SUBCOMMITTEE ON THE PLACEMENT OF CHILDREN

REPORT OF THE HOUSE OF DELEGATES

COMMITTEE ON HEALTH, WELFARE AND INSTITUTIONS

TO

THE GOVERNOR

AND

THE GENERAL ASSEMBLY OF VIRGINIA

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Table of Contents

Report of the

Subcommittee on the Placement of Children

of the

Committee on Health, Welfare and Institutions

of the

House of Delegates

Richmond, Virginia

January 12, 1976

TO: Honorable Mills E. Godwin, Jr., Governor of Virginia

and

The General Assembly of Virginia

INTRODUCTION

The Subcommittee on Placement of Children of the House Committee on Health, Welfare and Institutions was authorized to conduct its study by House Resolution No. 8 agreed to by the House during the 1976 Session. That resolution is as follows:

HOUSE RESOLUTION NO. 8

Requesting the House Committee on Health, Welfare and Institutions to conduct a study on the placement and institutionalization of children in out-of-state and in-state facilities and on the appropriate location of the Division of Youth Services in the State governmental structure.

WHEREAS, nine hundred fifty-nine children were placed in facilities in the Commonwealth in 1974 by local departments of public welfare or social service at a cost of $3,505,896 and four hundred thirty-one children were placed in out-of-state facilities at a cost of $3,786,184;

WHEREAS, other similar placements are being made by the Division of Youth Services of the Department of Corrections, the Department of Mental Health and Mental Retardation and the Department of Education through its program of special education; and

WHEREAS, a conservative estimate of six to seven million dollars is being spent annually by State agencies to place nine hundred to eleven hundred children in out-of-state facilities; and

WHEREAS, there is little or no interagency communication concerning the placement of children in out-of-state and in-state facilities, and there is no mandatory reporting procedure for any such actions which are taken; and

WHEREAS, alternative placements for children in the Commonwealth and in out-of-state institutions need continuing study and attention; and

WHEREAS, the appropriate location of the Division of Youth Services in the governmental structure of the Commonwealth needs to be considered; now, therefore, be it

RESOLVED by the House of Delegates, That the House Committee on Health, Welfare and Institutions is requested to study the present placement of children in out-of-state and in-state facilities, the money being spent for such placements and the need for alternative placements for these children. The Committee shall also consider the appropriate location of the Division of Youth Services in the State governmental structure and whether it should be separated from the Department of Corrections. For the purpose of this study the Committee may obtain the services of up to three citizen advisors, to be appointed by the Chairman of the Committee.

The Committee shall submit its report and any appropriate legislation to the nineteen hundred seventy-seven Session of the General Assembly.

Pursuant to the direction of the House of Delegates to conduct a study of the placement and institutionalization of children, Delegate Donald G. Pendleton of Amherst, Chairman of the House Committee on Health, Welfare and Institutions appointed a subcommittee to fulfill this responsibility. Delegate Frank M. Slayton of South Boston was appointed to act as chairman of the Subcommittee. The following Delegates were appointed to serve as members of the Subcommittee: Richard W. Elliott of Rustburg, Evelyn M. Hailey of Norfolk, Joan S. Jones of Lynchburg, Mary A. Marshall of Arlington, Owen B. Pickett of Virginia Beach, Norman Sisisky of Petersburg and C. Jefferson Stafford of Pearisburg. Citizens who were appointed to serve as members of the Subcommittee are as follows: Virginia M. Babcock of Appomattox, Jane Hotchkiss of Richmond, William B. Leaman of Roanoke, Dr. Marty Mayfield of Berryville, (Mrs.) Woodriff Sprinkel of Richmond and Louise Toney of Richmond.

The problems which the resolution directs the Committee to explore were brought to light by previous legislative studies in the children's field, including the Subcommittee on Group Foster Homes of the House Committee on Health, Welfare and Institutions which met during 1975, the Virginia Advisory Legislative Council Committee to Study the Needs of Young Children and the Virginia Advisory Legislative Council Subcommittee on the Juvenile Code

Revision both of which met during 1974 and 1975. Each of these legislative efforts has in some way touched upon the placement of and the availability of services to children in in-state and out-of-state facilities. It has been the task of the House Subcommittee on Placement of Children to deal specifically with these issues.

Significant improvement has been made in the working relationships of the various State agencies responsible for placing and providing services to children and in these agencies' comprehension of the problems in this area during the past year. Reliable and comprehensive statistical data concerning the number of children placed in facilities both in the State and out of the State and concerning the funds used to support these placements was not even available eighteen months ago. Without such basic information, policies cannot be developed nor funds properly allocated to address any lack of services or facilities in the Commonwealth to meet the needs of these children. The statistics recounted in House Resolution No. 8 have been developed in considerably more detail as a result of this study and will be discussed later in this report.

In addition to the compilation of statistical data on children and funding and the relationships and responsibilities of various State agencies in this field, the Committee has also considered the need for alternative placements for children both in State and private facilities. The further development and support of existing local, State and private programs through licensing procedures, financial incentives and technical assistance will be addressed later in this report.

House Resolution No. 8 also directs this Committee to consider "the appropriate location of the Division of Youth Services in the governmental structure of the Commonwealth." Due to the lack of time to adequately address this issue during the past year, no recommendations will be made on this matter at this time.

Of notable importance in this study is the contribution made by the citizens who have served as members of the Subcommittee. The expertise of these members in the fields of education, social services, juvenile corrections and in mental health has been invaluable in the Subcommittee's deliberations. The Committee wishes to commend and support the practice of appointing citizen members to special subcommittees of standing committees of the House of Delegates and Senate.

STAFFING OF THE SUBCOMMITTEE

Remarks made by the Chairman of the Subcommittee, Delegate Frank M. Slayton, to the House Committee on Health, Welfare and Institutions on December 16, 1976.

"The Subcommittee of this Committee studying 'Placement of Children' has for you today a draft of its report which will be given to you for your consideration, and if approved by you, it will be

polished up and hopefully printed for wider distribution.

This report represents the diligent efforts of the staff of the Division of Legislative Services, but there were some other developments that occurred during the course of the study that the staff could not appropriately comment upon, but which in my judgment should be brought to your attention as fellow legislators.

These following comments represent entirely my own views as Chairman of the Subcommittee, and do not purport to represent the views of any Subcommittee member of the General Assembly. These comments have not been discussed with, or known to, the staff members who worked with the Subcommittee.

House Resolution No. 8, which authorized this study, did not request funds for a special staff to conduct the study, and none were authorized.

The Resolution did request that citizens outside the General Assembly be permitted to serve on the Subcommittee. A number of them did so, and their contribution was invaluable to the deliberations of the Subcommittee.

It is the area of staffing and participation by citizens outside of the General Assembly, but who are employed by State agencies, to which I want to address my remarks.

Before doing so, however, I feel I should tell you that during the course of our efforts there were two meetings with the Governor, who has given our efforts tremendous support.

There have been several meetings with Secretaries Otis L. Brown and H. Selwyn Smith, and they have not only supported many of our recommendations, but they have caused many of the suggested changes to be brought about by administrative order.

Commissioner William L. Lukhard of the Department of Welfare has responded in a positive way and has also ordered many changes which are occurring to improve situations that need attention.

We have also seen many changes and improvements ordered by Mr. William E. Weddington, Director of the Division of Youth Services.

The Acting Commissioner of the Department of Mental Health and Mental Retardation, Dr. Leo E. Kirven, Jr., has also been quite aggressive in his willingness to do what he could to address areas of weakness in the field of services to children.

Not all of the agencies, or managers within those agencies mentioned, have responded in such a manner to the Subcommittee staff.

The Subcommittee staff was the same staff as that staff assigned to the full Committee by the Division of Legislative

Services. As such, many people in the agencies resented their inquiries for information, became hostile because they assumed the staff was meddling and objected to the staff playing any role other than the docile and placid role of 'bill drafters'.

The Subcommittee needed facts and data that were accurate and on which it could rely. But because of the apparent contradictions, it knew that it was not receiving that kind of information from the various agencies it desired.

Acting on the requests and desires of the Subcommittee, the staff made repeated inquiries of the agencies of State government. From time to time information that was received was challenged or rejected as being inadequate.

Some agency people began to be openly critical of the role of the Division of Legislative Services in the work of the Subcommittee.

They did not appreciate the subtle role that the staff was playing as that of full-time staff to a study by a committee of the General Assembly.

When the inquiries were made, the information furnished challenged; the announced field trips planned, or the unannounced field trips kept secret; the Division of Legislative Services did not make those decisions, but they were made by members of the General Assembly for and with whom the staff was working.

For us, as legislators, to be able to effectively represent the people of Virginia in the best possible manner, we need adequate staff support that has the expertise to develop the information upon which we can make enlightened decisions.

As the Division of Legislative Services has evolved, at least in part, into fulfilling that role, the other agencies and departments of government must realize that it is acting for the General Assembly.

Many of the negative attitudes and hostilities originally exhibited dissipated when it became known to the agencies that the staff was serving as requested and directed by members of the General Assembly, and not on its own individual caprice.

Its role as staff to the standing committees and responsibility to those committees must, therefore, be made increasingly clear as the committees undertake further inquiries in the future.

To address problem areas of government service, the legislature can do one of a number of things. It can appropriate substantial sums of money and hire outside consultants, or it can name people from within the system to serve on the studies and assist in the studies.

Sometimes one approach may be appropriate, sometimes the other, maybe a combination, or neither; but we used agency people employed by various agencies in this study.

Because of the work of previous studies, we knew the people we wanted to help us in the various areas of concern and requested them by name.

Our philosophy was that they should know better than anyone the strengths and weaknesses of the programs in their particular area of expertise and should have some realistic suggestions for their solution.

I personally still believe this is a valid concept, but based upon the expertise of a local government employee who appeared before our Subcommittee, I feel that we should all be more sensitive to the risks we as free-wheeling legislators subject these people to who are willing to participate actively in the legislative process.

Oftentimes information requested from or about an agency policy or method of operation is incomplete or inaccurate, and only those people engaged in the nuts and bolts day-to-day operation of the agency will have the savvy to know that the members of the General Assembly are getting a fast shuffle or a snow job by some agency. When that happens, then either those agency members who have been asked to serve by the General Assembly or the local agency employee who knows better should feel they can set the record straight and give the General Assembly members the facts without fear of reprisal or condemnation by their superiors.

We should maintain at all times a high degree of sensitivity to those persons who are willing to serve our committees and studies, as well as others who have a great deal to contribute by way of furnishing us with information, and we should be willing to protect them from risks that sometimes follow because of their assistance to the General Assembly.

This study effort owes a special debt to thanks to Mrs. Lelia B. Hopper, Richard W. Hall-Sizemore and Ms. Robin Poe, their secretary at the Division of Legislative Services, for their magnificent efforts; and to Mr. William B. Leaman, Division of Youth Services, Roanoke; Ms. Jane Hotchkiss, State Department of Welfare, Richmond; Mrs. Woodriff Sprinkel, Division of Youth Services, Richmond; Mrs. Louise Toney, Richmond Public Schools, Richmond; Dr. James A. Sebben, Department of Mental Health and Mental Retardation, Richmond; Mrs. Virginia M. Babcock, Appomattox; and Dr. Marty Mayfield, Berryville, for their untiring service to the study committee.

What has been begun here has already had a profound effect on the lives of children who are without advocates, but who are in desparate need of adequate services.

This time of the year would appear to be the most appropriate time for us to recognize that our policy towards the unwanted child, the troublesome child, or the child who is special because he or she is different, has not accurately reflected the conscience of the people of Virginia; and that we as members of this Committee, who have been assigned this jurisdiction by the other members of the General Assembly, have accepted the role as their advocate: to treat children

who need treatment and not to criminalize them; to house children who need homes and not warehouse them; and to humanize those who need love and not institutionalization.

If we have the courage to accept this challenge, we then have an opportunity for service unparalleled in Virginia: to provide services to those citizens who can benefit the most from them."

HISTORY

During the spring of 1976, efforts begun during 1975 to compile accurate statistics concerning the number of children in facilities in and out of the State, the names and locations of the institutions where such children were being placed and the amount of money budgeted for such purposes by the State Departments of Corrections, Education, Mental Health and Mental Retardation and Welfare continued. At its first meeting on May 24, 1976 the Subcommittee heard from representatives of the Departments of Education, Mental Health and Mental Retardation and Welfare, the Commission for Children and Youth and the Virginia Chapter of the American Civil Liberties Union concerning their views of the problems to be addressed. At this meeting the Subcommittee focused on some of the issues to be faced during the study.

For the Subcommittee's next meetifg on July 9th, service delivery personnel from around the State in the fields of social services, mental health, juvenile corrections and special education were invited to address the Subcommittee on a list of issues previously furnished to them. Representatives from each of these fields, except special education, attended this meeting and made candid and enlightening presentations. A paper was received in the fall by the Subcommittee addressing the issues from the service delivery point of view in the field of special education. The issues which were discussed are as follows:

1. How is the decision made to place a child in a special placement, either public or private, in-state or out-of-state?

2. What criteria are used in selecting a particular facility or placement for a child?

3. What funding sources are explored/available/used for placements of children out of their natural homes?

4. If a child can best be served by another public or private agency, or also needs the services of another agency, what lines of communication are open between your agency and other agencies to provide the best program of treatment and care for the child?

5. What monitoring and evaluation is done by the placing agency of children placed in out-of-state and in-state facilities? (Include residential and day placements.) Are forms used for such monitoring and evaluation? At what time intervals do monitoring and evaluation take place? Are regular visits made with the

children? Are the visits announced or unannounced to the facility?

6. What alternative programs and facilities are needed in Virginia to enable your agency to avoid sending Virginia children out-of-state? What out-of-state programs are used by your agency which you feel it would not be feasible to duplicate in Virginia?

(See Appendix B, Exhibits 1 through 4 for copies of the statements or remarks made at this meeting.)

At this meeting a detailed presentation was also made on the recent efforts of the State Department of Welfare to improve the operation of the foster care program by local welfare departments by centralizing the operation of the program and placing responsibility for program supervision and monitoring at the regional level. The State's welfare system is responsible for the largest number of children in placements outside their natural families. The Subcommittee has been vitally interested, therefore, in understanding and keeping abreast of the developments and improvements in this field.

On August 9th the Subcommittee met, again, and this meeting dealt with the availability of facilities to meet the needs of emotionally disturbed children. At the July meeting, service delivery personnel pointed out that children with behavioral and emotional problems are the most difficult to place in the Commonwealth. Dr. Walter Draper, Director of the Virginia Treatment Center for Children in Richmond, made a presentation on the services available at the Virginia Treatment Center. The Center provides both an in-patient and out-patient program and is operated under the authority of the State Department of Mental Health and Mental Retardation serving the entire State of Virginia. The in-patient program provides short-term intensive psychiatric care for forty emotionally disturbed children from five to fifteen years of age. The out-patient program was established primarily for the selection and evaluation of potential in-patients, to offer individual psychotherapy and social casework for parents and to follow-up families after the child has been discharged from in-patient care. For the past three years, the clinic has expanded its services to offer out-patient care to whomever requests it. At the conclusion of this meeting, the Subcommittee visited the Virginia Treatment Center and obtained first-hand knowledge of the program, the staff and the children it is serving.

At this meeting Lee Grant and Dr. Joni Grant, co-directors of Grant Center Hospital in Miami, Florida, made a presentation on what they view as a continuum of care for children needing mental health services. Grant Center Hospital provides acute care under the direct supervision of psychiatrists and psychologists for children who are behaviorally and emotionally disturbed. The Grants saw a need in Virginia for developing intermediate care facilities for disturbed children who are released from acute care institutions. The Subcommittee put the Grants in touch with State agency personnel responsible for developing and licensing such facilities and have followed their efforts with great interest. As of this date, a former YWCA camp near West Point, Virginia has been leased by

the Grants, a director has been hired and the facility will open in the spring of 1977 to begin receiving disturbed children who need a placement alternative to acute care facilities, such as mental hospitals.

At the August 9th meeting the Subcommittee was also made aware of the planned development of a new program at the Reception and Diagnostic Center of the Division of Youth Services. The program, funded with planning money by the 1976 Session of the General Assembly, provided for the building of two new cottages at the Reception and Diagnostic Center to provide short-term intensive psychiatric treatment for thirty-two children in the custody of the Division of Youth Services at a projected cost of $20,000 per year per child. The total cost of starting this treatment facility was projected to be $700,000. This facility was being planned to fill a void in the programs available for behaviorally and emotionally disturbed children in the Division's custody but who cannot be housed with and take part in the programs available for other committed children. It was intended to deal with the "ping pong" treatment of children being sent from correctional facilities to mental hospitals and back again when the mental hospitals were also unable to deal with them. This situation further clarified for the Subcommittee the fact that programs and other resources for behaviorally and emotionally disturbed children, who may or may not be "mentally ill" in the technical sense, are not adequately coordinated or developed by the State agencies having responsibilities in this field, specifically the Departments of Corrections and Mental Health and Mental Retardation.

When this situation was brought to the attention of the Secretaries in the Governor's Cabinet who are responsible for the policies and activities of the Departments of Corrections and Mental Health and Mental Retardation, an interagency task force was formed in the middle of August under the direction of the Secretary of Human Resources, Otis L. Brown, to look into services for Virginia's children who are emotionally disturbed and who have other special needs. Represented on this task force are the Departments of Corrections, Education, Health, Mental Health and Mental Retardation, Planning and Budget, Vocational Rehabilitation, Welfare, the Virginia Commission for Children and Youth and the Rehabilitative School Authority. The work of this task force has yet to substantively begin.

A subgroup of this task force began work immediately, however, on the advisability of the Division of Youth Services continuing its plans to provide a psychiatric treatment unit at the Reception and Diagnostic Center and on the specific problem of providing mental health services to emotionally disturbed children committed to the Division of Youth Services who cannot be dealt with in the Division's treatment programs. The work of this task force culminated in an Interagency Agreement signed on November 11, 1976 by the Secretary of Human Resources Otis L. Brown, the Secretary of Public Safety H. Selwyn Smith, Dr. Leo E. Kirven, Jr., Acting Commissioner, Department of Mental Health and Mental Retardation and William E. Weddington, Director, Division of Youth Services, Department of Corrections. The agreement

specifically enumerates the problems faced by Youth Services and Mental Health and Mental Retardation in providing adequate treatment to children in Virginia. To deal with these problems, the agreement provides for the development and implementation of two interagency mechanisms:

"1. Professional consultation on a non-fee basis will be provided by each agency for clients in the custody of the other agency . . .

2. All Division of Youth Services clients determined to be in need of services provided through the Department of Mental Health will be referred to an interagency Prescription Team . . . The Prescription Team will be responsible for assessing client needs, for assessing system resources and for making treatment and placement decisions for each case referred for admission to or discharge from a mental health facility."

A copy of the Interagency Agreement and of the Procedures of the Prescription Team are in the appendices of this report and should be read carefully for a full understanding of this important arrangement. (See Appendix E, Exhibits 1 and 2.)

The Prescription Team took its first cases the end of November, and its work is being carefully monitored by the Secretaries of Human Resources and Public Safety. (See Appendix E, Exhibit 3.) This attempt to work out a difficult problem is itself raising new issues which will need to be resolved as experience is gained with the prescription team concept. The Committee commends, however, this conscientious effort by the executive branch to respond to the challenge of providing effective and coordinated services to Virginia's youngest citizens who require special care and attention.

The first week of October the Chairman of the Subcommittee, a member of the staff of the Division of Legislative Services and representatives from the State agencies of Youth Services, Welfare and Mental Health were invited to Denver, Colorado. Visits were made to facilities of Colorado's Division of Youth Services which treat emotionally disturbed children who are in the corrections system and to programs in the Division of Mental Health which treat the same category of children who are in the mental health system. Representatives of the Colorado agencies which are responsible for these children spent a considerable amount of time explaining their programs and discussing the problems Colorado faces in this field. The Chairman and the other Virginia representatives in Colorado also attended the National Conference of State Mental Health Representatives for Children and Youth and participated specifically in a panel on the "Treatment of Children and Youth . . . The Role of State Government." Those attending this conference and visiting the facilities available for children in Colorado got the distinct impression that, even with its acknowledged problems, Virginia has programs for children with special needs which are more organized and developed than many states.

The full Subcommittee convened, again, on October 12th in Arlington to meet with Dr. Jerome Miller, Commissioner for

Children and Youth in Pennsylvania. Dr. Miller has had extensive experience in the juvenile corrections systems of Massachusetts, Illinois and Pennsylvania and in the development of state services for children, in general. He discussed with the Subcommittee (1) programs to be considered in deinstitutionalizing children, (2) the use of third party contracts for specialized foster care and for the services of public and private vendors of residential child care and (3) the development of advocacy programs in which children are paired with adults who are paid to work with the child on a one-to-one basis to provide meaningful supervision and to keep the child out of residential facilities. Dr. Miller also provided valuable information concerning programs and resources in other states for the Subcommittee to explore.

On October 19th the Subcommittee toured the juvenile section of the Richmond City Jail and several facilities of the Division of Youth Services. The Division provided transportation for the Committee to the jail, the Reception and Diagnostic Center, Bon Air Learning Center and Pinecrest Learning Center. The Committee was treated to lunch at Bon Air prepared by the girls committed to the facility and enjoyed the company of William E. Weddington, Director, Carolynne Stevens and Frank Bishop, Assistant Directors of the Division and Dr. Charles Price of the Rehabilitative School Authority during the day. The Subcommittee found the tour and explanation of the Division's programs most enlightening.

On October 25th the Chairman, a staff member and a State agency representative working with the Subcommittee met with the staff of the Roanoke Regional Office of the Division of Youth Services. The purpose of this meeting was to learn what efforts are being made at the regional level to coordinate policies and service delivery among the human resource agencies serving children and to determine what supportive recommendations the Subcommittee should consider in this area. The Youth Services staff was most helpful and provided the Subcommittee with further issues and information to explore.

DeJarnette Center for Human Development in Staunton was visited on November 9th by the Chairman, a staff member and representatives from State agencies working with the Subcommittee. An explanation of this program which treats sixty-five emotionally disturbed children from two to fourteen years of age on a residential basis and twenty-five day patients was provided by the staff. Children in attendance at the Center gave brief individual tours of the facility which operates under the authority of the Department of Mental Health and Mental Retardation.

The tour of the Virginia Treatment Center in August and the DeJarnette Center for Human Development in November resulted in a meeting on November 19th at the Medical College of Virginia by the Chairman and a staff member. At this meeting were the Acting Commissioner of the Department of Mental Health and Mental Retardation, the Dean of the School of Medicine and the Director of the Department of Outpatient Psychiatry, Medical College of Virginia, and the Director of the Virginia Treatment Center for Children. A constructive discussion was held regarding the

continuing need for support of the State's mental hospitals and, specifically, the need for support of the programs for emotionally disturbed children by the State's medical schools.

On November 30th and December 1st the Subcommittee met for the last time in 1976 at Afton to formulate its recommendations and this report to the House Committee on Health, Welfare and Institutions and to the 1977 Session of the General Assembly. On the afternoon of December 1st, Secretary of Human Resources, Otis L. Brown, and a member of his staff met with the Subcommittee to apprise it of the progress being made by the executive branch in addressing the issues raised by this study. One of the recommendations to be made by this Committee is that it be allowed to continue its study in order that the legislative branch be able to oversee the implementation of new policies and programs by the executive branch in the arena of the delivery of services to and placement of children during 1977.

Significant progress has been made during the last year in recognizing the strengths and weaknesses of the State system in this field. The Committee believes that the very existence of this legislative study has served as the impetus for the appreciable improvement of services to Virginia's children. The fact that children's programs are now a top priority in the Office of the Secretary of Human Resources and that the State agencies having responsibilities in this area are keenly aware of the necessity of addressing problems of children and youth as a separate concern and budget item are some of the effects of this study. The authorization of deficit funding for several learning centers in the Division of Youth Services for the current year has resulted from the Committee's efforts to improve the State's facilities for the treatment of young offenders. Further attempts to meet the inadequacies of the system, however, are still being formulated and implemented and will require close attention during the next several months. Many of this Committee's proposals concern changes in administrative policies and require closer interagency collaboration and cooperation than presently exist. To ensure that these proposals are effectively implemented, the Committee will request that this study be authorized to continue for another year.

STATISTICS

In order to have some perspective on the extent of the problem with which it was dealing, the Subcommittee asked the agencies to furnish as much information as they had on the number of children in institutional placements and the cost of such placements. The following tables and accompanying explanations summarize this information. More detailed statistical information on placements is contained in Appendix C. As pointed out below, much of this data is unsatisfactory in that the information is based on estimates rather than on exact figures. Because of this factor and because of different time frames, placement circumstances peculiar to each agency, and an undetermined amount of overlapping, no statewide totals are presented, lest they be misleading. The Subcommittee

feels, despite the problems inherent in this data, that some insight into the extent of the institutional placement of children can be gained by studying these tables.

Department of Welfare

	Out-of-State		In-State	
	1974	1975	1974	1975
Placements	431	442	959	1,201
Monthly Costs	$315,515	$381,680	$292,158	$436,009

The children whom these figures represent are foster care children in the custody of local welfare departments and placed in institutions for care and/or treatment.

The total number of placements is a cumulative total. Neither the maximum number of placements at any one time nor the average stay in each placement is known. Furthermore, the monthly cost figures are hypothetical. They represent the cost for a month in which each of the total number of placements was effective, a situation that probably never existed. For instance, at one point in 1976, there were only about 260 children placed in out-of-state institutions at that time.

Division of Youth Services

	Out-of-State		In-State	
	1974	1975	1974	1975
Placements	118	123	159	184
Annual Cost	$332,113	$446,593	$232,460	$328,601

These figures relate to children committed to the Division of Youth Services by the courts and placed by the Division in private institutions. As with the Department of Welfare data, the annual totals are cumulative ones. The cost figures represent only annual costs to the Division and not the total cost of the placement. This discrepancy occurs because the Division is limited by law to paying a maximum of $642 per month per placement from its funds and makes up any difference in the expense of the placement from other funding sources.

There has been a sharp drop in the use of out-of-state placements by the Division. In April, 1976, there were thirty-two children placed in out-of-state institutions and as of December 15th, only five remained outside the state. A total of fifty-nine had been placed outside the State during 1976, as of December 15th.

Department of Mental Health and Mental Retardation

	Annual Budget for Children and Youth	1975-1976 Average Daily Census	Per Patient Cost Per Day
DeJarnette	$ 795,836	65 (I) 25 (DC)	$68.50 (I) 37.77 (DC)
Virginia Treatment Center for Children	1,062,930	27 (I) 2 (DC) 2 (O)	98.40 (I) 46.08 (DC) 81.16 (O)
Eastern State*	434,763	24	48.79
Central State*	170,471	7	63.14

Western State*	244,500	12	55.00
Southwestern State*	246,000	32	21.00

Key to Abbreviations Used in Table:

(I) - Inpatient

(DC) - Day Care

(O) - Outpatient

*These institutions have no item in their budgets pertaining to children's services. The cost figures are interpolations made by the Department, based on the number of children in the population and the average cost per patient in each institution.

Education

APPROXIMATE STATE TUITION REIMBURSEMENT

FOR HANDICAPPED CHILDREN IN PRIVATE FACILTIES

1975-1976 SCHOOL YEAR

Student Placements

Number of Children		Total Annual State Expenditures	
In-State	Out-of-State	In-State	Out-of-State
Day Students			
1,157	27	$592,000	$ 19,000
Residential Placements			
525	559	$990,000	$1,140,000

The data in this table are from the Department's year-end report and show the actual reimbursements made. Other tables in the Appendix contain information that was furnished the Subcommittee during the past year and show the total number of tuition grants authorized as of those dates.

As with the statistics from other departments, these figures are cumulative, since not all placements are for the entire school year. Another factor for consideration is that the children represented in this table are both wards of the State and children remaining in the custody of their parents and placed by them.

The cost figures are State expenses only. As explained elsewhere in this report, public funds are available for only a portion of the cost of educating a handicapped child in a private facility. Of this portion, 60 percent comes from State funds.

METHODS OF FINANCING PLACEMENTS FOR CHILDREN

The public financing of children in private institutional placements is a complex process and is typical of many endeavors in the field of human services with its reliance on various sources of funds. Some agencies have multiple funding sources and some children are eligible for aid from different agencies. The result is the construction of funding combinations for individual children.

Welfare

The funding arrangements in local welfare departments are based on the status of the child, placement status, kind of institution, and the nature and amount of services needed by the child.

If the child is in "regular" foster family care, that is, placed in foster family care from a family which is not eligible for the federal programs of Aid to Dependent Children (ADC), the State and locality each pay half of the monthly payment to the foster parents. These payments are uniform statewide and are based on the age of the child. If the child is from an ADC-related family, these costs are shared by the federal government and the State, with federal funds constituting 58 percent of the payment. Before October 1, 1975, the funding arrangements for all institutional placements were the same.

On that date, Title XX of the Social Security Act became effective and the funding possibilities expanded. Federal financial participation in the provision of services to foster children became available. Emphasis must be placed on the services aspect because federal funds are available solely for services and not for all components of foster care. Room and board, or maintenance, does not qualify as a service. The federal government will finance 75 percent of the cost of these services, with the remaining 25 percent the responsibility of State and local governments. For most children in family foster care, funding remains strictly a State and local responsibility. In special circumstances, however, Title XX funds can be used to provide foster care services such as in the provision of transportation for regular special clinic visits or special counseling for the child.

Placements of foster care children in institutions involve different funding patterns. Title XX funds may be used to pay for room and board for six months when room and board is an "integral but subordinate" part of the service. Federal regulations define "integral but subordinate" as constituting not more than 40 percent of the total cost of the service. Federal funds are also available to pay for actual services delivered by these facilities other than (i) medical, except in fairly limited circumstances, and (ii) educational services which are ordinarily provided by the State or locality. For all children placed in institutions, the cost of case management services, such as counseling, is shared by all three levels of government—the federal share being 75 percent; locality, 20 percent; and State, 5 percent.

The result of this variety of funding arrangements is that the entire cost of treatment center placements is covered by Title XX and local funds for the first six months with the federal portion set at 75 percent. After that period, the State and locality share maintenance costs evenly and the services funding is shared by Title XX and the locality on the same 75-25 basis. Because only State and local foster care funds are used to pay for the care of children placed in institutions in which the room and board component is more than 40 percent of the total cost, it is to the locality's and the State's advantage to get as much of the cost as possible classified as services.

Division of Youth Services

The Division of Youth Services does not have access to Title XX funds for the care and treatment of children in private facilities. This is true although the Division places children in the same types of private facilities, in many cases the very same facilities, as do local welfare departments. Federal law and regulations do allow these funds to be used in behalf of these children, and the Division has submitted requests in the past to the Department of Welfare, the Title XX administering agency, for allocations for such services. Because of the necessity of establishing priorities for the use of a limited amount of money and the needs of local welfare agencies, Department of Welfare administrators, in their Title XX planning process, allocated funds to the Division only for emergency shelter and transportation services.

If the Department of Welfare were to allocate Title XX funds to the Division for the purpose of providing services to children in the custody of the Division, but placed in private institutions, there would remain the problem of the determination of their clients' eligibility, as Division officials have pointed out. The Division contends that all their clients should be regarded as automatically eligible for Title XX services, either on a universal access basis or by virtue of their having no income of their own. If this interpretation is not allowed under federal regulations, each client would have to have his or her eligibility individually determined, which could mean an expansion of Division staff and paperwork.

The Division is limited by State law (§ 53-325 of the Code of Virginia) as to what it can pay for the care of children committed to it and placed in private facilities. It can pay no more than the average cost of caring for children in the learning centers, which is $642 a month for this fiscal year. If the cost of a placement exceeds this amount, the difference must be obtained from other funding sources available to the child.

Education

The Department of Education participates in the funding process through tuition grants for children in private special education facilities. These grants are required to be paid on behalf of handicapped children when the school division is "unable to provide appropriate special education," and such education is "not available in a State school or institution." (§ 22-10.8 of the Code of

Virginia) Local school divisions are required to pay three-fourths of the tuition cost at the institution, up to a maximum of $1,250 for nonresidential schools and $5,000 for residential schools. The State must reimburse the locality 60 percent of the total payment, up to $750 for a nonresidential placement and $3,000 for a residential placement. Each locality is allowed to supplement its share.

When funds administered by the Department of Education can be used to finance placements over which the Department has little control, there exists a potential for conflict. As one way of offsetting some of the costs of a foster care placement, a welfare department may apply for a tuition grant to cover that portion of the placement cost which can be attributed to special education. In some instances, the school division may object and point to the fact that it has programs within its system which could adequately serve the child. There have been some cases in which school divisions have refused to approve tuition grants. However, the question has never been carried beyond the local level for resolution, either to the State Board of Education or the courts. Thus, the school's obligation to pay when it does not participate in the decision to place the child is unresolved.

The question of the constitutionality of tuition grants as presently administered is also unsettled at present. Early in the fall of 1976, the American Civil Liberties Union, representing parents of handicapped children, challenged the policies of a maximum grant and of State and local assumption of only a portion of the tuition as being a denial of the equal protection of the laws (Kruse v. Campbell). In a short statement, a three-judge federal court ruled in favor of the plaintiffs represented by the ACLU, although it has not yet stated the basis for its decision nor ruled on what relief it will grant.

Health

Foster care children are not automatically eligible for Medicaid. The income of the child has to be below a certain level as well. Because each foster child is regarded, for Medicaid eligibility purposes, as an "independent individual household", only funds actually received by him are counted as income in eligibility determination. The income of the natural parents is not a factor, except in regard to the question of determining how much the parents must contribute to the child's support. Therefore, although some foster children may have funds available, such as parental support, Social Security benefits or Veteran's Administration benefits, a substantial majority, about 90 percent, are eligible to receive Medicaid benefits.

For expenses covered by Medicaid, the federal government will pay 58 percent and the State, 42 percent. The Department pays the physician who actually rendered the service and not the institution directly, except in one instance. Because of this situation, the Department of Health could not provide the Committee with figures on the amount of payments which have been made on behalf of foster children in institutions.

Children in the custody of the Division of Youth Services are not eligible for Medicaid benefits. Federal law prohibits coverage of "an inmate of a public institution . . .," and, according to an opinion of the Virginia Office of the Attorney General dated November 24, 1976, juveniles in the custody of the Division of Youth Services are inmates of a public institution.

Mental Health

The only funding of placements in which the Department of Mental Health and Mental Retardation is involved is that for the facilities it operates. These include DeJarnette Center for Human Development, Virginia Treatment Center for Children, the training centers for the mentally retarded, and the State's mental hospitals.

The funds for these services come from two basic sources—general fund appropriations and collections made by the Department. Collections go into the Mental Health and Mental Retardation Fund and consist of payments from patients or guardians, private insurance payments, Medicaid, and Medicare funds. Systemwide, these collections constitute about 40-45 percent of the cost of operating the facilities. Each facility has a set rate and, if not covered by a third-party payor, the patient or his family pays according to his ability to pay. The actual payment is negotiated on an individual basis.

The bulk of the collections come from private insurance. As of October 31, 1976, the Virginia Treatment Center had, for the 1976-1977 fiscal year, collected $178,000 from insurance, $4,500 from patients or guardians, and $1,300 from Medicaid. Comparable figures for DeJarnette were $65,940; $800; and $966, respectively.

On the local level, some Community Mental Health and Mental Retardation Services Boards are operating group homes which provide services to, among others, the mentally retarded and emotionally disturbed. Those local welfare agencies to which these facilities are available can contract for services and use Title XX funds to pay for them.

Federal regulations prohibit the use of Title XX funds for treatment in hospitals. Therefore, the Virginia Treatment Center cannot qualify as a Title XX provider. The Department does not classify DeJarnette as a hospital, however, and has negotiated a purchase-of-services contract with the Department of Welfare so as to qualify it for Title XX reimbursement. Although the contract has been signed, its implementation has been delayed pending assurances from the State Attorney General's office that the Center is not a hospital within the terms of State law or federal regulations.

In the past, welfare agencies have only partially reimbursed the Virginia Treatment Center and DeJarnette for the costs of the treatment of clients placed there. In its accounting system, the Department includes any funds received from local welfare departments and parents in its classification "payors." For the fiscal year 1975-76, the Virginia Treatment Center collected only $27,800 from this category and DeJarnette, $3,444. If DeJarnette is

ultimately classed as a Title XX vendor, local welfare departments will have to pay the negotiated rate of about $76 per day for each child in their custody who receives inpatient treatment.

Packaging

With all of these possible arrangements, departments of welfare often resort to preparing special "packages" of funding for individual children. The following is an illustration of such a funding combination from the caseload of a local department of welfare.

Child in Institution: Male/Caucasian - born 8-3-59

Institution: Edgemeade of Ohio

Reason for Institutionalization: Child emotionally disturbed. Two previous psychiatric hospitalizations, 10 1/2 months in 1973 and 7 months in 1975 (75 percent paid for by CHAMPUS funds. Current placement not eligible for CHAMPUS funds.)

Total cost per year: $12,468.00

$450.00 per month Title XX funds (75 percent federal money - 25 percent local money)

$354.00 per month Foster Care funds (50 percent State money - 50 percent local money)

$235.00 per month Medicaid funds (State/federal funds)

The [local] School System through its tuition assistance grant program reimburses the [local] Department of Public Welfare $5,000.00 to offset the costs of the Title XX portion and the Foster Care portion of the total yearly cost ($12,468.00). The exact reimbursement ratios are not known at this time. (Tuition assistance grant funds are 60 percent State and 40 percent local.)

The Division of Youth Services must also devise such funding combinations to support private placements of children in its custody. The total monthly cost of the out-of-state placements made by the Division and in effect on October 1, 1976 was $6,689, of which only $2,856 came from Division funds. As already noted, the Division is limited in what it can pay per month per placement. The above figures illustrate the extent to which it has to rely on other sources of funds.

OUT-OF-STATE PLACEMENTS OF CHILDREN

As was noted earlier in this report, the out-of-state placement of significant numbers of Virginia children in residential facilities at a considerable cost to the Commonwealth is a primary issue addressed by this study. The method by which these children are placed in facilities hundreds and even thousands of miles from their natural homes in more than twenty-nine states and the uncertainty

of the follow-up and evaluation of such placements raises serious questions concerning the very necessity and value of such placements.

Service delivery personnel who testified before the Subcommittee stated that residential treatment centers for the multi-handicapped, those children who have emotional, social and educational problems, are lacking in Virginia. The child who is labelled "severely emotionally disturbed" is most often sent to institutions beyond Virginia's borders. Before determining that additional facilities and programs need to be built and developed in Virginia to treat these children, the question must be asked as to whether the resources the State currently has available are being fully utilized. Given the present means by which the decision to send many children out-of-state is made, the question of whether child-placing agencies exhaust appropriate in-state resources cannot be adequately addressed at this time.

It is the Committee's position that the placement of children in the custody of State and local public agencies in out-of-state facilities must be discouraged. Available and appropriate public and private programs and institutions in the Commonwealth should be supported and utilized by these agencies for the treatment of children. The following recommendations are made to implement this policy.

Department of Welfare

Children are generally placed in the custody of a State or local public agency by order of a juvenile and domestic relations district court. Section 16.1-178 (3) of the Code of Virginia provides that the juvenile court may commit a child within its jurisdiction "to the care and custody of the local board of public welfare or social services." Section 63.1-56 of the welfare laws of the Code of Virginia states:

> "A local board shall have the right to accept for placement in suitable family homes or institutions, subject to the supervision of the Commissioner [of Welfare] , such persons under eighteen years of age as may be entrusted to it by the parent, parents or guardian, or committed by any court of competent jurisdiction."

The language in this section which subjects all placements by local boards of public welfare or social services to the supervision of the Commissioner and the rules and regulations of the State Board should be adequate authority for the control of out-of-state placements of chi dren made by the localities. In conjunction with the Interstate Compact on the Placement of Children (§§ 63.1-219.1 et seq.) enacted by the 1975 Session of the General Assembly and administered by the Department of Welfare, these statutes should be construed to empower the Department of Welfare to formulate such procedures and promulgate such rules as are necessary to implement the policy previously stated in this report: that local boards of public welfare and social services shall exhaust all available and appropriate in-state resources to meet the needs of children in their custody who require special care and treatment

before utilizing out-of-state programs.

To clarify the fact that the Department of Welfare has the authority to prescribe rules and regulations for the taking or sending of resident children out-of-state into foster homes, residential facilities and any other placement out of the Commonwealth, the Committee proposes that § 63.1-56 which states that: "No child shall be placed in a foster home outside this State by a local board without first complying with the appropriate provisions of § 63.1-207 or Chapter 10.1 (§ 63.1-219.1 et seq.) of this title" be amended to specifically include any foster care placement out of the State whether it is in a family home, child-caring institution, residential facility or group home.

If the Committee is authorized to continue its study during 1977, it will keep apprised of the efforts made by the Commissioner of Public Welfare and the State Board to control out-of-state placements by local welfare agencies and to support and utilize appropriate public and private in-state programs. The promulgation and implementation of appropriate policies and regulations in this area by the State Board of Welfare will be expected during the early part of 1977. (See Appendix D.)

Department of Corrections, Division of Youth Services

Children may be placed in the custody of the State Board of Corrections by order of a juvenile and domestic relations district court pursuant to § 16.1-178 (4) of the Code of Virginia when children in the court's jurisdiction "cannot be satisfactorily or adequately dealt with in [their] own locality or with its resources." Section 53-324 of the corrections laws of the Code of Virginia authorizes the Board of Corrections "to receive children committed to it by the courts of the State pursuant to § 16.1-178 . . . [and] to make arrangements with satisfactory persons, institutions or agencies . . . for the temporary care of such children as may be committed to the Board." The Board is further authorized by § 53-328 "to place such children at such facilities as are available and deemed by the Board to be for the best interest of the child and the State."

The language of these statutes provides sufficient authority for the Board of Corrections to formulate such procedures and promulgate such rules as are necessary to implement the policy espoused in this report: that children in the custody of the Board who require special care and treatment which are not available in facilities operated by the Division of Youth Services shall be placed in available and appropriate in-state programs whenever possible and that out-of-state placements shall be utilized only when a suitable Virginia facility is not available.

It should be noted that out-of-state placements of children by the Division of Youth Services have been drastically reduced during the past year. As of December 15, 1976 only five (5) children in the custody of the Division remained outside the Commonwealth while a total of fifty-nine (59) placements were made during 1976. During 1975 a total of one hundred twenty-three (123) such placements

were made. The Committee commends the Division for this action and will continue to be interested in the location of those children who are returned to Virginia and in the quality of treatment and services received by these children in in-state programs.

If the Committee is authorized to continue its study during 1977, it will keep apprised of the efforts made by the Director of the Division of Youth Services and the State Board of Corrections to continue to control out-of-state placements and to support and utilize appropriate public and private in-state programs.

Other statutory provisions in this area which affect the placement of children and the Division of Youth Services should be noted. During the 1976 Session of the General Assembly § 16.1-178 was amended and § 16.1-181.1 was added to the Code of Virginia to permit juvenile courts to place children in private facilities approved by the State Board of Corrections with funds from the Department of Corrections but without committing the children to the Board. Before this option was available, children were first committed to the Board, evaluated at the Reception and Diagnostic Center and then placed in residential treatment facilities in Virginia or in other states. There are four noteworthy provisions in the new section:

1. Total payment for placements made under this new procedure may not exceed the average cost of maintaining a child in a State learning center operated by the Division of Youth Services. Currently the cost per month for such State placements is $642. The cost of maintaining a child in a private placement ranges from $800 to $3,000 per month depending upon the nature of the placement. There are some placements which fall below and above these figures.

2. The Director of the Department of Corrections or his designee is responsible for the placements or approval of such placements and for the proper supervision by the court or court service unit making the placement.

3. The Division of Youth Services is required to keep a current roster of the whereabouts of all children so placed.

4. No such private placements by the juvenile courts may be made in facilities outside the political boundaries of the Commonwealth.

Since this new program has only operated since July 1, 1976, the Committee commends its use to the juvenile judges of the State and recommends that the Division of Youth Services continue its efforts to train court service unit directors and line workers in how to best utilize this new procedure. This statutory provision was designed to aid the juvenile court by providing alternatives to the commitment of children to the State Board of Corrections. It has come to the Committee's attention, however, that the use of this provision has been somewhat hampered in its initial operation by the reluctance of court service units to complete the necessary forms and sign the required contracts. The Director of the Division

of Youth Services has stated that efforts to simplify and streamline the procedure will be made as questions are raised concerning it. These positive steps to implement this program are commended. The Committee will continue to be interested in the future development and utilization of this placement option.

Section 16.1-178 (5) of the juvenile court law of the Code of Virginia provides that a juvenile and domestic relations district court may commit a child within its jurisdiction:

> "to the care and custody of a private agency or organization approved by the State Board [of Corrections] to care for or place children or minors in suitable foster homes or institutions. No court shall commit a child or minor to an agency or organization out of the State without the approval of the Director [of Corrections] ."

The Committee has been informed that the restrictions on out-of-state placements by juvenile judges previously stated have not been and are not now operable. The Division of Youth Services has no mechanism for approving or disapproving such placements and, indeed, has no record of such placements, which are made by the local court service unit and do not involve funds from the Department of Corrections. The Committee affirms its position that out-of-state placements should be discouraged when suitable treatment facilities are available in the Commonwealth and urges the Board of Corrections to enforce the statutory mandate of § 16.1-178 (5). The promulgation and implementation of appropriate policies and regulations in this area by the State Board of Corrections will be expected during the early part of 1977.

Department of Education and Department of Mental Health and Mental Retardation

Neither the Department of Education nor the Department of Mental Health and Mental Retardation has children in its custody for whom it has the discretion to place in facilities outside the Commonwealth. Both Departments do use funds, however, to support the placements of children in residential facilities. (See Appendix C, Exhibits 3 and 4.)

Section 22-10.8 of the education laws of the Code of Virginia states:

> "If a school division is unable to provide appropriate special education for a handicapped child, such education is not available in a State school or institution, and the parent or guardian of any such child pays or becomes obligated to pay for his attendance at a private nonsectarian school for the handicapped approved by the Board of Education . . .", the parents shall be reimbursed a certain amount of the tuition costs of such a placement by the parent.

During the 1975-76 school year 559 handicapped children were placed in private facilities out of Virginia at a cost of more than $1.1 million in tuition reimbursements from State funds alone. The

Committee recommends that the State Board of Education make it a policy of its special education program that local school divisions and parents be assisted in every way practicable to locate educational facilities and program resources in the Commonwealth before utilizing out-of-state schools.

The Department of Mental Health and Mental Retardation operates two treatment centers specifically for children in Virginia, DeJarnette Center for Human Development and Virginia Treatment Center for Children. There are also programs for children at each of the four State mental hospitals. The Committee supports the recommendation of the Final Report of the Child Mental Health Study Group , May 26, 1976 that:

> "funding for mental health and mental retardation programs be at least partially dependent upon the inclusion and specification of programs for children and youth and that the Central Office of the Department of Mental Health and Mental Retardation develop and/or adopt standards for the operation of these programs."

As the above referenced Report acknowledges and as the Committee has learned through its study, the support and further development of children's programs in the field of mental health in Virginia is essential if the Commonwealth is to successfully serve children who require special care and attention.

The Commonwealth of Virginia can no longer allow its troubled and disturbed youngest citizens to be sent beyond its borders without first determining that no better opportunity for care, treatment and rehabilitation exists at home. If the State does not care about its own children, who will?

PROGRAMMATIC STANDARDS AND LICENSING

FOR RESIDENTIAL FACILITIES FOR CHILDREN

The State agencies with which the Committee has been primarily concerned, including the Departments of Welfare, Education, Corrections and Mental Health and Mental Retardation, have varied authority and responsibility in "approving", by way of licensure or certification, facilities under their jurisdiction in which children reside outside their own homes. The Committee concluded that the present system used in this process does not assure quality program and service delivery to the children involved and appears to be duplicative of the resources available to State agencies to perform the approval function. Approval of out-of-state facilities, on the other hand, relies for the most part on the endorsement of the appropriate authority in that other state.

There are two approaches to the "approval" process. The first is for a State agency to set minimal standards that relate primarily to the physical, health, safety and administrative aspects of a facility. With the exception of Mountain Mission Home in Grundy, Virginia

which is exempt from regulation by the Department of Welfare by § 63.1-218 of the Code of Virginia, it is illegal for any other Virginia facility falling within this State agency's jurisdiction to operate. This approach is referred to as licensing. Section 63.1-196 of the Code of Virginia designates the Department of Welfare to fulfill this responsibility with regard to child-placing agencies, child-caring institutions, independent foster homes, child care centers and family day care homes. A license from the Department gives a facility legal permission to operate. The other approach of "certification" has been assumed by the Division of Youth Services pursuant to §§ 16.1-198 and 53-331 of the Code of Virginia and focuses on the program offered at a facility. The basic building codes, fire codes, and health codes have to be complied with under both approaches.

The State agencies previously discussed either license or certify certain types of facilities coming within their jurisdiction by promulgating rules and regulations and formal written policies in accordance with their statutory authority.

1. The Department of Welfare licenses "child caring institutions" which are defined as any institutions, other than those operated by a public agency, which receive children for full-time care and who are separated from their parents. Residential schools, summer camps and hospitals are expressly exempted.

2. The Department of Education is required to issue a "certificate of approval" to all schools or institutions offering educational instruction for consideration, profit or tuition to handicapped persons. The rules and regulations used by this Department are designed to assure a degree of quality in the programs offered.

3. The Department of Mental Health and Mental Retardation is required to license any facility which provides care or treatment for mentally ill or mentally retarded persons but is not required to license those institutions operated by the Department.

4. The Division of Youth Services certifies group homes and other residential care facilities for delinquent or alleged delinquent youth that are "developed and financed, wholly or in part" by cities or counties or a combination of such localities pursuant to § 16.1-201 of the Code of Virginia. According to this State agency's policy, however, those facilities which are not directly funded by the Division must still meet certain criteria to be approved for special residential placements. Such standards are intended to measure the quality or value of service delivery.

It should be noted in the previous discussion that state-operated facilities and institutions are exempted from any mandatory approval process by the State.

Agencies generally do not restrict their placements or funding to only those institutions licensed specifically by them. For example, the Division of Youth Services places children in private child-caring institutions which are licensed by the Department of Welfare, even though the Division does not formally certify such facilities. Similarly, the Department of Welfare does not license,

with two exceptions, facilities that are licensed by the Department of Mental Health and Mental Retardation, even though it makes placements in such institutions. The general practice is to require that a facility be licensed or certified by at least one State agency.

On the other hand, there is duplication of licensing. For example, Grafton School in Berryville is licensed by the Department of Mental Health and Mental Retardation as a "residential center and school for emotionally disturbed children." It has also been issued a certificate of approval from the Department of Education to operate a school for the handicapped, specifically children who are emotionally disturbed and children with learning disabilities.

A license or certificate of approval from an appropriate State agency is necessary to make available the funding to pay for the placement of a child. A license from the Department of Welfare permits State and federal reimbursements to local welfare agencies making payments for children in foster care or for children otherwise eligible for Title XX funds. Certification by the Division of Youth Services permits the Division to place children committed to the Board of Corrections and local courts to place children within their jurisdiction in such certified facilities by utilizing Corrections' monies or Title XX funds. Certification by the Department of Education allows State and local funds for special education assistance to be paid to educationally-oriented facilities in or out of the State. Approval of the program of a facility as being medically based by the Department of Health makes State and federal Medicaid funds available to support the placement of a child. Depending upon how a child enters the child care system, through foster care, involvement with the courts by a violation of law, difficulties in the educational system or a physical problem requiring medical attention, different funding mechanisms and treatment programs are available through facilities approved by the State. To further complicate this picture, however, payments to the same private facility by different State and local agencies which have approved the facility are not necessarily uniform even though the services to be provided are the same. Each agency sets its own rate of payment for the placement of a child.

In reality, the licensing/certification process utilized by the agencies does not fit the needs of the children. Children do not fit into neat categories which correspond to particular types of institutions licensed by specific agencies. More often than not the children served by different agencies have not different, but similar, problems and needs. They just happen to have fallen in the jurisdiction of different bureaucracies.

From an administrative perspective, this problem occurs because private facilities rendering virtually the same services to children placed by different agencies are often subjected to having to comply with different sets of standards and with separate inspections. In addition, there is an adverse cost effect, because facilities must spend a considerable amount of time filling out forms and participating in licensing inspections. Licensing agencies also spend a good deal of time and money inspecting and monitoring facilities. When this activity is multiplied by the number of agencies

involved in licensing, it is apparent that licensing is expensive. Such a maze of licensing standards and procedures would seem to dictate the need for regular interagency coordination to effect the approval of facilities serving children.

From the perspective of the care of children, the present system of licensing is inadequate, because it has not been designed to enable an assessment of a facility to assure that the services or treatment purportedly a part of the facility's program are actually being performed and that they are adequate. As already mentioned, licensing has been largely confined to the physical, health and safety aspects of a facility's operations, and most of the children this report is concerned with are in the custody of the Department of Welfare, which confines itself largely to licensing.

The Division of Licensing of the Department of Welfare has previously taken the position that comprehensive programmatic evaluation of child care facilities licensed by the Department is not an appropriate component of the Division's licensing function. Section 63.1-202 of the welfare laws of the Code of Virginia provides, however, that:

The State Board shall prescribe general standards and policies for the activities, services and facilities to be employed by persons and agencies required to be licensed under this chapter, which standards shall be designed to ensure that such activities, services, and facilities are conducive to the welfare of the children under the custody of such persons or agencies.

Such standards may include, but need not be limited to, matters relating to the sex, age, and number of children and other persons to be maintained, cared for, or placed out, as the case may be, and to the buildings and premises to be used, and reasonable standards for the activities, services and facilities to be employed. Such limitations and standards shall be specified in each license and renewal thereof. (Emphasis added.)

The Committee believes that this language provides a sufficient indication of legislative intent that the programs and services offered by child-caring facilities licensed by the Department are subject to the same scrutiny and evaluation as are the physical, health and safety aspects of such operations. The Committee anticipates that the Division of Licensing will more adequately address the programmatic standards of facilities it licenses in the future.

This traditional approach is beginning to change, however. The Committee has learned of an Interdepartmental Agreement made in the summer of 1976 between the Departments of Welfare and Mental Health and Mental Retardation to address some of these problems. Welfare has agreed to purchase from Mental Health with Title XX funds a set of programmatic guidelines developed by Mental Health which are designed to provide the criteria necessary to evaluate a wide range of facilities and programs offering care and treatment for children with mental health and mental retardation problems. These proposed criteria for approving program

effectiveness in residential facilities are to be considered in the early months of 1977 by an interagency task force, consisting of the Departments of Corrections, Education, Welfare and Mental Health and Mental Retardation, for the criteria's appropriateness for use by these other agencies. This first step in the development of a joint set of licensing and evaluation criteria by the agencies in the executive branch is to be commended. The Committee supports these efforts and recommends that this task force report to it in the fall of 1977 on the policies it has developed and on the progress being made to coordinate, consolidate and make more comprehensive the licensing and certification standards and procedures for children's facilities among the public agencies responsible for this function.

From the viewpoint of the provider of children's services, the ideal situation for licensing would involve being subject to one joint evaluation by the appropriate agencies utilizing one flexible set of criteria. Persons who have operated facilities for children and have been responsible for developing and applying evaluation criteria have told the Subcommittee that it is possible to develop a set of standards that can be used to evaluate facilities whether they are group homes for foster children, group homes for delinquents, residential treatment centers or serve some other particular type of child. For example, the draft guidelines recently developed by the Department of Mental Health and Mental Retardation and previously discussed in this report closely parallel the criteria used by the Division of Youth Services in its certification of group homes. Flexibility is needed in such guidelines for application of only those criteria relevant to the particular programs offered by the facility.

The interagency task force previously mentioned should consider both the functions of licensing and programmatic evaluation. It could establish a method of approval that indicates a facility meets certain minimal physical, health and safety criteria and thus has legal permission to operate, but makes no statement as to the quality of services rendered. On the other hand, it could put a stamp of approval on the programs and services, certifying their actual availability and quality, based on a set of jointly developed criteria. Consideration should also be given to the disbursement of public funds being contingent upon a facility's meeting programmatic standards if it is to qualify for this higher level license. Program certification needs to be uniform across agency lines. Once common programmatic guidelines are accepted among the agencies with responsibilities for licensing, there should be provision for reciprocation of approval of a facility among the agencies.

The Committee acknowledges the complexity of the process of evaluating the safety, suitability and effectiveness of programs purporting to care and treat troubled and troublesome children. For far too long, however, insufficient attention has been given to coordinating this function among the agencies in the executive branch and to making the licensing and certification processes play a supportive role in developing quality children's programs. Until such quality programs are developed, supported and required in the Commonwealth, the State cannot meet the needs of its special children. The Committee will look forward to continued progress in

1977 by the executive branch in integrating agency procedures and standards for children's programs and facilities.

SUBSIDIZED ADOPTION

In 1974, the General Assembly passed legislation (§§ 63.1-238.1 through 63.1-238.5) authorizing local welfare departments to establish a program of subsidized adoption. Although the program is not mandated, the Subcommittee became concerned during the course of its study that a potentially valuable alternative to institutional or foster care placement of children is not being fully utilized. Consequently, it decided to investigate the implementation of subsidized adoption.

The statute establishing eligibility for subsidized adoption (or "special needs adoption" as it is officially termed) is broad-based, establishing eligibility on the existence of the following obstacles to adoption: the child's physical, mental or emotional condition; race; age; or membership in a sibling group. The regulations promulgated by the State Board of Welfare generally follow these provisions and set the age requirement at six years of age or older. A new addition to the regulations in September of 1976 allows a subsidy for a child who has developed strong ties with foster parents and with whom he has lived at least twelve months. As with all adoptions, the child must be legally free for adoption and the prospective parents approved through the normal adoption investigation process.

There are three types of subsidy arrangements, the terms of which are negotiated and established in a contract between the adoptive parents and the agency. The first is a maintenance subsidy, to be used for the routine care of a child. The amount is, to some extent, dependent on the income of the parents, but cannot be more than the prevailing foster care rate. A "special needs subsidy" is used to provide treatment for physical, mental or emotional conditions that were known to exist at the time of adoption. A third type is the conditional subsidy, which is for services that may be needed in the future because of conditions that existed at the time of adoption, a family history of hereditary diseases such as diabetes, for example. In the case of a conditional subsidy, the adopting parents are given assurances only that the agency will consider any future request for subsidy. None of these subsidy categories are mutually exclusive; that is, an agency can arrange for one or more subsidies, depending on the child's needs.

It has come to the attention of the Committee that the program is not being fully implemented. In the fifteen-month period from July 1, 1975 (when regulations promulgated by the State Board of Welfare became effective) to October 1, 1976, the Department has records of only thirty cases in which subsidized adoption had been used. In its investigations, the Subcommittee discovered four more instances of subsidies being authorized since October 1st. Furthermore, only nine local welfare agencies have used the program. They are: Greensville-Emporia (2), Henry (2), Rockingham (3), Prince William (1), Roanoke City (5), Louisa (2), Lynchburg (7),

Richmond (7), and Danville (5). Particularly noteworthy about this list is the absence of welfare departments from two areas which have some of the largest foster care caseloads in the State—Northern Virginia and Tidewater.

The cost of the subsidized adoption program has been minimal. For the period of July 1, 1975 to October 1, 1976, only $10,532 had been paid out in subsidies. These funds came out of the foster care budgets of the agencies involved, with the State and locality each putting up 50 percent of the cost. It has not been possible to determine how much it would have cost to maintain these children in foster care for a comparable period, but, according to Department of Welfare officials, it would surely have been significantly more.

The types of cases in which subsidized adoption has been used to give foster children a permanent home of their own can be illustrated with a few examples from the files of the agencies. One agency paid a special subsidy of about $250 to cover the legal fees incurred by a couple which adopted two brothers. Another agency is paying a maintenance subsidy of $100 a month to a couple which adopted two seven-year old sisters who were in their care as foster children. This subsidy is probably only a temporary one, to be terminated when the father finishes a job training program. Another family, with five children of its own, has adopted seven brothers and sisters, for whom they are receiving a subsidy of $85 per child per month. The local welfare department estimates that this amounts to about $200 per month less than what it was paying for foster care of these children. Another foster family adopted the child in its care and is receiving a special subsidy of $40 a month to pay for the special tutoring and counseling needed by the child because of a learning disability and behavior problem. The experience so far indicates that subsidized adoption is being used primarily for sibling groups being adopted by their foster parents. To date, there has been little use of subsidies to encourage adoption of handicapped children.

The bare statistics indicate that the potential for this program is far larger than has been its actual use. In June, 1976, there were at least 1,100 children in the custody of local welfare agencies who were free for adoption. (It should be pointed out that not all of those 1,100 children are "adoptable". Some may not want to be adopted or there may exist close ties with foster parents, who do not want to adopt, for example.) About 80 percent of that group are qualified for subsidized adoption on the basis of age alone. In comparison, only 611 children were placed for adoption by local welfare agencies in 1975 and only 104 of those were over six years old.

As another basis of comparison, some private agencies have had success in placing "special needs" children for adoption. Family Service/Travelers' Aid of Norfolk has been making special efforts in this area since 1972. They have placed 90 such children, 23 of them during this year.

One of the major problems that has surfaced as an explanation for the underutilization of subsidized adoptions is that Virginia's Medicaid plan does not cover children in subsidized adoptions.

Many people are reluctant to assume medical costs of another child, especially if there is a possibility those costs, in the case of a handicapped child, will be substantial. Welfare agencies are reluctant to provide special needs subsidies to cover substantial medical costs, because half of those funds would then come from the local budget, rather than being shared by the State and federal governments as would be the case were the child eligible for Medicaid, as are most foster children. In fact, until September, 1976, Department of Welfare regulations specifically prohibited subsidized adoption in cases involving high medical expenses.

Administrative officials told the Subcommittee that federal regulations do not allow the inclusion of subsidized adopted children in a Medicaid plan. An amendment to the relevant federal regulation effective June, 1976, however, explicitly includes subsidized adoptions as an optional group a state may include in its Medicaid coverage. Furthermore, federal interpretation of the regulation before it was amended would have allowed such an inclusion. A preprinted checklist prepared by the U. S. Department of Health, Education and Welfare, and used by the State Department of Health in the preparation of its Medicaid plan, clearly has subsidized adoptions as an optional group eligible for coverage.

The Committee strongly urges the Department of Health to amend the Virginia Medicaid plan so as to include financially eligible children in subsidized adoptions. This is one expansion that seemingly would not require the expenditure of additional funds because the vast majority of foster children are already receiving Medicaid benefits. Experience so far tends to show that unless Medicaid coverage is expanded, children will remain in foster care so as to receive Medicaid. Therefore, the Medicaid rolls would not expand, the Department of Welfare would save on foster care payments, and the children would have a permanent home.

Another problem has been income determinations for the purpose of maintenance subsidy calculations. In the past, the Department of Welfare figured the amount of subsidy by taking the difference between a family's expenses after adopting the child and its income, and subtracting that difference from the foster care rate. The result was an inordinate emphasis on family income and all the forms necessary to document it. The new regulations make the policy declaration that the primary consideration is the need of the child, and the regulations are less stringent in treating the resources of the prospective parent.

The present law declares that each subsidy shall be subject to annual renewal. To clarify the intent of this statutory provision, the Committee recommends that § 63.1-238.3 be amended to provide that any reduction in subsidy be based solely on evidence of material changes in the family's financial situation and not on the discretion of the local board of welfare.

FUTURE ROLE OF THE COMMITTEE'S STUDY

The Committee has spent a considerable amount of time and effort endeavoring to become knowledgeable in the field of child placement and its attendant problems. It has assembled a great deal of information and identified numerous subject areas in which improvements should be made. In many cases, these problems are administrative in nature and could perhaps be best handled on that level. There have been, in fact, positive steps taken by the executive branch to resolve several unsatisfactory situations in the field of children's services in the past several months. Much of this activity can be attributed to the findings and the interest of the Committee.

It would be most beneficial for the Committee to oversee the activity and progress of the executive arm of government in solving the problems identified by the Subcommittee in several areas. First, the legislature needs to be kept aware of the performance of the prescription team previously discussed and the extent to which it fosters interagency coordination and cooperation. Second, the Committee recommends in this report legislation and policies designed to strengthen the control by State agencies of the placement of children in institutions out of the State. The steps taken by the executive agencies to implement this legislation and these policies and their effectiveness need to be followed closely. A similar oversight function needs to be performed concerning the interagency process of developing a joint licensing procedure for residential facilities for children. Fourth, the utilization of the subsidized adoption program in the Department of Welfare needs further review, particularly in light of recent changes in regulations of the State Board of Welfare and the possibility of the expansion of Medicaid coverage to this group of children. Of primary importance is the need for the Committee to monitor closely the quality of care and treatment provided to children in institutional placements, especially for those children being returned to Virginia from out-of-state placements. Placement decisions made on behalf of these "returned" children and on behalf of children just entering the system of residential child care should be made primarily in accordance with their needs and not for administrative or funding expediency.

The future role of the Committee's study would not be restricted to that of oversight. The Committee can use its expertise in this field and the information gathered from its monitoring activities to delve deeper into areas it has had time to consider only briefly and to explore new areas. Of particular interest in this regard is the possibility and feasibility of expanding the concept of the prescription team to include other agency activities on the State and local levels.

Throughout its study, an underlying concern of the Committee has been how to improve the quality of residential facilities in Virginia and how to best develop the kinds of treatment programs that are needed, but are now lacking. The Committee's recommendations concerning a joint licensure procedure and the attendant technical assistance which should be made available by the agencies during the licensing process represent efforts in this direction. This issue was also addressed briefly when the Committee discussed possible financial incentives for private operators of

children's facilities. Representatives of the private sector have pointed out that a major obstacle to the expansion of special programs for children stems from the State's policy of restricting the flow of State funds to reimbursement for actual services rendered. Because of this policy, funds are not available for program development, guaranteed payment for a certain number of spaces for children in a facility or advance payment for the placements of children who are in the custody of the State. The subject proved to be too complex and the fiscal implications too uncertain, however, for the Committee to make any substantial recommendations in this area at this time. If Virginia is serious about helping these children who are in its care, then this question of how to provide the needed facilities in the public and private sector and how to ensure their quality will have to be studied further.

The Committee was also charged by the General Assembly with making a recommendation regarding the proper location of the Division of Youth Services within the State structure. The Committee did not have sufficient time to examine this question. This could be another task for any future study conducted by the Committee in this field.

In order to oversee the progress which is expected during 1977 in the field of the placement of and delivery of services to children and to pursue the issues requiring further study which have been discussed in this report, the Committee requests that the House of Delegates authorize the continuation of this study during the coming year.

CONCLUSION

by Delegate Frank M. Slayton, Chairman, Subcommittee on the Placement of Children. Concurred in by Delegates Richard W. Elliott, Evelyn M. Hailey, Joan S. Jones, Mary A. Marshall, Owen B. Pickett, Norman Sisisky and C. Jefferson Stafford.

The efforts of this Subcommittee have revealed very little in the way of new or startling information.

Other groups, legislative subcommittees and commissions, have known that the state-maintained learning centers are not what they should be. They have previously reported that the children confined in those State institutions who need mental health treatment do not receive it. Others have also learned of the State policy of sending emotionally disturbed, mentally retarded and multi-handicapped children to other states, because we have not developed suitable programs and facilities for their care and treatment in Virginia.

With such a wealth of data, information and advice available to the General Assembly, a fair question would seem to be, "How many more studies are going to be required before some definitive steps are taken to right these wrongs, to change counterproductive policies and to respond to genuine and recognized needs of the children who become wards of Virginia?"

As members of the General Assembly we represent the collective conscience of the people of Virginia on those matters presented for legislative consideration.

During the deliberations of this Subcommittee and in the public hearings held across the State, it was citizen outrage and anger that the Subcommittee encountered most often because of the apparent lack of a recognizable or definitive State policy for dealing with the children who have become wards of the State.

The apparent indifference of the General Assembly to a philosophy of "out of sight, out of mind" to the wholesale trafficking in out-of-state placement of children across the length and breadth of this country has also drawn the wrath of many Virginians.

Legislative members of the Subcommittee have been hard pressed to explain to the citizen members of the Subcommittee why children who are in need of services must often be criminalized by the State before those services or a facsimile of them are provided.

In other instances, it has been more difficult to explain why agencies and departments in State and local governments find it almost impossible to plan for and to provide services to the children who need them, instead of formulating a network of confusing and conflicting regulations that tend to obstruct making the services available.

The current system for dealing with these unwanted and unloved children is harsh, dehumanizing and often cruel. In many instances for economic reasons and because there is no other way needed mental health and medical services can be provided a child, parents are required to surrender the custody of the child to an agency of the State. Even after the State has acquired custody of these children, either by court action or entrustment agreements, the services provided are sporadic or nonexistent.

Members of the Subcommittee were advised by a committee of Juvenile Judges meeting in Fredericksburg in September of 1976 that commitment of juveniles to the State learning centers was always "the last resort" because they inevitably returned to their communities worse than they were before commitment.

The Subcommittee also learned that approximately one half the children being committed to the learning centers have identifiable emotional problems or are mentally retarded.

Current policies and practices of dealing with the children in out-of-state placement far removed from their families and loved ones and of treating as criminals those others in the Department of Corrections who need treatment are calculated to more nearly produce the "battered child" than to achieve any positive result.

The logic of changing the course of a wayward child as opposed to the rehabilitation of a hardened adult criminal, or of training a retarded child or stablizing an emotionally disturbed child to

become a self-supporting citizen as opposed to institutionalization is so overpowering from a tax dollar standpoint or sheer humane point of view that it would appear to be unarguable. But when confronted with present policies and practices of the State, it is obviously arguable because of what we are doing as opposed to what we know we ought to be doing.

Unfortunately, this theme of fragmented and compartmentalized programmatic approaches to providing services to children parallels the same findings of similar studies completed by other groups investigating the human services-oriented agencies: that current practices often result in inadequate services and administrative nightmares.

All of the answers to the solution of many of the problems addressed by this study do not lie in the public sector and properly so.

The General Assembly should encourage the enlargement of present facilities in the private sector as well as the development of new and innovative approaches to the old problems that have plagued society in attempting to solve them over the centuries. A first step in this direction would be a businesslike approach as opposed to a bureaucratic approach toward the financial support by State and local governments of efforts made by the private sector to develop quality children's programs.

The intensity of the Subcommittee's inquiry and its determination to seek solutions have resulted in significant changes being implemented by administrative actions for which the executive branch is to be commended. If these efforts by the Subcommittee have been significant or worthwhile, perhaps it is in these developments which have been detailed in this report. Further progress in the improvement and support of children's programs and services, however, is anticipated by the administrative agencies of the executive branch during 1977. The Subcommittee will keep the legislature apprised of the efforts at the administrative level to implement the policies and legislation recommended in this report and will address in the 1978 Session of the General Assembly any problems in this field which have not been adequately dealt with by the public agencies and officials in the executive branch responsible for services to children.

The time is at hand for the General Assembly to face its responsibility to the thousands of citizens of Virginia whose children were born special. These children are different, and they require special treatment and services. While changes in philosophy and organization of State services are badly needed, this alone will not do the job. The General Assembly must face up to the cost of meeting the needs of children who are born special. Until we provide the funds needed for adequate physical, medical and mental care, our job is unfinished and our responsibility neglected.

The General Assembly has established standards of quality for public education. It has demanded accountability for the administration of many of the social service programs operated by

the State, but in its programs and policies dealing with children in confinement or in out-of-state placements there are no standards, and there has been little quality.

These questions and issues have been thoroughly and repeatedly studied and the time to act is now at hand.

As has been written:
"DON'T LOOK, OR YOU'LL SEE
DON'T SEEK, OR YOU'LL FIND
HUMANITY
DYING.
IT'S NOT YOUR FAULT,
YOU DIDN'T SEE."

Respectfully submitted,

Donald G. Pendleton, Chairman

Richard W. Elliott

Lewis P. Fickett, Jr.

J. Samuel Glasscock

John D. Gray

Charles W. Gunn, Jr.

Robert R. Gwathmey, III

Evelyn M. Hailey

Johnny S. Joannou

Joan S. Jones

Mary A. Marshall

Thomas J. Michie, Jr.

Owen B. Pickett

William P. Robinson, Sr.

Eleanor P. Sheppard

Norman Sisisky

Frank M. Slayton

C. Jefferson Stafford

Warren G. Stambaugh

W. Ward Teel

APPENDICES

HOUSE JOINT RESOLUTION NO.....

Expressing the sense of the General Assembly concerning the use of out-of-state placements of children and of programs and facilities for the treatment of children in the Commonwealth.

WHEREAS, the House Committee on Health, Welfare and Institutions investigated the placement of Virginia's children in out-of-state facilities and institutions in a study conducted during 1976; and

WHEREAS, the Committee found that local boards of public welfare or social services placed four hundred forty-two children in their custody in out-of-state facilities during 1975 at an estimated cost to the Commonwealth of $4.5 million; and

WHEREAS, the Division of Youth Services of the Department of Corrections placed one hundred twenty-three children in its custody in facilities beyond Virginia's borders at a cost of $466,593 to the State during 1975; and

WHEREAS, five hundred fifty-nine out-of-state residential placements were made during the 1975-1976 school year for the purpose of securing special education services for handicapped children at a cost of $1,140,000 to the State and at least $760,000 to local school divisions in tuition reimbursements; and

WHEREAS, the methods by which children in the custody of the State are placed in facilities hundreds and even thousands of miles from their natural homes in more than twenty-nine states and the uncertainty of the follow-up and evaluation of such placements raise serious questions concerning the very necessity and value of such placements; and

WHEREAS, appropriate public and private resources of the Commonwealth should be fully utilized and supported by State and local agencies having responsibility for the care and treatment of children in residential settings before sending them out-of-state; and

WHEREAS, local school divisions and parents with handicapped children should be assisted in every way practicable by the State Board of Education in locating appropriate educational facilities and program resources in Virginia before utilizing out-of-state schools; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That it is the sense of the General Assembly that the placement of children in the custody of State and local public agencies in out-of-state facilities must be discouraged. Available and appropriate public and private programs and institutions in the Commonwealth should be supported and utilized by these agencies for the treatment of children who require this special care and attention. The Commonwealth of Virginia can no longer allow its troubled and

disturbed youngest citizens to be sent beyond its borders without first determining that no better opportunity for care, treatment, and rehabilitation exists at home.

A BILL to amend and reenact § 63.1-56, as amended, of the Code of Virginia, relating to the placement of children by local boards of public welfare or social services.

Be it enacted by the General Assembly of Virginia:

1. That § 63.1-56, as amended, of the Code of Virginia, is amended and reenacted as follows:

§ 63.1-56. Accepting children for placing in homes or institutions; care and control.—A local board shall have the right to accept for placement in suitable family homes ~~or~~—, *child-caring* institutions, *residential facilities, group homes or independent living arrangements,* subject to the supervision of the Commissioner and in accordance with rules prescribed by the State Board, such persons under eighteen years of age as may be entrusted to it by the parent, parents or guardian, or committed by any court of competent jurisdiction. Such local board shall, in accordance with the rules prescribed by the State Board and in accordance with the parental agreement or other order by which such person is entrusted or committed to its care, have custody and control of the person so entrusted or committed to it until he is lawfully discharged, has been adopted or has attained his majority; and such local board shall have authority to place for adoption, and to consent to the adoption of, any child properly committed or entrusted to its care when the order of commitment or entrustment agreement between the parent or parents and the agency provides for the permanent separation of such child from his parent or parents. Such local board shall also have the right to accept temporary custody of any person under eighteen years of age taken into custody by law-enforcement officers pursuant to § 16.1-194 (3) where such person has been abandoned, abused or neglected.

Prior to placing any such child in any foster *family* home, *child-caring institution, residential facility or group home,* the local board shall enter into a written agreement with the foster parents *or other appropriate custodian* setting forth therein the conditions under which the child is so placed. No child shall be placed in ~~a~~ *any* foster ~~home care~~ *placement* outside this State by a local board without first complying with the appropriate provisions of ~~§ 63.1 20 or~~ Chapter 10.1 (§ 63.1-219.1 et seq.) of this title *or without first obtaining the consent of the Commissioner, given in accordance with regulations prescribed by the State Board. The local board shall also comply with all of the regulations of the State Board relating to resident children placed out of the State. The State Board is authorized to prescribe such regulations for the placement of children out of the State by local boards as are reasonably conducive to the welfare of such children* . The placement of a child in a foster home, whether within or without the State, shall not be for the purpose of adoption unless the placement agreement between the foster parents and the local board specifically so stipulates.

A parent who has not reached the age of twenty-one shall have legal capacity to execute an entrustment agreement including an agreement which provides for the permanent separation of the child from the parent and shall be as fully bound thereby as if the parent had attained the age of twenty-one years.

HOUSE JOINT RESOLUTION NO.....

Commending the interagency task force on licensing and certification of children's programs and requesting it to report to the appropriate standing committees of the House of Delegates and Senate.

WHEREAS, the House Committee on Health, Welfare and Institutions has studied the placement of children and the delivery of services to children in residential treatment centers during nineteen hundred seventy-six; and

WHEREAS, the Committee found that the evaluation and monitoring of children's facilities by the State agencies responsible for licensing or certifying those operations is uncoordinated, duplicative of State resources and, generally, ineffective; and

WHEREAS, operators of children's programs both in the public and private sector have documented the need for comprehensive programmatic licensing in addition to the licensing of the physical, health and safety aspects of the facilities; and

WHEREAS, more effective licensing and certification procedures are essential if quality children's programs are to be developed, supported and required in the Commonwealth to meet the needs of the troubled and troublesome children requiring special care; and

WHEREAS, an Interdepartmental Agreement signed by the Departments of Welfare and Mental Health and Mental Retardation in the summer of nineteen hundred seventy-six to develop criteria for evaluating a wide range of children's programs now involves other human resource agencies with responsibilities in this field; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the interagency task force which has been organized to review the criteria for children's programs developed by the Department of Mental Health and Mental Retardation and to consider the appropriateness of such criteria for their own program approval processes is hereby supported and commended. This interagency task force is hereby requested to report to the House Committee on Health, Welfare and Institutions and the Senate Committee on Rehabilitation and Social Services by October one, nineteen hundred seventy-seven on the policies it has developed and on the implementation of its efforts to coordinate, consolidate and make more comprehensive the licensing and certification processes of the participating human resource agencies.

A BILL to amend and reenact § 63.1-238.3, as amended, of the Code of Virginia, relating to adoption of children with special needs.

Be it enacted by the General Assembly of Virginia:

1. That § 63.1-238.3, as amended, of the Code of Virginia is amended and reenacted as follows:

§ 63.1-238.3. Same; maintenance; special needs; payment agreements; continuation of payments when adoptive parents move to another jurisdiction; funds.—(A) Subsidy payments within limited agency funds shall include:

(1) A maintenance subsidy which shall be payable monthly to provide for the support and care of the child; provided, however, the maintenance subsidy shall not exceed the maximum regular foster care payment that would otherwise be made for the child; and

(2) A special need subsidy to provide special services to the child which the adoptive parents cannot afford and which are not covered by insurance or otherwise, including, but not limited to:

(a) Medical, surgical and dental care;

(b) Hospitalization;

(c) Legal services in effecting adoption;

(d) Individual remedial educational services;

(e) Psychological and psychiatric treatment;

(f) Speech and physical therapy;

(g) Special services, equipment, treatment and training for physical and mental handicaps; and

(h) Cost of adoptive home study and placement by a child-placing agency other than the local board.

Special need subsidies shall be paid directly by the local board to the vendor of the goods or services.

Subsidy payments shall cease when the child with special needs reaches the age of twenty-one or sooner if a review of the case by the local board determines that the need no longer exists.

(B) Maintenance subsidy payments shall be made on the basis of a subsidy payment agreement between the local board and the adoptive parents at the time of the placement of the child. Such agreement shall be subject to renewal annually or earlier if the circumstances of the adoptive parents change. At least six weeks prior to the annual renewal date, the board shall offer the adoptive parents an appointment to review the contract for renewal. It shall be the duty of the adoptive parents to notify the local board of any

change in the financial situation of the family which would affect the terms of the agreement.

Maintenance subsidy payments made pursuant to this section shall not be reduced unless the local board finds that the circumstances of the child or adoptive parents have changed significantly in relation to the terms of the initial or renewed subsidy agreement.

(C) The local board shall continue responsibility for subsidy payments in the event that the adoptive parents move to another jurisdiction; provided that the adoptive parents continue to meet the conditions of the contract and provided that agreement can be made with the welfare department of the locality within or without the Commonwealth to which the adoptive family is moving to administer the subsidy agreement.

(D) Local boards and the State Board of Welfare are authorized to make payments under this chapter from appropriations for the care of children in foster homes and institutions, and may seek and accept funds from other sources, including federal, State, local, and private sources, to carry out the purposes of this chapter.

HOUSE RESOLUTION NO.....

To continue the study of the House Committee on Health, Welfare and Institutions on the placement of children in out-of-state and in-state facilities.

WHEREAS, the House Committee on Health, Welfare and Institutions was authorized by the 1976 Session of the General Assembly to conduct a study on the placement and institutionalization of children in out-of-state and in-state facilities and on the appropriate location of the Division of Youth Services in the State governmental structure; and

WHEREAS, significant progress has been made during the last year in recognizing the strengths and weaknesses of the State system in the delivery of services to children requiring residential placements; and

WHEREAS, the very existence of this legislative study has served as the impetus for the improvement of services to Virginia's children as the executive branch has responded to problems focused upon by the Committee; and

WHEREAS, further attempts to meet the inadequacies of the State system serving children are still being formulated and implemented and will require close attention during the next several months; and

WHEREAS, many of the Committee's recommendations to improve children's services involve changes in administrative policies and require closer interagency colloboration and cooperation than presently exist; now, therefore, be it

RESOLVED by the House of Delegates, That the House Committee on Health, Welfare and Institutions is authorized to continue its study on the placement of children to ensure and oversee the implementation of policies recommended by the Committee to the executive branch, designed to improve the treatment of the children of the Commonwealth. The Committee may obtain the services of up to five citizen advisors to be appointed by the Chairman of the Committee to complete its study.

The Committee shall submit its report and any appropriate legislation to the nineteen hundred seventy-eight Session of the General Assembly.

Appendix B, Exhibit 1

City of Richmond
Department of Public Welfare
Social Service Bureau

505 N. Ninth Street
Richmond, Virginia 23219

July 8, 1976

Mr. Frank M. Slayton, Chairman
House Committee on the Placement of Children
State Capitol
Richmond, Virginia

Dear Mr. Slayton:

We are pleased to have this opportunity to offer information for the consideration of your committee. The Richmond City Department of Public Welfare shares the growing concern for the number of children requiring institutional/group living facilities and the number of children for whom we must seek out of state placements to adequately meet their needs.

The contents of this letter are in response to the list of issues provided by Mrs. Lelia B. Hopper, Staff attorney.

I. How is the decision made to place a child in a special placement, either public or private, in-state or out-of-state?

The child is first evaluated by Caseworker and Supervisor to define his needs. The evaluation is based on a review of social history material, psychological tests, psychiatric examination, educational diagnoses, interviews with natural parents, foster parents, the child, and any other available collaterals such as school personnel and the observations of the Caseworker.

The case situation is then reviewed by our Institutional Placement Committee to determine the facility best suited to meet the child's need. (The Committee includes a Senior Social Work Supervisor, the Institutions Coordinator, Supervisor of the Foster Homefinding Unit and one or two other casework staff).

The selection of the facility for placement is based on the needs of the child with first selection being a public, in-state facility; second choice would be a private in-state facility; with third choice being a private out-of-state facility.

II. What criteria are used in selecting a particular facility or placement for a child?

1. The need of the child and the adequacy of the program to meet the child's needs.

2. The degree of success or failure of the facility to handle similar problems in the past.

3. The distance of the facility from the Agency. We much prefer to place a child with a day's drive from the Agency.

4. Our Agency experience in working cooperatively with an Agency to achieve our goal for a child.

5. If natural parents are active in the life of the child, it is important that the facility have a capacity to work with the parent and that the facility be accessible for visits by the natural parent.

6. The cost of the facility as relates to the items listed above. Cost is not our first consideration but is an important part of the final decision.

III. What funding sources are explored/available/used for placements of children out of their natural homes?

1. Support payments from natural parents. (explored and used)

2. Private insurance carried by the natural parents (explored and used)

3. CHAMPUS - (explored and used)

4. State Tuition Assistance Grants (available but not explored or used prior to 1976/77 school year) Our City Budget Department determined in 1973 that it was more financially beneficial to the City to use State/Local Foster Care funds and ADC-FC funds than to use the

Tuition Assistance grants. We will, however, be applying for and using Tuition Assistance grants for the 1976/77 school year. Exploration of this funding source is required prior to use of Title XX funds.

5. ADC-FC funds - (explored and used)
All of our children are screened for ADC-FC eligibility when they first come into care. Approximately half of our foster care caseload is ADC-FC eligible.

6. Title XX funds - (explored and used)

7. State/Local Foster Care Funds - (explored and used)

IV. If a child can best be served by another public or private Agency, or also needs the services of another Agency, what lines of communication are open between your Agency and other Agencies to provide the best program of treatment and care for a child?

We consider that we have very good working relationships with other public and private agencies in the community. We try to keep our staff informed on the services provided by other agencies. Most of our initial communication is by phone with a written follow up to provide the other Agency the required material for a referral.

When communication problems develop, these problems are resolved in conference between the two Agencies. We frequently invite a person from another Agency to meet with our total Child Welfare Staff to explain their services, etc.

V. What monitoring and evaluation is done by the placing Agency of children placed in out-of-state and in-state facilities? (Include residential and day placements). Are forms used for such monitoring and evaluation? At what time intervals do monitoring and evaluation take place? Are regular visits made with the children? Are the visits announced or unanounced to the facility?

We have one staff member with the title and responsibility of Institutions Coordinator. It is his responsibility to make an on site visit to the institution prior to the use of the facility by the Agency to determine the program offered and to attempt to evaluate the quality of the program and the personnel. He also contacts other Agencies who have used the facility for their evaluation and opinion. The Institutions Coordinator is also responsible for developing the procedural working relationship with (billing, etc.) and for following up on any procedural or program problems reported by staff using the facility. The Institutions Coordinator is also the principle resource person in the selection of a facility for an individual child. The preceding covers both residential and day placements.

The Institutions Coordinator does not use a form for monitoring and evaluation but all contacts with the facility are fully recorded in the institution case folder. We attempt to monitor each facility once a year but this has not always been possible.

The staff responsible for the child placed in the facility (residential) visit the child at least once every three months. At least one or two of these visits involve a staffing of the child with the institution staff, particularly if it is a residential treatment center. Staff may visit more frequently if the child is having problems. The results of these visits are shared each six months with the Institutions Coordinator.

The visits are always announced.

VI. What alternative program and facilities are needed in Virginia to enable your Agency to avoid sending Virginia children out-of-state? What out-of-state programs are used by your Agency which you feel it would [not] be feasible to duplicate in Virginia?

Attached to this letter is a sheet giving the most recent statistics on institutional placements by our Agency (December 1975). Among other things these statistics show that we have to go out-of-state to place most of our children with behavior/emotional problems; on the other hand we are able to place most of our children with learning problems, child care needs, and physical handicaps in in-state facilities. We are still having to use out-of-state facilities for about half of our retarded children needing placement.

Overall, the statistics show that 63% of our institutional placements are in in-state facilities with 37% in out-of-state facilities.

It is our opinion that facilities for the emotionally disturbed, the mentally retarded and the multi-problem/handicapped child need to be developed in Virginia to avoid sending children out-of-state. To a lesser extent we need additional facilities for children with learning disabilities. There needs to be a considerable expansion of small community based group home facilities for the older adolescent with a variety of problems.

A survey of our caseload completed in July 1975 revealed the following:

166 children could use a Group Home if such was available (Male 96, Female, 70).

Of the 166 children, 32 children would need a residential type G. H.; 82 children would require a group living situation with supervision and social work services; 52 children would require a group living situation (room and board) with a minimum of supervision for older, more independent adolescents.

42 of these children were already in private institutional placements and 14 were placed with the Department of Corrections.

The problem of appropriate placements for our seriously disturbed and learning disabled children is growing rather than diminishing. We will welcome any suggestions this Committee can make in the resolution of the problem.

Sincerely,

(Miss) Ann E. Emmons
Superintendent
Child Welfare Division

AE/ef

Richmond Cit De artment of Public Welfare
Institutiona P acements Child Welfare)
12/75

Number of Foster Care Children in Institutional Placements - 197

STATE OPERATED INSTITUTIONS

No. F.C. Children in State Training Schools (Dept. of Corrections) -	24
No. F.C. Children in State Institutions for the Mentally Retarded -	7
No. F.C. Children in State Institutions for the Mentally Ill -	5
No. F.C. Children in State Institutions for the Blind -	2
No. F.C. Children in State Institutions for the Physically Handicapped -	2
Total No. F.C. Children in State Operated Institutions	40

PRIVATE INSTITUTIONS AND SCHOOLS

No. F.C. Children in private institutions/ schools located in Virginia -	84
No. F.C. Children in private institutions/ schools located out of State of Virginia -	73
Total No. F.C. Children in private institutions/schools -	157

PLACEMENTS IN PRIVATE INSTITUTIONS/SCHOOLS

Type of Problem	Placed in State	Placed Out of State
Behavior/Emotional	16	54
Learning Problems	26	11
Child Care	30	
Mental Retardation	9	
Physical Handicap	3	0

Total No. F.C. Children placed in Institutions in State of Va.-124 (63%)

Total No. F.C. Children placed in Institutions out of the State of Virginia - 73 (37%)

Appendix B, Exhibit 2

RESIDENTIAL PLACEMENT

PRESENTATION TO SUBCOMMITTEE OF HEALTH, WELFARE AND INSTITUTIONS TO STUDY PLACEMENT OF CHILDREN

Prepared by: Bettie Adams
Resource Officer
Juvenile and Domestic Relations District
Court Services Unit
Norfolk, Va.

July 9, 1976

Residential placement is recommended and utilized by the Court in many cases which require treatment, home substitutes, special educational services, vocational experiences or any combination of these. The probation officer assigned to the case consults with the Judge and the Diagnostic Team (Norfolk) or the Supervisor when there appears to be a sufficient reason for making a referral to a residential setting. This usually is based on the recommendations of medical, psychiatric or psychological evaluations. If there is concurrence from the other team members, the probation officer consults with the Resource Officer(Norfolk) or with various Resource directories for a list of appropriate facilities. First consideration is given to local residential facilities. If the child seems appropriate for a local resource, then a referral is made. Due to the lack of affordable treatment centers in the Tidewater area, our group homes sometimes will accept a case for which they may not be equipped to handle. It is conceivable that one inappropriately placed youth could disrupt the entire treatment program of a group home, thus, creating a demoralizing effect on the staff as well as a loss of public support. This also presents a problem for evaluating the effectiveness of programming for potential funding.

Out-of-town facilities are selected based on the following criteria:

1. Program - Treatment modalities, type of setting (open/closed, structured/unstructured), educational services, staff qualifications and quantity.

2. Amenability of facility to work with the child - The facility's optimism for progress with this child.

3. Cost - Given the type of funding sources available on an individual basis.

   a. Social Service Bureau, ADC/FC funds or Medicaid.
   b. Department of Corrections funding
   c. State and Local Special Educational funds
   d. Parental and family support and financing
   e. Private insurance policies
   f. Scholarships
   g. Vocational Rehabilitation funds

4. Location- Seek placement as near as possible to parents or close relative.

5. Child's reaction to the choices offered (if choice is available) as well as parental preferences.

Often placement progress is hampered by the lack of continuity of communications between the facility, the referring agency and the placing agency. Cases are referred and once placed, communication frequently ceases, except for progress reports. If there are several agencies involved,placement follow-up responsibilities are not defined or necessarily assigned. This lack of coordination also limits parental involvement in the treatment program as agencies usually do not offer parental counseling which parallels the treatment provided to the placed child. If the placement is out of the locality, the facility has difficulty establishing parental participation as a part of the child's treatment.

The Department of Corrections through the Diagnostic Center now provides adequate monitoring and evaluation. They visit the facility

prior to approval for placement, make unannounced visits and maintain a file on each placement. The worker assigned to the facility must also make periodic visits to both in-state and out-of-state facilities. These workers also screen and investigate complaints. Local courts refer the placed cases to the Aftercare Unit. Aftercare contacts are sporatic, usually through correspondence or telephone calls.

There is unquestionably a paucity of residential treatment centers in Virginia. Those centers that do exist are either too expensive, lacking in special educational programs, unable to accept certain behavior problems and/or require a specific intellectual potential. Therefore many disadvantaged children or multihandicapped children are placed in learning centers rather than special treatment facilities. In some cases children are placed primarily to keep them from going into a learning center (parents financially able). Also some youths are placed in a residential setting to obtain help for educational problems when special local private day schools could have provided the service but there was not sufficient funding for the day program.

From my experience in working with resources and placements, I see needs and gaps in the following areas:

1. Residential Treatment Centers that are affordable by the State.
   a. Secure facility that offers treatment
   b. Center for multihandicapped - emotionally, educationally and socially - vocationally oriented
   c. Psychiatric Center
2. Programs and centers for the borderline retarded. A great many of these children are not only academically slow but they are also lacking in social skills.
3. Long term group homes on a local basis.
4. Short term foster care programs for adolescents.

5. Supervised "boarding" homes for young people who are employed and have reached the age of 17.
6. More residential vocational programs like the Woods Learning Center at Richmond Home for Boys.
7. Day Care programs for adolescents who cannot participate in school.

The proposed plan for implementing House Bill 637, to my understanding has been submitted to the Department of Corrections Board for acceptance and scheduled for review July 13. We have not been notified as to what the final draft contained. My personal concerns are: 1) Restriction from utilization of local facilities 2) Local workers would be responsible for negotiation, paper processing, financial arrangement and follow-up which diagnostic center counselors are currently doing 3) It would still be necessary to obtain final approval from the diagnostic center 4) Placements are restricted to in-state facilities of which there are few that can meet the needs or are within financial range of accessibility.

There is much discussion currently regarding the location of the Division of Youth Services within the Department of Corrections. I concur that there is a certain stigma attached not only to counselors in the system but also to the children who become involved in the system. The problems, philosophy and objectives of the juvenile court are different from that of adult corrections. However, I am concerned about the alternative suggestions for location. I think that youth services should be approached more as a co-ordinated effort between mental health, social services, special educational services and the business community. A unified effort would provide more rapid services and prevent duplication. It might also prevent unnecessary detaining of youth.

Appendix B, Exhibit 3

TRANSCRIPTION OF COMMENTS MADE BY MS. LUNDI MANSFIELD
COMMUNITY MENTAL HEALTH AND MENTAL RETARDATION SERVICES BOARD
RICHMOND, VIRGINIA

to the

SUBCOMMITTEE ON PLACEMENT OF CHILDREN ON JULY 9, 1976

"I have personally been in the field of mental health services for children's psychology and psychiatry services for fifteen years now. I have worked in the correctional system, worked in the educational system and now in mental health. So most of the systems I have been in have been ones in which we have been involved in the issue of children and youth, specialized placement, specialized programming. Specifically, today I've been asked to address the issues as they have been enunciated earlier, around placement of children. Specifically, again, as they relate to the worker, community mental health and mental retardation services boards, Chapter 10 boards. As you are aware of I'm sure, each political jurisdiction in the Commonwealth created such a Chapter 10 or services board under the legislative mandate of 1969. These boards carry out the responsibility of coordinating and developing the mental health and mental retardation services for each locality by either operating the services directly or by contracting with other existing resources to do so. They do, nevertheless, maintain an accountability coordinating function. Gradually, since 1970, the communities have been assuming control over what previously have been clinics and more services that were offered by the State Department of Mental Health and Mental Retardation. Such a move has been compatible with the thrust of the Commissioner and Mental Health and Mental Retardation Board. I can only address specifically the services and procedures and policies of the services board in the city of Richmond, this is the one which I am associated with, although the structure in operating functions of services boards are pretty similar, across the state.

In this city, at least, the services are not only under the Chapter 10 Board but they are a part of the bureaucratic structure. While there is continuing budgetary support from the State, the primary administrative, fiscal management and support for the city Department of Mental Health and Mental Retardation is from the city of Richmond. We now have in the city a comprehensive community mental health center. We have four outpatient clinics, one in each of the geographic areas of the city--east, south, north, central and west. We have a twenty-four, seven-day a week crisis intervention team serving the entire city. We have a day treatment program which is also citywide, and a small inpatient hospital unit located at St. Elizabeth's Hospital. We only have fifteen beds in this unit. As a result, therefore, we also have commitments to the State hospital. I give you this information as a sort of background for the role we play in the placement of children in specialized facilities. We are primarily, by definition and function, a system providing diagnoses or evaluation and treatment, with all the varying forms that these services take. We are not a child-placing agency nor do we provide financial support for anyone, that is not specifically for placements.

We become involved with the placement of children when the referral is made to us, either by another community, an agency such as welfare, health, the juvenile court, a school, the family may refer the child directly to us, family physicians or a wide variety of other community professionals. Whatever the source, we are asked to see the child and the family to evaluate the situation to make recommendations on what is indicated, to respond to that particular child's problem. We are a public system, therefore, we do not have any restrictions on who may or who may not receive our services. Additionally while we do have a fee structure for services, this is a part of the city's usual reimbursement procedure and charges are based on the person's ability to pay or we may be reimbursed, if such exists, by existing health insurance, Medicaid, Medicare, Champus or whatever. The fact that we are a community service, philosophically commits us to the concept that the best place for a child to be treated is within a family structure. Thus, removal of a child from his home, whether it be his natural home or foster home, is not seen by our system as healthy unless the child's situation is such that it becomes obvious that this is the only therapeutic recourse to help the child.

Decisions to recommend such a placement, as it occurs within our system, are made after the results of a careful and thorough evaluation, composed of a comprehensive social history, study of the home, the family, a complete psychological evaluation and psychiatric evaluation are considered. Additionally, through our day treatment program we provide perception motor testing, educational testing and other supplementary services, as they are indicated. Once each of these studies has been completed a comprehensive staffing is held involving not only the professionals who administered the basic tests but the referring source or sources as well. At this point, we do strongly encourage other agencies who may be involved with the same child and/or family to participate in making these plans. Based on the findings of the evaluation, information is presented as to what treatment plan is indicated or if, in fact, treatment is needed at all. If residential placement is recommended, it is usually in terms of the nature of the service, not the location, cost or other factors. We are concerned primarily with making a recommendation as to what that individual child needs. For example, a residential facility for the seriously emotionally disturbed might be needed and recommended. The decision as to which facility the child should be sent to will be made by the agency, the placement authority or the family. Obviously in many cases, we are in a position to suggest possibilities based on staff knowledge of such facilities and/or information that might be contained in resource files or material that we may have available to us. We are aware quite often of the scarcity of available resources, specifically within the State. Again the criteria used for such a recommendation as to what facility might be indicated might be based on specific treatment needs of the child.

If the child's treatment needs are such that they could be best met by another community agency or another community service, we would make a referral to that service, either using again the agency having custody of the child or through the family. In those cases our system also makes contact with that service to ensure that the linkage is established and shares the result of our evaluation with, again, the permission of the family or guardian. This type of interagency liaison does occur. Within the city of Richmond, there have been many systems established for regular communication as to the services available and procedures for using such services.

In the case of psychiatric treatment, and/or counselling for children, their families, or consultation of agencies having responsibility for children with problems, such services are within our own system. Indeed, at this time we have close to eight hundred (800) children being seen regularly in our clinics, either our day treatment program or our outreach programs. We do need to put that in the perspective of what community mental health is all about. Obviously, we serve people of all ages. The clinic that I am the director of, for example, now has seven hundred (700) active patients with only eight (8) caseworkers. As you can see, there is a demand for quality care on them also. We put a high priority on community consultation in an effort to help the community caretakers in the handling of, and the sensitivity to, the problems in behavior of children in an effort to prevent situations in which the child is seen as requiring removal from whatever home or situation he may be in.

Along this line we often give consultation, workshops and staff training with such agencies as the welfare department, the public schools, other agencies or situations in which children are being cared for routinely. We have been attempting recently to research the actual needs for hospitalization of children within our community as it exists in the population served by the public mental health clinics. In the clinic within our system, with the largest number of people served and with the history of the children's clinic, there have been no recommendations, hospitalization or institutionalization on young children within the last year. There have been two recommendations for hospitalization of older adolescents within the last year.

I feel that it must be pointed out that in many of the cases we have seen, the residential placement has been planned or anticipated. In almost every case these have resulted from the inability on the part of the family, the foster parent, the public school, the community or a combination of all of these to handle the behavior of the child. Residential placements do not necessarily result from serious emotional disturbances which indicate that "inpatient hospitalization" is therapeutically necessary. We do see the latter, obviously. In cases of serious disturbances or perhaps a situation where a diagnostic label of psychoses would be attached, hospitalization might be an immediate need. When that is the case, resources are not, in fact, readily available. Small

units for providing such a service within the community, in order to enable some work to be done with the family, would appear to be needed, and should be operated in such a way that there would be no financial restraints for such service. The Virginia Treatment Center for Children would seem to have that potential but that facility is charged with servicing the entire State and therefore is unable to effectively respond adequately to the need.

Staff with specially trained personnel should be available in each community to provide a service for those children who need to be out of their present living situation but who do not require long-term or residential placement in special schools or other such facilities. We do not have such resources on any other level. We need specialized services for foster parents, for public school personnel and other caretakers who are overwhelmed by a large number of children for whom they are responsible, but who are largely unable to provide the training and expertise that would prevent the need of removal of that child from the community.

I think one of my own personal priorities is that we need comprehensive programs of early screening and protection, perhaps within the public school system, in order to appropriately identify those children for whom an early intervention response might prevent later a more serious crime. Another resource badly needed is extended day programs for the disturbed child that can provide services to supplement educational programs provided by the school system, and can work with the family or foster family. Again, in many cases where children are placed in residential facilities, such an alternative might prevent that.

Lastly, I feel we need an administrative support linkage system involving all agencies who work in the care and treatment of children--the public schools, mental health and mental retardation, welfare, the juvenile court and health. All of these people are quite often working with the same children and the same families. There needs to be a system, I feel, developed where they can work and plan together how best to respond to the needs of these children. One example might be in the area of the early screening and the protection system, which I mentioned earlier. We have been working in this city this past year with the Richmond Public Schools to try and implement such an early screening program. In this case it would be a joint program between the schools and the Department of Mental Health and Mental Retardation, utilizing manpower out of both systems so that neither system would have to mount a new costly program with new personnel. Another example would be some discussion that has been occurring in Richmond where the Department of Mental Health and Mental Retardation has a twenty-four hour, seven-day a week crisis team. We house that team. You often have child abuse hotlines. There is a need for a diversion unit available twenty-four hours a day in the juv nile court system. We have broached the juvenile court and have

been discussing it with some levels of the welfare department as a possibility, again, of pooling manpower or sharing training using the same physical facilities to provide the twenty-fours hour a day, seven-day week coverage that all three of these services need. Instead of utilizing the public dollar, which is in such short supply, map three separate services requiring similar facilities. Many efforts have been made to begin this process, some are succeeding. It is obvious that all human resources programs are suffering from budgetary limitations and thus manpower shortages at this time. However within the Mental Health and Mental Retardation programs, at least within the city of Richmond, we see too many instances of being asked to do evaluations on children with similar costly evaluations having been done one or two months previously or situations in which a child may be asked to be served by two or more agencies at the same time. All provide similar or the same kind of counselling.

Such linkages between systems, cooperatively working together, I feel strongly, is a necessity at this point. We stand ready to participate in such efforts at any time."

Appendix B, Exhibit 4

HENRICO COUNTY SCHOOLS
P. O. BOX 40
HIGHLAND SPRINGS, VA. 23075

October 8, 1976

Ms. Lelia B. Hopper
Staff Attorney
Commonwealth of Virginia

Dear Ms. Hopper:

Thank you again for your invitation to address the issues covered by the six questions discussed at the July 9th meeting of the House Committee on Placement of Children.

Enclosed are responses to the questions which I promised you during our last phone conversation, derived from discussions with the people in our school system most directly involved with placement of children in special education programs inside and outside Henrico County Schools.

Please let me know if you would like to have Henrico County Schools representation at one of your future meetings to elaborate or explain any of the enclosed responses.

Again, I am sorry I was unable to attend your July 9th meeting. Hopefully, the enclosed written responses will fill the void created by my absence and help ultimately improve the services provided to children in need of special placement.

Sincerely,

Dave Depp

Dave Depp
School Social Worker
Henrico County Schools

DD:bwh

Responses to the Questions Discussed Before the House

Committee on Placement of Children on July 9th

1. The decision to place a child in a special placement, either public or private, in-state or out-of-state, originates in a staffing committee meeting most often composed of the child's teacher, principal, guidance counselor, social worker, psychologist and special education consultant. Each of these people share their knowledge of the child under consideration and share in a discussion of the best approaches to meet the child's needs including consideration of special programs. Often, if the child is known to agencies such as the Department of Welfare, Health Department, Probation Department, and numerous public and private clinics, representatives of these agencies who are familiar with the child and his situation are invited to participate in the staffing. The findings of the staffing committee are promptly reported to the family, and any recommendation of the staffing committee that involves placement of the child in a special program, requires written parental consent before it can be made operational. If the committee finds that the child's needs cannot be met by any program within the school system including programs based in schools other than the normally assigned school, then 2 persons designated by the staffing committee explains to the parents that a private or public facility outside the school system is needed to meet the educational needs of their child. They are told that they are eligible to receive tuition assistance from the state and county if they choose a facility that is state approved.

2. There are many criteria used in selecting a particular facility or placement including the nature of the child's difficulties, the availability or lack of availability of space in existing special programs inside Henrico Schools, parent and child perceptions and feelings about various facilities, whether the facility is approved by the state for tuition grant purposes, distance of a facility from the child's home, tuition rate and eligibility of the family for supplemental tuition grant funds and/or other special funding. In general, the adequacy of the programs offered by state approved schools is determined by the state although there are some private and state facilities that are quite familiar to school personnel.

3. The most commonly used funding source in addition to normal family income for the placement of children out of their natural homes, is the state tuition grant program which pays three quarters of the tuition for children placed in residential schools up to a maximum of $5,000, and three quarters of the tuition for day school placement up to a maximum of $1,250. Recently, Henrico County Schools adopted a Supplemental Tuition Grant Program which is designed to help low and middle income families pay the difference between the state tuition grant and the tuition charged by the school. This new program incorporates a sliding scale designed to give maximum assistance to these families. A Family's hospital insurance sometimes helps to defray the cost of both state and private psychiatric facilities, and some families with extremely limited financial resources may receive funds from Social Security.

4. Communication between Henrico Schools and public and private facilities, which is contingent upon written parental permission for release of information, varies in quality and quantity. Communication with facilities located outside Virginia is largely limited to written reports and the quality of these reports is variable. Communication with local or in-state facilities is often enhanced by Henrico personnel having some degree of first-hand personal and/or professional relationship with the contact person. Also, in the case of a local facility, it is often possible for school personnel to communicate directly through personal visit. The inclusion in staffings of knowledgeable personnel from other agencies is one way that Henrico Schools attempts to improve inter-agency communication. Unfortunately, there are too many instances of poor communication particularly in regard to children returning from state learning centers and from certain state-approved private schools.

5. Monitoring and evaluation of children placed in both in-state and out-of state facilities is performed annually and is based on:
   1) yearly school reports submitted on forms which are designed by the individual school since there is no standard reporting forms required by the State Department of Education,
   2) yearly examination by the grant committee of tuition grant applications which may result in requests for the updating of psychological educational, medical and social information,
   3) and regular and irregular contacts with parents around the gathering of required information.

   Henrico Schools are almost completely dependent on the State Department of Education for the evaluation of the adequacy of out-of-state facilities as well as most in-state facilities. School personnel have more contact with the programs carried on in-state than out-of-state thru occasional visits, which are usually announced and may provide some first-hand knowledge of program adequacy, staff competency, and individual student adjustment. However, in general, regular visits are not made with the children both in-state and out-of-state.

6. We believe that it is feasible for Virginia to meet the needs of all the children who are presently being served out-of-state through the development and expansion of alternative programs and facilities. Some suggestions follow:

   ——Group homes for children in disrupted and troubled families, older retarded student, and children returning from residential facilities outside their local community.

   ——More in-state facilities similar to DeJarnett Center for Human Development designed to treat severely disturbed students including those over age 14. These facilities should be spread throughout the state to facilitate treatment of whole families and to discourage reliance on an approach that treats symptoms rather than causes and focuses on the individual child who is "shipped off for fixing."

   ——Emphasis on community-based facilities that might include day schools operated cooperatively by county school systems and county mental health centers where troubled children could receive an education

outside their regular school in a setting designed to ameliorate their personal and family problems while they continue living in their homes.

——Day programs for atypical children requiring special facilities and techniques which cannot feasibly be implemented in a public school milieu.

Appendix C, Exhibit 1

Blair Building
8007 Discovery Drive
Box K-176
Richmond, Virginia 23288

William L. Lobbard
Commissioner

Robert L. Madden
Deputy Commissioner

COMMONWEALTH of VIRGINIA

DEPARTMENT OF WELFARE

Telephone - 804-770-8571

December 15, 1975

Ms. Lelia B. Hopper
Division of Legislative Services
Box 3-AG
Richmond, Virginia 23208

Re: Out-of-State Placement of Children in Foster Care

Dear Ms. Hopper:

Attached is a summary of the data required of the one hundred and twenty-three local welfare departments in Virginia. This information is compiled annually by State Department of Welfare's Civil Rights Coordinator for the purpose of compliance with Title VI of the Civil Rights Act of 1964.

In 1974, 1,695 placements were made at 225 group care facilities. Of these totals, 1,251 placements were in 131 facilities in Virginia, while 444 placements were in 94 facilities in 25 states other than Virginia.

To compare costs of care for children with behavior disorders and learning disabilities, maternity, nursery and college facilities were disregarded in arriving at the following estimations:

Placements	Total $ Monthly	Per Capita $	Total $ Yearly	
959	$292,158.00	$304.50	$3,505,896.00	In-State
431	$315,515.30	$732.00	$3,786,184.00	Out-of-State

Note: Yearly estimates reflect projections of the cost of care on a twelve month basis rather than actual time in care.

From such a comparison what appears to be needed is (1) full utilization of existing private and public resources within the Commonwealth and (2) the development of services in Virginia that are now being provided at a higher cost in twenty-five other states. Effective October 1, 1975, Title XX of the Social Security Act provides the opportunity for the State to claim 75% federal financial participation for residential services provided for children in treatment oriented facilities. Use of this funding mechanism would provide services to young Virginians in their own state while maximizing the expenditure of taxpayer dollars.

Very truly yours,

M. Jane Hotchkiss
Foster Care Specialist

DEPARTMENT OF WELFARE

FOSTER CARE PLACEMENTS FOR THE
PERIOD JAN. 1974 THROUGH DEC. 1974

STATE	NO. OF PLACEMENTS	TOTAL PER MONTH
1. Arizona	1	$ 825.00
2. Arkansas	1	-0-
3. Colorado	1	850.00
4. Delaware	1	900.00
5. Florida	71	57,899.00
6. Georgia	38	29,780.83
7. Idaho	17	14,547.81
8. Illinois	1	-0-
9. Kansas	1	-0-
10. Kentucky	1	-0-
11. Maryland	79	69,274.68
12. Massachusetts	1	-0-
13. Minnesota	1	98.00
14. Nebraska	8	623.00
15. New Jersey	7	5,451.67
16. New York	28	21,732.98
17. North Carolina	15	3,490.00
18. Ohio	9	8,317.23
19. Oklahoma	5	1,170.00
20. Pennsylvania	91	64,715.50
21. Tennessee	5	976.11
22. Texas	20	17,421.00
23. Washington, D. C.	24	13,201.50
24. West Virginia	15	4,573.00
25. Wisconsin	2	2,408.00
TOTALS	444	$317,255.30

Extracted, "Annual Report on Institutions in Which Wards of Local Welfare Boards Were Placed in 1974" prepared by the Civil Rights Coordinator, Virginia Department of Welfare for the Office of Civil Rights, H.E.W.

Total Cost for the Year - $3,807,063.60

Treatment Centers

No. of Institutions	State	No. of Placements
1	Delaware	1
1	New Jersey	2
2	Ohio	9
1	Minnesota	1
7	Pennsylvania	43
1	Colorado	1
2	Florida	73
2	Washington, D.C.	8
2	New York	4
1	Texas	13
1	Georgia	20
1	Oklahoma	5
22	Totals	180

DEPARTMENT OF WELFARE

REPORT TO THE SUBCOMMITTEE ON PLACEMENT OF CHILDREN
AUGUST 9, 1976

In 1975, 442 of Virginia's children were placed in 87 residential facilities (excluding colleges, nurseries, and maternity and infant homes) in 31 states at an estimated yearly cost of $4,580,161.92.[1]

Based on information submitted from 43 facilities in which 66% of these children were placed, the following conclusions can be made:[2]

(1) The average child going for placement out-of-state is emotionally disturbed and in need of the therapeutic care provided in a residential treatment center.

(2) Most facilities deal with the problems of emotional disturbances and learning disabilities. Many of the problem areas treated by residential facilities are speech, hearing, vision, seizure disorders, physical handicaps, brain damage, mental retardation and delinquency.

(3) The services provided by these facilities focus on psychotherapy, individual - group and family counseling, psychiatric services, and special education. Other services provided by these facilities include speech therapy, psychological evaluations, physical therapy, recreational programs, art and music therapy and vocational training.

(4) It appears from a study of the Central Resource Listing that children are being sent out-of-state to facilities that can provide special services because those services are not readily available from institutions in Virginia. Facilities offering such services in Virginia do not have available space to meet the needs of these children.

Jane Hotchkiss
Foster Care Specialist

[1]These costs are estimates based on projections of the cost of care of children placed in such out-of-state institutions on a twelve-month basis rather than actual reported or verifiable costs.

Extracted, "Annual Report on Institutions in Which Wards of Local Welfare Boards were Placed in 1975," prepared by the Virginia Department of Welfare for the Office of Civil Rights, H.E.W.

[2]Extracted, "Central Resource Listing," prepared by Jane Hotchkiss, Foster Care Specialist, Virginia Department of Welfare, July, 1976.

Appendix C, Exhibit 2

COMMONWEALTH of VIRGINIA

DIVISION OF LEGISLATIVE SERVICES

STATE CAPITOL

April 28, 1976

Mr. William E. Weddington, Director
Division of Youth Services
Department of Corrections
302 Turner Road
Richmond, Virginia 23225

Dear Mr. Weddington:

During the 1976 Session of the General Assembly, House Resolution No. 8 was agreed to by the House of Delegates. This resolution requests the House Committee on Health, Welfare and Institutions to conduct a study on the placement and institutionalization of children in out-of-state and in-state facilities. Delegate Frank M. Slayton has been named chairman of this study committee.

Mr. Slayton has asked that I contact you to request that the Division of Youth Services provide the committee with the following information concerning children placed by the Division:

(1) Total number of (a) in-state and (b) out-of-state placements made by the Division for 1974 and 1975 and the total cost of such placements.

(2) Amount of money budgeted for (a) in-state and (b) out-of-state placements for 1976-78.

(3) Names and locations of specific institutions where children are now placed in (a) in-state and (b) out-of-state facilities. Number of children in each such facility. Total amount of money being spent at each such facility by the State. Type of facility (ex. treatment center, special education, group home, boarding school, etc.). Type of placement (residential, day).

Similar information has been received from the Department of Welfare and the Department of Education for its program of special education. This information will also be requested of the Department of Mental Health and Mental Retardation.

A date for the first meeting of this committee in May will be set the beginning of next week. You will receive a notice of this meeting and all subsequent meeting dates. The committee would welcome your attendance and any member of your staff at its meetings. If I may be of any assistance to you in supplying the committee with the requested information or in keeping you apprised of the committee's work, please give me a call.

I am looking forward to working with you this year and hope to see you again soon.

Sincerely,

Lelia

Lelia B. Hopper
Staff Attorney

LBH/rp
Enclosure

cc: Honorable Frank M. Slayton

WILLIAM E. WEDDINGTON
Division Director

902 Turner Road
Richmond, Va. 23225
[illegible]

COMMONWEALTH of VIRGINIA

DEPARTMENT OF CORRECTIONS
DIVISION OF YOUTH SERVICES

May 21, 1976

Ms. Lelia B. Hopper, Staff Attorney
Division of Legislative Services
State Capital
Richmond, Virginia 23208

Dear Ms. Hopper:

In response to your letter of April 28, 1976 you will find attached draft material concerning three questions which you asked pertaining to statistical and budget data referencing placements of children in and outside of the Commonwealth of Virginia. I believe we have adequately answered questions one and three.

We are not able to provide adequate information pertaining to a breakout of instate and out-of-state placements at this time. In the event that it is a question that you feel still needs answering, we can make a hand sort of invoices and eventually come up with this information. The procedure we would have to follow would be very time consuming and therefore it has not been possible to accomplish it at this point. Please advise if you believe this is necessary and we will obtain this information. I look forward to seeing you on Monday, May 24, 1976.

Sincerely yours,

William E. Weddington, Director
Division of Youth Services

cc: The Honorable Frank M. Slayton

P.S. Please excuse the rough draft form in which this material is being presented.

STATE HOSPITALS STATISTICS*

1974		1975	
January	24	January	29
February	29	February	30
March	30	March	29
April	30	April	23
May	27	May	23
June	28	June	26
July	25	July	22
August	27	August	27
September	25	September	33
October	30	October	38
November	34	November	31
December	32	December	33
TOTALS	341	TOTALS	344
Average	28 5/12	Average	28 2/3

*Children committed to the custody of the State Board of Corrections who are placed for some length of time in State mental hospitals for care and treatment.

DIVISION OF YOUTH SERVICES
*SPECIAL PLACEMENTS CASE AND COST ROSTER FOR BOARDING CARE
APRIL 30, 1976

IN-STATE

Placement:	Type of Facility:	Location:	# of Children Placed	**DYS Cost Per Month
Augusta Military Academy	Private Boarding School	Fort Defiance, Va.	1	465.00
Central Rehab. Center	Halfway House (Ret/Emot. Dist.)	Petersburg, Va.	1	224.00
Commonwealth Psych. Center	Psy. Residential	Richmond, Va.	13	7,475.00
Elk Hill Farm	Group Home	Goochland, Va.	2	800.00
Emmaus	Group Home	King George, Va.	5	1,850.00
Fishburne Military Academy	Private Boarding School	Waynesboro, Va.	17	8,002.71
Florence Crittenton Home	Group Home	Lynchburg, Va.	1	268.00
Friendship	Group Home	Palmyra, Va.	3	1,125.00
Holiday House	Group Home (Ret.)	Portsmouth, Va.	1	575.00
Hopesville Ranch	Group Home	Dutton, Va.	1	375.00
Leary	Special Ed. (Learning Disabled)	Falls Church, Va.	4	2,300.00
Nat. Children's Rehab. Center	Special Ed. (Epileptic)	Leesburg, Va.	2	1,150.00
Oak Hill Academy	Private Boarding School	Mouth of Wilson, Va.	23	7,475.00
Portsmouth Psych. Center	Psy. Residential	Portsmouth, Va.	1	575.00
Richmond Home for Boys	Group Home	Richmond, Va.	3	1,440.00
St. Joseph Villa	Group Home	Richmond, Va.	2	680.00
United Methodist Children's Home	Group Home	Richmond, Va.	7	3,451.00

*SPECIAL PLACEMENTS CASE AND COST ROSTER FOR BOARDING CARE
APRIL 30, 1976
(continued)

Placement:	Type of Facility	Location:	# of Children Placed	**DYS Cost Per Month
Va. Baptist Children's Home	Group Home	Salem, Va.	1	50.00
Viva House	Group Home	Richmond, Va.	1	550.00
Westbrook	Psy. Hospital	Richmond, Va.	6	3,450.00
Zuni	Special Ed. (Ret.)	Zuni, Va.	1	380.00
		TOTALS:	97	$42,660.71

*Excluding State Hospital and Training Center Placements

**These costs represent a gross estimate based on the maximum cost to DYS for tuition only, excluding money spent for Clothing, Medical, Dental, Transportation, etc. It should be noted that the Division of Youth Services can only be responsible for contributing a maximum of $575.00 per month per child towards the total cost of Placement. The total cost to DYS may fluctuate per individual case, according to the current availability of additional or alternate funding sources such as CHAMPUS, Special Education, Private Insurance, Parents, etc.

SPECIAL PLACEMENTS CASE AND COST ROSTER
APRIL 30, 1976

OUT-OF-STATE

Placement:	Type of Facility:	Location:	# of Children Placed	DYS Cost Per Month
Barretts		Washington, D.C.	1	575.00
Benedictine Habilitation Center	Special Ed. (Retarded)	Ridgely, Md.	1	350.00
Boys Town	Group Home	Boystown, Neb.	1	200.00
Brown School	Psy. Residential	Austin, Tex.	3	1,725.00
Charlotte Hall	Priv. Boarding School (Mil. Acad.)	Charlotte Hall, Md.	1	558.55
Elon	Group Home	Elon College, N. C.	1	150.00
Muntanari	Psy. Residential	Hialeah, Fla.	22	12,650.00
Dr. Perkins	Special Ed. (Retarded)	Lancaster, Mass.	1	516.67
Taylor Manor	Psy. Hospital	Ellicott City, Md.	1	575.00
		TOTALS:	32	$17,300.22
		GRAND TOTAL:	129	$59,960.93

*SPECIAL PLACEMENTS CASE AND COST ROSTER FOR BOARDING CARE
FOR 1974 and 1975

1974

	IN-STATE	OUT-OF-STATE	TOTAL
# of Children in Placement:	159	118	277
**Cost of Placements:	$232,460.72	$332,113.20	$564,573.92

1975

	IN-STATE	OUT-OF-STATE	TOTAL
# of Children in Placement:	184	123	307
**Cost of Placements:	$328,601.63	$466,593.27	$795,194.90

GRAND TOTALS
1974 and 1975

	IN-STATE	OUT-OF-STATE	TOTAL
# of Children in Placement:	343	241	548
**Cost of Placements:	$561,062.35	$798,706.47	$1,359,768.82

*Excluding State Hospital and Training Center Placements

**Cost includes Room & Board, Clothing, Medical, Dental, Transportation, etc.

STATE DEPARTMENT OF CORRECTIONS
DIVISION OF YOUTH SERVICES

SPECIAL PLACEMENT CASE AND COST ROSTER

August 1, 1976

IN - STATE

Facility	Population	Maximum Cost to DYS per month
Central Rehabilitative Center	1	$ 224.00
Central State Hospital	1	No charge
Commonwealth Psychiatric Center	21	12,075.00
Baptist Children's Home	2	100.00
Eastern State Hospital	16	No charge
Elk Hill Farm	1	400.00
Emmaus	5	1,850.00
Fishburne Academy	8	3,943.20
Friendship Home	3	1,125.00
Holiday House	1	575.00
Jackson-Field Episcopal Home	1	320.00
Leary Educational Center	3	1,725.00
Lynchburg Training Center	1	No charge
National Children's Rehabilitation Center	2	1,150.00
Oak Hill Academy	1	325.00
Portsmouth Psychiatric Center	1	575.00
Richmond Home for Boys	9	4,320.00
Seton House	1	330.00
Southeastern Virginia Treatment Center	2	No charge
Southside Virginia Treatment Center	1	No charge
United Methodist Children's Home	7	3,451.00
Viva House	1	575.00
Westbrook Psychiatric Hospital	7	4,025.00
Western State Hospital	1	No charge
*Total Number of Facilities 24	97	$ 37,088.20

OUT - OF - STATE

Barrett Residential Center - Washington, D.C.	1	$ 575.00
Benedictine School - Maryland	1	350.00
Brown School - Texas	3	1,725.00
Dr. Perkins School - Massachusetts	1	516.00
Montanari - Florida	18	10,350.00
Sheppard-Pratt - Maryland	1	575.00
Taylor Manor - Maryland	1	575.00
*Total Number of Facilities 7	26	$ 14,666.00
Grand Totals In- and Out-of-State Total Number of Facilities 31	123	$ 51,754.20

Appendix C, Exhibit 3

COMMONWEALTH of VIRGINIA

COMMISSIONER'S OFFICE
109 GOVERNOR STREET
RICHMOND

Department of
Mental Health and Mental Retardation

MAILING ADDRESS:
P. O. BOX 1797
RICHMOND, VA. 23214

May 10, 1976

Ms. Lelia B. Hopper
Staff Attorney
Division of Legislative Service
P.O. Box 3-AG
Richmond, Virginia 23208

Dear Ms. Hopper:

Thank you for your recent letter and request for information.

There currently exists a statute giving the Department of Mental Health and Mental Retardation authority to fund and place emotionally disturbed and/or mentally retarded children and youth. However, the Department does not make use of this statute.

There is, therefore, no budget item for the placement of children; nor does the Department involve itself in special placement in or out of state.

I have appointed Dr. James Sebben, Director of Children's Programs, as the Departmental representative to Delegate Slayton's Committee. He will help you in any way possible and, I think, provide valuable contributions to the work of the committee.

Very truly yours,

William S. Allerton, M.D.
Commissioner

WSA/JAS/x3/14

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION

FROM: Final Report of the Child Mental Health Study Group May 26, 1976, State Mental Health and Mental Retardation Board, page 41.

TABLE 14: Agency Expenditure for Services to Virginia's Emotionally Disturbed and Mentally Ill Children and Adolescents

Agency	
Department of Mental Health and Mental Retardation	$ 3,849,973
Bureau of Drug Rehabilitation	125,000
Department of Health	Not Available
Department of Education	3,672,500
Division of Youth Services	1,020,852
Department of Welfare	1,738,213
Medicaid	1,688,233
TOTAL	$12,094,771

Of these expenditures, $2,999,771 is spent annually for out-of-state placement of 591 children and youth in programs for the emotionally disturbed and mentally ill. Table 15 provides information concerning these placements.

TABLE 15: Out-of-State Placements: Referral Agency, Number of Clients Referred, and Cost

Agency	Number	Cost
Department of Education, Division of Special Education	167	$ 623,134
Department of Corrections, Division of Youth Services	80	638,424
Department of Welfare	344	1,738,213
TOTAL	591	$2,999,771

Appendix C, Exhibit 4

DEPARTMENT OF EDUCATION
NUMBER OF HANDICAPPED CHILDREN APPROVED FOR TUITION ASSISTANCE AS OF APRIL 1, 1976

	Day	Residential	Total
In-State	1,030	417	1,447
Out-of-State	23	446	469
Total	1,053	863	1,916

The following table shows the individual state breakdown for out-of-state placements:

STATE	NO. OF CHILDREN IN DAY PLACEMENT	NO. OF CHILDREN IN RESIDENTIAL PLACEMENT	STATE ALLOCATION
Colorado		3	Information not provided
Connecticut		3	
Delaware		3	
Florida		109	
Georgia		36	
Hawaii	1		
Idaho		9	
Illinois		1	
Kansas		1	
Kentucky		1	
Maryland	5	35	
Massachusetts		14	
Minnesota		1	
Mississippi		18	
Missouri		1	
New Hampshire		3	
New Jersey		12	
New York		14	
North Carolina	1	18	
Ohio		5	
Pennsylvania	1	96	
Rhode Island		1	
Tennessee	7	4	
Texas		18	
Utah		2	
Vermont		2	
Washington, D. C.	8	34	
Wisconsin		2	
TOTALS	23	446	

This information was provided to the Subcommittee by the Secretary of Education, Dr. Robert E. Ramsey, on August 17, 1976.

DEPARTMENT OF EDUCATION
NUMBER OF HANDICAPPED CHILDREN APPROVED FOR TUITION ASSISTANCE AS OF JANUARY 1, 1976

	Day	Residential	Total
In-State	Not available as of January 1, 1976		
Out-of-State	21	397	418

The following table shows the individual state breakdowns for out-of-state placements:

	NO. OF CHILDREN IN DAY PLACEMENT	NO. OF CHILDREN IN RESIDENTIAL PLACEMENT	STATE ALLOCATION
Colorado		2	$ 5,035
Connecticut		2	6,000
Delaware		3	8,430
Florida		101	269,402
Georgia		33	77,805
Hawaii	1		3,000
Idaho		8	24,000
Illinois		1	3,000
Kansas		1	3,000
Kentucky		1	3,000
Maryland	4	29	55,262
Massachusetts		12	32,940
Minnesota		1	3,000
Mississippi		18	53,904
Missouri		1	2,227
New Hampshire		3	6,132
New Jersey		12	34,410
New York		14	42,000
North Carolina		17	50,749
Ohio		5	15,000
Pennsylvania	2	85	225,322
Rhode Island		1	3,000
Tennessee	6	3	10,294
Texas		12	32,091
Utah		2	6,000
Vermont		2	6,000
Washington, D. C.	7	27	56,095
Wisconsin	1	1	1,500
TOTALS	21	397	$ 997,898

This information was provided to the Subcommittee by Mr. James T. Micklem, Director of Special Education, Department of Education, in the spring of 1976.

Appendix D

COMMONWEALTH of VIRGINIA

Department of Welfare

Office of the Commissioner

Blair Buildina
8007 Discovery Drive
Richmond, Virginia 23288

William L. Lukhard
Commissioner

December 16, 1976

The Honorable Frank M. Slayton
P.O. Box 446
South Boston, Virginia 24592

Dear Frank:

This is a follow-up to my letter of November 22, 1976 and in response to your letter of December 2, 1976 dealing with the control of placement of children in foster care and out of state placement situations.

I have reviewed with staff and with Mrs. Lelia Hopper appropriate sections including Section 63.1-56, Section 63.1-207, and Chapter 10.1 of Title 63.1 (Interstate Compact).

I concur that subject to the rules prescribed by the State Board of Welfare that the Commissioner could supervise the placement and out of state situations for foster care of children. I do believe that there should be a technical amendment made to 63.1-56 in order to clarify that authority as it relates to the placement of children in institutional care out of state. Specifically the first sentence of Section 63.1-56 refers to "placement in suitable family homes, or institutions subject to the supervision of the Commissioner." Midway the second paragraph of that same section the following statement is found. "No child shall be placed in a foster home outside this State by a local board without first complying with the appropriate provisions of Section 63.1-207 or Chapter 10.1 of this title." It would appear to me that this last sentence should be amended to state "No child shall be placed in a foster home or child caring institution outside of this state by a local board without first complying with the appropriate provisions of Section 63.1-207 or Chapter 10.1 of this title."

With this amendment and with the proposed new legislation dealing with the Administrative Review of Foster Care cases, I feel very comfortable in the State Board establishing the rules and regulations and policy under which such out of state placements would be approved and the review process at the State Department of Welfare level of such placements by local boards of welfare. Further, I would assure you that such rules would be promulgated and made a part of our administrative foster care review process.

If I can provide any further assistance or information in this matter, please do not hesitate to contact me.

Truly yours,

William L. Lukhard

WLL:cra

cc: Mrs. Lelia Hopper

Appendix E, Exhibit 1

INTERAGENCY AGREEMENT

This document represents a negotiated agreement between the Department of Mental Health and Mental Retardation and the Department of Corrections, Division of Youth Services to provide the maximum available services for the treatment of emotionally disturbed juveniles committed to the care of the Division of Youth Services. The undersigned officials commit to implement and sustain the provisions contained in this document.

Date
Otis L. Brown, Secretary of Human Resources

Date
Selwyn Smith, Secretary of Public Safety

Date
Leo Kirven, Acting Commissioner, Department of Mental Health and Mental Retardation

Date
William Weddington, Director, Division of Youth Services Department of Corrections

*This agreement was signed by the four officials named above on November 10, 1976.

The problems faced by Department of Corrections, Division of Youth Services and Department of Mental Health and Mental Retardation, Psychiatric Hospitals in providing adequate treatment to children and adolescents in Virginia have been defined as follows:

1. Currently, the Division of Youth Services (DYS) cannot provide crisis intervention services to male and female juveniles housed at the Reception and Diagnostic Center and the Learning Centers. Therefore, they cannot effectively treat or manage juveniles who undergo an acute psychotic episode, who are self-destructive or self-mutilative or who might become extremely assaultive, injuring staff and other juveniles.

2. Psychiatric hospitals have not specifically defined their criteria for admitting and discharging children or adolescents.

3. When juveniles from DYS are referred for pre-admission screening to a state psychiatric hospital or are committed to a state psychiatric hospital, insufficient information is provided to the hospital on the problems the juvenile has presented to the DYS staff which precipitated the referral or involuntary commitment.

4. State hospitals do not provide DYS with sufficient information at the time of discharge or rejection of a referral as to a) why the juvenile is being discharged or rejected for admission, b) how DYS can provide further help to the juvenile, and c) the treatment that may have been provided.

5. Juveniles evaluated by DYS staff as in need of residential treatment (psychiatric hospitalization due to psychoses, acute neuroses or other psychiatric problems, may not be admitted to a state psychiatric hospital. The reason for their exclusion is that in addition to needing psychiatric care, they also need to be placed in a secure environment. Such an environment would be a locked ward staffed by personnel who are trained to deal with patients that are self-destructive, very assaultive and who run away from an open ward. Our hospitals are not equipped to deal with juveniles who are both in need of long-term psychiatric care, and, at the same time, pose a serious risk to the community in that their history indicates they will run away from an open door facility and, once out in the community, may commit a criminal act.

6. Currently, most DYS facilities are located within Eastern State Hospital's (ESH) catchment area. This has led to a disproportionately large number of juvenile offender admissions (involuntary commitments) to ESH from DYS, in comparison with similar admissions to other state psychiatric hospitals.

Solutions

In order to enhance the operational relationships and improve the delivery of services to DYS committed youths in need of mental health services, two interagency mechanisms will be developed and implemented. These are:

1.-Professional consultation on a non-fee basis will be provided by each agency for clients in the custody of the other agency for the following purposes:

a) When clients have been discharged from a Mental Health facility to a DYS facility, DMH will provide aftercare services to that client in order to sustain continuity of services.

b) DYS will provide consultation to the staff of Mental Health facilities in regard to the unique needs of, or behavioral management techniques for, DYS referred clients.

2.-All Division of Youth Services clients determined to be in need of services provided through the Department of Mental Health will be referred to an interagency Prescription Team. This team will be responsible for making the following decisions for each child referred to it:

a) Determine the needs of the child

b) Develop or approve existing service plan for each child

c) Determine the most appropriate placement for the child within due process proceedings

d) Verify implementation of the placement/service with the appropriate facility

e) Monitor the progress of the child

f) Determine appropriateness of discharge or transfer from the treatment facility

g) Determine placement after discharge

Principles of the Prescription Team

Authority:

All decisions made by majority vote of the prescription team will be binding upon both the Division of Youth Services, and the Department of Mental Health and Mental Retardation.

Composition:

The team will be composed of professional staff from the following agencies and disciplines:

Division of Youth Services	-Case work supervisor or psychologist
Department of Mental Health	-Mental Health professional (Non-Administrative)
Department of Welfare	-resource/financial/technical staff (treatment oriented)
Rehabilitative School Authority	-Assistance principal or Principal
Department of Education	-Special Education staff member
Department of Health	-Medical doctor

The above agency representatives will, by majority vote, make all decisions relating to admission, discharge, service plan and placement for all referrals. However, input and resources may be required from other agencies in regard to specific cases. These other agency resources include:

·Vocational Rehabilitation

Visually Handicapped

Council for the Deaf

Referral Procedures:

The following procedures will be used for handling all referrals:

1. Referrals to the Prescription Team will come from DYS and DMH & MR on only those children committed to their services.
2. All referrals in DYS will originate from the Director of the Reception and Diagnostic Center and be directed to the

Assistant Director for Clinical and Diagnostic Services who will review the case and forward it to the Chairman of the Prescription Team and inform the Director of the Division of Youth Services.

3. All referrals from DMH will originate from the hospital's Director of Youth Services or a Medical Director and will be directed to their respective hospital directors, who will forward the appropriate cases to the Chairman of the Prescription Team and inform the Commissioner of Mental Health.

Procedures for convening the prescription team:

The prescription team will be convened by the current chairman at a location within the department making the referral (Suggested locations - for DYS, the Reception and Diagnostic Center; for DMH, either Eastern or Central State Hospitals). The Prescription Team shall be convened within three (3) working days of the time the Chairman receives the referral and supporting documents.

Termination of Prescription Team Involvement:

Each case referred to the Prescription Team shall be closed after the child has been returned to the custody of DYS and has maintained a stable emotional state for three consecutive months.

Prescription Team Appeal Procedure

Decisions made by the Prescription Team are binding; however, in the event a major exception is taken by one or both agencies and new information is available, the following procedure for appealing the team's decision will be taken and all appeals will originate with the Director of the Division of Youth Services or the Commissioner of the Department of Mental Health.

1.-The child will be placed according to the decision of the prescription team and will remain the responsibility of that facility until the appeal is resolved.

2.-The case will be re-referred to the Prescription Team along with the following documentation:

a) Reason for the appeal

b) All information pertinent to the case, including all evaluations and relevant clinical data and a complete sequential listing of the case management from the time it was first brought to the attention of either agency.

c) Documentation of all attempts to secure or produce the necessary services to meet the needs of the case.

d) Documentation that the service cannot be obtained in or by the department that is making the appeal and/or that the service is available in some other system.

The Prescription Team will evaluate its decision based on the above data and may or may not change its original decision.

3.-If satisfaction is not achieved through re-referal to the Prescription Team, the case will be referred to the Commissioner of Mental Health and the Director of the Division of Youth Services for conference.

4.-In the event the case disposition cannot be resolved at the agency level, the appeal will be brought to the attention of the Secretaries of Human Resources, Public Safety and other appropriate secretaries whose decision will be binding on all parties.

Guidelines for Prescription Team Decisions

The Prescription Team will be responsible for assessing client needs, for assessing system resources and for making treatment and placement decisions for each case referred for admission to or discharge from a mental health facility. Professional expertise and knowledge of available resources should provide the basis for these decisions; however, the team should develop admission and discharge criteria and procedures and case monitoring procedures in order to assure a consistent process for decision making.

The following guid lines should be considered in the development of criteria and procedures:

ADMISSION TO DMH FACILITIES

Criteria:

1. The youth's behavior is the result or the product of severe emotional disturbances affecting the greater part of his/her personality functioning.

2. The youth lacks sufficient ego strength to control his/her own drives and impulses.

3. The youth lacks the emotional capability to form sufficiently strong relationships with family members and with other people in his environment, so that he can use the continued strength and the direction provided by such relationships to give him/her adequate self-control and self direction.

4. The presence of 1 plus either 2 or 3 above will be sufficient for admission.

Specific Diagnostic Categories Admitted:

1. Psychoses, acute or chronic

2. Severe Neuroses

3. Selected cases of Personality Disorders (including those dangerous to himself or others)

4. Emotionally maladjusted cases unsuccessfully managed elsewhere

Diagnostic Categories Excluded:

1. Mental Retardation without superimposed psychoses, severe neuroses, etc.

2. Organic Brain Syndrome, non-psychotic

3. Drug Addicts

4. Alcoholics

DISCHARGE FROM DMH FACILITIES

Criteria:

1. The patient should have recovered or be sufficiently recovered from his primary or presenting problem.

Discharge summary:

In addition to the usual discharged summary provided to DYS from DMH & MR, the following items will be included:

1. If the youth has received treatment, a description of the patient response to treatment for his primary or presenting problems.

2. If the youth has not received treatment, a specific statement indicating why he has not received treatment.

   a. No treatment available (specify type of treatment needed and recommendations)

   b. Non-engagement in the treatment program (describe the youth's resistive behavior)

Procedures Involved in the Discharge:

1. Referral to the Prescription Team.

2. Reason for discharge will be stated at the time of referral.

3. Discharge Summary prepared and made available to the Prescription Team.

4. DYS will receive patient within three (3) working days from the date of Prescription Team discharge approval and acceptance of discharge material.

5. If, at the time of discharge, DYS objects to the discharge of the youth, DMH & MR will house the youth pending a re-referral conference of the Prescription Team. The P. T. meeting will be held within three (3) working days after notification of appeal.

Additional Responsibilities of DMH and DYS

Department of Mental Health will:

1. provide constantly updated information to the Prescription Team regarding treatment resources, and the availability of those resources, within all facilities and programs of the Department.

2. establish evaluation and monitoring criteria and procedures for assessing the progress and effectiveness of the Prescription Team, and will report the documented findings to the Secretaries of Education, Human Resources and Public Safety.

Department of Corrections, Division of Youth Services

1. assign a caseworker to each child referred to the Prescription Team. This caseworker will be responsible for maintaining the child's records, monitoring the child's progress and consulting with the Prescription Team.

2. establish evaluation and monitoring criteria and procedures for assessing the progress and effectiveness of the Prescription Team, and will report the documented findings to the Secretaries of Education, Human Resources and Public Safety.

Emergency Procedures:

When either agency determines that a crisis exists in regard to a child in their care, the child will immediately be placed in a safe environment utilizing that agency's existing emergency procedures for detention, hospitalization, etc. (If the crisis occurs while the child is residing within a DYS facility, the DMH & MR Prescription Team representative should be contacted in lieu of the hospital director.) In the event of such crisis, the Prescription Team will convene within twenty-four to forty-eight hours to determine placement for the child in crisis.

Amendment Procedures

Either agency may request amendments to these procedures with approval by the Secretaries.

Appendix E, Exhibit 2

PROCEDURES OF PRESCRIPTION TEAM

The Interagency Prescription Team represents a possible solution to problems of obtaining mental health care and treatment for Department of Youth Services children and adolescents. See Interagency Agreement for details of the authority and responsibility of the Prescription Team (PT).

Composition:

The team will be composed of professional staff from the following agencies and disciplines:

Division of Youth Services - Casework supervisor or psychologist

Department of Mental Health - Mental Health professional (non-administrative)

Department of Welfare - resource/financial/technical staff (treatment oriented)

Rehabilitative School Authority - Assistant principal or Principal

Department of Education - Special education staff member

Department of Health - Health Professional (non-administrative)

The six departments which make up the Prescription Team will appoint one permanent member and one alternate to serve at the discretion of their respective department heads. The initial term of service will be a minimum of six months. The alternate will attend the Prescription Team meetings along with the permanent member of the team whenever possible for the first six weeks. Alternates will serve and vote when the permanent member can not be present.

The above agency representatives will, by majority vote, make all decisions relating to admission, discharge, service plan and placement for all referrals. However, input and resources may be required from other agencies in regard to specific cases. These other agency resources include:

Vocational Rehabilitation

Visually Handicapped

Council for the Deaf

Chairmanship - The chairperson will be on a rotating basis with each member serving for one month and working in a cooperative effort with the other members, beginning with the representative from DYS whose term will run through the end of December. The order of rotation is the same as the order of departments listed on the previous page.

Procedures for convening the prescription team:

The prescription team will be convened by the current chairman at a location within the department making the referral. The Prescription team shall be convened within three (3) working days of the time the Chairman receives the referral and supporting documents and their length will be determined by their workload. Meetings will be held at different locations in order to provide opportunities to look at many programs to be used.

Referral Procedures:

Referrals to the Prescription Team will come from DYS and DMH and MR on only those children committed to their services from DYS.

All referrals in DYS will originate from the Director of the Reception and Diagnostic Center and be directed to the Assistant Director for Clinical and Diagnostic Services who will review the case and forward it to the Chairman of the Prescription Team and inform the Director of the Division of Youth Services.

All referrals from DMH will originate from the hospital's Director of Youth Services or a Medical Director and will be directed to their respective

hospital directors, who will forward the appropriate cases to the DMH Director of Children's Services or his designee who will forward them to the Chairman of the Prescription Team and inform the Commissioner of Mental Health.

Emergency Procedures:

When either agency determines that a crisis exists in regard to a child in their care, the child will immediately be placed in a safe environment utilizing that agency's existing emergency procedures for detention, hospitalization, etc.

For a crisis occurring with a child in a DYS facility, the same referral route will be used ending with, in order of attempted contact:

(1) Prescription Team Chairman

(2) Mental Health member

(3) Chairman alternate

(4) Mental Health alternate

This Prescription Team member will either convene an immediate conference call meeting of the Prescription Team or a meeting within 24 to 48 hours of the call. If decision for MH placement is made, the MH member or alternate will contact the hospital. Decisions on emergency conference calls can be made with half or more of the Prescription Team.

Case Processing:

The Prescription Team will be responsible for assessing client needs, for assessing system resources and for making treatment and placement decisions for each case referred for admission to or discharge from a mental health facility. Professional expertise and knowledge of available resources in conjunction with criteria should provide the basis for these decisions.

The caseworker for each child will be responsible for preparing a summary and presenting the case at the Prescription Team meeting. The summary, in as much as possible, should reflect behavioral aspects of the child.

After a case is presented and the Prescription Team has deliberated, the referring agency will be given a written decision. This decision will take one of three forms which are as follows:

(1) Assessment is made and placement granted.

(2) Assessment is made but additional information is requested prior to making final decision.

(3) Assessment is made and placement denied.

The decisions will be made by majority vote with the Chairman not voting except to break a tie.

In any of the above decisions, the problem list, asset list, treatment goals and objectives as well as recommendations will accompany the written decision to the referring agency and the treatment agency.

Criteria:

The Prescription Team will review reports of the behaviors being exhibited in individual cases with regard to appropriateness for treatment in the Division of Youth Services or the Department of Mental Health. These behaviors will be assessed in terms of admission criteria (cited below) that will serve as broad guidelines within which the Prescription Team can operate. The team will require behavioral documentation characterizing the emotional disturbance. As aids in making decisions, the Prescription Team will utilize DYS's "Learning Environments Classification", the Reception and Diagnostic Center's "Behavioral Checklist", and

the GAP Psychopathological Disorders in Childhood.

The following are admission criteria to DMH Facilities contained in the Interagency Agreement.

General Guidelines:

1. The youth's behavior is the result or the product of severe emotional disturbances affecting the greater part of his/her personality functioning.
2. The youth lacks sufficient ego strength to control his/her own drives and impulses.
3. The youth lacks the emotional capability to form sufficiently strong relationships with family members and with other people in his environment, so that he can use the continued strength and the direction provided by such relationships to give him/her adequate self-control and self direction.
4. The presence of 1 plus either 2 or 3 above will be sufficient for admission.

Specific Diagnostic Categories Admitted:

1. Psychoses, acute or chronic
2. Severe Neuroses
3. Selected cases of Personality Disorders (including those dangerous to himself or others)
4. Emotionally maladjusted cases unsuccessfully managed elsewhere.

Diagnostic Categories Excluded:

1. Mental Retardation without superimposed psychoses, severe neuroses, etc.
2. Organic Brain Syndrome, non-psychotic
3. Drug Addicts
4. Alcoholics

Discharge:

Discharge referral procedures will be compatible with procedures governing referrals for admission, with the following stipulations:

1. Referral to the Prescription Team
2. Reason for discharge will be stated at the time of referral.
3. Discharge summary prepared and made available to the Prescription Team.
4. DYS will receive patient within three (3) working days from the date of Prescription Team discharge approval and acceptance of discharge material.
5. If, at the time of discharge, DYS objects to the discharge of the youth, DMH and MR will house the youth pending a re-referral (appeal) conference of the Prescription Team. The Prescription Team meeting will be held within three (3) working days after notification of appeal.

Criteria:

1. The patient should have recovered or be sufficiently recovered from his primary or presenting problem. Previously outlined behavioral admission criteria will be used in evaluating recovery. Referral back to DYS will be made.
2. Need for services or planning not available in present placement.

In addition to the discharge summary, the Prescription Team will require behavioral documentation relevant to the above criteria and recommendations for further management.

Appeal:

An appeal would be one in which the agency requests the Team to reconsider its decision because the referral was inappropriate on the basis of additional documentation. Appeals must come within the first ten working days after a child's

placement. After ten days a request to reconsider will be processed as a discharge referral .

Decisions made by the Prescription Team are binding; however, in the event a major exception is taken by one or both agencies and new information is available, the following procedure for appealing the team's decision will be taken . All appeals will originate with the Director of the Division of Youth Services or the Commissioner of the Department of Mental Health.

1. The child will be placed according to the decision of the prescription team and will remain the responsibility of that facility until the appeal is resolved.
2. The case will be re-referred (appeal) to the Prescription Team along with the following documentation:
   a. Reason for the appeal.
   b. All information pertinent to the case, including all evaluations and relevant clinical data and a complete sequential listing of the case management from the time it was first brought to the attention of either agency.
   c. Documentation of all attempts to secure or produce the necessary services to meet the needs of the case.
   d. Documentation that the service cannot be obtained in or by the department that is making the appeal and/or that the service is available in some other system.

The Prescription Team will evaluate its decision based on the above data and may or may not change its original decision.

3. If satisfaction is not achieved through re-referral to the Prescription Team, the case will be referred to the Commissioner of Mental Health and the Director of the Division of Youth Services for conference.
4. In the event the case disposition cannot be resolved at the agency level, the appeal will be brought to the attention of the Secretaries of Human Resources, Public Safety and other appropriate secretaries whose decision will be binding on all parties.

Monitoring

The case goals and objectives along with the problem list generated at the initial assessment by the Prescription Team will be used along with the behavioral checklist to monitor the ongoing progress of the case.

The Prescription Team will expect a monthly summary including the above on cases in Mental Health facilities from the Unit Manager or Children Services Director, as well as from the Division of Youth Services caseworker.

The monitoring system utilized by the Prescription Team will be consistent with the interagency agreement which states that:

> Department of Mental Health will provide constantly updated information to the Prescription Team regarding treatment resources, and the availability of those resources, within all facilities and programs of the Department.
>
> Department of Corrections, Division of Youth Services will assign a caseworker to each child referred to the Prescription Team. This caseworker will be responsible for maintaining the child's records, monitoring the child's progress and consulting with the Prescription Team.

Confidentiality:

The Team will adopt those policies regarding confidentiality which are currently being used by the Division of Youth Services and the Department of Mental Health. Cases will be identified by their DYS state case number in the minutes of the Prescription Team meetings.

Information provided by the Office of the Secretary of Human Resources - January 4, 1977

Appendix E, Exhibit 3

CASE DECISIONS

Referals from the Division of Youth Services to Prescription Team

Week of 11-22-76 to 11-26-76

Case #	Referred from (facility)	Crisis: no	Crisis: yes	Problem Definition (Diagnosis)	Placement Decision facility, program & Service Plan	Time from referral to placement decision	Time from Decision to actual placement	Appeal yes/no by whom	Result of Appeal
1	Beaumont	x			Remain at Beaumont; review in 1 month			NO	
2	RDC*	x			Southeastern Training Center for the Mentally Retarded	1 day	not placed	NO	
3	RDC		x		(Virginia Treatment Center for Children) more information	1 day	not placed	NO	
4	Bon Air	x			More information required	1 day	----	NO	
5	RDC	x			DeJarnette Center	1 day	not placed	NO	
6	RDC	x			Appalachian Learning Center - Decision upheld	1 day	16 days	NO	
7	RDC	x			Review next meeting	1 day	----	NO	

*RDC=Reception and Diagnostic Center

CASE DECISIONS

Referrals from the Division of Youth Services to Prescription Team

Week of 11-29-76 to 12-3-76

Case #	Referred from (facility)	Crisis		Problem Definition (Diagnosis)	Placement Decision facility, program & Service Plan	Time from referral to placement decision	Time from Decision to actual placement	Appeal yes/no by whom	Result of Appeal
		no	yes						
8	RDC	x		Depression	Eastern State Hospital Adolescent Unit	2 days	11 days	NO	
9	RDC	x		Impulsive; primitive in relation-ships	F.L.O.C. Wilderness recommended	2 days	not placed as of 12/22		

CASE DECISIONS

Referrals from the Division of Youth Services to Prescription Team

Week of 12-13-76 to 12-17-76

Case #	Referred from (facility)	Crisis		Problem Definition (Diagnosis)	Placement Decision facility, program & Service Plan	Time from referral to placement decision	Time from Decision to actual placement	Appeal yes/no by whom	Result of Appeal
		no	yes						
12	RDC	x		Psychotic Reaction	Eastern State Hospital Adolescent Unit	1 day	4 days	NO	
13	RDC	x		Severely Neurotic	Eastern State Hospital Adolescent Unit	1 day	4 days	NO	
14	RDC	x		Poorly Socialized	Inappropriate for Department of Mental Health and Mental Retardation - appropriate facility not available. Recommended referral to Grafton School.	1 day	----	NO	

CASE DECISIONS

Referrals from the Division of Youth Services to Prescription Team

Week of 12-6-76 to 12-10-76

Case #	Referred from (facility)	Crisis		Problem Definition (Diagnosis)	Placement Decision facility, program & Service Plan	Time from referral to placement decision	Time from Decision to actual placement	Appeal yes/no by whom	Result of Appeal
		no	yes						
10	RDC	x		Suicidal	Secure unit at Central State Hospital--Westbrook during interim--Appropriate facility not presently available in Department of Mental Health and Mental Retardation. Placement was made on emergency basis at Western State Hospital following suicide attempt.	2 days	2 days	NO	
11	RDC	x			Inappropriate referral			--	