

Charlottesville/Albemarle Comprehensive Services Act

Quarterly Outcome Report
Baseline Report

Approved by the
Comprehensive Services Act Committee
June 2009

Introduction and Background

One of the recommendations from the CSA Process Improvement Team (report approved by CSA Committee in November 2008) was to develop a methodology and key indicators to report regularly to the CSA Committee, Program Subcommittee, and Family Assessment and Planning Team (FAPT) so that these groups could track the development of the Community Practice Model,¹ the financial impact, and the impact on the number of children in congregate care. An Ad Hoc Group was formed in January, 2009, by the Program Subcommittee (staffed by Maryfrances Porter, including Buz Cox, Mike Murphy, Karen Rifkin, Nikki Bowles, Jennifer Behrens, and Martha Carroll). This group met three times and developed recommendations for this report, which were accepted by CSA Committee in March, 2009 (see Appendix A). From here on, quarterly outcome reports will be created by Program Subcommittee..

The Charlottesville/Albemarle Community Practice Model can be reflected by the following:

- (1) the reduction of the number of children being served in congregate care, as well as the reduction in the length of stay in congregate care when it is used,
- (2) the increased ability of our community to serve children in their home community,²
- (3) decrease the number of children in the custody of DSS,
- (4) the reduction of the cost per child,
- (5) children's functional improvement, as well as increases in children's and families' strengths and resources,³ and
- (6) the effective and efficient functioning of the local CSA processes including FAPT, child-specific teams, care coordination, which promote strengths-based, family-focused decision making.

The following indicators were chosen because they reflected these most essential aspects of the Community Practice Model, and because they could be reported on at least a quarterly basis to the CSA Committee, Program Subcommittee, and FAPT.

This particular report establishes a pre-Community Practice Model baseline for these indicators, so that successes and challenges in implementing the Community Practice Model may be evaluated, and adjustments in policy and procedures may be made.

Please contact Maryfrances Porter, 434/872-4546, mporter@albemarle.org, for specific questions or concerns about this report, or to request additional or different data be collected.

¹ The full Community Practice Model can be found at http://www.ccfinfo.org/NewPages/community_practice_model.html

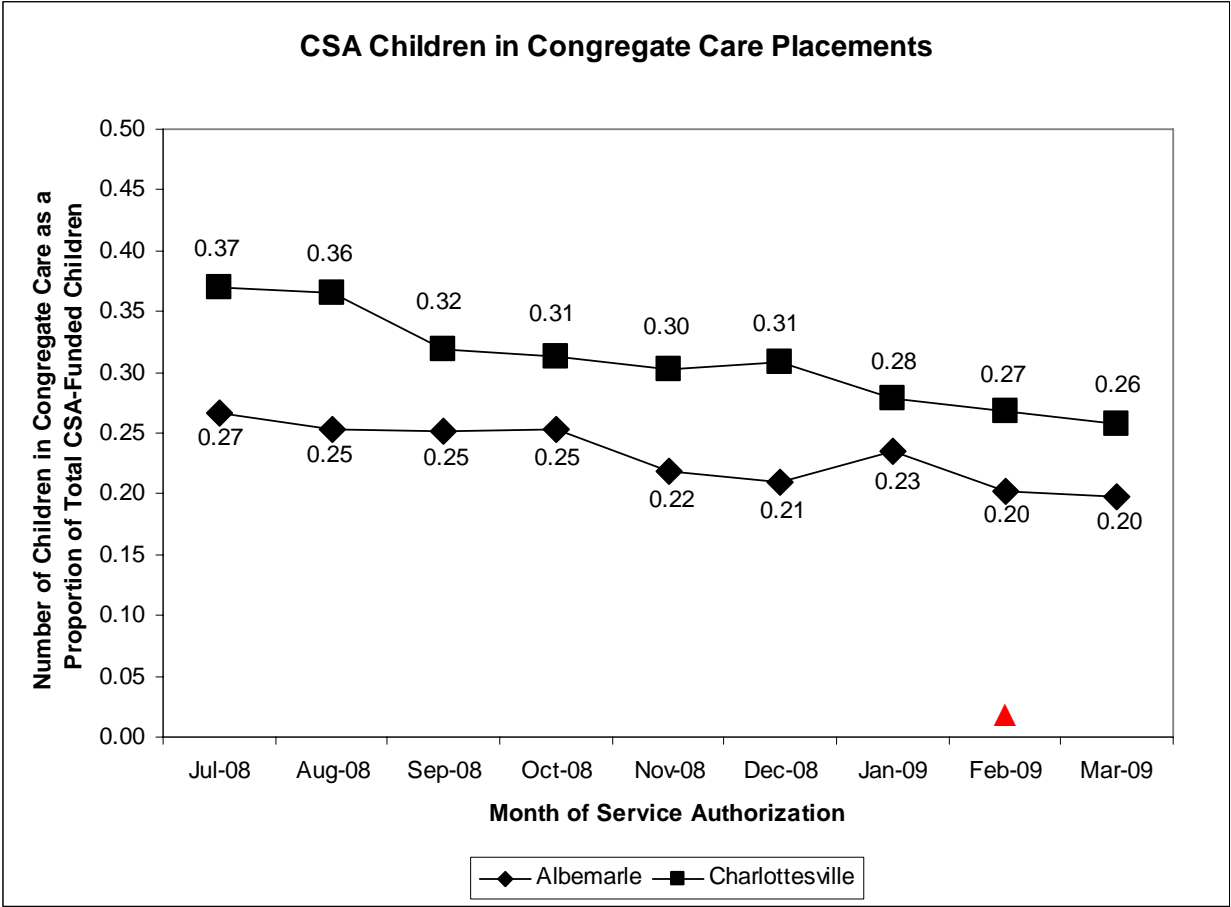
² While the Charlottesville/Albemarle community values serving children in their home communities, there are several difficulties in identifying the best way to measure this. Since serving children in their home community is ensured if children are not being placed in out of locality congregate care settings and if children are less often taken into the custody of the Departments of Social Services, those data are collected in lieu of the geographic location of the children or their services. Therefore, the overall effective match rate is used to reflect serving children in their communities, as a reduction of it would reflect increased use of community-based services relative to congregate care services.

³ At some point in the future, the Office of Comprehensive Services may make CANS data available on-line for analysis; however, in order to measure functional improvement for children and their families, this data would have to be looked at on an individual basis. At this point, the functional improvement will be assessed in FAPT meetings and no objective data will be gathered.

Indicator 1
Number of Children Served in Congregate Care

Rationale This indicator was selected because the Charlottesville/Albemarle community values serving children in their community, does not believe that congregate care is necessarily the best treatment option, and because it is less expensive to serve children in community-based settings.⁴

Data Collection These data were extracted from the Harmony and Thomas Brothers data systems and reflect the number of children with a congregate service authorization in the month reported. The red arrow denotes the date of the full implementation of the Community Practice Model.

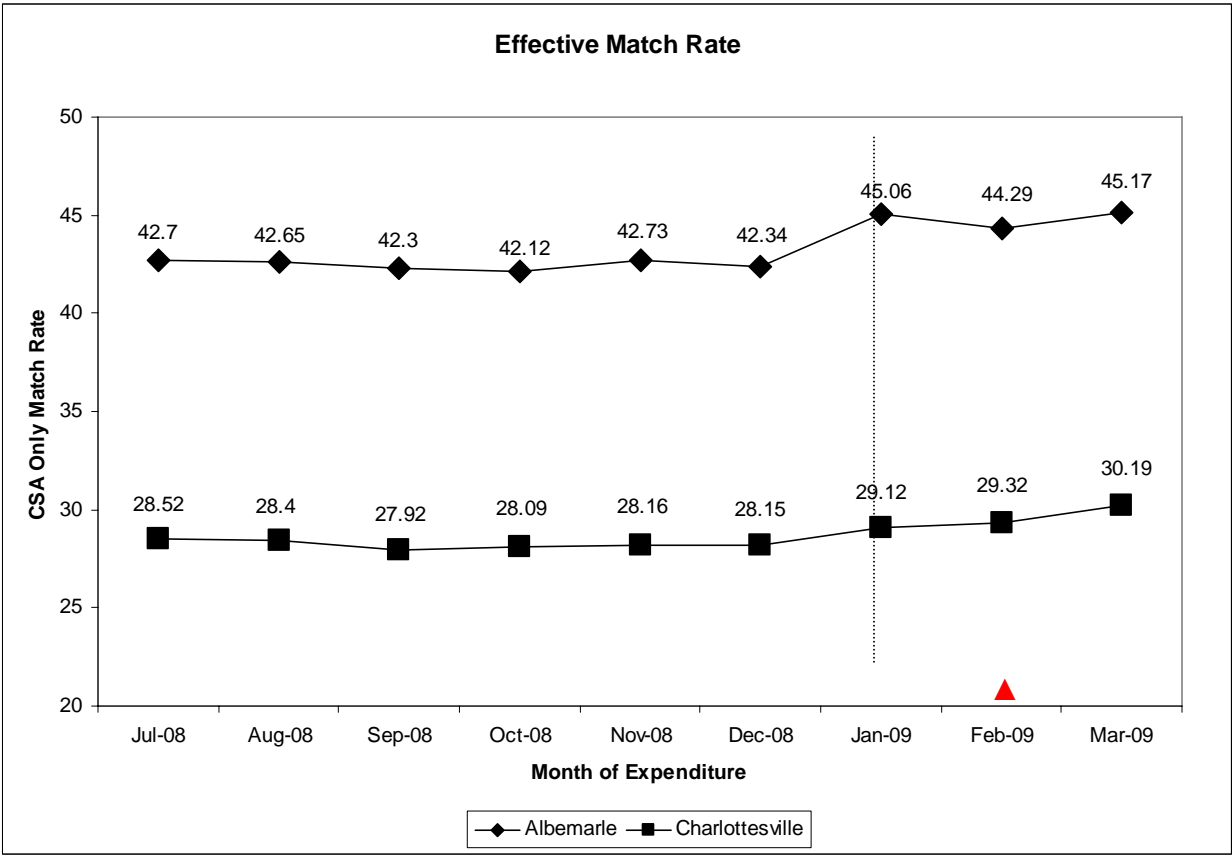


⁴ Charlottesville/Albemarle Comprehensive Services Act Committee would also like to report the number of days children spend in congregate care, so that the basic use and length of stay in congregate care may be tracked; however, the number of days of congregate care is not able to be captured at this time.

Indicator 2
Overall Effective Match Rate

Rationale This indicator was selected because the Charlottesville/Albemarle community values serving children in their community, does not believe that congregate care is necessarily the best treatment option, and because it is less expensive to serve children in community-based settings.

Data Collection These data were extracted from the Harmony and Thomas Brothers data systems and reflect overall effective CSA-only match rate.⁵ The red arrow denotes the date of the full implementation of the Community Practice Model. The dashed line denotes when the match rate for congregate care was raised.

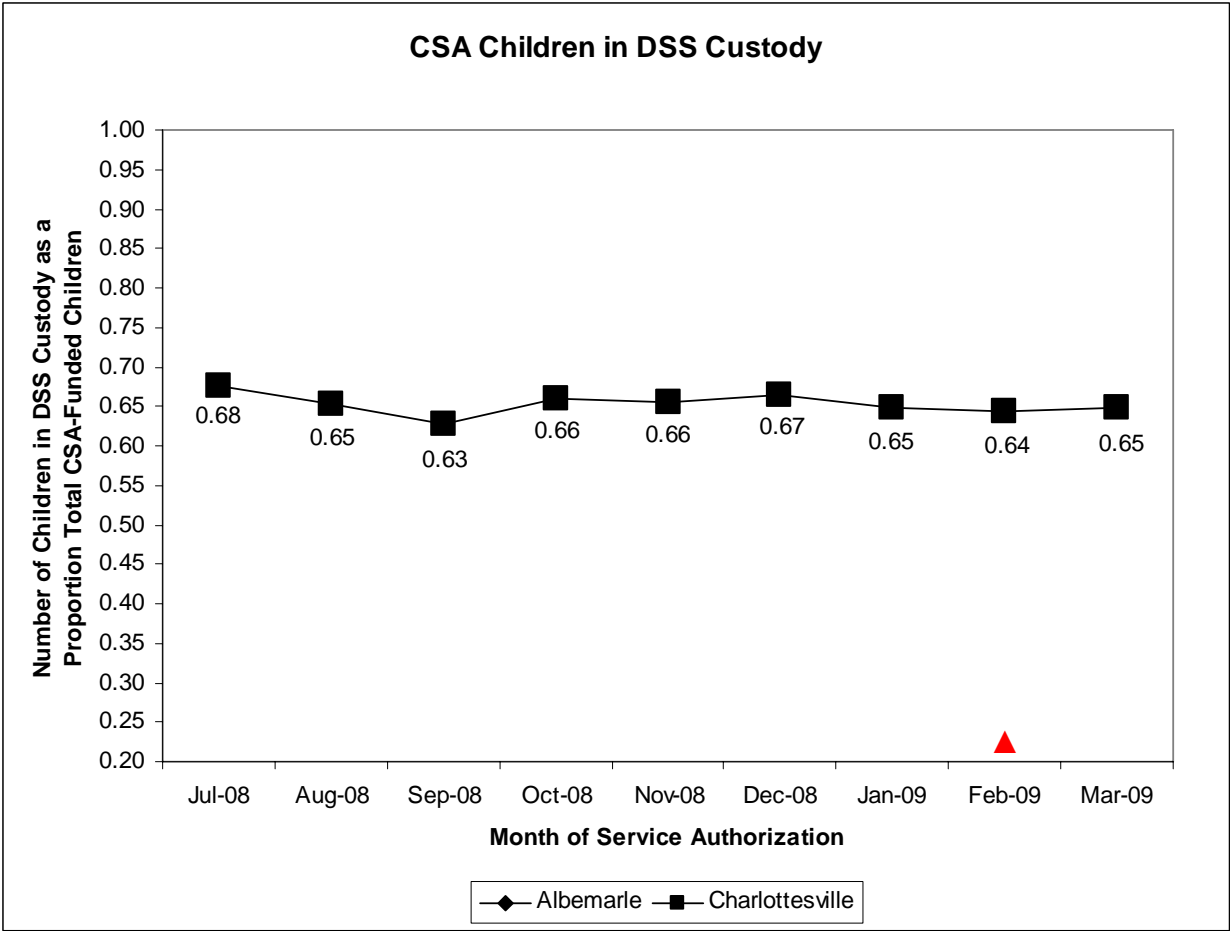


⁵ The historical CSA match rate for Charlottesville was 0.3068 and for Albemarle it was 0.4474. The match rate was lowered for community-based services in July 2007, and the match rate was increased for congregate care services in January 2009.

Indicator 3
Number of Children in the Custody of Social Services

Rationale This indicator was selected because the Charlottesville/Albemarle community values children being served in their families, with children maintaining connections with biological family, and with families not having to relinquish custody of children in order to receive services.

Data Collection These data were extracted from the Harmony and Thomas Brothers data systems and reflect the number of children (with any CSA-funded service) in the custody of the Department of Social Services as a proportion of the total number of children with a CSA-funded service authorization in the month reported.⁶ The red arrow denotes the date of the full implementation of the Community Practice Model.

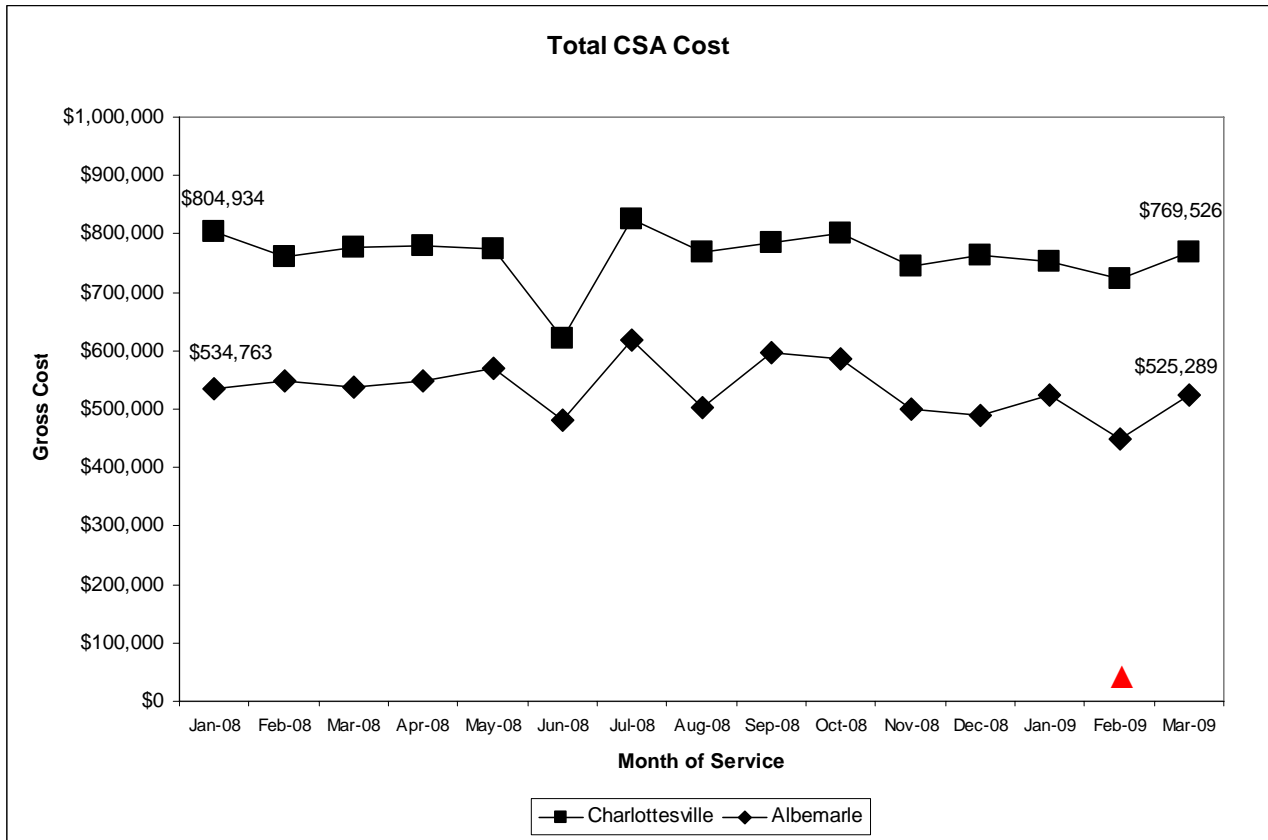


⁶ The unduplicated number of children authorized for service categories (from the local monthly financial reports) 1A, 1B, 2A, 2A1, 2B, 2B1, 2C, 2D, 2E, 2F-FC, and 2F1 were summed to reflect the total unduplicated number of children in the custody of the Department of Social Services. Unduplicated numbers for the County are not available until FY10.

Indicator 4
Total CSA Costs

Rationale This indicator was selected because the Charlottesville/Albemarle community values cost effective service provision.

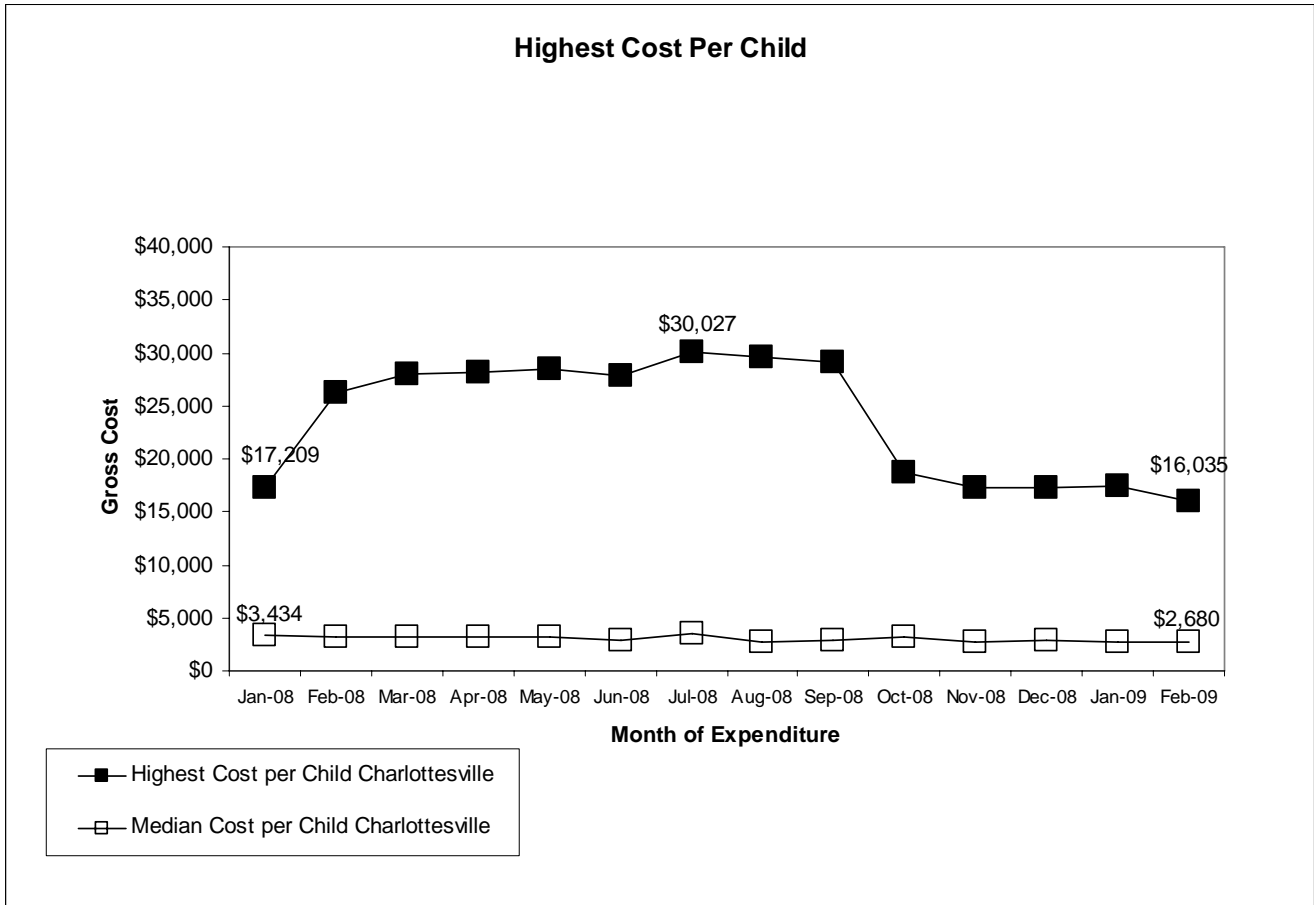
Data Collection These data were extracted from the Harmony and Thomas Brothers data systems and reflect the gross expenditures per month. The red arrow denotes the date of the full implementation of the Community Practice Model.



Indicator 5
Highest and Median Cost Per Child

Rationale This indicator was selected because the Charlottesville/Albemarle community values cost effective service provision

Data Collection These data were extracted from the Harmony and Thomas Brothers data systems and reflect the highest, per child, gross expenditure per month, as well as the median, per child, gross expenditure per month.^{7,8,9}



⁷ The original recommendation was to also include the lowest cost per child, but because this number is typically very low and reflects a partial month of service (the number is typically around \$50), this was not determined to be a useful indicator.

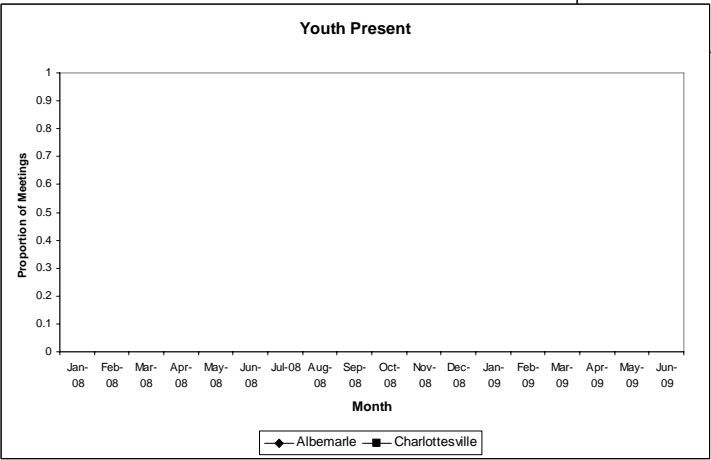
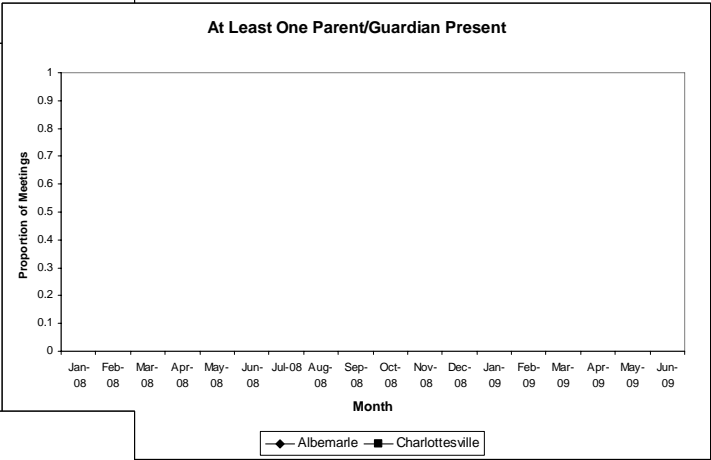
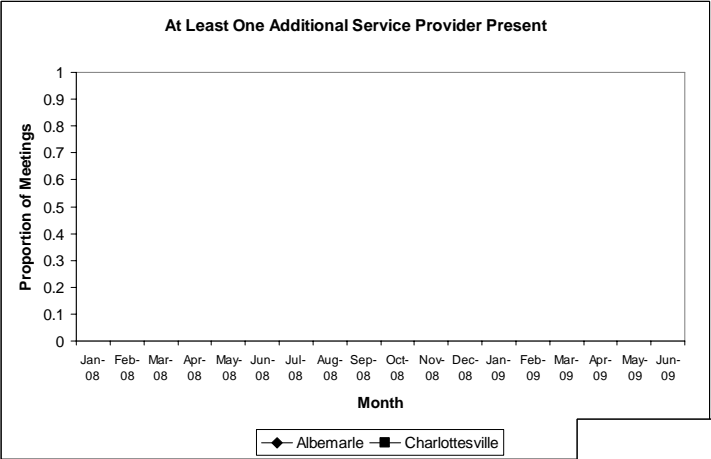
⁸ Currently, the data cannot be reported from Thomas Brothers in such a way as to efficiently calculate the highest or median cost per child in the County.

⁹ The CSA Committee may want to consider using another measure to reflect the cost per child. The actual highest cost per child simply reflects the payment(s) made to the most expensive residential treatment facility that month.

Indicator 6
Adherence to, and Satisfaction with, the Community Practice Model

Rationale This set of indicators were selected because the Charlottesville/Albemarle community values an effective and efficient service system with strong adherence to the Community Practice Model.

Data Collection These data reflect the proportion of child-specific team members attending FAPT meetings, as reflected by who signed the signature sheet.¹⁰



¹⁰ These data are not available at this time, but the data are being collected and will be available for the next Quarterly Outcome Report.

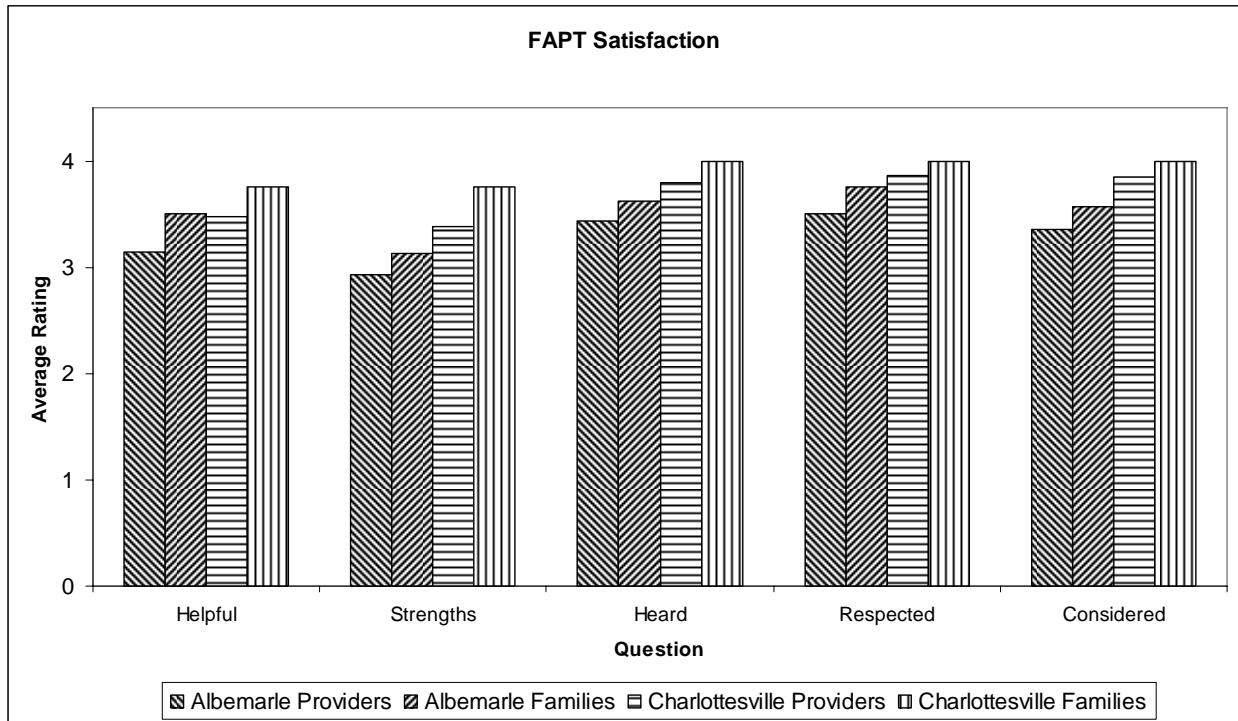
Data Collection These data reflect the opinions of case managers and service providers (“Providers” below), as well as youth, family members, and family support persons/advocates (“Families” below) who attended FAPT meetings and completed the survey.¹¹

The survey questions were:

- Helpful – How helpful were the suggestions and recommendations discussed at the FAPT meeting?
- Strengths – How much were youth/family strengths (the good things and success) discussed at the FAPT meeting?
- Heard – How much was your opinion *heard* during the discussion at the FAPT meeting?
- Respected – How much was your opinion *respected* during the discussion at the FAPT meeting?
- Considered – How much was your opinion *considered* during the discussion at the FAPT meeting?

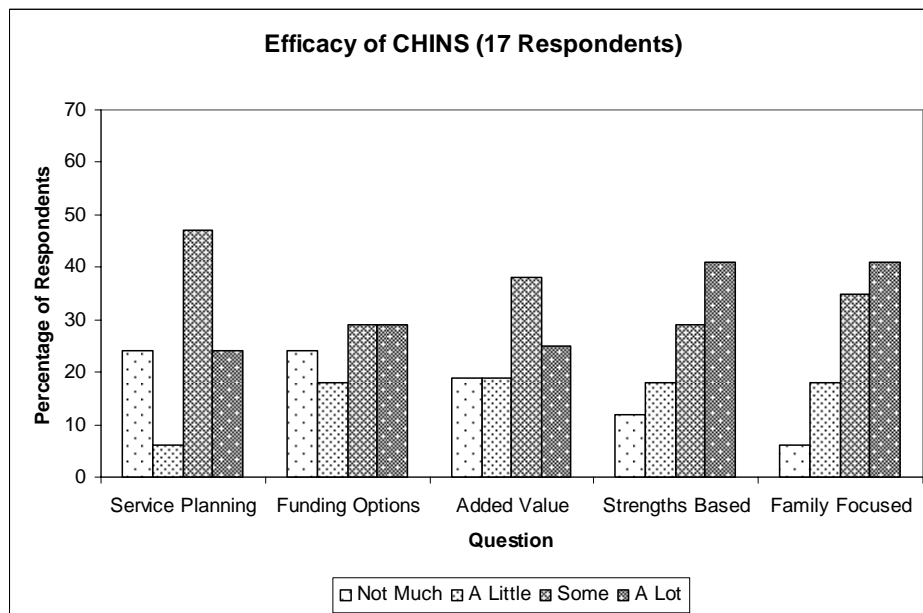
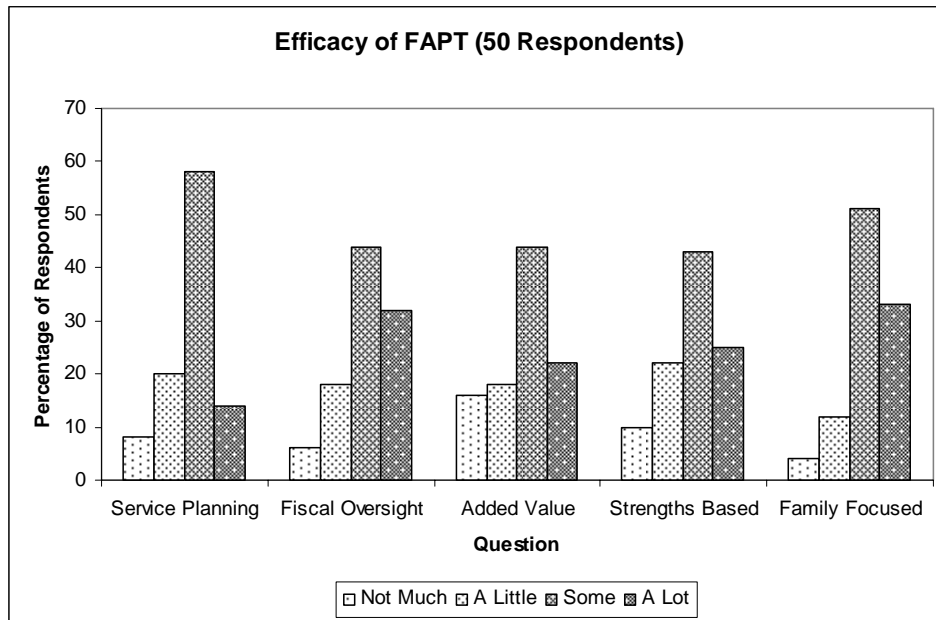
Questions were rated on a 4-point scale: 1 – Not Much, 2 – A Little, 3 – Some, 4 – A Lot.

Free responses from these surveys are presented in Appendix B.

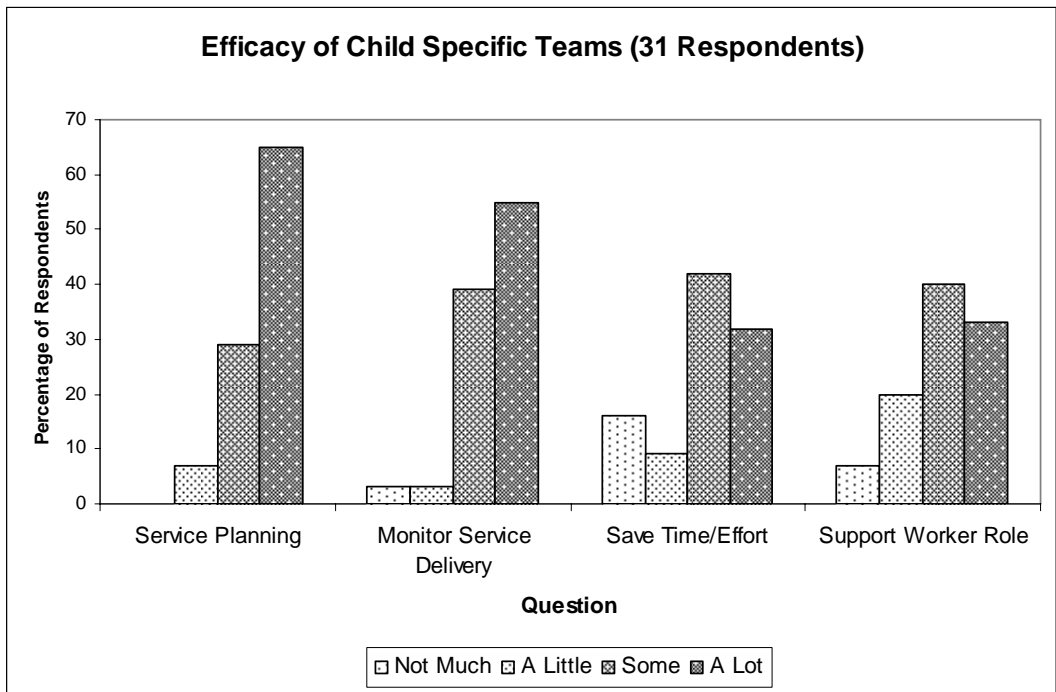


¹¹ The data presented below reflect surveys received from City and County FAPT meetings between 5/4/09 and 5/22/09 (2 meetings for the County; 3 meetings for the City); City: 22 service providers, 4 family member; County: 14 service providers, 8 family members. Since the raw number of responses is so small at this point, no inferences should be drawn based on the different heights of the bars; what can be inferred is that most respondents rate FAPT between “Some” and “A Lot.”

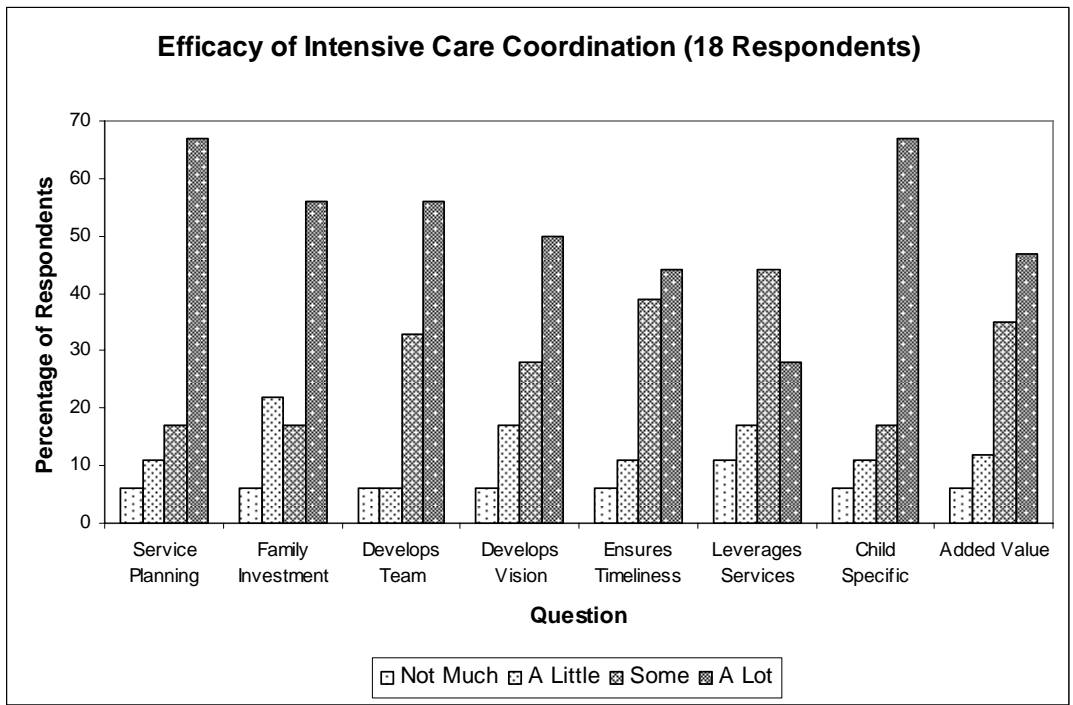
Data Collection These data reflect the opinions of all agency CSA participants (i.e., committee members, case presenters, CSA staff, and family representatives). Responses were collected via Survey Monkey in May 2009, with at least a 60% response rate.¹² Free responses to each section are presented in Appendix C.



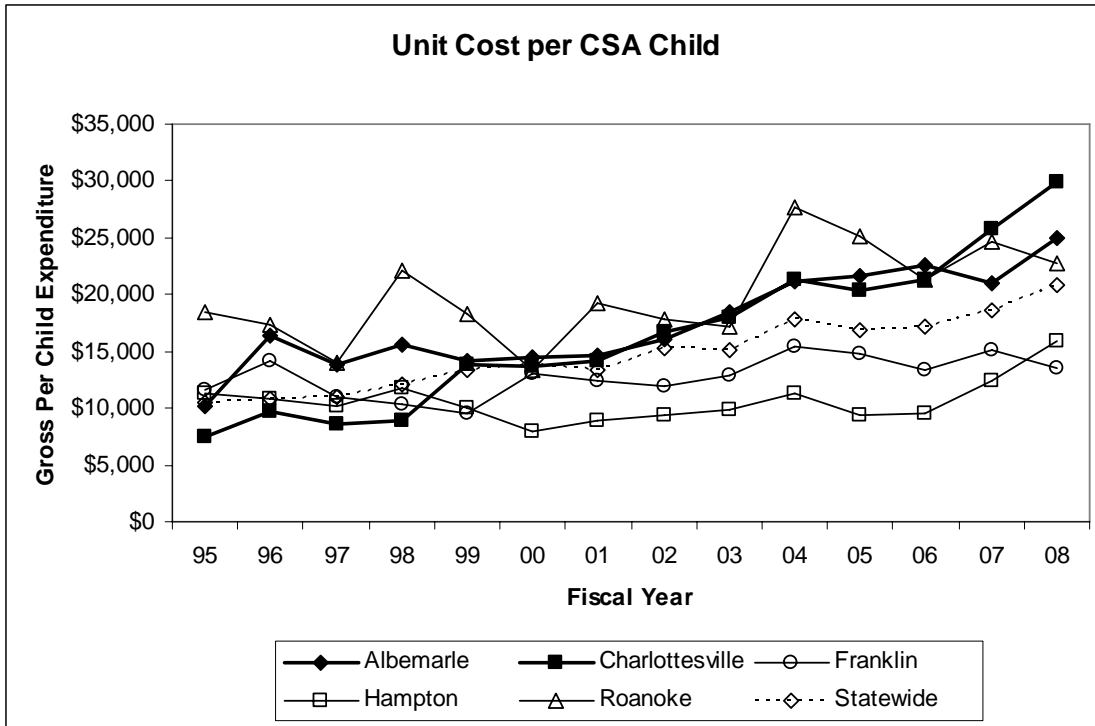
¹² The response rate is based solely on the number of respondents to the survey, divided by the number of emails sent out. However, emails were sent out to current and past CSA users, and based on the actual responses from each committee, it appears that nearly everyone regularly interacting with CSA responded. Responses were from CSA Committee members: 9; Program Subcommittee members: 8; FAPT members: 18; CHINS-Team members: 8; FAPT presenters: 27; CHINS-Team presenters: 5; Other: 21 (including supervisors or FAPT presenters, CCF staff, Utilization Review staff, and individuals identifying themselves in other ways, i.e., social worker). Respondents represented the following organizations: Albemarle County Department of Social Services: 22; Albemarle County Public Schools: 10; Charlottesville Department of Social Services: 18; Charlottesville City Schools: 7; 16th District Court Services Unit: 7; Region Ten Community Services Board: 8; Community Attention: 3; Other: 5 (including CCF staff and a provider).



63% respondents reported that working in child-specific teams is different than what they have done in the past. Descriptions of how they are different are presented in Appendix C.



Appendix A County Executive's Report¹³



¹³ Comments on the data presented in Appendix A:

(1) The data presented in this report are taken from the CPMT Management Reports available on the Office of Comprehensive Services website: http://www.csa.state.va.us/html/statewide_statistics/statewide_stats_cpmt.cfm. These data are available on an annual basis, after the data are reported at the end of the fiscal year.

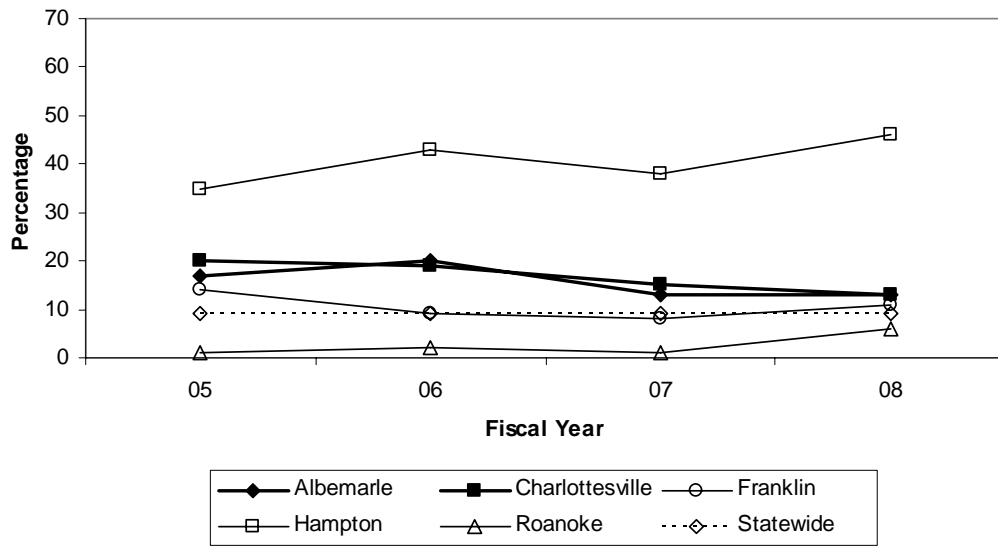
(2) There are some potential inconsistencies with the data in the CPMT Management Reports. For example, the CPMT Management Reports only 1 youth in Independent Living for FY08 in Albemarle, which is not accurate. Therefore, data presented in these graphs should be interpreted with some caution.

(3) These data may differ from previous reports in small ways because the number and percent of children receiving particular services in previous reports do not match data obtained for this report (in somewhat of a random fashion); also the number and percent of children receiving particular services do not match within the CPMT Management Reports (i.e., the numbers presented in the 2nd table do not always match those presented in the 3rd table). Because most data for this report came from the 3rd and 5th tables, the number and percent of children receiving particular services were calculated from the "# Youth Served" rows in the 3rd table.

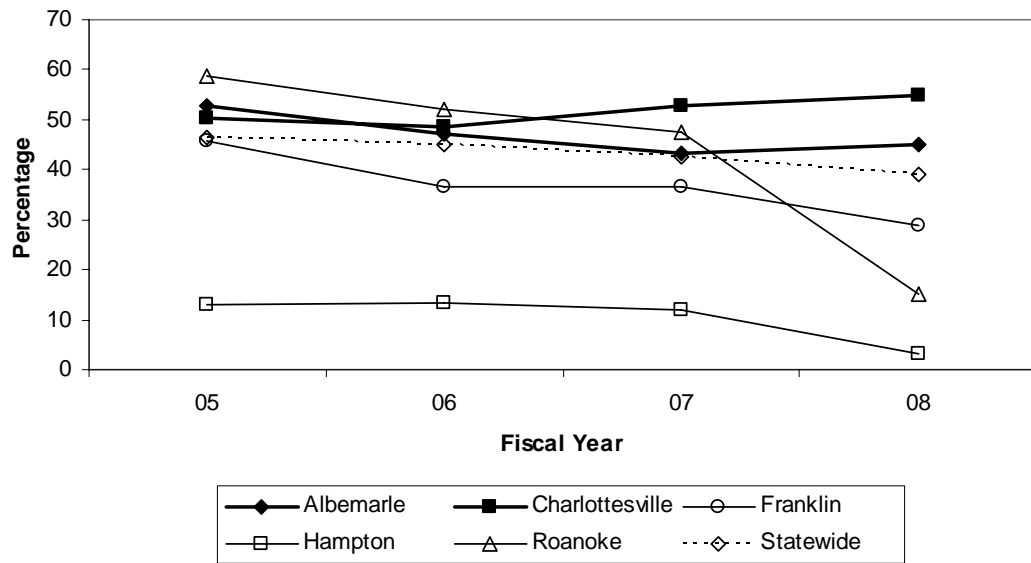
(4) The number of days in congregate and SPED Day Placements were not available on current reports available on the Office of Comprehensive Services website, so while they were presented in previous reports, they are not presented here.

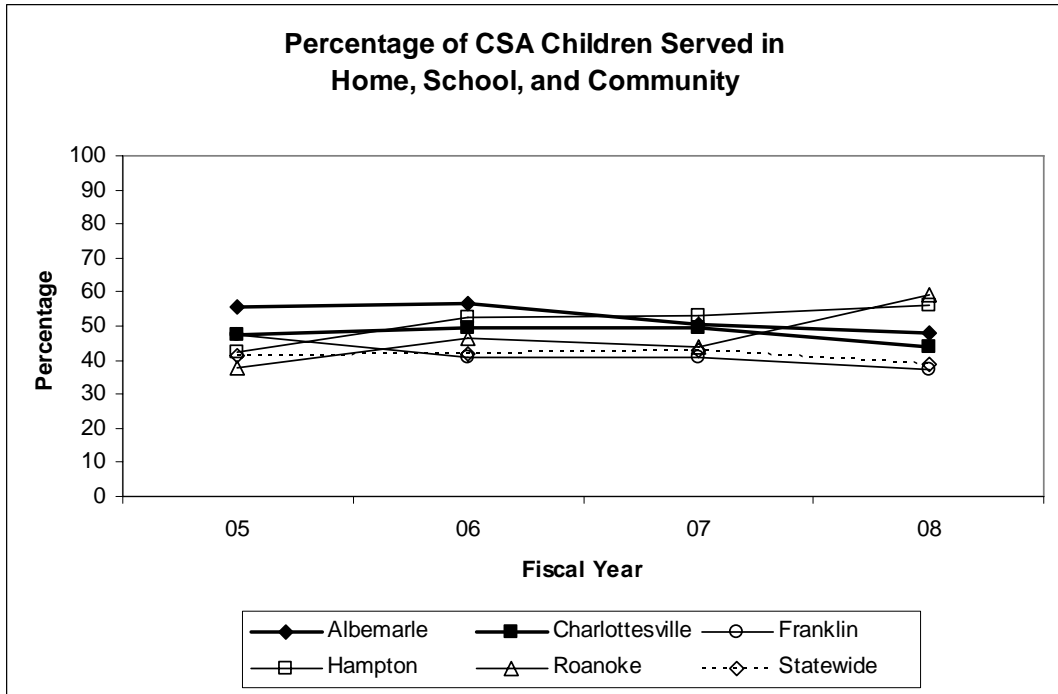
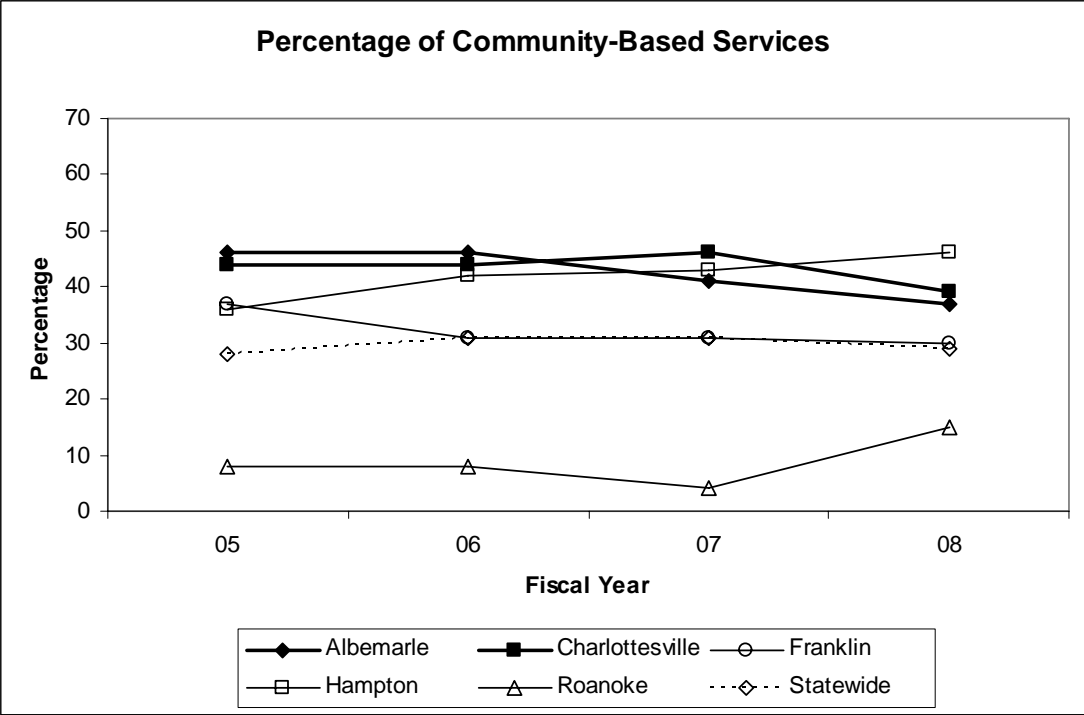
(5) Future reports will not include comparisons with Franklin County and will include comparisons with Harrisonburg, Rockingham, and both Roanoke City and Roanoke County.

Percentage of CSA Expenditures on Community-Based Services

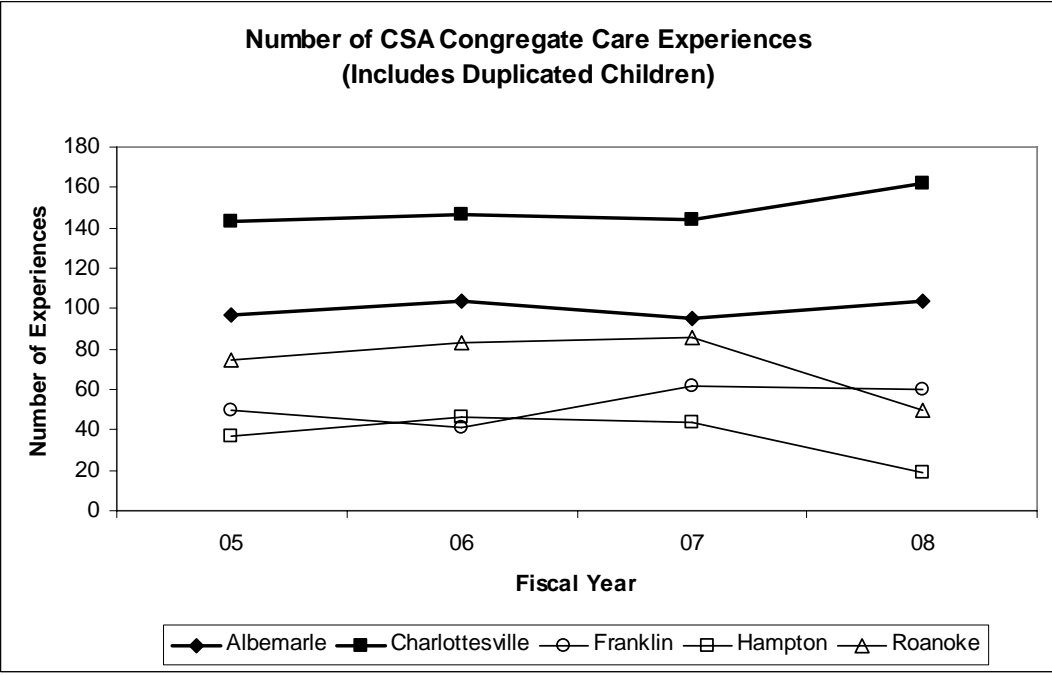
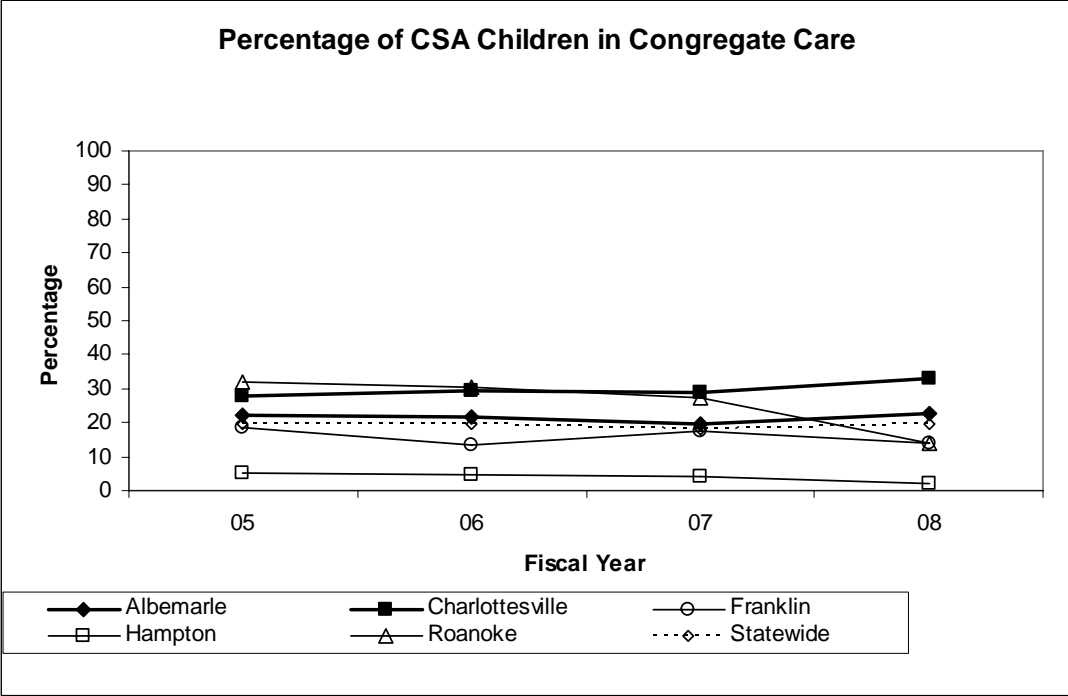


Percentage of CSA Expenditures on Congregate Care

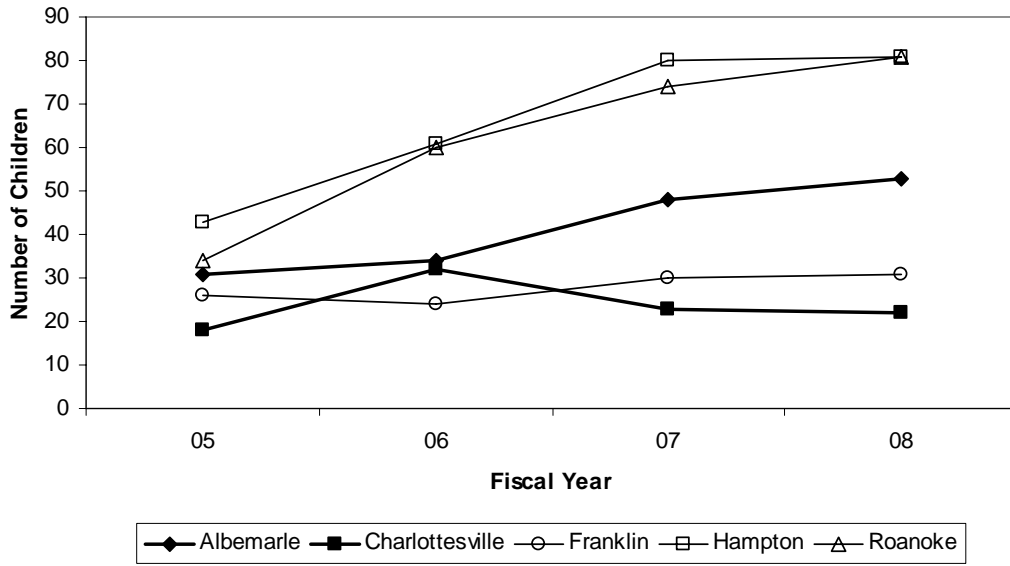




This measure includes children in the following service placement types: Community Based Interventions, Special Education Day Placement, Special Education Other Day Services.



Total Number of CSA Children in Special Education Private Day Placements



Appendix B
Free Responses from the FAPT Satisfaction Surveys

Family/Youth/Support Persons/Advocates

Charlottesville

Most Helpful: "Explaining what my options on placement"
General Comment: "Thanks for helping me!"

Most Helpful: "Having my needs heard and met"
General Comment: "I really love FAPT it has helped my family a lot and they believe in me. I would love to thank all the members of FAPT for continuing my services and believing in my family."

Most Helpful: "Them just say they was willing to support me and all."

Most Helpful: "Every body support in the meeting that was very good meeting."
Not Addressed: "Any thing about was not about meeting."

Albemarle

Most Helpful: "Everything"

Most Helpful: "Just that there is a ideas coming together"

Most Helpful: "Explaining"

Most Helpful: "FC Prevention suggest"

Most Helpful: "Explaining all steps"
Not Addressed: "Explain what was going on"

Service Providers

Charlottesville

Most Helpful: “Very helpful school and educational planning”
Not Addressed: “None- very thorough”

Most Helpful: “Learning new and important case info which may significantly impact clinical work”
Not Addressed: “Thank you!”

Most Helpful: “Suggestions from CHS school rep”

Most Helpful: “Helpful case planning”
Not Addressed: “None- FAPT is thorough”

Most Helpful: “Discussion of family’s needs and how we can best meet them in the community”

Most Helpful: “Hearing ideas I had not thought of”

Most Helpful: “Reviewing strengths”; “A formalized way to obtain planning information and goals from the city schools”
Not Addressed: “Whether or not transportation will really be secured for this child”

Most Helpful: “Review funding request with corrections for services”

Most Helpful: “Clarification of expenses”

Most Helpful: “Reviewing what was decided in terms of how it will hopefully help the family”

Most Helpful: “Questions about formally addressing concerns for structuring time with families involved”

Most Helpful: “How to make visits natural”

Most Helpful: “Providing suggestion to assist the young man future”

Most Helpful: “Support for plan put in place”

Most Helpful: “Suggestions to explore first contractors to identify trade of interest in carpentry”

Albemarle

- Most Helpful: “Hearing perspectives of all family team members”, “Getting community support for a team process”
- General Comment: “It might be useful to build in opportunities to discuss strengths in the FAPT structure (rather than relying on impromptu comments on strengths). For example, a time to hear ‘what’s going well?’”
- Most Helpful: “Suggestion of gas vouchers!”
- Most Helpful: “Reconvening quickly”
- Not Addressed: “Quality/implementation/progress/update- therapy services”
- Most Helpful: “Case co-ordination, explanation of transfer of services”
- Most Helpful: “Clear feedback on info needed to continue funding; fair consideration of various points of view”
- Most Helpful: “Discussion of possible resources”
- Most Helpful: “Suggestions about community resources”
- Most Helpful: “For the child to be praised in a public setting”
- Most Helpful: “Asking for clarification between what [youth]’s individual and in-home therapist’s roles are”
- General Comment: “The meeting provide good discussions. I wish the Representatives from various organizations would be more able to commit their organization for services.”

Appendix C
Free Responses from the Bi-Annual CSA Users Survey

General Comments on FAPT

1.	It has been great to see more family attendance and engagement.	Fri, 5/22/09 3:22 PM
2.	FAPT is a great process however, to prepare a lengthy and repetitious report is annoying in my opinion. I also think that for a family, the FAPT set up has at time been a bit overwhelming; there is a lot of people at the table.	Wed, 5/20/09 4:46 PM
3.	Tone and effectiveness have improved, but there is still a lack of buy-in from key team members/agencies that limit value.	Wed, 5/20/09 11:08 AM
4.	Recognize that we cannot change at this point whatever services have happened in the past for the child and can only move forward and decide the best course of action from this point forward.	Tue, 5/19/09 4:03 PM
5.	I have been very pleased with the tone of FAPT.	Tue, 5/19/09 1:15 PM
6.	Most of the time, things proceed at a reasonable pace. However, at times, discussion is lengthy unnecessarily. Typed presentations are very helpful in reducing the discussion time. It would be helpful if there was a way of screening the presentations in advance so basic problems such as insufficient information or inaccuracies in the funding request section could be handled outside of the meeting. For this reason, the deadline for submitting the IFSP could be a week in advance. As a County employee, I'm not in favor of weekly FAPTs with the City. Like everyone else, I have to watch my time closely. Also, I would suggest, if possible, incorporating the IEP quarterly progress reports into the IFSP reviews to reduce overlap.	Tue, 5/19/09 10:33 AM
7.	None	Mon, 5/18/09 5:02 PM
8.	No additional comments at this time.	Mon, 5/18/09 2:22 PM
9.	#5 - watch for asking too much in one question, Youth/strengths-not much, successes-a little, and resources-some. I know I can be annoying but these are three different things and so the info from this question isn't as useful as it could be. #6 - Not much but still more than it was prior to the "the change date" Overall its tone has changed but relapses at times. I think that DSS sv react less defensively and so that assures their staff that this is the process and they are not under fire. Chairman has done a good job pushing the issue of bringing kids home but "BRING OUR KIDS HOME" and "CONGREGATE PLACEMENT IS UNACCEPTABLE FOR ANY CHILD" has not become the culture of FAPT. Congregate placement is not the exception coming through FAPT - it is the norm. Urgency and conviction is still missing. Not sure why - I know the Chair has done his part. I think that it would become more urgent if executive leaders (DSS ED, School Supers, R10 ED, CCF Director) would start saying it with conviction and urgency.	Mon, 5/18/09 1:58 PM
10.	I'm not sure if FAPT meetings are the most effective use of staff members' schedules. It seems like information sharing ahead of time would be more efficient use of people's time.	Mon, 5/18/09 12:14 PM
11.	I want to qualify my answers by saying that prior to the PIT recommendations and their implementation I would have answered very differently. I think that in the past few months the FAPT has become more effective with service planning, incorporating strengths and being family-focused.	Mon, 5/18/09 11:52 AM

12.	I recently attended an Albemarle County FAPT and did not feel the tone was helpful to the parent regarding additional research before approving funds requested. The FAPT team was not creative in helping the presenter/team help the family - it felt like the presenter, advocates, and family had to do all the problem solving. The FAPT team did not inquire about actual service delivery and progress in the counseling arena. It felt like the old FAPT where money and logistics were the focus. This was an opposite experience in the City FAPT I had previously attended.	Mon, 5/18/09 11:04 AM
13.	FAPT has improved significantly over the last year, but we still have a ways to go, particularly in terms of really doing service planning and being family focused.	Sun, 5/17/09 2:33 PM
14.	It's better than it was; more focussed on the family and family and youth participation in the process	Fri, 5/15/09 2:21 PM
15.	A lot has changed but it could be more effective with more preparation outside of the meeting itself. There is still a lot of system process that occurs in the meeting, with the family present, that should be addressed ahead of time whenever possible. The posting time of IFSPs is too late at times for thorough review and the scheduling is too late, inaccurate and inefficient to allow for appropriate collaboration.	Fri, 5/15/09 2:11 PM
16.	I have not presented before FAPT since a lot of changes were made earlier this calendar year. I do not know enough about the current FAPT procedures, service planning, fiscal oversight, etc. to render an opinion.	Fri, 5/15/09 12:09 PM
17.	The structure doesn't really facilitate participation by family/treatment team members. We don't know when meetings are going to be scheduled until very close to the meeting date which makes it difficult for family and other team members to attend. The service plan has to be developed and presented at the meeting so it doesn't feel like a creative, individualized, planning process with the FAPT team. Different and creative interventions or plans rarely come out of a FAPT staffing.	Fri, 5/15/09 10:39 AM
18.	Too much time is spent making everyone an expert on the particular family rather than relying on the expertise of the case manager.	Thu, 5/14/09 3:24 PM
19.	For me, the biggest incongruency about FAPT and users (stakeholders) is understanding CSA guidelines. All users should somehow access the guidelines so that everyone understands what's allowed and what's not allowed for their agency. So it would be helpful to have a "go to" FAPT person as a reference/resource person to clarify the rules/procedures when there are questions. Agencies may interpret these guidelines differently, so the universal reference person could provide consistency in understanding through a lens that's not agency tinted. The format/structure is being addressed so hopefully, streamlining the paperwork will occur. The tone of FAPT has gotten friendlier, so I don't feel like I'm on trial defending a request as much as providing clarification for request. If anything can be done to make FAPT more useful, I would suggest greater clarity to schools on when service planning should occur, under what circumstances, and contact information for recommendations. A referral for assistance (could include consultation or vendor service) could be available at FAPT meetings so the presenter would leave with a follow-up aid to help them more effectively use service planning recommendations.	Thu, 5/14/09 11:29 AM

20.	Case managers know their clients best, and it is not effective for people who don't know the family at all to decide what should happen in each case. There are plenty of resources (supervisors, directors, and other case managers) available in every agency, should a case manager need more ideas or input about services. In every instance that I have participated in FAPT, the FAPT team's suggestions are either something that I have already tried, or something that is not possible/available. Many times I feel I am sent on a wild goose chase, and end up doing the thing I proposed anyway. I have not gained any information from attending FAPT that has been useful to me or my clients. I have spent a lot of time preparing and attending FAPT, and received nothing helpful for my time. It is not an effective means of allocating funds because it is run by people who don't know our clients, and in most cases by people who don't even carry caseloads. It also makes me feel that the community does not trust or value the opinions of the case managers, since our ideas and suggestions have to be so thoroughly discussed and dissected before being approved. FAPT should be an optional service used when case managers really need help figuring out what to do next. Then, the meetings could be long enough to actually be helpful, and the input would actually be needed. In most cases, we don't need FAPT because we already know what to do - that is our job! It is a disservice to our clients to spend so much time preparing for this process, because it limits the amount of time we can actually spend helping people.	Tue, 5/12/09 2:22 PM
21.	much better!!!! more effort to include families, friendlier atmosphere, more discussion instead of rubber stamping.	Mon, 5/11/09 4:38 PM
22.	FAPT discussions are family focused in my cases as discussions from the child specific team are presented in my report. FAPT becomes a part of the discussion when they approve funding for the services this team has discussed and believes to be appropriate for this child and family. In situations when there is a designated team in place and there has been a previous FAPT for this child, a review of costs is all that would be needed when services remain the same and are agreed to by the child specific team working with this child and family.	Mon, 5/11/09 4:28 PM
23.	have not attended a FAPT meeting so can not speak directly to what is discussed and how	Mon, 5/11/09 4:10 PM
24.	Haven't been to FAPT since February 2009.	Mon, 5/11/09 3:45 PM
25.	The "new FAPT" appears to be going well for the most part. It is nice to have an "official time" rather than a general docket schedule as far as the scheduling of staffings goes. It does seem that the team is more family-focused and strengths-based than in the past. The team seems open to more "out of the box" ideas, which is also helpful. I don't know how effective or necessary it's going to be when the threshold for bringing cases to FAPT is decreased to \$1500/month. If the idea behind doing this is under the facade of service planning assistance, it is unnecessary (caseworkers can bring cases to FAPT if they need help doing this WITHOUT it being mandated). It is merely causing the writing of more reports and monopolizing the already overburdened time of caseworkers. If the idea of doing this is for fiscal oversight, than it makes sense, although it is debatable that caseworkers and their supervisors need even further oversight on smaller fiscal decisions like these.	Mon, 5/11/09 3:35 PM
26.	There is little balance in some of the service planning. It focuses on family wants versus realistic needs and how the family will incorporate giving back to the community so that there is more integration. It is not cost effective and does not incorporate community based resources or strengths. It is family centric.	Mon, 5/11/09 3:30 PM

27.	FAPT does not feel very effective. I have presented cases to FAPT for service planning only (not requesting funding at the time), and FAPT added nothing to the plan- no good ideas, resources, thoughts, or even helpful tips. The tone always feels a bit "scary" and I know there's been work to address this. However, it still feels like going in front of a firing squad. I do not feel that FAPT is useful at all, nor is the tone conducive to forming good community relationships.	Mon, 5/11/09 3:28 PM
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General Comments on CHINS-Team

1.	I think scheduling the cases so families do not have to wait extended periods of time would be helpful. Perhaps only scheduling 2 or 3 cases per half hour.	Tue, 5/19/09 3:19 PM
2.	CHINS gave us an opportunity to make sure we were trying all available options before moving on to the court system.	Tue, 5/19/09 1:16 PM
3.	Newer presenters could be better educated on process, recommendations, including funding. Referral process/funding could be better explained to families. Use of time sometimes inefficient- i.e. one case at a time, tendency to spend too much time on an individual case if only one is scheduled.	Mon, 5/18/09 12:52 PM
4.	The CHNS team process is a very inefficient and wasteful use of staff time. As far as I know, there is no data supporting the effectiveness or impact of this process on school attendance and/or school achievement.	Mon, 5/18/09 12:16 PM
5.	Chins is very helpful for famalies.	Mon, 5/18/09 11:11 AM
6.	I still do not understand when a CHINS case is presented at FAPT or what the procedures are.	Fri, 5/15/09 12:09 PM
7.	The structure of CHINS is not set up for Systems of Care. The recommendations are specific for court and the family strengths are not incorporated at all. The famalies are being instructed what to do and feel not given much choice or made to feel as if they can disagree with anything.	Thu, 5/14/09 10:40 AM
8.	Once again , there is a lack of balance and integration to the greater community.	Mon, 5/11/09 3:31 PM
9.	I am not convinced that CHINS in its present form is any more effective than the previous 15 minute review as part of FAPT. There is NO objective research that supports continuing to utilize resources in thsi manner.	Mon, 5/11/09 3:28 PM

How Child-Specific Teams are Different

1.	The addition of under utilized resources discussion and exploration is helpful.	Fri, 5/22/09 12:34 PM
2.	The obvious -- All communicate at same time, family is present, if ICC, then DSS is not primary facilitator or primarily "in control"	Wed, 5/20/09 6:33 PM
3.	It gives an opportunity for all service agencies to ensure the best interests of the family is met and roles are defined and identified for the family.	Wed, 5/20/09 4:49 PM
4.	much more collaborative, strengths-based and family driven.	Wed, 5/20/09 11:10 AM
5.	much more organized	Tue, 5/19/09 2:45 PM
6.	More family and process focused. Usually more of a voice for the parent.	Mon, 5/18/09 2:24 PM
7.	It is different in that the team becomes a real team not just members that are thought of when filling out the FAR or the IFSP. In the past the IFSP writer would think - now who did I consult with? and then fill that out as the MDT team. It wasn't a working team that came together periodically to support the family, draw on team process, remind each other of accountability and values of SOC. I think the way it is done now is much more effective and not only saves a lot of money and resources in the long run but is so much better for our children. The focus on strengths is the other striking thing that is different about the child specific teams - we all said we did but we really only did when we filled out forms asking whetehr we did. By intentionally setting aside time and effort to look at family and child areas of strengths we really give life to ideas in treatment planning where there has not been. It epitomizes how to empower families and children - how to give them true voice even when they can't say it. No one has been part of one of those teams and has come out unchanged.	Mon, 5/18/09 2:05 PM
8.	It allows SW to share responsibility of doing tasks and provides more perspectives to allow more choices of action.	Mon, 5/18/09 12:46 PM
9.	With our concurrent planning team meetings we have found it to be highly effective in many ways, including information sharing, service coordination and reducing the burden of hunting down information. The recent education and training on systems of care and incorporation of intensive care coordination has helped to improve our ability to truly be family-focused.	Mon, 5/18/09 11:55 AM
10.	Instead of having to make a lot of phone calls - I can get updates from other agencies at the meetings, however just to schedule a child-specific team meeting has required a ridiculous amount of e-mails which doesn't save any time. I do want to clarify that the child-specific team that I have participated in was not run by a Care Coordinator, but was run by an agency representative.	Mon, 5/18/09 11:08 AM
11.	family is really a participant and their ideas and input are valued.	Sun, 5/17/09 2:34 PM
12.	Teams are likely to be larger: school and extended family weren't generally considered "team members" previously. Some meetings may still be smaller Treatment Team meetings, but we consider bringing others in when when need additional input. Before this would have happened behind the scenes.	Fri, 5/15/09 2:24 PM
13.	too much time is spent meeting. too many meetings are planned. In other words, meetings are too frequent and take too much time.	Thu, 5/14/09 3:26 PM
14.	Previously, decisions about services delivered in the community would have been done in isolation from the school processes and decisions being made about expulsion, school placement, etc.	Thu, 5/14/09 1:52 PM

15.	The c-s team process adds another layer of process and meeting time beyond what I have historically used for service planning/monitoring. Per school, lots of meetings are scheduled for students who historically require extensive service needs. These meetings could be for developing an IEP, behavior plans, suspension meetings, eligibility for services. Parents are invited to participate in these meetings. What's different in the C-S Team process is the focus on family. The special education process is child specific while the C-S Team process is family specific. The special education process focuses on "Free and Appropriate Education" (FAPE). The C-S Team process goes beyond FAPE to include family and child access to services for school, home, and community. This has allowed for additional services to children and families that otherwise may not have been accessible. It does require an extensive amount of meeting time.	Thu, 5/14/09 12:12 PM
16.	The only thing that is different now is that other agencies are invested in setting up and participating in these meetings. Our agency has always tried to create these kinds of meetings when many agencies are involved with one family.	Tue, 5/12/09 2:25 PM
17.	Greater coordination across multiple providers. Inclusion of privat providers.	Tue, 5/12/09 10:08 AM
18.	it has not been inherent here that the clinician or sw call for case consultation teams. It serves a lot of value in being sure that there is not duplication of services or a service that slips through the cracks. It also offers creative problem solving and info on systems and resources. I am looking forward to the child-specific teams getting better and better	Mon, 5/11/09 4:41 PM
19.	The team concept has been used historically on a as " need" basis historically but not in a " have too" basis.	Mon, 5/11/09 3:34 PM
20.	It's not drastically different- but it does get everyone at the same table at the same time. I like the idea of Systems of Care, and child specific teams...I just feel we (as an agency and as a community) weren't prepared to take it on. I think we should have done more planning and forming resources before starting the process. We have too many cases at this point- and perhaps not enough community "buy in"- to really handle cases as we should. Systems of Care really is a good idea- especially having everyone sit down at the same time- but it's nearly impossible with our limited resources.	Mon, 5/11/09 3:34 PM

Comments on the Added Value of Intensive Care Coordination

1.	Central point of contact for all parties.	Fri, 5/22/09 12:36 PM
2.	Averts difficulties related to DSS being perceived as non-neutral	Wed, 5/20/09 6:36 PM
3.	An intensive care coordinator has worked at a the "neutral component/Liason" on the team. Keeping the meetings productive and progressive. I believe they are added assets for the team.	Wed, 5/20/09 4:52 PM
4.	Some of the meetings have been lengthy, but this might be needed to allow a voice to all the participants.	Mon, 5/18/09 2:27 PM
5.	It has been a tremendous help to me in planning for a child to return to the community. I felt supported and enjoyed the opportunity to share some of the tasks.	Mon, 5/18/09 12:48 PM
6.	It relieves the primary case manager of facilitating and bringing everybody together leaving him/her to focus on his/her specific role and mandates.	Mon, 5/18/09 11:56 AM
7.	I have found the ICC to help keep the team child and family focused. The ICC has also helped to keep the team organized and progressing in a timely fashion.	Thu, 5/14/09 5:07 PM
8.	Objectivity: The ICC is less connected to an agency and can operate more freely than agency employees who may have a set of rules/policies/procedures/agency mission /etc that may limit their area of focus. The ICC brings a neutral focus to the discussion. Focus: The ICC maintains the minutes of the meeting and sets objectives for team members based on input from team members that identify service needs/goals. The ICC ensures that parents/children voices are heard. The ICC ensures that goals/service needs are not tabled.	Thu, 5/14/09 12:42 PM
9.	From a schools perspective there is very little added value. To date the objective of the ICC is simply to step students down from congregate care and worry about the potential consequences after the fact.	Mon, 5/11/09 3:32 PM

General Comments about Intensive Care Coordination

1.	I like most parts of the process.	Wed, 5/20/09 4:52 PM
2.	The Intensive Care Coordinator is only as effective as the team allow them to be. The must work together.	Wed, 5/20/09 10:16 AM
3.	I find this process of care coordination to be a huge waste of time. The meetings are legnthly and not much gets done. The children our agency serves need (in may instances) residential services away from this community. I think this new "model" is being forced upon all of us and the individual needs of badly damaged children are being overlooked in favor of asking dysfunctional families what they "want" witht he underlying effort of saving money.	Tue, 5/19/09 3:29 PM
4.	There is still some need for clarification of roles vis-a-vis traditional service providers at the various agencies.	Mon, 5/18/09 2:27 PM
5.	I've not been sure when enough is enough. The C-S Team sometimes keep going on and on and on, even when there's evidence that the "plan" isn't working or the "goal" is not realistic. I am happy to see family/child strengths being given greater awareness, but I do feel that ignoring very significant weaknesses leads to some of the goals or plan not being realistic. I've sometimes felt that once a plan is running into real issues (barriers/change in situation) that it is problemantic to make adjustments in keeping with a projected timeframe. Sometimes adjustments/responses for service that an agency has to make may require additional steps within the agency in order to make a plan work or reach a goal. Sometimes there is nothing that an agency can do based on legal, procedural, or policy requirements that will make a plan work. So when do we throw in the towel and say, this goal cannot happen.	Thu, 5/14/09 12:42 PM
6.	ICC is still in the begining stages. Further review is needed to understand effectiveness	Tue, 5/12/09 9:19 AM
7.	The concept is great and as ICCs become more experienced it will continue to get better - so far great improvement.	Mon, 5/11/09 4:42 PM
8.	I have only observed an intensive care coordinator as part of a FAPT team member and was struck by the poor planning and coordination with other integral service providers. It was only one case and the coordinator designed a poorly thought out plan that was not cost effctive with consultation.	Mon, 5/11/09 3:37 PM
9.	I recently added Ross to a case- unfortunately, she is now leaving. My limited experience with her was good.	Mon, 5/11/09 3:35 PM
10.	The ICC has attempted tried to leverage services in the IEP that are innapropriate from a schools' perspective. There is much work to be done from my perspective.	Mon, 5/11/09 3:32 PM