INTERIM REPORT OF
THE VIRGINIA COMMISSION ON YOUTH

Youth with Emotional Disturbance Requiring Out-of-Home Treatment

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA

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COMMONWEALTH of VIRGINIA

Commission on Youth

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February 8, 2001

TO: The Honorable James S. Gilmore, III, Governor of Virginia

and

Members of the Virginia General Assembly

The 2000 General Assembly, through House Joint Resolution 119, by way of a letter from the Speaker of the House of Delegates, directed the Virginia Commission on Youth to study children and youth with serious emotional disturbance requiring out-of-home placement. In fulfilling its legislative mandate, the Commission undertook the study.

Enclosed is the interim report, which has been prepared in response to this request. The Commission received support from all affected agencies and gratefully acknowledges their input into this report.

Respectfully submitted,

Phillip A. Hamilton
Chairman

Delegate L. Karen Darner
Senator R. Edward Houck
Delegate Jerrauld C. Jones

Delegate Robert F. McDonnell
Senator Yvonne B. Miller
Delegate John S. Reid
Senator D. Nick Rerras

Delegate Robert Tata
Mr. Steven V. Cannizzaro
Mr. Douglas F. Jones

TABLE OF CONTENTS

I. Authority for Study

Section 9-292 of the *Code of Virginia* establishes the Commission on Youth and directs it to " . . .study and provide recommendations addressing the needs of and services to the Commonwealth's youth and their families." Section 9-294 provides the Commission the power to " . . . undertake studies and gather information and data in order to accomplish its purpose . . .and to formulate and present its recommendations to the Governor and members of the General Assembly."

The Commission received House Joint Resolution 119 by way of letter from the Speaker of the House of Delegates, directing the Commission to study children and youth with serious emotional disturbance requiring out-of-home placement. In fulfilling its legislative mandate, the Commission undertook the study.

II. Members Appointed to Serve

The authorizing legislation required the Commission on Youth to study children and youth with serious emotional disturbances requiring out-of-home placement. The Commission received briefings and presentations during the fall and winter of 2000. Members of the Commission on Youth are:

The Hon. Phillip Hamilton, Chair, Newport News
Mr. Gary Close, Vice-Chair, Culpeper
The Hon. L. Karen Darner, Arlington
The Hon. Jerrauld C. Jones, Norfolk
The Hon. Robert F. McDonnell, Virginia Beach
The Hon. Yvonne B. Miller, Norfolk
The Hon. R. Edward Houck, Spotsylvania
The Hon. John S. Reid, Chesterfield
The Hon. D. Nick Rerras, Norfolk
The Hon. Robert Tata, Virginia Beach
Mr. Steve Cannizzaro, Norfolk
Mr. Douglas Jones, Alexandria

III. Executive Summary

House Joint Resolution 119 directed the Commission on Youth to study children and youth with serious emotional disturbance requiring out-of-home placement. The resolution instructed the Commission to develop and implement a methodology for accurately determining the number of children with serious emotional disturbance in need of out-of-home placement. The resolution outlined goals for both the first year and second year of the study.

The Commission established an Advisory Group to provide oversight and direction. The Advisory Group identified both child and family characteristics, which define the youth with serious emotional disturbance in need of out-of-home placement. For a child to be considered as a child with serious emotional disturbance in need of out-of-home placement (SED-OH), he or she must meet certain characteristics as well as live with a caregiver that exhibits certain family characteristics.

The Commission contracted with the Applied Social Psychology Research Institute, in the Department of Psychology at the College of William and Mary to assist in the data collection effort. In the fall of 2000, the principal investigator, John B. Nezlek, Ph.D., of the College of William and Mary, conducted a survey that was designed to provide the Virginia Commission on Youth with an estimate of the number of children in the Commonwealth who experienced severe emotional disturbance in need of out-of-home placement (SED-OH). In the search for this information, the Advisory Group identified key local informants:

- Chair, Community Policy Management Team (CMPT)
- Director, Department of Social Services (DSS)
- Director, Court Service Unit (CSU)
- Director, Community Services Board (CSB)
- Director, Special Education Services (SpEd)

The survey asked key informants in 26 selected communities to describe the SED-OH cases with which they were familiar. The SED-OH rates then were obtained by comparing these reports to population estimates. At the Commission on Youth's December 19, 2000, meeting, the survey results were presented. Upon reviewing the preliminary data, three recommendations were made.

Recommendation 1
The Commission on Youth, in conjunction with the College of William and Mary, should examine the reports of local agencies in which no qualifying cases were reported in the initial survey results from local Departments of Social Services, Court Services Units, Community Services Boards, and Special Education Departments to determine their accuracy.

Recommendation 2
The Commission on Youth, in conjunction with the College of William and Mary, should consider investigating reports from individual agencies that constituted less than 5% of the total reports in their respective communities.

Recommendation 3
The Commission on Youth, in conjunction with the College of William and Mary, should organize the data by regions (not locality) as the unit of analysis.

IV. Methodology

A. Survey Method and Rationale

In preliminary discussions between the Contractor and Commission staff, two different survey methods were considered. The first was a random dial survey of households in Virginia. This was rejected on two grounds: prohibitive cost, and more important, the likely inability of untrained citizens to make the types of judgments and provide the type of information needed to provide a meaningful description of SED-OH among the youth of Virginia. In light of this, the following method was chosen.

An Advisory Group was established to assist the Commission and to provide oversight and direction in the process. The Advisory Group was comprised of 18 members as follows: one representative from the State Executive Council for the Comprehensive Services Act; one representative from the Office of Comprehensive Services; two representatives from local Community Policy and Management Teams; two representatives from the Virginia Association of Community Services Boards; one representative of the League of Social Services Directors; one representative from the Virginia Mental Health Planning Council; two representatives from the Virginia Municipal League; two representatives from the Virginia Association of Counties; one representative from the Virginia Mental Health Association; one representative from a private psychiatric hospital; and the designees of the Commissioner of the Department of Mental Health, Mental Retardation and Substance Abuse Services, the Commissioner of the Department of Social Services, the Director of the Department of Juvenile Justice, and the Superintendent of Public Instruction.

The Advisory Group decided that five key professional agencies in a selected sample of Virginia communities would be asked to provide detailed descriptions of children who were on their caseload and who met certain characteristics. Children meeting these characteristics then would be identified as SED-OH. The local agencies who were asked to provide data about youth in their localities diagnosed as SED-OH were the Community Policy Management Team (CPMT), the Community Service Board (CSB), the Department of Social Service (DSS), the Court Service Unit (CSU), and the Special Education Department (SpEd) of the local school district. For a child to be considered, he or she must:

- have a DSM-IV Diagnosis;[1]

  and/or

- have at least 2 of the following functional child characteristics which have lasted and/or are expected to last at least one year without treatment:

[1] Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition

- One or more suicide attempts or a specific plan for committing suicide;
- Hospitalization in a public or private psychiatric facility;
- Special education services for children with emotional disturbance;
- Special education services for a disability other than emotional disturbance;
- Missing two or more days of school per month as a direct result of symptoms associated with his/her mental illness;
- A drop in school performance/productivity to the point that there is a risk of failing at least half the courses;
- Behavior that is so disruptive/aggressive that youth presents threat to the safety of others in the home or in the community;
- Persistent problems or difficulties relating to peers that result in few, if any, positive peer relationships;
- At least one family/caregiver relationship characterized by constant conflict that is disruptive to the family/caregiver environment; and/or
- Intervention by at least two different agencies.

For the case to be considered pertinent to the survey, that child, who meets the above characteristics, must also live with a family that exhibits one of the following family characteristics:

- Socio-familial setting is potentially dangerous to the youth;
- Youth is at risk because of lack of resources required to meet youth's needs/demands;
- Family has exhausted emotional and/or economic resources and is unable to care for the child;
- Gross impairment in caregiver's judgement or functioning (may be related to psychosis, substance abuse, severe personality disorder, mental retardation, etc.);
- Caregiver is hostile, rejecting, or does not want youth to return to home;
- Youth is subjected to sexual abuse in the home;
- Youth is subjected to physical/emotional abuse or neglect in the home;
- Caregiver "kicks" youth out of the home without trying to make other living arrangements;
- Youth currently removed from the home due to sexual, physical or emotional abuse or neglect;
- Failure of caregiver to provide an environment safe from possible abuse to a youth previously abused or traumatized;
- Severe or frequent domestic violence takes place in the home;
- Caregiver is openly involved in unlawful behavior;
- Caregiver contributes to or approves of youth's involvement in potentially unlawful behavior; and/or
- Caregiver does not take an active role in supervision of child.

In short, if a child has a DSM-IV diagnosis and/or two or more of the child characteristics AND he/she lives with a caregiver that meets one or more of the family characteristics; THEN the child is considered to have serious emotional disturbance and is in need of out-of-home placement (SED-OH).

It was assumed that given the nature of the SED-OH (as defined herein) it was highly unlikely that children would not have had contact with at least one of these entities at some point in time. Moreover, it was assumed that children might have contact with more than one of these entities, and so provisions were made to detect duplicate records while guarding the specific identity of the children being described. The last four digits of children's social security numbers were utilized to detect duplicate records.

The study was implemented as designed and described in a contract between the Commission on Youth and the College of William and Mary. In October of 2000 forms to describe SED-OH cases and instructions were sent with the survey to agencies in 26 communities, selected to represent the different regions of the State (e.g., Northern Virginia, Tidewater, etc.) and to represent both rural (e.g., Accomack County) and urban (e.g., City of Richmond) areas. A list of the heads of agencies to whom packets were mailed is contained in Appendix A. The number of communities was intentionally over-sampled so that the survey would be able to provide an accurate estimate even if all communities did not participate fully.

Each person listed in Appendix A was sent a packet of surveys and postage-paid, return envelopes for completed forms. As described below, respondents were asked to return surveys by November 3, 2000, although any survey returned by December 1, 2000, was included in this report.

B. Survey Instruments

The survey was initially designed by the Advisory Group and then was modified following the Contractor's recommendations. Surveys were accompanied by a letter of introduction that explained the purpose of the study and provided instructions for completing the survey form. A copy of this letter is contained in Appendix B. The survey itself (also contained in Appendix B) had four parts. The first requested demographic information about the child; the second requested a description of the problems the child had experienced (DSM-IV diagnosis and other characteristics); the third section requested information about the child's family environment; and the fourth requested information about the service plan for the child.

This survey set forth two sets of criteria (defined in Section A, pages 3 and 4) that must be met for a case to be classified as having a child with serious emotional disturbance who required out-of-home placement (SED-OH). The combination of child and family characteristics reflects the fact that the need for out-of-home placement is a joint function of the severity of the problems a child is experiencing, the family's ability to cope or deal with these problems, and the community's ability to provide services that might not require the child to leave the home. That is, different children experiencing the same level of distress might or might not need out-of-home placement as a function of their families' and their communities' abilities to cope with or provide support to ameliorate this distress.

The survey also asked respondents to describe the service plan for each child. This included descriptions of services recommended and received, and services that were recommended but not received. Furthermore, for services that were recommended and not received, respondents indicated the extent to which case factors (characteristics of the child or the child's family) and system factors (such as availability of or access to services) were responsible for the failure for a recommended service to be provided.

C. The Sample

By December 1, 2000, a total of 2,509 surveys were returned. Of these, 179 were eliminated because they represented duplicate cases (matched by identification number and date of birth), and 27 were eliminated because the children they described were too old (age greater than 18.5 years). In addition, across all five agencies, the City of Norfolk contributed only 20 cases. Given that the estimated population of people under age 18 in Norfolk was 50,000, 20 cases was considered to be much too low to be accurate. Therefore, these cases and other data describing the City of Norfolk were eliminated from this analysis. However, the City of Norfolk has graciously agreed to participate in the second phase of this study by restudying their population of SED-OH youth. The City of Norton, with an estimated under age 18 population of 1006, was also eliminated because the City of Norton contributed 0 cases. However, because of the low population, this could very well be a correct statistic. This left a final sample of 2,283 cases of 24 communities.

With these 2,283 cases, SED-OH rates varied considerably by different ages. SED-OH cases per 1,000 for children aged 10 and under were below 4.0, whereas for children in their teen years, rates were as high as 11.0. In addition, respondents described the out-of-home services children with SED-OH received and were intended to receive but did not receive. Over one-fifth (22%) of the identified children did not receive at least one recommended out-of-home service.

However, these results that were returned must be considered preliminary, because SED-OH cases may have been under-reported in some communities. Although all of the communities surveyed provided descriptions of children meeting SED-OH criteria, a significant number of agencies across the 26 communities did not provide any cases. A summary of the cases provided by each agency in each community is contained in Figure 1 on page 7. It is important to note that the two localities are not represented in this table due to multiple factors cited earlier.

Figure 1

Percent of Cases Reported by Different Agencies for Individual Localities

Locality*	Total	CPMT	DSS	CSU	CSB	SpEd	Miss
1	65	0%	88%	8%	5%	0%	0%
2	100	0%	45%	23%	0%	32%	0%
3	36	0%	67%	19%	0%	8%	6%
4	55	0%	31%	2%	67%	0%	0%
5	15	0%	0%	100%	0%	0%	0%
6	23	0%	65%	35%	0%	0%	0%
7	220	0%	35%	0%	65%	0%	0%
8	100	0%	20%	26%	53%	1%	0%
9	199	0%	37%	17%	46%	0%	0%
10	3	0%	0%	100%	0%	0%	0%
11	7	0%	43%	14%	0%	43%	0%
12	41	0%	37%	63%	0%	0%	0%
13	100	0%	14%	6%	75%	5%	0%
14	5	0%	100%	0%	0%	0%	0%
15	6	0%	83%	17%	0%	0%	0%
16	133	0%	27%	10%	63%	0%	0%
17	514	0%	36%	25%	34%	6%	0%
18	14	0%	43%	57%	0%	0%	0%
19	109	0%	0%	34%	66%	0%	0%
20	67	0%	58%	3%	34%	4%	0%
21	159	0%	86%	4%	0%	10%	0%
22	220	0%	6%	0%	10%	80%	4%
23	83	14%	40%	12%	17%	17%	0%
24	9	0%	100%	0%	0%	0%	0%
Total/Average	2,283	1%	36%	16%	35%	12%	0%

As shown above in Figure 1, there was considerable variability among communities in the source of reported cases. This variability included many instances in which individual agencies in a community reported "0" cases. Therefore, it is possible that the present sample represents an undercount of the children experiencing SED-OH. A final estimate cannot be made without determining the accuracy of these reports that do not show any SED-OH cases. A follow-up study will be undertaken to determine the impact such under-reporting may have had on the estimates presented in this report.

However, utilizing the cases that were reported, the demographic characteristics of the entire sample were summarized (as seen in Figure 2 on the following page). Approximately two thirds of the sample were teenagers; approximately 60% were male; about half were Caucasian; 40% were African American; and two thirds came from homes with a family income of less than $20,000. The population of Virginia is about 70% Caucasian, 20% African American, 3.4% Hispanic, nearly half male, and with an average per capita income of around $28,000. In addition, there is relatively little change in the total population of children of different ages (child mortality is relatively low). The survey shows that children who experience SED-OH are more likely to be teen-aged, poor, African American, and male.

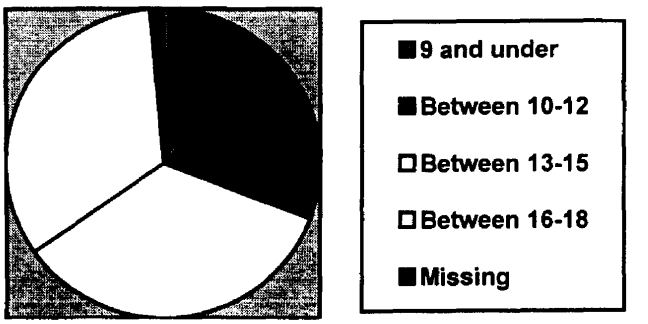
* The 24 localities were randomly assigned numbers.

Figure 2

Demographic Characteristics of Sample (N = 2283)

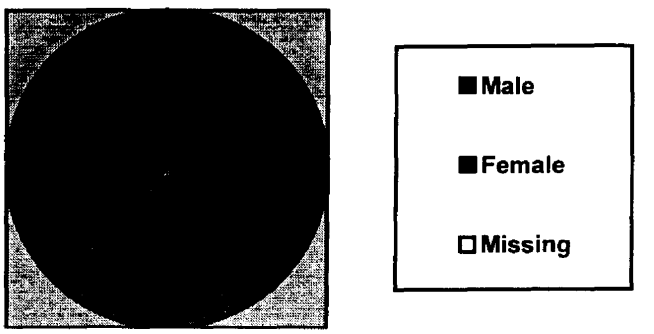
Age

Mean age	13.6	
9 and under	223	13%
Between 10-12	418	18%
Between 13-15	772	34%
Between 16-18	778	34%
Missing	17	1%



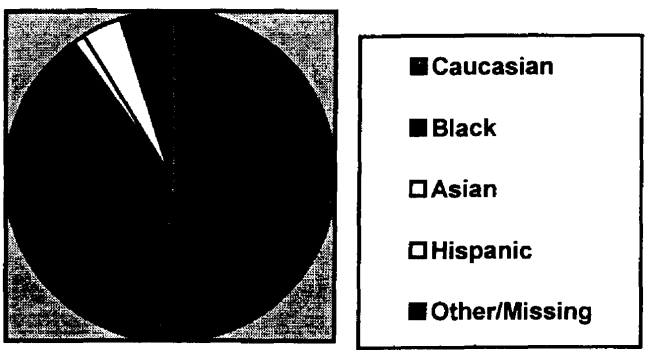
Sex

Male	1405	62%
Female	872	38%
Missing	6	0%



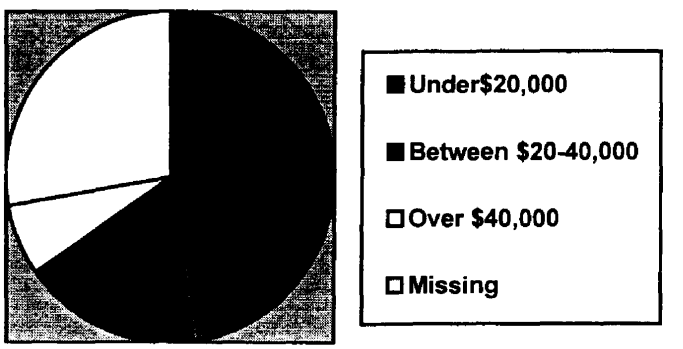
Ethnicity

Caucasian	1169	51%
Black	896	39%
Asian	15	1%
Hispanic	96	4%
Other/Missing	102	5%



Income

Under $20,000	1056	48%
Between$20-40,000	364	17%
Over $40,000	159	7%
Missing	623	28%



D. Estimating Rates of Children with SED-OH

To estimate the rates of children, who experience SED-OH across Virginia, the number of cases obtained from the survey was compared to the estimated number of children within each age category. Population estimates were obtained from the US Census. These estimates were for 1999 because estimates for 2000 were not available.[2] The age of each child described by the survey was determined as of November 1, 2000. The age assigned to the child reflected a 12-month period with the target age in the middle of the period. For example, children who were 6.5 years or older and younger than 7.5 years were classified as 7 years old.

A summary of the estimated rates of SED-OH (per 1,000 children) is presented in Figure 3 on page 10, for children aged 2 through 18. As can be seen from these data, SED-OH rates were lower for younger children and higher for teenagers. SED-OH was more common for boys than girls at all ages. Although it would appear the difference between boys and girls was greater for younger children than for teens, the relatively small samples for younger children make it difficult to draw a firm conclusion about such a trend.

In the last column in Figure 3 on page 10, estimates for the total number of cases for the state of Virginia are provided. These estimates were created by taking the case rate per 1,000 children for each age group and multiplying that by the number of children for each age as estimated by the 1999 U.S. Census. This procedure estimated that approximately 6,752 children experience SED-OH across the state. This number (6,752) includes both those children who are receiving out-of-home services and those children who are not receiving out-of-home services. House Joint Resolution 119 specifically directed the Commission on Youth to determine a number of those children who are ***"in need"*** of out-of-home placement. The survey results show that approximately 33% or 2,228 children meeting the criteria for SED-OH are not receiving services out-of-home services. Therefore, the best preliminary estimate is that **2,228 children** with serious emotional disturbance are ***"in need"*** of out-of-home placement. It is important to note as well that as the population at each age increases, the number of estimated SED-OH cases also would increase.

It is likely, however, that these figures underestimate the number of children experiencing SED-OH. While duplicate reports were eliminated, there is no method to identify unreported cases. As seen in Figure 1 on page 7, the survey results may be skewed due to the number of agencies reporting no cases on SED-OH. The exact scope of any under-reporting cannot be known, but it is likely that some under-reporting occurred.

[2] However, changes in population from year to year tend to be small. For example, the total population of Virginia increased approximately 1.2% from 1998 to 1999, and so the 1999 estimates provided an accurate baseline for purposes of estimating the rates of SED-OH among the youth of Virginia.

Figure 3

SED-OH cases by age and sex: All localities combined

Age	Cases	Pop.	Cases per 1000	Boys N	Boys Pct	Girls N	Girls Pct	Statewide Estimate Pop	Statewide Estimate Cases
Missing	17			12		5			
2	1	30,221	0.033	0	0.0%	1	100.0%	89,515	3.0
3	3	29,958	0.100	0	0.0%	3	100.0%	88,985	8.9
4	20	30,581	0.654	11	55.0%	9	45.0%	91,031	59.5
5	24	30,786	0.780	18	75.0%	6	25.0%	92,093	71.8
6	34	30,811	1.104	18	52.9%	16	47.1%	92,727	102.4
7	51	31,557	1.616	35	68.6%	16	31.4%	94,680	153.0
8	73	30,621	2.384	44	60.3%	29	39.7%	92,019	219.4
9	92	32,617	2.821	65	70.7%	27	29.3%	99,704	281.3
10	116	31,773	3.651	75	64.7%	40	34.5%	96,725	353.1
11	135	30,633	4.407	100	74.1%	35	25.9%	93,269	411.0
12	167	29,870	5.591	108	64.7%	59	35.3%	91,748	513.0
13	204	30,450	6.700	136	66.7%	67	32.8%	91,906	615.8
14	237	30,450	7.783	142	59.9%	95	40.1%	91,398	711.4
15	331	30,036	11.020	201	60.7%	129	39.0%	89,270	983.8
16	348	30,755	11.315	196	56.3%	150	43.1%	91,516	1035.5
17	270	33,274	8.114	148	54.8%	121	44.8%	97,117	788
18	160	34,437	4.646	96	60.0%	64	40.0%	94,969	441.2
Total/Average	2283	528,830	4.317	1,393	61.0%	867	38.0%	1,578,672	6752.0*

E. SED-OH Rates by Locality

The survey allowed the estimation of SED-OH rates for each locality that participated in the study, and rates for all participating localities are presented in Figures 4 and 5. The rates in Figure 4 on page 11 represents the number of cases per 1,000 children aged 2 through 18. "Two" was chosen as the youngest age because it was the youngest age of any child in the survey. Four rates are presented in Figure 5 (pg. 12), which represent the number of cases per 1,000 children aged 6 and younger; through 7 through 12; 13 through 15; and 16 through 18. These age groups correspond roughly to preschool, elementary, middle and high school years, respectively. Although it is tempting to compare rates across communities, considerable caution must exercised when doing so. Some communities reported a small number of cases, making the estimate potentially unreliable; each community delivers services in different ways, allowing for different reporting; and each community may have more community options available for services.

* This number represents all SED-OH cases statewide—those receiving services and those "in need" services. Thirty-three percent of these cases (approximately. 2,238 cases) are "in need" of services.

Figure 4

SED-OH Rates per 1000 Children for Individual Localities for All Children (Ages 2 - 18)

Locality	Pop.	Case	Rate
1	17,937	65	3.62
2	25,999	100	3.85
3	11,351	36	3.17
4	5,584	55	9.85
5	2,865	15	5.24
6	3,437	23	6.69
7	13,679	220	16.08
8	15,929	100	6.28
9	18,829	199	10.57
10	3,883	3	0.77
11	3,501	7	2.00
12	15,928	41	2.57
13	7,083	100	14.12
14	3,138	5	1.59
15	3,043	6	1.97
16	70,269	133	1.89
17	213,690	514	2.41
18	3,461	14	4.05
19	31,956	109	3.41
20	2,951	67	22.70
21	36,500	159	4.36
22	7,238	220	30.40
23	4,707	83	17.63
24	5,872	9	1.53
Total/Average	528,830	2,283	4.32

Figure 5

SED-OH Rates Per 1000 Children for Individual Localities for Different Age Groups

Locality	Total Cases	Age less than 7			Ages 7 to 12			Ages 13 to 15			Ages 16 to 18		
		Pop.	Case	Rate	Pop.	Case	Rate	Pop.	Case	Rate	Pop.	Case	Rate
1	65	5,035	1	0.20	6,041	23	3.81	2,710	19	7.01	4,151	22	5.30
2	100	8,910	1	0.11	8,744	25	2.86	3,957	33	8.34	4,388	39	8.89
3	36	2,994	1	0.33	3,947	6	1.52	2,201	12	5.45	2,209	16	7.24
4	55	1477	2	1.35	2,033	12	5.90	1,033	23	22.27	1,041	17	16.33
5	15	714	0	0.00	1,072	0	0.00	562	5	8.90	517	9	17.41
6	23	822	0	0.00	1,148	6	5.23	675	4	5.93	792	13	16.41
7	220	3,729	27	7.24	4,714	73	15.49	2,170	55	25.35	3,066	59	19.24
8	100	3,985	3	0.75	4,515	30	6.64	2,223	28	12.60	5,206	39	7.49
9	199	5,702	3	0.53	6,552	77	11.75	3,151	65	20.63	3,424	54	15.77
10	3	989	0	0.00	1,396	1	0.72	699	0	0.00	799	2	2.50
11	7	1,011	0	0.00	1,254	3	2.39	635	1	1.57	601	3	4.99
12	41	4,149	2	0.48	6,121	1	0.16	2,997	18	6.01	2,661	20	7.52
13	100	1,909	3	1.57	2,611	33	12.64	1,347	46	34.15	1,216	18	14.80
14	5	799	0	0.00	1,122	0	0.00	602	3	4.98	615	2	3.25
15	6	854	0	0.00	1,044	0	0.00	569	4	7.03	576	2	3.47
16	133	19,847	6	0.30	25,983	46	1.77	12,359	49	3.96	12,080	32	2.65
17	514	62,465	14	0.22	75,999	120	1.58	37,934	153	4.03	37,292	223	5.98
18	14	995	0	0.00	1,030	5	4.85	486	5	10.29	950	3	3.1[illegible]
19	109	9,540	3	0.31	11,326	17	1.50	5,240	42	8.02	5,850	47	8.[illegible]
20	67	833	3	3.60	1,053	19	18.04	561	21	37.43	504	24	47.62
21	159	10,859	1	0.09	12,914	36	2.79	5,639	71	12.59	7,088	51	7.20
22	220	2,023	12	5.93	2,756	85	30.84	1,216	75	61.68	1,243	48	38.62
23	83	1,235	0	0.00	1,596	16	10.03	854	38	44.50	1,022	29	28.38
24	9	1,481	0	0.00	2,100	0	0.00	1,116	2	1.79	1,175	6	5.11
Total/Avg	2,283	152,357	82	0.54	187,071	634	3.39	90,936	772	8.49	98,466	778	7.90

F. Sources of SED-OH Cases by Locality

The frequency of reporting SED-OH by locality is presented in Figure 1 (pg. 7). Across all cases, Departments of Social Services (DSS) and Community Service Boards (CSB) each accounted for approximately one third of the cases, with the remaining third being divided relatively equally between Court Service Units (CSU) and Departments of Special Education (SpEd). As was the case with SED-OH rates, caution must be exercised when comparing percentages across communities.

V. Diagnostic Criteria

A. DSM-IV Diagnostic Criteria of SED-OH Cases

Children were classified as experiencing SED-OH on one of two factors, either a DSM-IV diagnosis or meeting at least two of twelve child characteristics. In addition to the child characteristics, the child needed to meet at least one of the family characteristics. The number and percentage of children who received a DSM-IV diagnosis are presented in Figure 6 (below). The purpose of DSM-IV is "to provide clear descriptions of diagnostic categories in order to enable clinicians and investigators to diagnose, communicate about, study, and treat people with various mental disorders."[3] Of the children who received a DSM-IV diagnosis, the percentage of children who received an Axis 1, Axis 2, or "other" DSM-IV diagnosis are also presented in Figure 6. Across the entire sample, approximately two-thirds received some form of DSM-IV diagnosis. Of this two thirds, virtually all (99%) had been given an Axis 1 diagnosis.[4] Slightly more than a third (38%) had been given an Axis 2 diagnosis,[5] while approximately one-quarter (25%) had received an "other" DSM-IV diagnosis.

Figure 6

DSM-IV Diagnoses by Locality

		Any DSM		Percent of DSM		
Locality	Total	N	Pct.	Axis1	Axis2	Other
1	65	47	72%	100%	47%	21%
2	100	38	38%	100%	24%	24%
3	36	29	81%	100%	28%	31%
4	55	45	82%	96%	22%	16%
5	15	5	33%	100%	40%	40%
6	23	14	61%	100%	43%	50%
7	220	173	79%	101%	20%	20%
8	100	69	69%	100%	32%	10%
9	199	170	85%	100%	61%	33%
10	3	1	33%	100%	0%	100%
11	7	6	86%	100%	67%	67%
12	41	33	80%	100%	0%	3%
13	100	89	89%	100%	44%	11%
14	5	3	60%	100%	0%	0%
15	6	6	100%	100%	33%	67%
16	133	102	77%	100%	56%	11%
17	514	334	65%	99%	39%	30%
18	14	6	43%	100%	67%	17%
19	109	52	48%	100%	44%	29%
20	67	36	54%	100%	47%	39%
21	159	97	61%	98%	43%	55%
22	220	51	23%	92%	20%	20%
23	83	43	52%	100%	33%	35%
24	9	1	11%	0%	0%	0%
Total/Average	2,283	1,450	64%	99%	38%	26%

[3] American Psychiatric Association. 1994. Quick reference to the diagnostic criteria from DSM-IV.
[4] Clinical disorders or other conditions that may be a focus of clinical attention
[5] Personality disorders and mental retardation

B. Other Diagnostic Criteria of SED-OH Cases

Children also could have been classified as experiencing SED-OH if they met at leas two of ten functional child characteristics within the past 12 months, along with meeting one of the family characteristics. The average number of these specific characteristics and the percent of children meeting each of these criteria are summarized in Figure 7 (below). Across the entire sample, the average number of criteria met was 4.2. The most common criterion was "required intervention by two or more agencies." Approximately three-fourths (71%) of children met this criterion. Approximately half (50%) required special education for emotional disturbance; half (51%) were identified as aggressive; half (58%) had problems with peers; and half (58%) had problems with caregivers. Approximately one-quarter had been hospitalized in a psychiatric facility (26%), missed excessive amounts of school due to mental illness (25%), or required special education for something other than emotional disturbance (29%). Slightly more than one-third (37%) had experienced a drop in school performance.

Figure 7

Other Child Diagnostic Criteria by Locality

Locality	Mean	Suic	Hosp	SpEd	SpEd2	Miss	Drop	Aggr	Peer	Care	TwoA
1	4.8	8%	38%	88%	38%	23%	29%	60%	52%	55%	86%
2	4.3	11%	19%	65%	24%	31%	35%	47%	57%	61%	78%
3	4.3	8%	36%	42%	28%	28%	39%	56%	72%	50%	69%
4	4.8	11%	36%	55%	22%	33%	51%	60%	65%	62%	87%
5	3.9	0%	13%	20%	20%	7%	60%	67%	53%	67%	87%
6	2.7	9%	17%	13%	17%	9%	30%	39%	39%	39%	61%
7	4.1	10%	21%	44%	23%	25%	31%	54%	65%	60%	82%
8	4.5	27%	42%	43%	27%	28%	37%	47%	49%	79%	74%
9	4.1	13%	30%	62%	26%	30%	38%	48%	57%	51%	57%
10	4.0	67%	33%	67%	0%	0%	0%	100%	0%	33%	100%
11	5.0	29%	57%	43%	43%	14%	0%	86%	71%	57%	100%
12	5.0	15%	24%	59%	5%	41%	51%	71%	78%	66%	90%
13	3.6	10%	21%	33%	15%	24%	33%	40%	55%	57%	71%
14	5.2	20%	60%	60%	0%	60%	60%	100%	20%	40%	100%
15	5.8	50%	67%	67%	50%	17%	17%	67%	83%	67%	100%
16	4.5	10%	29%	68%	23%	27%	36%	50%	77%	62%	70%
17	4.3	15%	23%	54%	34%	28%	33%	53%	57%	59%	74%
18	4.8	21%	50%	79%	57%	29%	7%	64%	36%	64%	71%
19	4.0	10%	18%	55%	28%	26%	37%	51%	46%	66%	65%
20	4.2	15%	30%	34%	27%	31%	48%	39%	45%	63%	88%
21	4.6	8%	45%	61%	36%	34%	47%	59%	57%	47%	65%
22	3.3	5%	10%	20%	39%	8%	45%	36%	60%	46%	59%
23	3.5	8%	25%	42%	24%	13%	22%	49%	49%	55%	57%
24	3.4	11%	11%	22%	22%	0%	22%	67%	56%	78%	56%
Total/Average	4.2	12%	26%	50%	29%	25%	37%	51%	58%	58%	71%

Key for column labels:

Mean – Mean number of individual items checked
Suic – attempted suicide
Hosp – been hospitalized in psychiatric facility
SpEd – special education for emotional disturbance
SpEd2 – other special education
Miss – routinely miss school due to mental illness
Drop – drop in school performance
Aggr – dangerously aggressive
Peer – persistent problem with peer relations
Care – disruptive conflict with caregiver
TwoA – required intervention by two different agencies

C. Family Diagnostic Criteria of SED-OH Cases

In addition to meeting the criteria for child characteristics, for a child to be classified as experiencing SED-OH, the child's family/caregiving environment needed to meet one of fourteen criteria. The average number of these specific criteria and the percent of children meeting each of these criteria are summarized in Figure 8 (below). Across the entire sample, the average number of criteria met was 2.9. The most commonly mentioned characteristic was "inadequate resources to meet the child's needs" (43%). This was followed by "impaired caregiver functioning" (37%), "inactive supervision by caregivers" (34%), "exhausted family resources" (33%), "emotional abuse" (29%), "a dangerous family setting" (28%), and "a child removed from the home" (21%).

Figure 8
Family Diagnosis

Locality	Mean	Fam	Res	Exh	Imp	Host	SexA	EmoA	Kout	Rem	NoS	DomV	Ulaw	Cont	Inac
1	4.2	42%	65%	54%	49%	14%	8%	42%	0%	49%	28%	17%	9%	5%	43%
2	2.5	16%	40%	57%	37%	7%	0%	17%	2%	3%	7%	9%	7%	9%	34%
3	2.3	14%	33%	17%	8%	28%	0%	11%	3%	39%	28%	6%	6%	3%	31%
4	3.2	36%	45%	11%	58%	20%	9%	25%	7%	7%	24%	13%	4%	5%	55%
5	1.5	7%	20%	27%	13%	13%	0%	7%	0%	0%	0%	7%	0%	0%	53%
6	4.0	48%	22%	30%	48%	17%	17%	43%	4%	43%	35%	17%	17%	9%	48%
7	3.2	26%	39%	35%	38%	24%	10%	35%	4%	27%	18%	15%	10%	6%	33%
8	3.0	30%	34%	34%	43%	19%	9%	24%	4%	22%	21%	20%	7%	6%	23%
9	2.4	24%	36%	25%	32%	16%	6%	23%	3%	16%	10%	6%	4%	6%	33%
10	2.0	0%	0%	33%	33%	0%	0%	33%	0%	0%	0%	33%	33%	0%	33%
12	3.8	24%	51%	46%	54%	27%	7%	44%	5%	24%	12%	12%	12%	12%	49%
11	1.9	0%	71%	71%	0%	29%	0%	0%	0%	0%	0%	0%	0%	0%	14%
13	2.5	26%	40%	22%	32%	13%	1%	21%	1%	8%	16%	8%	10%	4%	49%
14	3.0	20%	0%	80%	40%	20%	0%	20%	0%	0%	20%	20%	20%	0%	60%
15	1.0	17%	17%	0%	50%	0%	0%	0%	0%	0%	0%	0%	0%	0%	17%
16	2.9	25%	65%	35%	35%	14%	4%	24%	3%	14%	15%	10%	8%	9%	27%
17	2.8	27%	40%	40%	34%	18%	6%	25%	4%	22%	14%	9%	7%	5%	27%
18	1.9	14%	21%	29%	29%	21%	0%	7%	7%	0%	7%	21%	0%	7%	29%
19	3.6	33%	48%	41%	50%	24%	3%	41%	8%	33%	17%	12%	13%	4%	34%
20	3.1	22%	40%	33%	37%	18%	4%	52%	7%	13%	13%	12%	10%	10%	31%
21	3.3	38%	39%	21%	42%	18%	4%	38%	8%	41%	15%	16%	14%	3%	36%
22	2.8	35%	57%	18%	38%	10%	5%	30%	1%	3%	10%	13%	12%	7%	41%
23	3.0	30%	46%	25%	35%	12%	6%	39%	2%	28%	12%	8%	6%	8%	40%
24	2.7	11%	11%	0%	67%	11%	11%	56%	11%	33%	11%	11%	0%	11%	22%
Total/Average	2.9	28%	43%	33%	37%	17%	5%	29%	4%	21%	15%	11%	8%	6%	34%

Key for column labels:
Mean – Mean number of individual items checked
Fam – dangerous family setting
Res – inadequate resources to meet client's needs
Exh – family has exhausted resources
Imp – impaired caregiver functioning
Host – caregiver is hostile
SexA – sexual abuse in the home
EmoA – emotional abuse in the home
Kout – caregiver kicks client out
Rem – client removed from home
NoS – caregiver does not provide safe environment
DomV – domestic violence in home
Ulaw – caregiver involved in unlawful activity
Cont – caregiver contributes to client's unlawful behavior
Inac – caregiver inactive supervisor

VI. Services

A. Services Received and Not Received

Respondents described the services each child had received within the past six months. A summary of these received services is in Figure 9 below. The mean number of services received was 1.0. Of the 2,283 cases in the sample, 747 (33%) received no service; 967 (42%) received one service; 344 (15%) received two services; 156 (7%) received three services; 54 (2%) received four services; and 15 (1%) received five or more.

Respondents also described services that had been recommended but not received. At least one service was recommended but not received for 504 of the 2,283 cases in the sample (22%). Of these 504, 398 (79%) had one service recommended but not received; 85 (17%) had two services recommended but not received; and 21 (4%) had three or more services recommended but not received. The two most commonly mentioned unreceived services were "residential treatment" (n = 164, 33%) and "therapeutic foster care" (n = 122, 24%).

Figure 9

Number of Children for Whom Each of the Targeted Services were Recommended and Received and were Recommended but not Received

	Recommended and Received		Recommended and Not Received	
Service	**N**	**Pct**	**N**	**Pct**
Psychiatric hospitalization	409	18%	38	1.7%
Residential treatment	452	20%	164	7.2%
Residential school – Special education	384	17%	68	3.0%
Group home	199	9%	89	3.9%
Therapeutic foster care	342	15%	122	5.3%
Other	630	28%	160	7.0%

B. Specific System and Case Factors Responsible for Why Services were Recommended but not Received

For services that were recommended but not received, respondents indicated (using a 1-5 scale where 1 = not at all responsible and 5 = very responsible) how important system and case factors were for why a service was not received. These responses are summarized in Figure 10 below. System factors were seen as more associated with recommendations related to hospitalization, residential school, and group home; whereas, case factors were more responsible for the failure to provide residential treatment.

Figure 10

Importance of Case and System Factors for why Services were Recommended but not Received

	N	Case factors	System factors
Service			
Psychiatric hospitalization	38	2.6	3.9
Residential treatment	164	3.8	3.5
Residential school – Special education	68	3.1	3.4
Group home	89	3.4	3.8
Therapeutic foster care	122	3.6	3.6
Other	160	3.3	3.4

C. Reasons for Non-Receipt of Services

When services were recommended but not received, respondents provided a global description of which system and case factors were responsible for this failure. At least one system factor was mentioned for 382 of the 504 cases for which at least one service was recommended and not received. For these 382 cases, the average number of system factors cited was 2.0. The three most commonly cited reasons were "service not available" (29%), "no funds available for the service" (32%), and "no funds available for the child" (33%). Just under a quarter of respondents (24%) indicated that community support for the child to stay at home was responsible for the lack of service. A summary of these responses is presented in Figure 11 on page 18.

Figure 11

Specific System Factors Responsible for why Services were Recommended but not Received

Factor	N	Pct.
Safety	18	4.7%
Service not available	111	29.1%
Agencies do not work together	62	16.2%
Community intolerance toward SED-OH	36	9.4%
No funds for service	121	31.7%
No funds for child	125	32.7%
Community support for child to stay home	91	23.8%
Public safety	26	6.8%
Legal requirements/court order	49	12.8%
Other	100	26.2%
Total	**382**	**

At least one case factor was mentioned for 423 of the 504 cases for which at least one service was recommended and not received. For these 423 cases, the average number of case factors cited was 1.8. The most commonly cited reason was an "uncooperative family" (44%) followed by an "uncooperative child" (36%). A lack of caregiver resources, child ineligibility, and family preference were cited in approximately a quarter of cases. A summary of these responses is presented in Figure 12 below.

Figure 12

Specific Case Factors Responsible for why Services were Recommended but not Received

Factor	N	Pct.
Placement ineffective	22	5.2%
Uncooperative child	154	36.4%
Family uncooperative	188	44.4%
Caregiver lacks resources	119	28.1%
Family preference	113	26.7%
Child ineligible	103	24.3%
Facility could not design treatment plan	32	7.6%
Other	31	7.3%
Total	**423**	**

** The percents total more than 100% because respondents could mark more than one factor.

XVI. Recommendations

As is apparent from Figure 1 (pg. 7), in only one community did the CPMT report any SED-OH cases. This was not unexpected as the CPMT refers individuals to entities that provide the needed services, and so reports of "0" cases from CPMTs will not be investigated in this study. However of the four other agencies surveyed, there were 33 reports of "0" cases. An effort will be made to determine the accuracy of these reports. In addition, there were four reports from individual agencies that constituted less than 5% of the total reports in their respective communities, and depending upon the results of the investigation of the 33 target agencies and the availability of resources, these four reports also may be investigated.

The Advisory Board to the Commission recommended that the tables in the report be organized using regions (not localities) as the unit of analysis to protect against unnecessary comparison of distinct localities. This will require re-analyzing the data using a different set of programs and preparing new tables. Second, it is possible that some agencies will indicate that they have SED-OH cases, but will not submit a description of these cases for analysis. If this occurs, these non-reported cases may have to be estimated; thus, the final report may require two sets of estimates for SED-OH cases, one based on the actual cases reported and another incorporating these estimates. The updated survey information will be included in the final report, submitted to the 2002 General Assembly.

Recommendation 1
The Commission on Youth, in conjunction with the College of William and Mary, should examine the reports of local agencies in which no qualifying cases were reported in the initial survey results from local Departments of Social Services, Court Services Units, Community Services Boards, and Special Education Departments to determine their accuracy.

Recommendation 2
The Commission on Youth, in conjunction with the College of William and Mary, should consider investigating reports from individual agencies that constituted less than 5% of the total reports in their respective communities.

Recommendation 3
The Commission on Youth, in conjunction with the College of William and Mary, should organize the data by regions (not locality) as the unit of analysis.

XVII. Acknowledgments

The Virginia Commission on Youth extends its appreciation to the 26 localities (listed in Appendix A) that graciously participated in the survey and to the following individuals and agencies for their assistance and cooperation on this study:

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Virginia Mental Health Association
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Pamela Fitzgerald Cooper

Valuemark West End Behavioral
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063 Floyd	Ms. Ellen H. Johnson, CPMT Chair P.O. Box 314 100 Main Street - Court House Floyd, Virginia 24091 5407459316 Ext.	MRS. ELLEN JOHNSON, DIRECTOR COURTHOUSE BUILDING P.O. BOX 314 FLOYD, VA 24091-0314 540 745 9316	John Moore 143 3rd Street NW Suite 2 Pulaski, VA 24301 540 980 7735	Mr. H. Lynn Chenault 700 University City Boulevard Blacksburg, VA 24060 540 961 8421	MR. WILLIAM R. GARDNER, DIR. OF SPECIAL EDUCATION FLOYD CO. SCHOOLS 220 NEW TOWN ROAD FLOYD VA 24091 (540) 745-9400(OFFICE)
077 Grayson	Ms. Nancy Bockes, CPMT Chair P.O. Box 434 129 Davis Street Independence, Virginia 24348 5407732452 Ext.	MS. NANCY W. BOCKES, DIRECTOR 129 DAVIS STREET P.O. BOX 434 Independence, VA 24348-0434 540 773 2452	John Moore 143 3rd Street NW Suite 2 Pulaski, VA 24301 540 980 7735	Mr. E. Wally Cline, Jr. 770 West Ridge Road Wytheville, VA 24382 540 223 3200	MR. BILL STURGILL DIR. OF SPECIAL EDUCATION GRAYSON CO. SCHOOLS 412 E. MAIN STREET INDEPENDENCE VA 24348 (540) 773-2832(OFFICE)
121 Montgomery	Ms. Stephania Munson, CPMT Chair 210 S. Pepper Street, Ste D Christiansburg, Virginia 24073 (540) 382-5776 Ext.	MR. DAN FARRIS, DIRECTOR 210 S. PEPPER STREET, Ste B P.O. BOX 789 Christiansburg, VA 24068-0789 540 382 6990	John Moore 143 3rd Street NW Suite 2 Pulaski, VA 24301 540 980 7735	Mr. H. Lynn Chenault 700 University City Boulevard Blacksburg, VA 24060 540 961 8421	CHRIS BURTON, ACTING DIR. OF SPECIAL EDUCATION MONTGOMER CO. SCHOOLS 200 JUNKIN STREET CHRISTIANSBURG VA 24073 (540) 382-5114(OFFICE)
197 Wythe	Mr. A. Michael Hall, CPMT Chair P. O. Box 470 275 S. 4th Street Wytheville, Virginia 24382 5402285493 Ext.	MR. A. MICHAEL HALL, DIRECTOR 275 SOUTH FOURTH STREET WYTHEVILLE, VA 24382-2597 540 228 5493/5912	John Moore 143 3rd Street NW Suite 2 Pulaski, VA 24301 540 980 7735	Mr. E. Wally Cline, Jr. 770 West Ridge Road Wytheville, VA 24382 540 223 3200	DR. MELINDA ROBINETT DIR. OF SPECIAL EDUCATION WYTHE CO. SCHOOLS 1570 W. RESERVIOR STREET WYTHEVILLE VA 24382 (540) 228-5411 (OFFICE)
720 Norton	Mr. William Stokes, CPMT Chair P. O. Box 378 Norton, Virginia 24273 540-679-2701 Ext.	MR. WILLIAM L. STOKES, DIRECTOR 644 PARK AVENUE P.O. BOX 378 NORTON, VA 24273 540 679 4393/2701	R. Wayne McClelland 104 East Jackson, Ste 5 Gate City, VA 24251 540 386 9561	Mr. Sam Dillon PO Box 537 Cloverleaf Square Building E, Suite 5 Big Stone Gap, VA 24219 540 523 2562	MS. KAYE MINK DIR. OF SPECIAL EDUCATION NORTON CITY SCHOOLS 205 E. PARK AVENUE NORTON VA 24273 (540) 679-0971(OFFICE)

Central Region					
029 Buckingham	Mr. H. Spencer Adams, CPMT Chair P.O. Box 24 Buckingham County School Route 60 Buckingham, Virginia 23921 8049696100 Ext.	MR. BRAXTON L. APPERSON, III, DIRECTOR ROUTE 60 P.O. BOX 170 BUCKINGHAM, VA 23921- 0170 804 969 4246	Robert Bradner PO Box 441 Charlotte Court House, VA 23923 804 542 5080	Mr. F. Will Rogers PO Drawer 248 Mountain View Drive Bush River Manor Annex II Farmville, VA 23901-0248 804 392 7049	MS. THELMA LLEWLLYN DIR. OF SPECIAL EDUCATION BUCKINGHAM CO. SCHOOLS P O BOX 24 BUCKINGHAM VA 23921 (804) 969-6133(OFFICE)
041 Chesterfield	Mr. Brad Hammer, CPMT Chair P.O. Box 40 9901 Lori Road - Admin. Bldg. Chesterfield, Virginia 23832 804-751-1212 Ext.	MS. SARAH C. SNEAD, DIRECTOR 9501 LUCY CORR DRIVE P.O. BOX 430 CHESTERFIELD, VA 23832- 0430 804 748 1100	Charles Chitwood PO Box 520 Chesterfield, VA 23832 804 748 1372	Burt H. Lowe, Ph.D. PO Box 92 6801 Lucy Corr Court Chesterfield, VA 23832- 0092 804 768 7220	MS. BARBARA CREWS DIR. OF SPECIAL EDUCATION CHESTERFIELD CO. SCHOOLS 2318 MCRAE ROAD CHESTERFIELD VA 23235 (804) 560-2732(OFFICE)
053 Dinwiddie	Ms. Francene C. Newman, CPMT Chair P.O. Box 7 14016 Boydton Plank Road Dinwiddie, Virginia 23841 8044694190 Ext.	MRS. PEGGY MCELVEEN, DIRECTOR P.O. BOX 107 DINWIDDIE, VA 23841 804 469 4524	Frances Brown 20 East Tabb Street, Ste 300 Petersburg, VA 23803 804 733 2371	Mr. Joseph E. Hubbard 20 West Bank Street Suite 2 Petersburg, VA 23803 804 862 8054	MS. SHIRLEY CASHWELL DIR. OF SPECIAL EDUCATION DINWIDDIE CO. SCHOOLS P O BOX 7 DINWIDDIE VA 23841 (804) 469-4190(OFFICE)
193 Westmoreland	Mr. George Ortman, CPMT Chair 141 Opal Lane Montross, Virginia 22520 8044938018 Ext.	MS. HELEN B. WILKINS, DIRECTOR Peach Grove Lane P.O. BOX 302 MONTROSS, VA 22520- 0302 804 493 9305	Michael Mastropaolo 601 Caroline Street Suite 400 Fredericksburg, VA 22401 540 372 1068	Mr. Charles Walsh PO Box 40 Business Route 17 Saluda, VA 23149 804 758 5314	MS. CATHY RICE DIR. OF SPECIAL EDUCATION WESTMORELAND CO. SCHOOLS P O BOX 406 MONTROSS VA 22520 (804) 493-8018 (OFFICE)
630 Fredericksburg	Mr. Mike Mastropaolo, CPMT Chair P.O. Box 510 Fredericksburg, Virginia 22404 540-372-1032 Ext.	JANINE MISSISMAN, DIRECTOR 608 JACKSON STREET P.O. BOX 510 FREDERICKSBURG, VA 22404-0510 540 372 1032	Michael Mastropaolo 601 Caroline Street Suite 400 Fredericksburg, VA 22401 540 372 1068	Mr. Ronald W. Branscome 600 Jackson Street Fredericksburg, VA 22401 540 899 4370	MR. EDD HOUCK DIR. OF SPECIAL EDUCATION FREDERICKSBURG CITY SCHOOLS 200 GUNNERY ROAD FREDERICKSBURG VA 22401 (540) 372-1127 EXT 13(OFFICE)
760 Richmond City	Ms. Susan Crump, CPMT Chair 900 East Marshall Street, 14th Floor Richmond, Virginia 23219 804-780-7911 Ext.	MR. MICHAEL A. EVANS, DIRECTOR P.O. BOX 10129 RICHMOND, VA 23240 804 780 7430	Michael Mastropaolo 601 Caroline Street Suite 400 Fredericksburg, VA 22401 540 372 1068	Mr. Ronald W. Branscome 600 Jackson Street Fredericksburg, VA 22401 540 899 4370	DR. RENEE ARCHER DIR. OF SPECIAL EDUCATION RICHMOND CITY SCHOOLS 301 N. 9TH STREET RICHMOND VA 23219 (804) 780-7911 (OFFICE)

Eastern Region					
001 Accomack	Ms. Mary E. Parker, CPMT Chair P.O. Box 299 40 Market Street Onancock, Virginia 23417 (757) 787-5500 Ext.	MRS. MARY E. PARKER, DIRECTOR P.O. BOX 299 ONANCOCK, VA 23417-0299 757 787 1530	William Weaver 2A Court Svc Unit PO Box 262 Eastville, VA 23347 757 787 5860	Mr. James A Cannon, III PO Box 453 Nassawadox, VA 23413 757 42 3636	MS. JENEAN HALL DIR. OF SPECIAL EDUCATION ACCOMACK CO. SCHOOLS 6 COLLEGE AVENUE ONANCOCK VA 23417 (757) 787-7765(OFFICE)
175 Southampton	Ms. Sandra Upson, CPMT Chair P.O. Box 9 Courtland, Virginia 23837 5406533040 Ext.	MS. JANE B. MADDREY, DIRECTOR 26022 ADMINISTRATION CENTER DRIVE P.O. BOX 550 COURTLAND, VA 23837-0550 757 653 3080	William Harrell 5th District Court Svc Unit PO Box 1135 Suffolk, VA 23439 757 923 2440	Mr. Vincent Doheny 100 Western Avenue Suffolk, VA 23434 757 925 2457	MS. MARLENE L. DUKE DIR. OF SPECIAL EDUCATION SOUTHAMPTON CO. SCHOOLS P O BOX 96 COURTLAND VA 23837 (757) 653-2692 (OFFICE)
199 York	Mr. C. Earl Blythe, CPMT Chair P.O. Drawer 917 301 Goodwin Neck Road Yorktown, Virginia 23692 7578903939 Ext.	MR. C. EARL BLYTHE, DIRECTOR 301 GOODWIN NECK ROAD P.O. DRAWER 917 YORKTOWN, VA 23692-0917 757 890 3930	Tom Gooding 309 McLaws Circle Suite D Williamsburg, VA 23185 757 259 3000	Mr. Harris W. Daniel 1657 Merrimac Trail Williamsburg, VA 23185 757 220 3200	MS. SUZANNE CREASEY DIR. OF SPECIAL EDUCATION YORK CO. SCHOOLS 302 DARE ROAD YORKTOWN VA 23692 (757) 898-0308 (OFFICE)
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710 Norfolk	Ms. Eleanor F. Bradshaw, CPMT Chair 201 Granby Street, Ste 206 Norfolk, Virginia 23501 757-441-2510 Ext.	MS. Betty Webb, Acting Director FRANKLIN BUILDING 220 W. BRAMBLETON AVE NORFOLK, VA 23510-1506 757 664 6000	Kevin Moran 800 East City Hall Norfolk, VA 23510 757 664 7600	George W. Pratt, Ed.D. 248 West Bute Street Norfolk, VA 23510-1404 757 441 5300	MS. JOAN SPRATLEY DIR. OF SPECIAL EDUCATION NORFOLK CITY SCHOOLS P O BOX 1357 NORFOLK VA 23501 (757) 441-2491(OFFICE)

Appendix B: Letter of Introduction and Survey Form

COMMONWEALTH of VIRGINIA
Commission on Youth

Delegate Phillip A. Hamilton, *Chairman*
Mr. Gary L. Close, *Vice Chair*

General Assembly Building, Suite 517B
Richmond, Virginia 23219-0406

Acting Executive Director
Judith A. Cash

804-371-2481
FAX 804-371-0574

October 2, 2000

TO: Agency Directors

FROM: Delegate Phillip A. Hamilton, Chair
Judith A. Cash, Acting Executive Director

SUBJECT: Estimating the number of Youth with Serious Emotional Disturbance

Pursuant to House Joint Resolution 119, the Commission on Youth has been directed to determine the number of children in the Commonwealth with serious emotional disturbance who need out-of-home placement. In response to this directive, the Commission is working with an Advisory Group and has developed a plan for collecting the data needed to describe this population. We have contracted with the College of William and Mary to assist in the data collection and your locality has been selected to participate in this vital project. The success of the project depends entirely on how accurately we count the number of children with serious emotional disturbance who need out-of-home placement, and in turn, the accuracy of our count depends entirely upon you and your staff.

The Advisory Group has identified child and family characteristics that define youth with serious emotional disturbance in need of out-of-home placement. These characteristics and criteria are described in detail below. We are asking that you describe those children and youth who are under age 18, meet these characteristics, and are on your caseload at this time. We recognize that for some of you this is a large undertaking, but it is critical that the General Assembly have this information so that they can make informed decisions about funding and service priorities. We sincerely appreciate your willingness to help us.

Please distribute the forms to personnel within your agency who have the necessary information about eligible children. One form should be submitted for each child. Additional forms and envelopes may be requested from: John Nezlek, College of William & Mary, Department of Psychology, PO Box 8795, Williamsburg, VA 23187-8795, or call 757.221.3881 or email jbnezl@wm.edu. Also, you may duplicate the forms as necessary. In the event that you are

responsible for generating reports from multiple agencies, if practical, please have each agency send a separate envelope of surveys.

In each of the 25 localities in which we are collecting data we have sent this letter to the following individuals:

- Chair, Community Policy Management Team (CSA)
- Director, Department of Social Services
- Director, Court Service Unit
- Director, Community Services Board
- Director, Special Education Services

If you think there is another entity in your community that treats children who meet these characteristics, please contact Judith Cash immediately. Our goal is to provide the Legislature with the most accurate information possible, and we will do all we can to achieve this goal.

Specific instructions follow. Questions about the study should be directed to Judith Cash, Acting Director, Commission on Youth at (804) 371-2481.

Survey forms should be returned by ***November 3, 2000***. We are asking for them by this time so we will have the time to prepare a report for the Legislature for the January session. If you do not think you can return the forms by this date, please contact John Nezlek by either phone or email.

Once again, thank you for your attention to this matter.

HJR 119
Study of Youth with Serious Emotional Disturbance
Survey Instructions

The survey was designed to be completely quickly by someone familiar with the client (e.g., a case manager) without extensive references to a client's files. The first section of the survey requests basic identifying and sociodemographic information. The second and third sections request (respectively) information about client and caregiver characteristics. The fourth section requests information about the services the client has and is receiving. Please complete one survey form for each child in your facility/on your caseload at this time who meets the characteristics specified below.

If a case DOES NOT MEET BOTH child and caregiver criteria DO NOT COMPLETE a survey.

Child criteria:

- DSM IV Diagnosis, and/or
- ***At least 2*** of the following functional characteristics which have lasted and/or are expected to last at least one year without treatment:

A. One or more suicide attempts or a specific plan for committing suicide
B. Hospitalization in a public or private psychiatric facility
C. Special education services for children with emotional disturbance
D. Special education services for a disability other than emotional disturbance
E. Missing two or more days of school per month as a direct result of symptoms associated with his/her mental illness
F. A drop in school performance/productivity to the point that there is a risk of failing at least half the courses
G. Behavior that was so disruptive/aggressive that youth presents threat to the safety of others in the home or in the community
H. Persistent problems or difficulties relating to peers that result in few, if any, positive peer relationships
I. At least one family / caregiver relationship characterized by constant conflict that is disruptive to the family / caregiver environment
J. Intervention by at least two different agencies

Caregiver criteria:

Family characteristics are just as important in determining service needs for children and youth. Youth with serious emotional disturbance who need out-of-home care need to have one or more of the following family/caregiver characteristics:

A. Sociofamilial setting is potentially dangerous to the client
B. Client is at risk because of lack of resources required to meet client's needs/demands
C. Family has exhausted emotional and/or economic resources and is unable to care for the child
D. Gross impairment in caregiver's judgment or functioning (may be related to psychosis, substance abuse, severe personality disorder, mental retardation, etc.)
E. Caregiver is hostile, rejecting, or does not want client to return to home
F. Client is subjected to sexual abuse in the home
G. Client is subjected to physical / emotional abuse or neglect in the home.
H. Caregiver "kicks" client out of the home without trying to make other living arrangements.
I. Client currently removed from the home due to sexual, physical or emotional abuse or neglect
J. Failure of caregiver to provide an environment safe from possible abuse to a client previously abused or traumatized
K. Severe or frequent domestic violence takes place in the home
L. Caregiver is openly involved in unlawful behavior
M. Caregiver contributes to or approves of client's involvement in potentially unlawful behavior
N. Caregiver does not take an active role in supervision of client

REMEMBER, If a case DOES NOT MEET BOTH child and caregiver criteria DO NOT COMPLETE a survey describing that case.

Services:

Using the categories provided, describe what services the client has received and what services were recommended but not received. Only for services that were recommended but not received, describe why the client did not receive these services in terms of how important system and or case factors were. Finally, if system or case factors were at all responsible for recommended services not being received, indicate which system or case factors were salient. Be inclusive when describing services that were recommended but not received and reasons for such discrepancies.

VIRGINIA COMMISSION ON YOUTH

Survey of Youth With Serious Emotional Disturbance In Need Of Out-Of-Home Care

Pursuant to HJR 119, the Commission on Youth is conducting a study of youth with **Serious Emotional Disturbance who** need of out-of-home care. The Commission is charged with defining this population and determining an accurate estimate of the number of children in Virginia who require these services. The following survey was developed to help the Commission on Youth track this population. The information you provide will be used to determine service and funding needs.

Please review the attached instructions and complete one survey for each child in your facility and/or on your caseload at this time who meets the criteria specified in the instructions. For the child, this means a DSM diagnosis and or two or more of the listed characteristics, and for the caregiver this means at least one of the listed characteristics. Return all surveys in the postage-paid envelope provided. If you misplace these envelopes, you may send your responses to: John Nezlek, College of William & Mary, Department of Psychology, PO Box 8795, Williamsburg, VA 23187-8795. Additional surveys and envelopes can also be obtained from John Nezlek. Call 757.221.3881 or email jbnezl@wm.edu.

SECTION 1: DEMOGRAPHICS

1. Client ID Number: (last 4 digits of social security number)_____
2. City/County of Residence: _____
3. Agency: _____
4. Contact Person: _____
5. Telephone Number: _____
6. Client's date of birth: _____
7. What is the client's race/ethnicity?

   ☐ Caucasian ☐ African-American ☐ Asian ☐ Hispanic ☐ Other (specify)_____

8. What is the client's sex?

   ☐ Female ☐ Male

9. What is the household income of the client's caregivers?

   ☐ Under $20,000 ☐ $21,000-40,000 ☐ Over $40,000 ☐ Do not know

SECTION 2: Child Characteristics

10. Does the client have a current DSM IV diagnosis?
    ☐ Yes ☐ No ☐ Don't Know
    If no or don't know, proceed to question 10.
11. What are the diagnoses? *(Please specify)*

    ☐ Axis I _____ ☐ Axis II _____

    ☐ Other_____

12. In the last 12 months, has the client: *(Circle all that apply)*

    A. attempted suicide one or more times, or had a specific plan for committing suicide one or more times?
    B. been hospitalized in a public or private psychiatric facility?
    C. receiving special education services for children with emotional disturbance (with an IEP), or is scheduled for an IEP to determine eligibility for a special education program for children with emotional disturbance?
    D. been found eligible and is receiving special education services for a disability other than emotional disturbance?
    E. routinely missed two or more days of school per month as a direct result of symptoms associated with his/her mental illness (i.e., do not include absence due to physical illness).
    F. demonstrated a drop in school performance/productivity to the point that there is a risk of failing at least half the courses?
    G. exhibited behavior that was so disruptive/aggressive that client presents threat to the safety of others in the home or in the community?
    H. had persistent problems or difficulties relating to peers that result in few, if any, positive peer relationships?
    I. had at least one family / caregiver relationship characterized by constant conflict that is disruptive to the family / caregiver environment?
    J. required intervention by at least two different agencies?

13. Have problems in personality development and social functioning lasted at least one year?

    ☐ Yes ☐ No

14. Are problems expected to last at least one year without services?

    ☐ Yes ☐ No

SECTION 3: Family Characteristics

15. Do any of the following describe the client's primary familial environment (Adult/s with primary responsibility for the client's care)? *(Circle all that apply)*

    A. Sociofamilial setting is potentially dangerous to the client
    B. Client is at risk because of lack of resources required to meet client's needs/demands
    C. Family has exhausted emotional and/or economic resources and is unable to care for the child
    D. Gross impairment in caregiver's judgement or functioning (may be related to psychosis, substance abuse, severe personality disorder, mental retardation, etc.)
    E. Caregiver is hostile, rejecting, or does not want client to return to home
    F. Client is subjected to sexual abuse in the home
    G. Client is subjected to physical / emotional abuse or neglect in the home.
    H. Caregiver "kicks" client out of the home without trying to make other living arrangements.
    I. Client currently removed from the home due to sexual, physical or emotional abuse or neglect
    J. Failure of caregiver to provide an environment safe from possible abuse to a client previously abused or traumatized
    K. Severe or frequent domestic violence takes place in the home
    L. Caregiver is openly involved in unlawful behavior
    M. Caregiver contributes to or approves of client's involvement in potentially unlawful behavior
    N. Caregiver does not take an active role in supervision of child

CTION 4: Service Plan

16. Based on the service plan for this client, please check out-of-home services that were recommended and received within the last six months and services that were recommended but not received in the last six months. For services that were recommended but not received, please describe how responsible system and case factors were for why this service was not received. Use the following scale to make these ratings: 1 = not all responsible and 5 = very/highly responsible. Please be specific in identifying "Other" out-of-home services that may have been recommended for this client.

SYSTEM FACTORS

Placement provides safety for child
Lack of recommended services
Agencies unable to work effectively together
Limited community tolerance
Funds not available for this service or this child
Community support to maintain child at home
Placement necessary for public safety
Court ordered service

CASE FACTORS

Placement / treatment ineffective
Child unwilling to cooperate
Family unwilling to cooperate
Caregiver lacks necessary resources
Family preference
Child not eligible
Facility unable to design appropriate treatment plan

Service/Treatment/Placement	*Services Recommended and Received*	*Services Recommended but **NOT** Received*	*To what extent were **system factors** responsible for why this service was not received?*	*To what extent were **case factors** responsible for why this service was not received?*
F ric Hospitalization	☐	☐	1 2 3 4 5	1 2 3 4 5
R itial Treatment	☐	☐	1 2 3 4 5	1 2 3 4 5
Residential School - Special Education	☐	☐	1 2 3 4 5	1 2 3 4 5
Group Home	☐	☐	1 2 3 4 5	1 2 3 4 5
Therapeutic Foster Care	☐	☐	1 2 3 4 5	1 2 3 4 5
Other (Specify)_____	☐	☐	1 2 3 4 5	1 2 3 4 5

17. Thinking about all the services for this client that were recommended but not received, what factors were responsible for why recommended services were not received? *(Circle all that apply)*

System Factors:

A. Placement provides safety for child
B. Lack of recommended services
C. Agencies unable to work effectively together
D. Limitation of community tolerance towards children with serious emotional disturbances
E. Funds not available for this service
F. Funds not available for this child
G. Strong community support to maintain child at home/in community
H. Placement necessary for public safety
I. Legal requirements / Court order
J. Other_____

Case Factors:

A. Placement / treatment ineffective
B. Child's unwillingness to cooperate with services/treatment
C. Family's unwillingness to cooperate
D. Caregiver lacks necessary resources
E. Family preference for/against particular placement or treatment
F. Child does not meet eligibility criteria
G. Facility unable to design treatment plan to meet child's needs
H. Other_____

Appendix C: House Joint Resolution 119

HOUSE JOINT RESOLUTION NO. 119
Offered January 21, 2000

Directing the Virginia Commission on Youth to study children and youth with serious emotional disturbance requiring out-of-home placement.

Patrons-- Rhodes, Cantor, Christian, Darner, Hall, Hamilton, Jackson, Jones, J.C., McDonnell, Purkey and Watts; Senators: Forbes, Howell, Miller, Y.B. and Puller

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Referred to Committee on Rules

WHEREAS, at least one in five children and adolescents may have a diagnosable mental, emotional, or behavioral problem that can lead to school failure, alcohol or other drug use, violence, or suicide; and

WHEREAS, in June 1999, the Department of Mental Health, Mental Retardation and Substance Abuse Services estimated that approximately 90,000 children and adolescents had serious emotional disturbance and approximately 55,000 had serious emotional disturbance with extreme impairment; and

WHEREAS, in 1998, 17.4 percent of juveniles committed to Department of Juvenile Justice facilities had prior psychiatric hospitalizations; and 57 percent of the females and 47 percent of the males entering juvenile correctional centers had a designated mental health need; and

WHEREAS, the Comprehensive Services Act (CSA), Virginia's statewide system of services for troubled and at-risk youth and their families, is not meeting the needs of all children with serious emotional disturbance, particularly those children whose services are not mandated by the CSA and who fall outside of the foster care and special education systems; and

WHEREAS, there is a total of 64 beds available for the impatient hospitalization of children and adolescents in state mental health facilities in the Commonwealth, a reduction of 108 beds since 1992; and

WHEREAS, in 1998, the Joint Legislative Audit and Review Commission determined that there were 217 children at acute or severe and recent risk who were in need of services, including out-of-home care for treatment of serious emotional disturbance, whose services were not mandated under the Comprehensive Services Act nor funded through other sources; and

WHEREAS, in 1999, the Virginia Supreme Court determined that there were 3,595 children with severe or acute and recent risk in need of services, including out-of-home care for treatment of serious emotional disturbance, whose services were not mandated under the Comprehensive Services Act nor funded through other sources; and

WHEREAS, local governments are concerned about the high cost of treating children with serious emotional disturbance, and defining and quantifying the population will have significant implications for service delivery; and

WHEREAS, any recommendation for reform to the system of care must be based on accurate, quantifiable data; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Commission on Youth be directed to study children and youth with serious emotional disturbance requiring out-of-home placement. The Commission shall develop and implement a methodology for accurately determining the number of children with serious emotional disturbance in need of out-of-home placement. Such methodology shall include, but not be limited to, the following: (i) a description of the population; (ii) a description of state and local services available in the Commonwealth; (iii) an analysis of funding sources; and (iv) an assessment of unmet needs.

During the second year of the study, the Commission shall assess the service capacity for children and youth with serious emotional disturbance in need of out-of-home placement, with the goal of suggesting reform to increase the system's effectiveness and efficiency.

RESOLVED FURTHER, That an advisory group be established to assist the Commission and to provide oversight and direction in the process. The advisory group shall be comprised of 19 members as follows: one representative from the State Executive Council for the Comprehensive Services Act; one representative from the Office of Comprehensive Services; two representatives from local Community Policy and Management Teams; two representatives from the Virginia Association of Community Services Boards, one of whom shall be a member of the Child and Family Services Council; one representative of the League of Social Services Directors; one representative from the Virginia Mental Health Planning Council; two representatives from the Virginia Municipal League; two representatives from the Virginia Association of Counties; one representative from the Virginia Mental Health Association; one representative from the Virginia Coalition of Private Provider Associations; one representative from a private psychiatric hospital; and the designees of the Commissioner of the Department of Mental Health, Mental Retardation and Substance Abuse Services, the Commissioner of the Department of Social Services, the Director of the Department of Juvenile Justice, and the Superintendent of Public Instruction.

All agencies of the Commonwealth shall provide assistance to the Commission for this study, upon request.

The Commission shall submit an interim report to the Governor and the 2001 Session of the General Assembly and shall submit its final findings and recommendations to the Governor and the 2002 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.