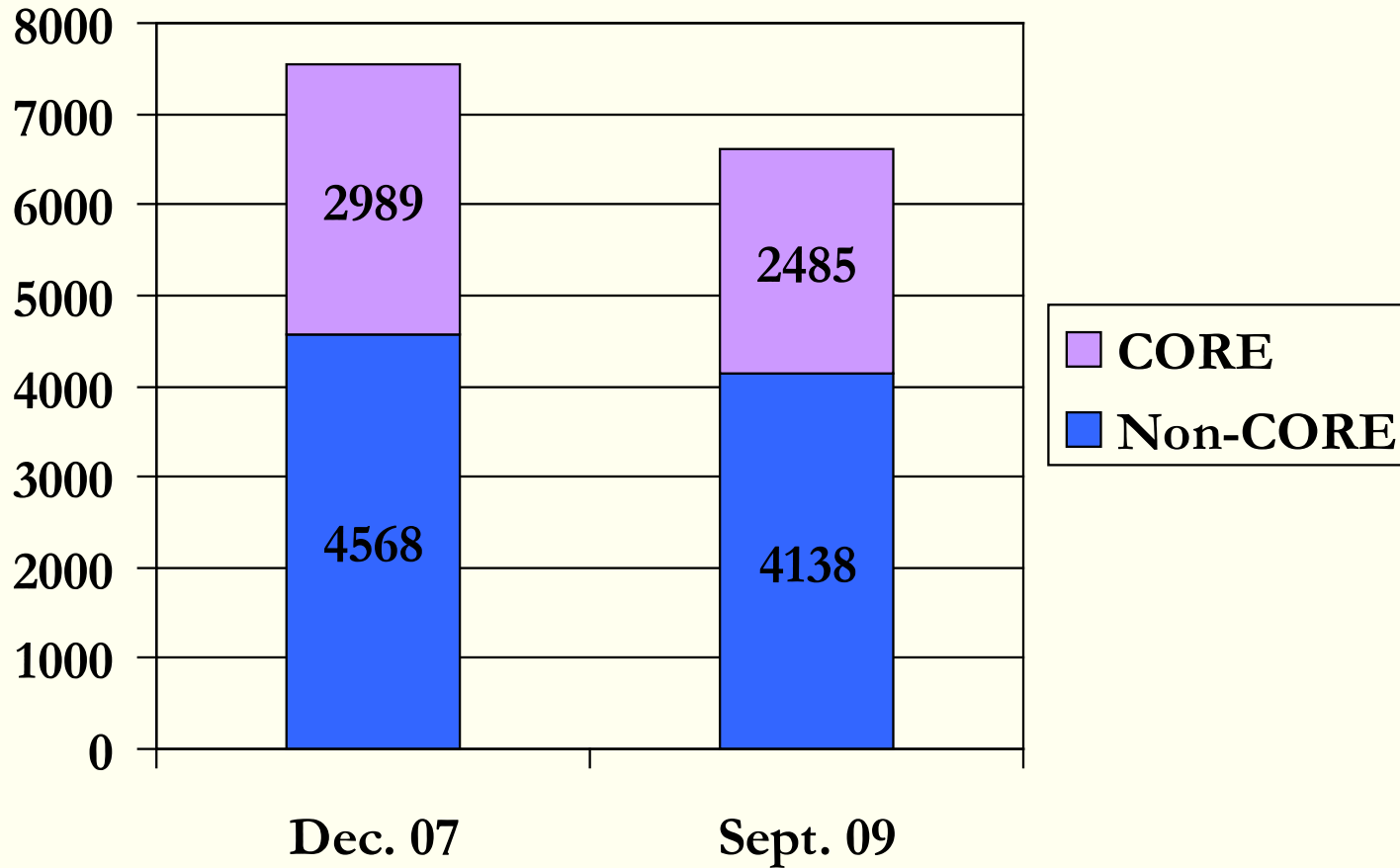
Use of Group Care is Decreasing



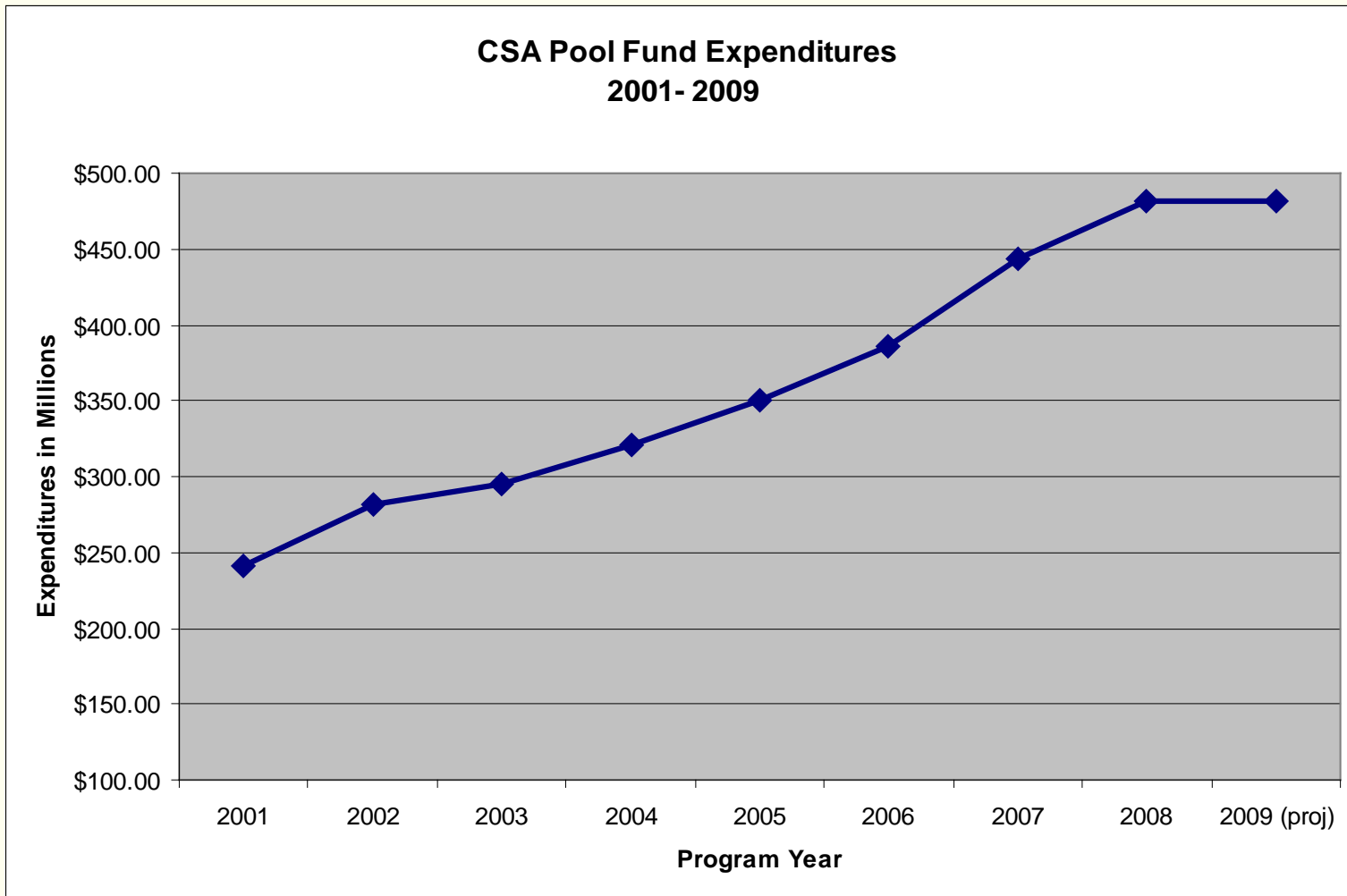
Numbers of Children in Group Based Care



Decrease in the Number of Children in Foster Care

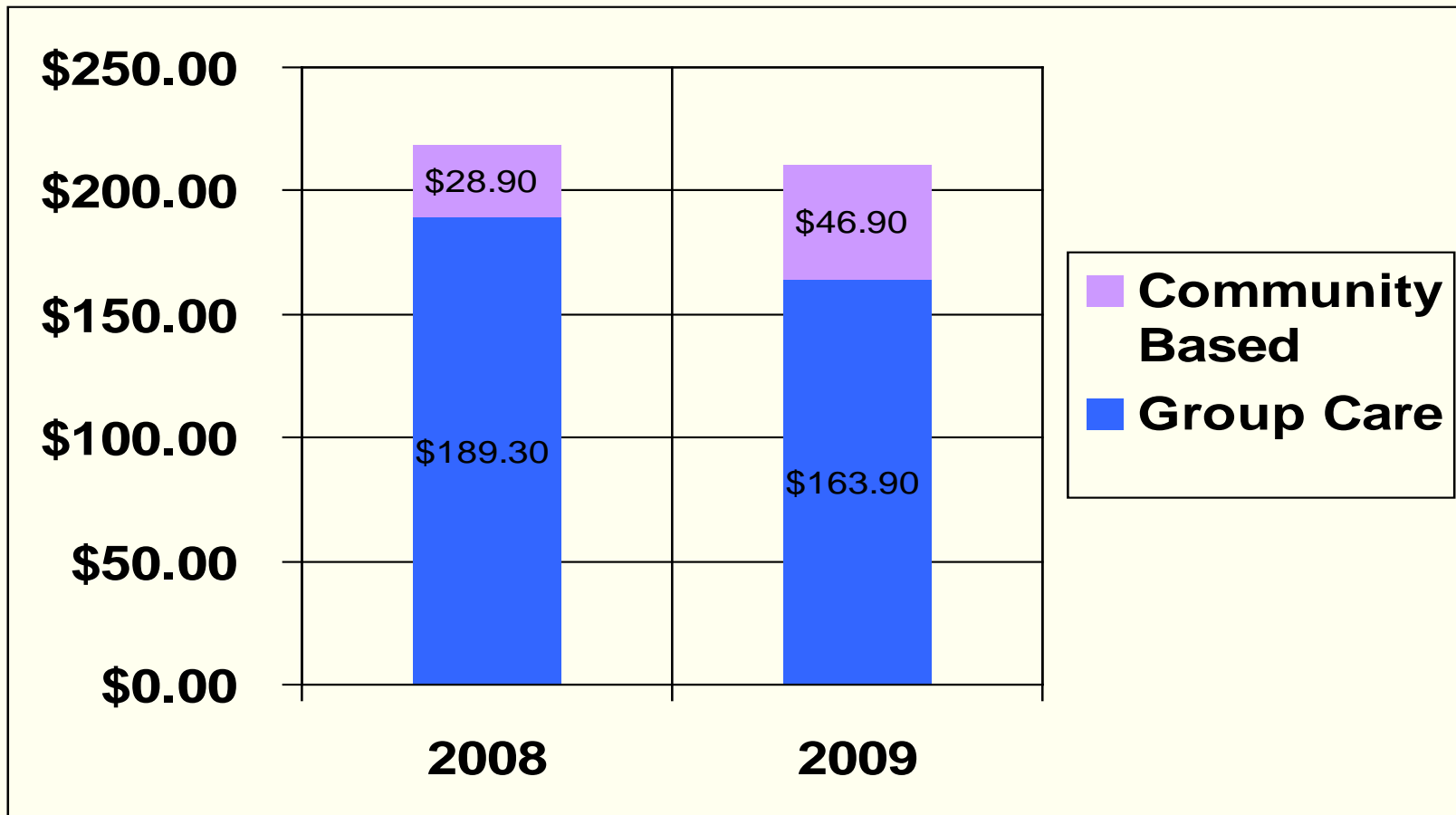


CSA Expenditures 2001 - 2009

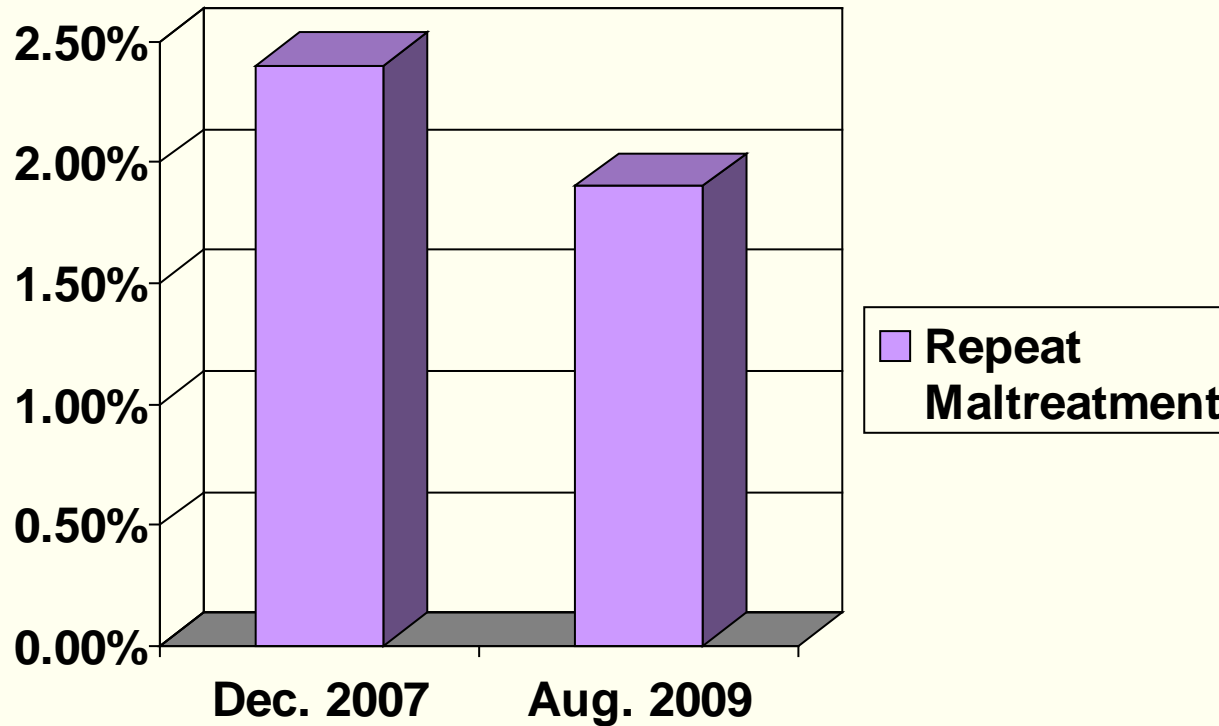


CSA Expenditures – Group Care Vs. Community Based

Dollars in Millions



Incidence of Repeat Maltreatment of Children in Foster Care



Transformation – Moving Forward

- **Training and Technical Assistance**
 - Transformation Academy
 - Agents of Change – Leadership Development Training
 - Transformation Sustainability Summit – October 2009
 - Governor’s Conference on Children’s Services Transformation – December 16-17
 - Family Engagement training
 - Resource Family Training
 - Meetings of CORE localities
 - Intensive Care Coordinator Network
- **Targeted Supports**
 - Consultations and assistance to individual communities
 - Support for intensive care coordination
- **Policy Directions to assure continued progress**

Intensive Care Coordination – Key Transformation Role for CSB's

- Opportunity for CSBs to take a **leadership role** in keeping children in the community, as called for in the OIG report
- **Reimbursable by CSA** effective July 1, 2007
- Coordination and **small caseload** necessary to transition children home from residential placements or keep them from being placed
- **CSB is the local agency for behavioral health, public entry point** for children and has the clinical expertise to plan for and arrange clinical services in the community
- CSB may contract with another entity to provide Intensive Care Coordination.
- **CSB maintains full responsibility** for Intensive Care Coordination, including monitoring the services provided under the contract

Intensive Care Coordination – Key Transformation Role for CSB's

Status of ICC Implementation September 2009

- 25 CSBs with CPMT collaboration have at least one ICC position
- 8 other CSBs have begun planning regarding ICC implementation
- DBHDS support for ICC:
 - Network meetings of intensive care coordinators
 - List serve to share information
 - Facilitate learning among intensive care coordinators