

Charlottesville/Albemarle Comprehensive Services Act

Quarterly Outcome Report  
FY09, 4<sup>th</sup> Quarter

Presented to the  
Comprehensive Services Act Committee  
October 2009

Approved by CSA October 21, 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,<sup>1</sup> the financial impact, and the impact on the number of children in congregate care.

This is the second Quarterly Report and includes changes made at the request of CSA Committee, as well as a new cost-per-child indicator to reflect Charlottesville/Albemarle community values cost effective service provision (see Indicator 5). Additionally, FAPT Satisfaction Surveys are only reported from youth, families, and family support persons. The first, baseline report, can be found at [http://www.ccfinfo.org/PDFs/csa\\_qrep\\_baseline\\_june09.pdf](http://www.ccfinfo.org/PDFs/csa_qrep_baseline_june09.pdf).

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,<sup>2</sup>
- (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,<sup>3</sup> 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 a quarterly basis to the CSA Committee, Program Subcommittee, and FAPT.

This report is intended to reflect successes and challenges in implementing the Community Practice Model may so that adjustments in policy and procedures may be made.

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

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<sup>1</sup> The full Community Practice Model can be found at [http://www.ccfinfo.org/NewPages/community\\_practice\\_model.html](http://www.ccfinfo.org/NewPages/community_practice_model.html)

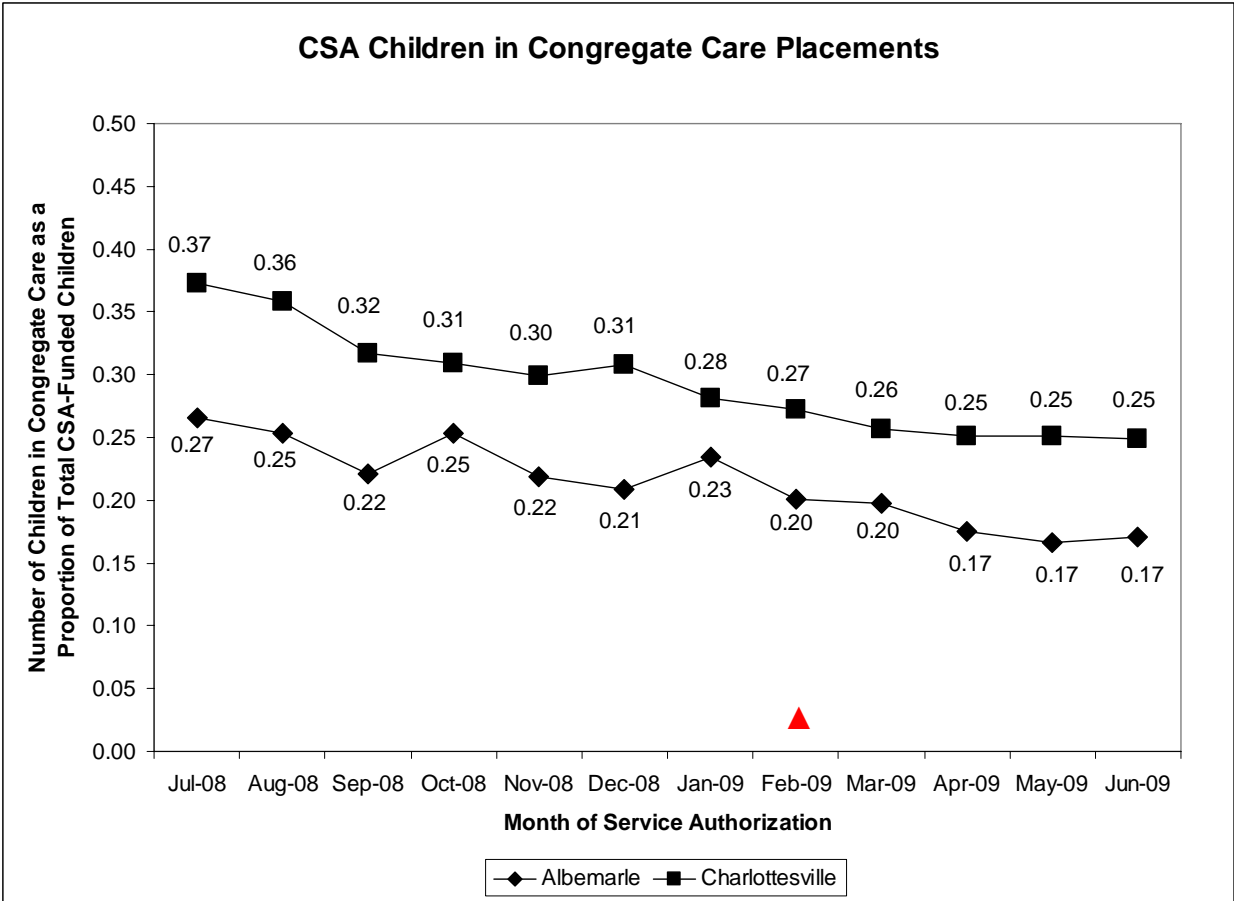
<sup>2</sup> While the Charlottesville/Albemarle community values serving children in their home communities, there are several difficulties in identifying the best way to measure this. Since serving children in their home community is ensured if children are not being placed in out of locality congregate 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.

<sup>3</sup> 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.<sup>4</sup>

**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.

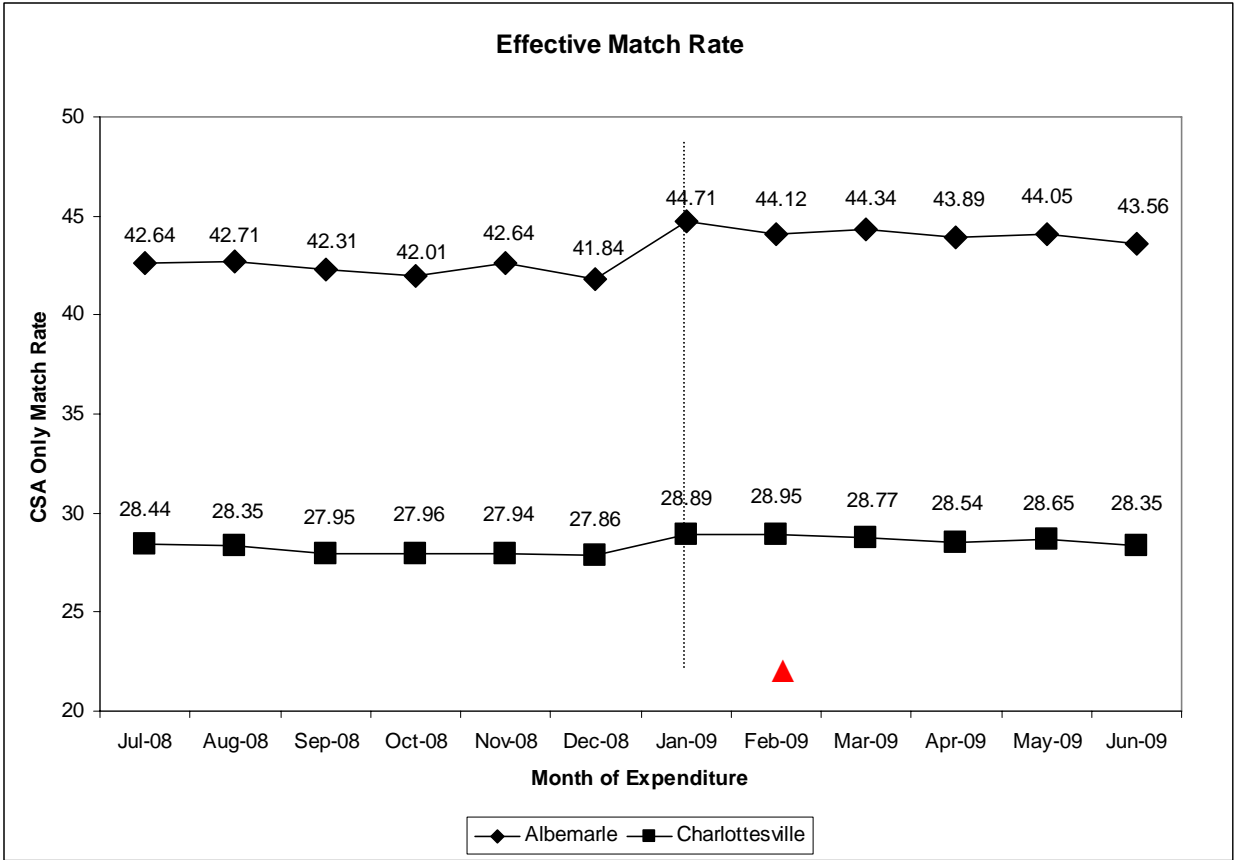


<sup>4</sup> Charlottesville/Albemarle Comprehensive Services Act Committee would also like to report the number of days children spend in congregate care, so that the basic use and length of stay in congregate care may be tracked; however, the number of days of congregate care is not able to be captured 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.<sup>5</sup> 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.

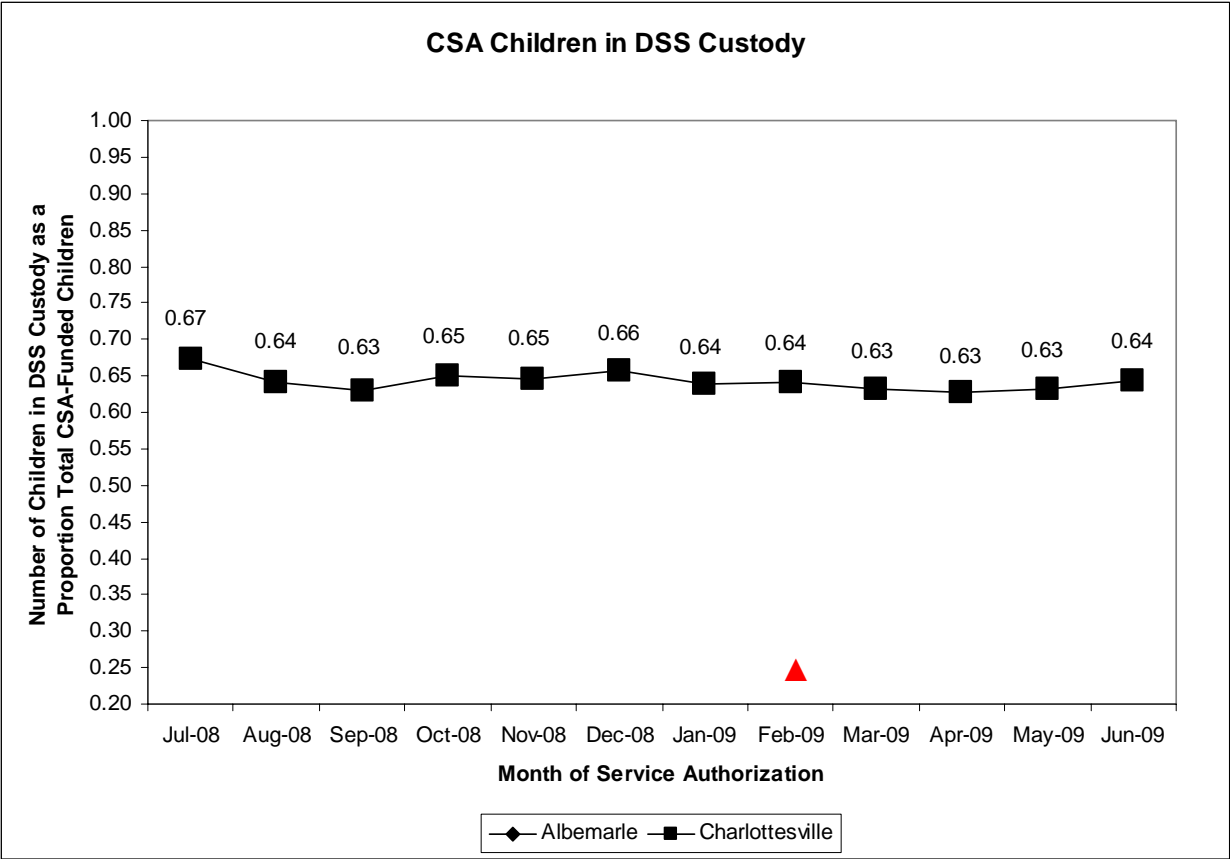


<sup>5</sup> The historical CSA match rate for Charlottesville was 0.3068 and for Albemarle it was 0.4474. The match rate was lowered for community-based services in July 2007, and the match rate was increased for congregate care services in January 2009.

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.<sup>6</sup> The red arrow denotes the date of the full implementation of the Community Practice Model.

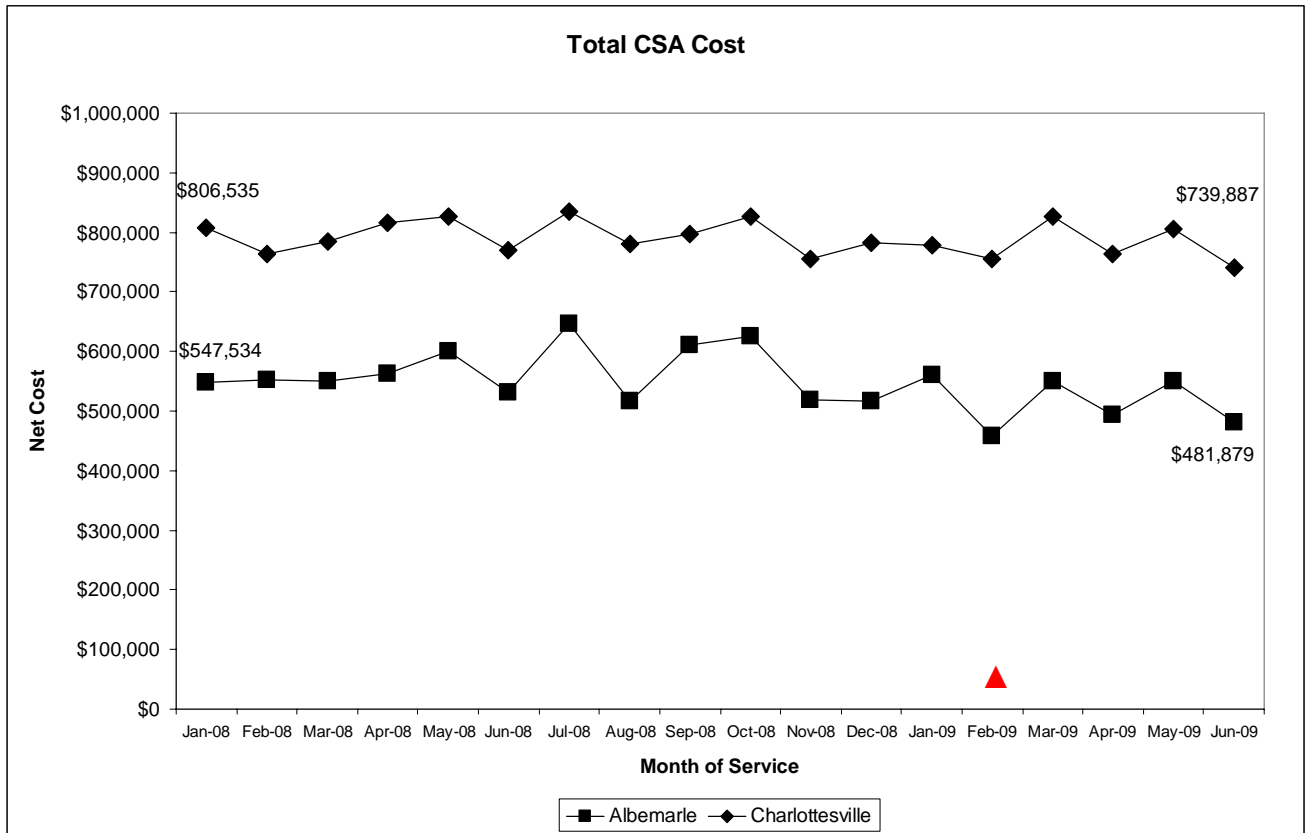


<sup>6</sup> The unduplicated number of children authorized for service categories (from the local monthly financial reports) 1A, 1B, 2A, 2A1, 2B, 2B1, 2C, 2D, 2E, 2F-FC, and 2F1 were summed to reflect the total unduplicated number of children in the custody of the Department of Social Services. Unduplicated numbers for the County will be available starting in FY10.

Indicator 4  
Total CSA Costs

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

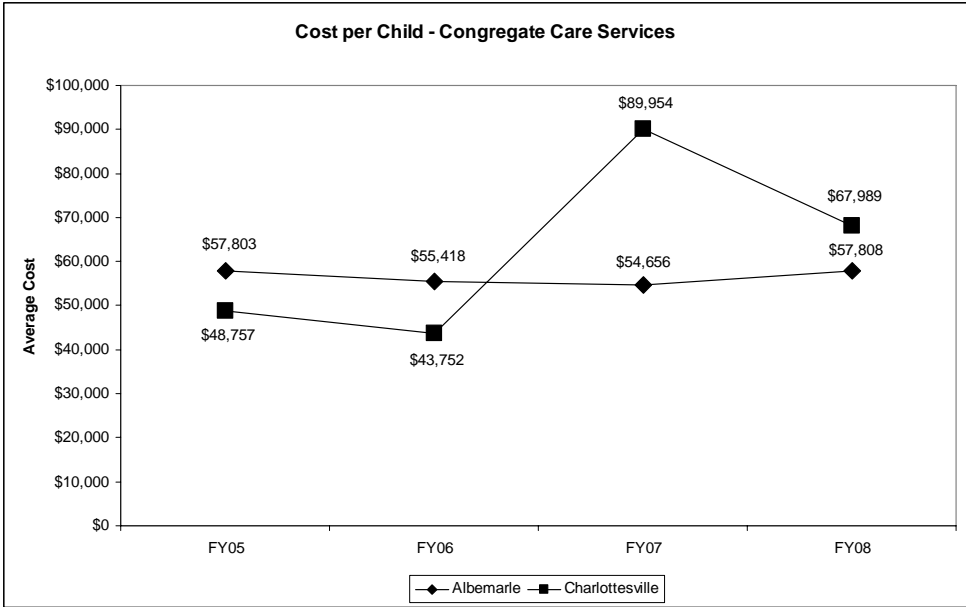
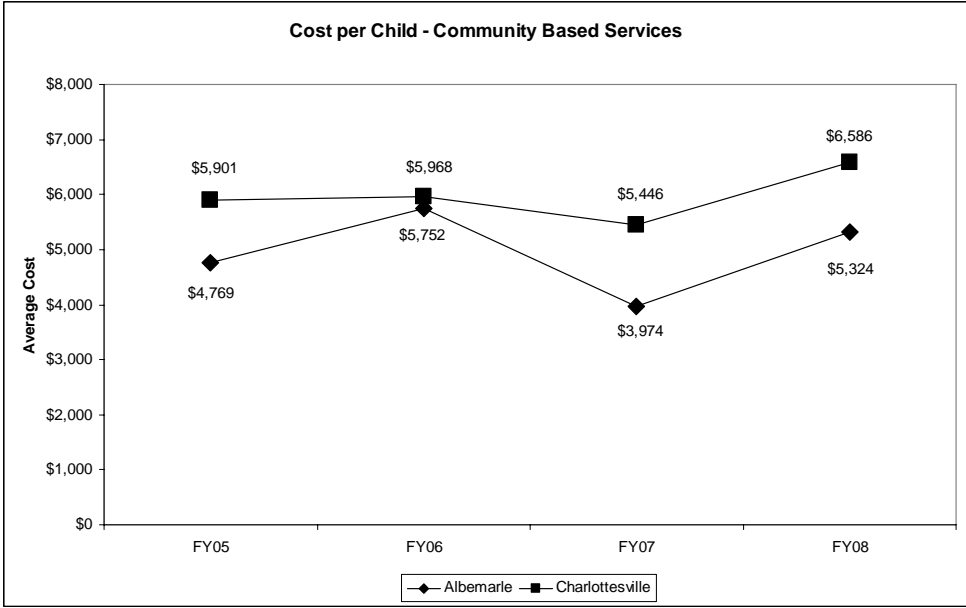
Data Collection These data were extracted from the Harmony and Thomas Brothers data systems and reflect the net expenditures per month of service. The red arrow denotes the date of the full implementation of the Community Practice Model.



Indicator 5  
Service Costs per Child

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

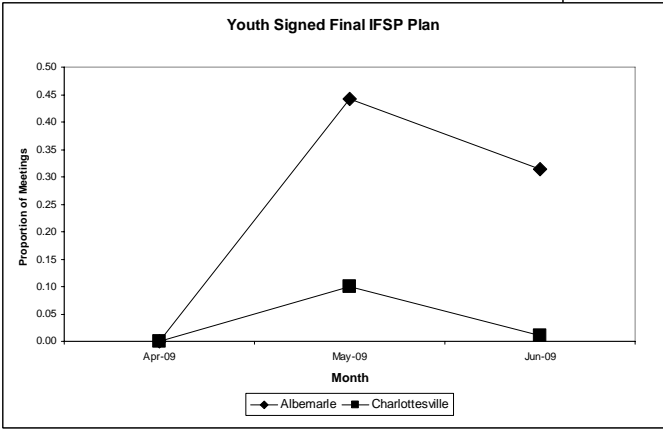
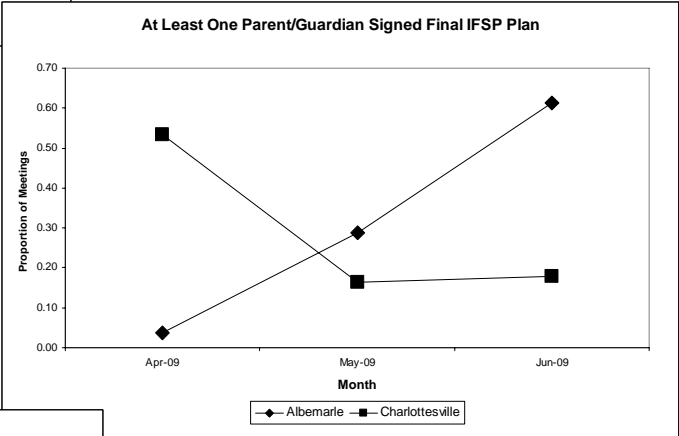
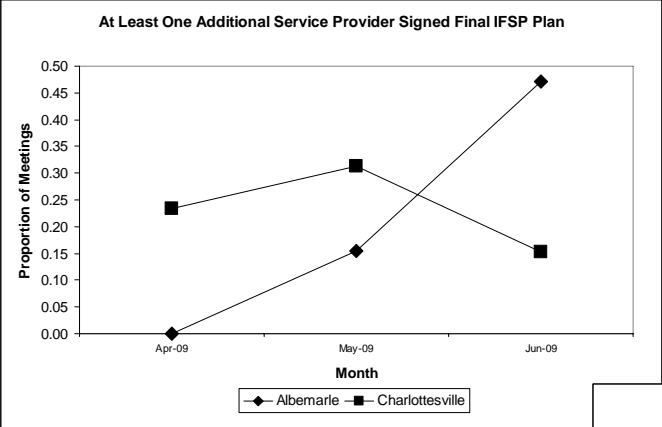
Data Collection These data were taken from the CPMT Management Reports available on the Office of Comprehensive Services website. The cost per child for children served in congregate care is the sum of the cost per child in group home and residential treatment center placements.



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.<sup>7</sup>



<sup>7</sup> These data reflect the presence of at least one service providers' (other than the presenter or FAPT members), at least one parent/guardians', and/or the focal youths' signature on the final plan signature sheet. Since the total number of reviews includes "paper reviews," for which the presenter and other team members are never present, these numbers reflect somewhat of an underestimation of participation of child-specific teams in the FAPT meetings.

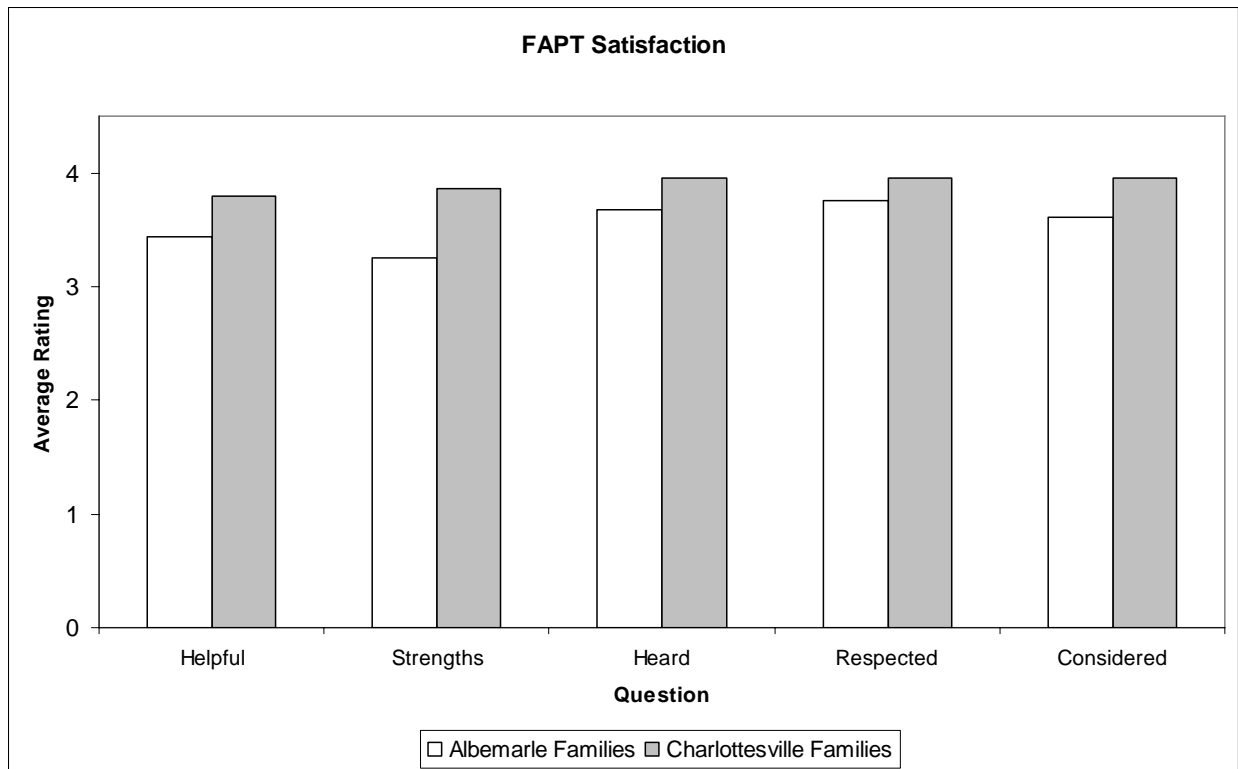
Data Collection These data reflect the opinions of case managers and service providers (“Providers” below), as well as youth, family members, and family support persons/advocates (“Families” below) who attended FAPT meetings and completed the survey.<sup>8</sup>

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.

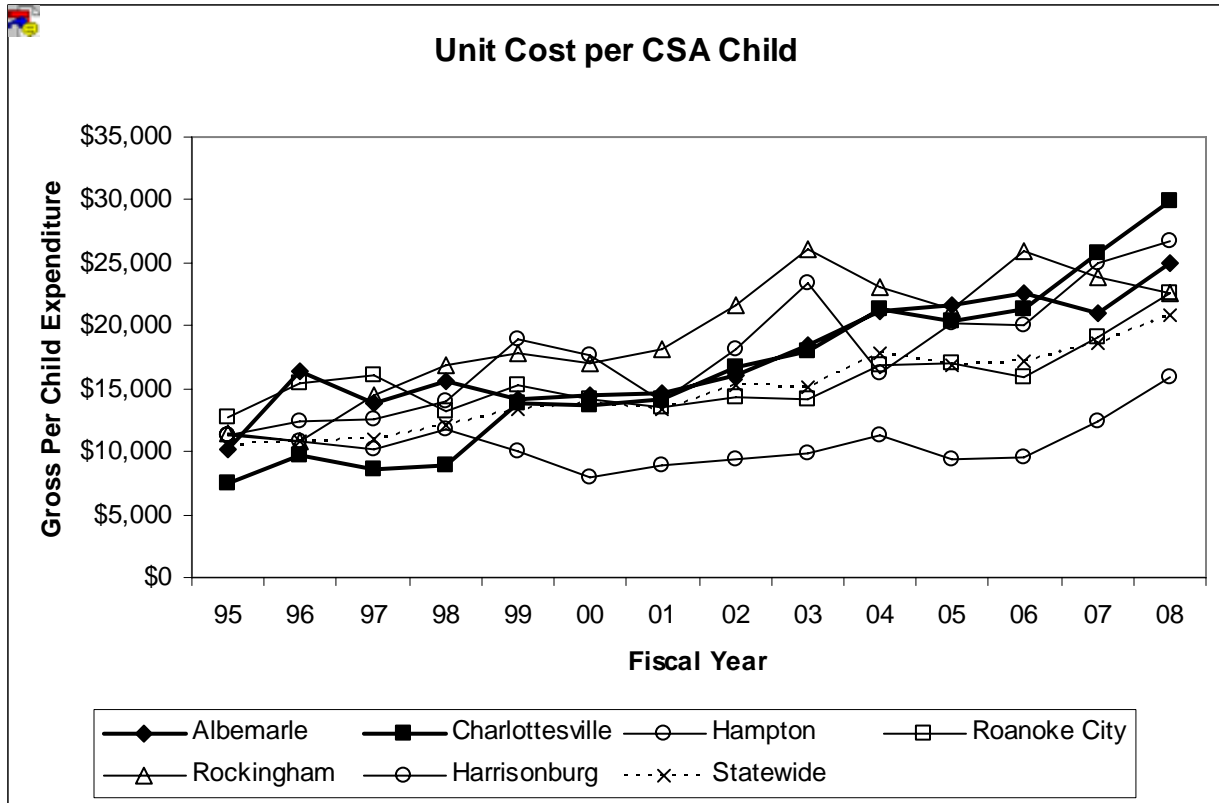
Free responses from these surveys are presented in Appendix B.



Data Collection Twice a year, data is collected via Survey Monkey to gather the opinions of all agency CSA participants (i.e., committee members, case presenters, CSA staff, and family representatives). Data were last collected in May 2009, with at least a 60% response rate. The survey will be re-administered in November 2009. The results of the last survey may be found in the CSA Quarterly Report, Baseline Report, from June 2009: [http://www.ccfinfo.org/PDFs/csa\\_qrep\\_baseline\\_june09.pdf](http://www.ccfinfo.org/PDFs/csa_qrep_baseline_june09.pdf)

<sup>8</sup> These data were collected between May and September 2009, and represent 21 surveys for Charlottesville and 37 surveys for Albemarle.

**Appendix A  
County Executive's Report<sup>9</sup>**



<sup>9</sup> 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](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.

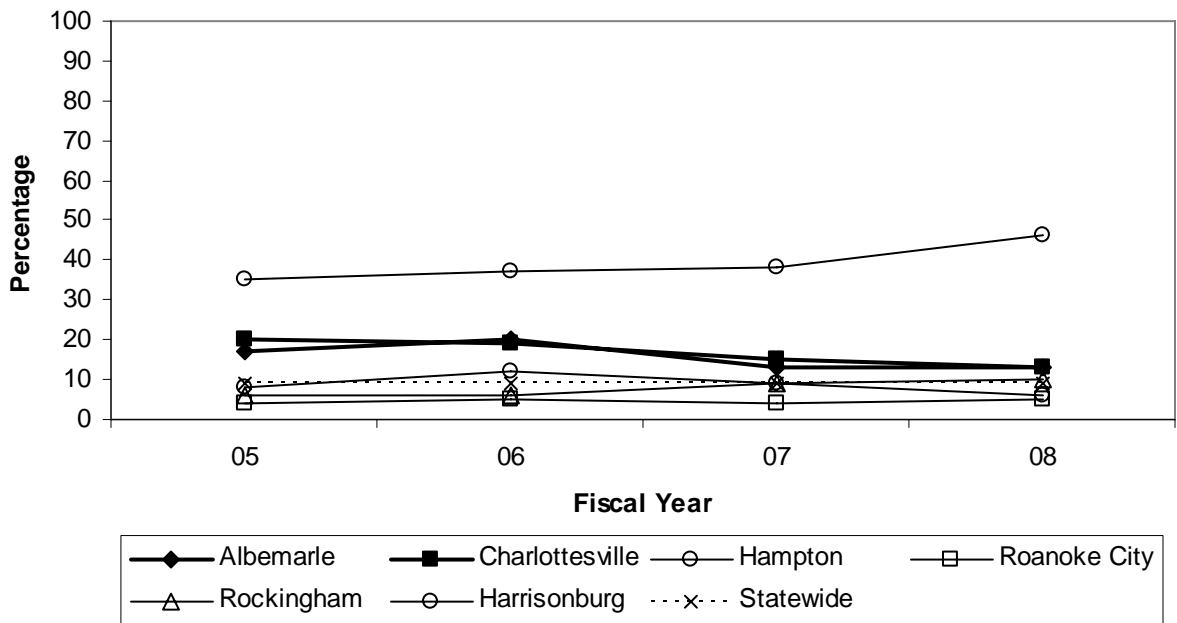
(2) There are some potential inconsistencies with the data in the CPMT Management Reports. For example, the CPMT Management Reports only 1 youth in Independent Living for FY08 in Albemarle, which is not accurate. Therefore, data presented in these graphs should be interpreted with some caution.

(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 2<sup>nd</sup> table do not always match those presented in the 3<sup>rd</sup> table). Because most data for this report came from the 3<sup>rd</sup> and 5<sup>th</sup> tables, the number and percent of children receiving particular services were calculated from the "# Youth Served" rows in the 3<sup>rd</sup> table.

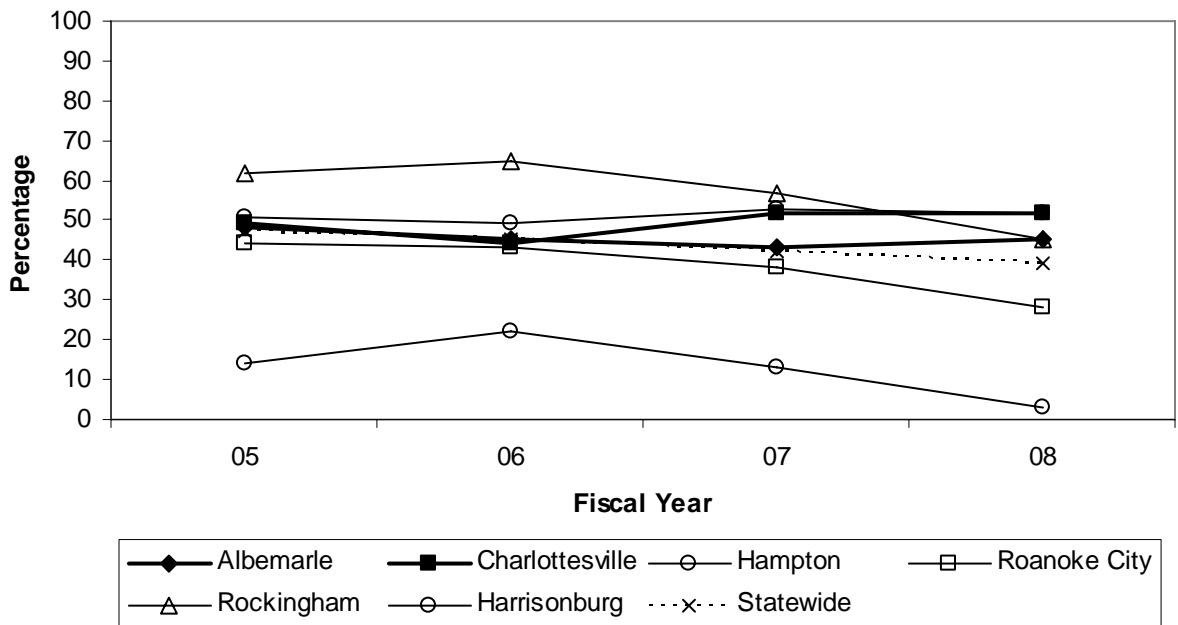
(4) The number of days in congregate and SPED Day Placements were not available on current reports available on the Office of Comprehensive Services website, so while they were presented in previous reports, they are not presented here.

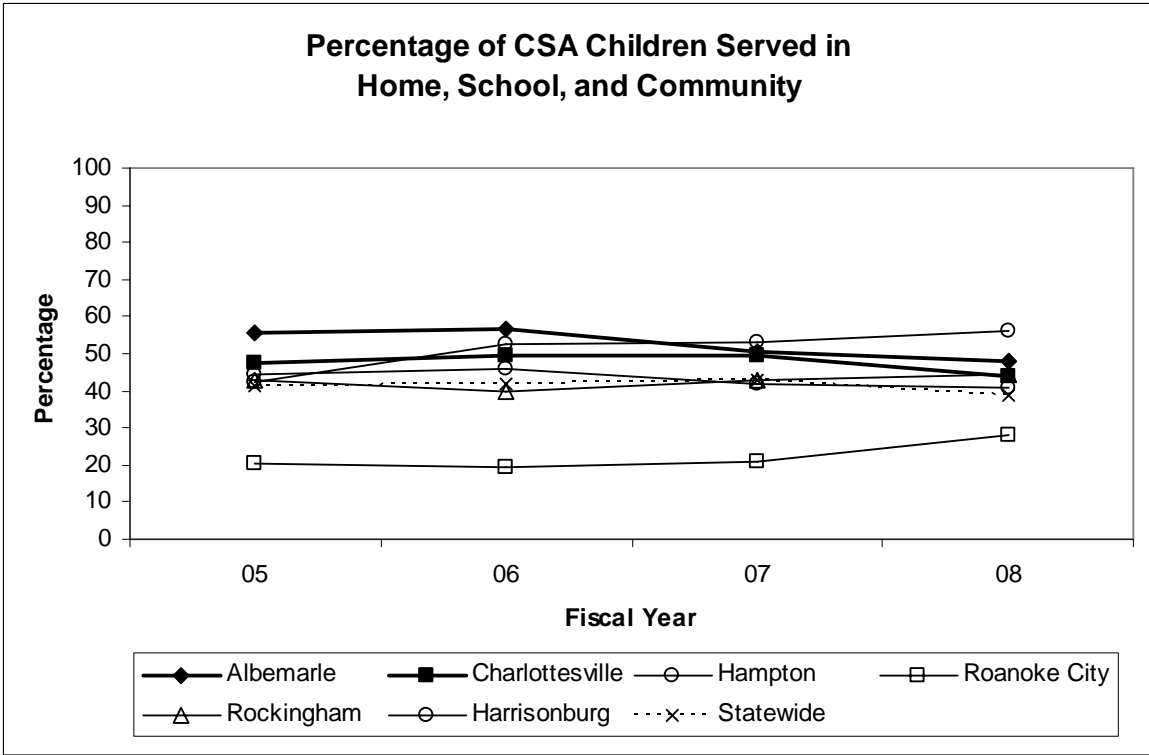
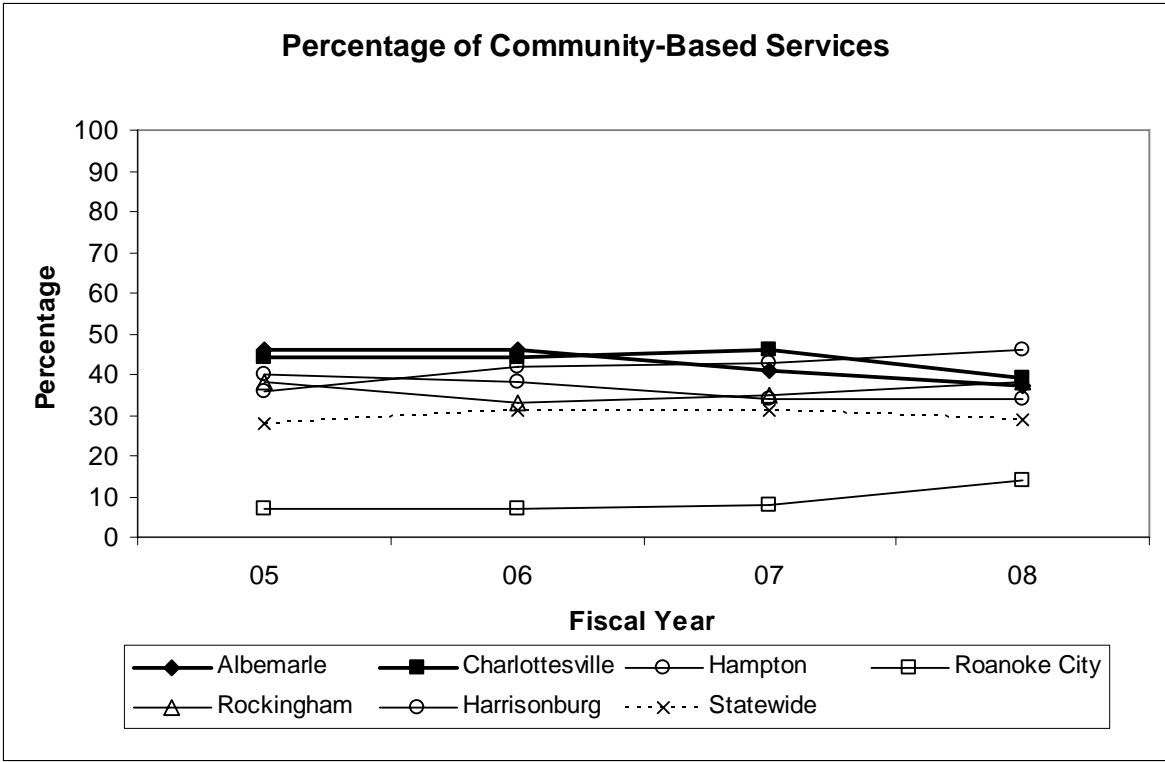
(5) Future reports will not include comparisons with Franklin County and will include comparisons with Harrisonburg, Rockingham, and both Roanoke City and Roanoke County.

### Percentage of CSA Expenditures on Community-Based Services



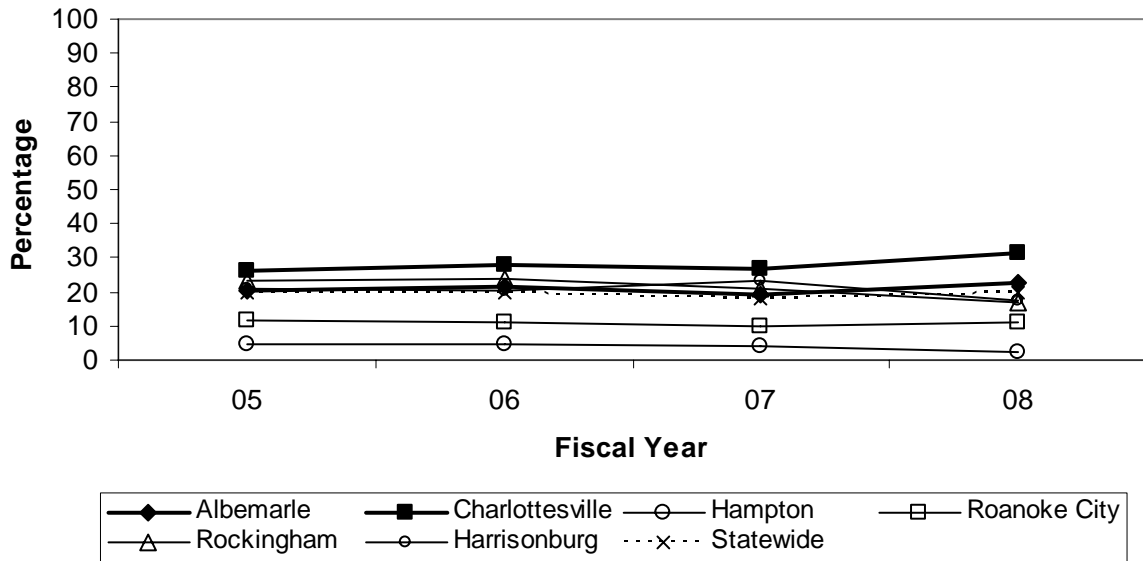
### Percentage of CSA Expenditures on Congregate Care



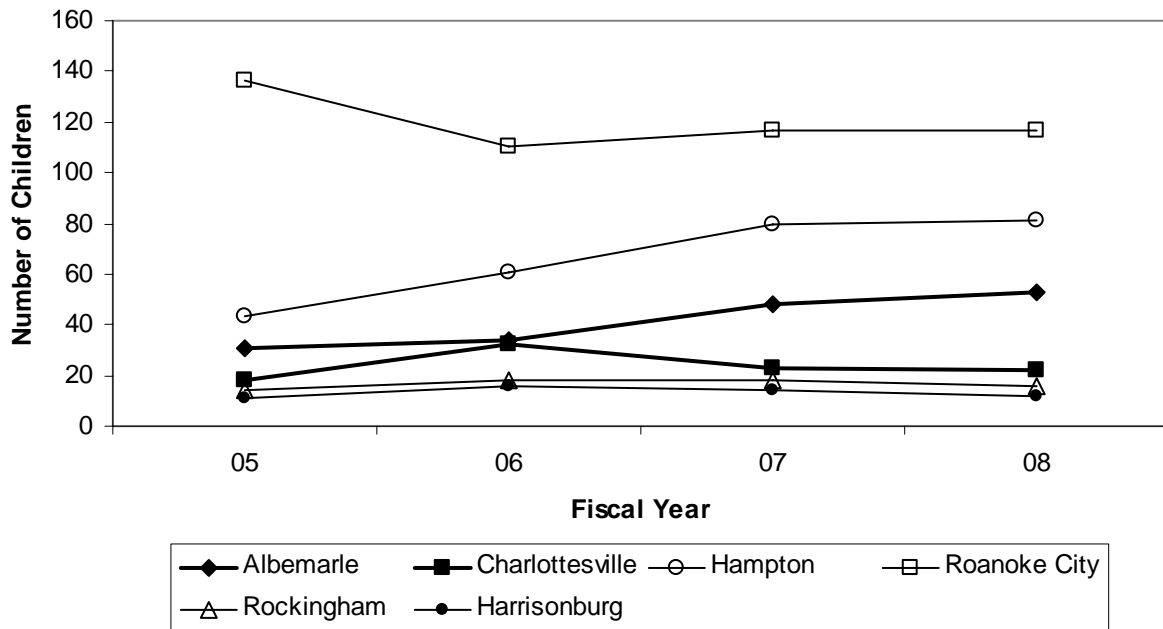


This measure includes children in the following service placement types: Community Based Interventions, Special Education Day Placement, Special Education Other Day Services.

### Percentage of CSA Children in Congregate Care



### Total Number of CSA Children in Special Education Private Day Placements



**Appendix B**  
**Free Responses from FAPT Satisfaction Survey to**  
**Youth, Families, and Family Support Persons**  
**June 2009 through September 2009**

*Charlottesville*

Most Helpful: “All of it. The meeting went very good. This was the first time for me, so there were a lot of good info.”

Most Helpful: “Help 4 my daughter”  
Not Addressed: “Meeting went well”

Most Helpful: “FAPT meeting went very well.”  
Not Addressed: “I the FAPT meeting went very well.”

Most Helpful: “The explanation of services”

Most Helpful: “Positive statement by [FAPT member], efficient chairing, courtesy”

Most Helpful: “Interesting to see the process and who is included”

Most Helpful: “Everyone was cooperating”

Most Helpful: “Hearing about my balance being paid”

Most Helpful: “They listened, and asked questions, showed intrest in what I want.”  
Additional Comment: “Thanks a lot for your help.”

Most Helpful: “Helping on the support my daughter needs”

Additional Comment: “Thank all of the FAPT”

Most Helpful: “Suggestions for ID Wavier identification”  
Additional Comment: “I have had my foster son for 9 years – The FAPT team has been consistently supportive of us – I feel supported in the meetings and the financial support has allowed my son’s many needs to be met – Thanks!”

Most Helpful: “Getting all services together at one time”

*Albemarle*

Most Helpful: “Getting the help my son needs”

Most Helpful: “My improvement”  
General Comment: “Thank you for your help, it helps me a lot! –[parent name]”

Most Helpful: “Just everyone listening to what [vendor] has done and is doing for our family/input of FAPT con”  
Not Addressed: “Just to thank you all for helping my family be the best we can”

Most Helpful: “Everything was explained.”

Most Helpful: “Getting the funding”

Most Helpful: “The compliments I was given.”  
Not Addressed: “What is transitional counseling?”

Most Helpful: “I attended too”

Most Helpful: “Rate/service change”

Most Helpful: “Suggestions and recommendations”

Most Helpful: “Discussing the neurological treatment for [youth].”

Most Helpful: “Learning about the members of FAPT, information that was shared help/benifet both child/parent.”  
Additional Comment: “Very open and friendly environment”

Most Helpful: “They heard everything that was of concern.”

Most Helpful: “Suggestions and ideas offered by all the participants – good brainstorming”  
Additional Comment: “The CSA is not truly a ‘pool’ of funds when each agency is able to determine how to prioritize requests for funding from the streams if controls and/or are dedicated to it. I recognize that this is not likely to be something the locality controls; rather, it is a structural problem that must be fixed at the state level.”

Most Helpful: “Understanding ‘what’s next’ – plan of action and having all partners together”

Most Helpful: “We could not possibly provide the care possible for our son given the financial aspect. Approval for funding is key.”

Most Helpful: “Hearing that there are services out there that could help the family unit”

Additional Comment: “Everything went well. Very pleased with outcome.”  
Most Helpful: “listening to the debate among members. Not truly understanding debating #7. CHINS means child need of services. This child had all services in community in place but it wasn’t enough to meet his needs. #7 is very confusing.”

Most Helpful: “to learn there was help for college for low-income families”

Additional Comment: At item #6 about your opinion being heard - “asked to talk at the end”  
At item #7 about your opinion being respected – “my opinion could not be [?] at this meeting”  
Not discussed – “all my questions at this meeting and [?] all [?] meetings.”