

Charlottesville/Albemarle Comprehensive Services Act

Update on the Recommendations for Restructuring

Presented by the
Program Subcommittee

to the
Comprehensive Services Act Committee

June 2009

Approved by CSA Committee 6/17/09

Executive Summary

Introduction

As a follow-up to the recommendations accepted by the CSA Committee in November 2008 for restructuring the local CSA system, this report includes up-to-date progress on implementing those recommendations, including work still underway, and additional recommendations going forward.

Recommendation 1: The CSA system should be driven by community practice model with common vision, mission, and values.

- ✓ The Community Practice Model is being used by partner agencies, and is central to the FAPT process.

Recommendation 2: CSA Committee structure should be adjusted to add a voting parent and a Community Attention representative to the Committee.

- ✓ CSA Committee meetings have been restructured and a voting Community Attention representative has been added.
- A voting parent representative should be identified for CSA Committee.
- CSA Committee members are encouraged to periodically attend FAPT so they can stay abreast of how the Community Practice Model is actualized for specific children..
- Per directive from the County Executive's Office, discussion of staff roles has been postponed pending review of the City and County efficiency studies (City review is scheduled for the third week in May; County review is scheduled for early June).

Recommendation 3: Fiscal Subcommittee should be eliminated, and fiscal monitoring shifted to CSA Committee and FAPT.

- ✓ Fiscal Subcommittee has been eliminated; system-level fiscal monitoring is conducted by CSA Committee; FAPT is the formal authorizing entity of CSA funds.
- The threshold for service plans needing to be presented at FAPT should be lowered to \$1,500 for **new** County cases starting July 1, 2009; the threshold should be lowered for **new** City cases starting September 1, 2009; the threshold should be lowered for all City and County cases starting February 1, 2010 with the goal of having all under threshold cases having been seen at FAPT by April 1, 2010.
- An Ad Hoc group (staffed by Gretchen Ellis, including Mike Murphy, Buz Cox, Stacie Asbury, and Kevin Wasilewski) will meet to develop financial documents to be used at FAPT meetings to help the Team track funds encumbered each week, including all under-threshold plans.

Recommendation 4: Program Subcommittee should be charged by CSA Committee with addressing specific issues (via ad hoc groups) regarding policy implementation, FAPT process, and program development.

- ✓ The FAPT Chair and UR staff sit on Program Subcommittee.
- ✓ Program Subcommittee or Ad Hoc groups are addressing programming issues, e.g., attracting a private day school to Charlottesville/Albemarle, the role of family voice and support, a private provider group, redevelopment of the Individual Family Service Plan (IFSP), the development of a quarterly outcome report, how to bill for Intensive Care Coordination when in-home services are being paid by Medicaid, mobile crisis stabilization services, etc.
- Program Subcommittee members are encouraged to periodically attend FAPT so they can stay abreast of how the Community Practice Model is actualized for specific children.
- Program Subcommittee should receive and review child-specific reports from Intensive Care Coordination and Utilization Review.
- It is recommended that, due to the number and length of FAPT meetings, that the two localities continue to have separate FAPT schedules.
- CHINS-Team was originally separated from the FAPT process to allow more time for service planning discussion. Now that the FAPT is again used for service planning and meetings are scheduled for up to 45 minutes, the FAPT meetings are an appropriate venue for CHINS-Team service planning. CHINS-Team should be roled into FAPT starting September 1, 2009.

Recommendation 5: FAPT should be refocused.

- ✓ The FAPT meetings have changed focus with very good success, and children in, or at risk for, congregate care placements have been given priority by the presenting agencies for review at FAPT.
- ✓ Mike Murphy has continued to be FAPT Chair for both the City and County FAPT meetings, and will continue to act at chair until at least July 31, 2009, when who should chair will again be discussed at the 5th Friday FAPT meeting.
- ✓ Between 2/1/09 and 5/18/09, 55 service plans (and 11 paper reviews) have come before FAPT from Albemarle County, an average of 4 per week. Twenty-five have been for 15 minutes, 28 for 30 minutes, and 2 for 45 minutes (1,395 service planning hours).
- ✓ Between 2/1/09 and 5/22/09, 108 service plans (and 21 paper reviews) have come before FAPT from the City of Charlottesville, an average of almost 7 per week. Forty-nine have been for 15 minutes, 53 for 30 minutes, and 6 for 45 minutes (2,595 service planning hours).
- Under-threshold plans will be reviewed at FAPT upon the completion of the work of an Ad Hoc group (staffed by Gretchen Ellis, including Mike Murphy, Buz Cox, Stacie Asbury, and Kevin Wasilewski) which will meet to develop financial documents to be used at FAPT meetings to help the Team track weekly encumbrances.

Recommendation 6: A FAPT Transition Planning Team should be convened to manage the logistics of the transition.

- ✓ Supervisors at presenting agencies worked with their staff and prioritized service plans to be reviewed for children in, or at risk for, congregate care placements.
- ✓ CSA staff continue to actively address the remaining logistical challenges associated with the transition.

Recommendation 7: An ad hoc committee should be formed to plan the system-wide trainings needed for FAPT and for individual case managers/child-specific teams to facilitate knowledge of and fidelity to the community practice model.

- ✓ Trainings were held for all CSA users in January 2009.
- ✓ Maryfrances Porter has offered consultation, meeting facilitation, and Systems of Care presentations as requested.
- ✓ An Ad Hoc Group of Program Subcommittee was convened to discuss the community training needs and are recommending that CCF provide training on CSA and Systems of Care for new staff and that a regular electronic newsletter be developed.
- ✓ Judge Berry and his Best Practice Court programming committee elected to use their funding this year to fund training workshops in specific knowledge, skills, and methods needed to fully engage and empower families and youth in the service planning and delivery process, as well as in effectively managing conflict and facilitating multidisciplinary team service planning meetings.

Conclusion

The implementation of the Community Practice Model and the associated changes in local policies and procedures has been going relatively smoothly. There is a substantial change in focus to keeping children in the community and transitioning back to the community from congregate care, as well as in being more family-focused and strengths based. Additional training, agency support, and local programming is needed to fully actualize the Community Practice Model.

Introduction

Original Restructuring

Between September 2007 and November 2008, at the request of the Comprehensive Services Act (CSA) Committee, the chairs of the CSA Committee, Program and Fiscal Subcommittees, and Family Assessment and Planning Team (FAPT), a Process Improvement Team (PIT) was formed to conduct an evaluation of the CSA structures, processes, and operations to assess whether the functioning of the current system is effective, efficient, and having the optimal effect, if the financial threshold structure is working, whether the policies and procedures are effectively disseminated, and if state expectations are being met.

A final set of recommendations were presented to and accepted by the CSA Committee in November 2008. The recommendations began to be fully implemented in February 2009.

Restructuring Progress

Also included is up-to-date progress on implementing the specific recommendations made in the PIT report, including work still underway, and additional recommendations going forward.

Review of Recommendations

Recommendation 1: *The CSA system should be driven by community practice model with common vision, mission, and values. Additionally, specific changes to the local CSA Policy and Procedures Manual are needed to align it with State code and the proposed new local procedures.*

Progress for Recommendation 1

- ✓ The Community Practice Model was adopted by the local CSA system, and a webpage for the Practice Model, as well as for additional information on Systems of Care and holding child-specific team meetings are found on the Charlottesville/Albemarle Commission on Children and Families' (CCF) homepage: http://www.ccfinfo.org/NewPages/community_practice_model.html
- ✓ An abbreviated version of the Community Practice Model is now posted in CCF's conference room where the FAPT meetings are held, and is available to all coming to FAPT as a handout.
- ✓ Agency case managers throughout the community are increasing their application of the Community Practice Model, including using child-specific team meetings.
- ✓ Making changes to the local CSA Policy and Procedures Manual is on hold while the community continues to refine the local CSA policies and procedures.
 - The CSA Coordinator will be making changes to the local CSA Policies and Procedures manual in the near future.

Recommendations for Going Forward

No additional recommendations are made at this time.

Recommendation 2: *CSA Committee structure should be adjusted to add a voting parent and a Community Attention representative to the Committee, and the primary roles of the Committee should be to:*

- (1) maintain a mandate to adhere to the community practice model,*
- (2) provide system-level oversight of the operations and outcomes of CSA, and*
- (3) track the progress of the local community transformation.*

Progress for Recommendation 2

- ✓ Community Attention is now a voting member of the CSA Committee.
- ✓ The CSA Committee agenda was re-developed, as recommended in the PIT report.
- ✓ CSA Committee reviews enhanced financial reports generated from the Harmony and Thomas Brother's systems, as well as reports from the Utilization Review staff which reflect their fiscal and clinical activities and impact.
- ✓ CSA Committee hears reports from Program Subcommittee, FAPT, and Intensive Care Coordination regarding children served, progress made, barriers encountered, and services needing to be developed locally.

Recommendations for Going Forward

- A voting parent representative should be identified for CSA Committee.
 - On February 1, 2009, a grant was submitted to BAMA Works to provide stipends for parent representatives at CSA Committee, Program Subcommittee, and FAPT meetings (application and job descriptions in Appendix A). A site visit was conducted, and award notices are expected mid-June.
- CSA Committee members are encouraged to periodically attend FAPT so they can stay abreast of how the Community Practice Model is actualized for specific children.
- Per directive from the County Executive's Office, discussion of staff roles has been postponed pending review of the City and County efficiency studies (City review is scheduled for the third week in May; County review is scheduled for early June).

Recommendation 3: *Fiscal Subcommittee should be eliminated, and fiscal monitoring shifted to CSA Committee and FAPT. The threshold for service plans needing to be presented at FAPT should be reduced to \$1,500.*

Progress for Recommendation 3

- ✓ Fiscal Subcommittee was eliminated, and FAPT was made the formal authorizing entity of CSA funds.
- ✓ An Ad Hoc group (staffed by Gretchen Ellis, including Kathy Ralston, Kevin Wasilewski, Stacie Asbury, and Jennifer Lyttle) has been developing policies and procedures for assessing and collecting parental co-pays. A draft of the final report has been sent to the group members, and will be forwarded to the CSA Committee when it is in final form.

Recommendations for Going Forward

- The threshold for service plans needing to be presented at FAPT should be lowered to \$1,500 for **new** County cases starting July 1, 2009; the threshold should be lowered for **new** City cases starting September 1, 2009; the threshold should be lowered for all City and County cases starting February 1, 2010 with the goal of having all under threshold cases having been seen at FAPT by April 1, 2010.
- An Ad Hoc group (staffed by Gretchen Ellis, including Mike Murphy, Buz Cox, Stacie Asbury, and Kevin Wasilewski) will meet to develop financial documents to be used at FAPT meetings to help the Team track funds encumbered each week, including all under-threshold plans.

Recommendation 4: Program Subcommittee should be charged by CSA Committee with addressing specific issues (via ad hoc groups) regarding policy implementation, FAPT process, and program development. Program Subcommittee should receive and review child-specific reports from FAPT and Utilization Review staff.

Progress for Recommendation 4

- ✓ The current FAPT Chair sits on Program to facilitate information sharing about the FAPT process and to bring service array issues identified in FAPT to the attention of the Program Subcommittee.
- ✓ The current FAPT Chair continues to sit on Program.
- ✓ A Utilization Review representative has been formally appointed to Program Subcommittee.
- ✓ Program Subcommittee meetings were moved to two weeks prior to CSA Committee meetings.
- ✓ Several issues have been brought to Program from FAPT, CSA Committee, or other sources.
 - An Ad Hoc Group (staffed by Gretchen Ellis, including Jim Henderson, Beth Baptist, Steele Howen, Kevin Kirst, Robert Johnson, Cheryl Lewis, Jodie Murphy, and Emily Franklin) has been meeting to address the need for a local day-treatment option for youth not eligible for Lafayette Day School due to their behavioral management needs. This group met four times to identify the local needs and develop a Statement of Community Need (Appendix B). The Statement of Community Need was approved by Program Subcommittee in 4/09 and sent to vendors who had inquired about establishing programs locally, and meetings with potential vendors (First Home Care, Three Springs, Specialized Youth Services, Generation X-cel, Rivermont, and Elk Hill) are in process. The Ad Hoc Group will provide feedback to the vendors regarding whether or not the services they can offer would meet the community need, and the preferred vendor(s) will be encouraged to establish the facility and begin accepting referrals in the Fall 2009.
 - Some additional programming issues currently being explored are: (1) Region Ten CSB is exploring the possibility of negotiating a cost effective set rate for in-home services, which could be charged to CSA in such situations when Intensive Care Coordination is indicated and in-home services would have otherwise been charged to Medicaid, and (2) the capacity of Region Ten CSB for providing 24-hour, mobile crisis stabilization services.
 - Some additional programming issues that were addressed include: (1) Jefferson Trail (formally Whisper Ridge) obtaining special authorizing from their licensing board in order to accept a youth who had not completed a sex offender treatment program so that he could be served in the community, and (2) Region Ten CSB assigning families receiving services via parental agreements to Intensive Care Coordination.
- ✓ Rather than convening an Ad Hoc Group, Program Subcommittee has been reviewing the structure and role of family voice and support.
 - The Subcommittee approved job descriptions for parent representatives at CSA, Program, and FAPT. They are in the process of reviewing the potential structure and role of family mentors/support persons.
 - Amy Laufer, a CCF Commissioner, has been working to develop a parent support network. This work is going slowly, but diligently. Amy continues to identify and talk to parents to figure out where their energy is for developing a network.

- ✓ Program Subcommittee charged the following Ad Hoc Groups, including direct service/line workers, to meet to address the following issues:
 - Neta Davis and Brian Hemmert are in the process of inviting and convening private providers on a regular basis for information sharing.
 - An Ad Hoc Group to develop a quarterly CSA Outcome report (staffed by Maryfrances Porter, including Buz Cox, Mike Murphy, Karen Rifkin, Nikki Bowles, Jennifer Behrens, and Martha Carroll) met three times and developed recommendations for a report, which were accepted by CSA Committee in March, 2009 (Appendix C).
 - Maryfrances Porter worked with Kevin Wasilewski and Stacie Asbury to collect the requested data from Thomas Brothers and Harmony.
 - Satisfaction surveys began being given to case managers, family/youth, and other service providers coming to FAPT on 5/4/09 (Appendix D).
 - The first of bi-annual surveys to all CSA users was distributed on May 11, 2009 (Appendix E) to assess the effectiveness of FAPT, CHINS-Team, child-specific teams, and intensive care coordination.
 - An Ad Hoc Group (staffed by Maryfrances Porter, including Beth Smith, Adam Backles, Susan Lewis, Em Parente, Sue Houchens, Karen Wilson, Das Sapp, and Mike Murphy) has met twice to re-develop the IFSP into a more user-friendly document which helps promote the community practice model. This group hopes to present initial recommendations to Program Subcommittee in July or September.

Recommendations for Going Forward

- Program Subcommittee members are encouraged to periodically attend FAPT so they can stay abreast of how the Community Practice Model is actualized for specific children.
- Program Subcommittee should receive and review child-specific reports from Intensive Care Coordination and Utilization Review.
- It is recommended that, due to the number and length of FAPT meetings, that the two localities continue to have separate FAPT schedules.
- CHINS-Team was originally separated from the FAPT process to allow more time for service planning discussion. Now that the FAPT is again used for service planning and meetings are scheduled for up to 45 minutes, the FAPT meetings are an appropriate venue for CHINS-Team service planning. CHINS-Team should be roled into FAPT starting September 1, 2009.

Recommendation 5: FAPT should be refocused to:

- (1) provide fiscal oversight and service package authorization,*
- (2) provide encouraging/motivating consultation and coaching,*
- (3) help the case manager/child-specific teams think creatively and individually for each child and family,*
- (4) help case managers develop child-specific teams,*
- (5) help leverage innovative, community-based services, and*
- (6) provide assistance with transition planning as children return to community-based services.*

FAPT meetings should be scheduled for 15, 30, or 45 minutes, depending on the needs of the case manager/child-specific team. During at least the first four to six months of the transition FAPT should be split by jurisdiction so as not to overwhelm the system. Ultimately, CHINS Team should be folded into the FAPT process, but should remain separate during the transition so as not to overwhelm the system.

Progress for Recommendation 5

- ✓ As noted above, FAPT provides fiscal oversight and service package authorization for case managers and child-specific teams, and is now the formal authorizing entity of CSA funds.
 - As noted above, there is an Ad Hoc Group designing to develop financial documents to be used at FAPT meetings to help the Team track funds encumbered each week.
- ✓ FAPT is using a consent agenda to review emergency placements, and reserves time at the end of the meetings for paper reviews.
 - UR flags any under-threshold cases through review of the FAR checkboxes, as per current UR screening criteria.
- ✓ The FAPT meetings have changed focus with very good success. As can be seen from the survey results in the Quarterly Outcome Report: Baseline Report, FAPT is seen (by both service providers and families) as helpful and as facilitating strengths-based and family-focused discussions – although there is still room for improvement. The general word-of-mouth consensus is that atmosphere in FAPT is much more pleasant, and (while there is no actual data available yet) there is a perception that more families, youth, and additional team members participate in FAPT meetings (FAPT has had several large teams, of up to 8 or 9 people attend meetings). In practice, FAPT has been focused on encouraging and leveraging community-based services (and has funded several innovative community-based service plans), helping case managers develop their child-specific teams, and supporting keeping children in the community and transitioning children in congregate care back to community-based services.
- ✓ There has not been a need to date, when transitioning children back to the community, for a representative from the child's school district with influence on admissions and school assignment to participate in the FAPT meeting.
 - There are some children unable to transition back to the community due to a lack of local school option. Having another private day school option locally will address this issue.
- ✓ Mike Murphy has continued to be FAPT Chair for both the City and County FAPT meetings, and will continue until at least July 31, 2009, where the FAPT chair will be discussed at the 5th Friday meeting.

- ✓ Case managers may now request 15, 30, or 45 minute meetings depending on their needs, the needs of the child, and the number of additional child-specific team members attending the meeting.
 - Between 2/1/09 and 5/18/09, 55 service plans (and 11 paper reviews) have come before FAPT from Albemarle County, an average of 4 per week. Twenty-five have been for 15 minutes, 28 for 30 minutes, and 2 for 45 minutes (1,395 service planning hours).
 - Between 2/1/09 and 5/22/09, 108 service plans (and 21 paper reviews) have come before FAPT from the City of Charlottesville, an average of almost 7 per week. 49 have been for 15 minutes, 53 for 30 minutes, and 6 for 45 minutes (2,595 service planning hours).
- ✓ Children in, or at risk for, congregate care placements have been given priority by the presenting agencies for review at FAPT.
- ✓ While there is not a formal process for bringing programming and policy issues from FAPT to Program Subcommittee, there is enough communication among members such that issues are brought forth.

Recommendations for Going Forward

- Under-threshold plans will be reviewed at FAPT upon the completion of the work of an Ad Hoc group (staffed by Gretchen Ellis, including Mike Murphy, Buz Cox, Stacie Asbury, and Kevin Wasilewski) which will meet to develop financial documents to be used at FAPT meetings to help the Team track weekly encumbrances.

Recommendation 6: *A FAPT Transition Planning Team should be convened to manage the logistics of the transition. Children at imminent risk of entering congregate care, and being transitioned from congregate care to community-based services, should be prioritized. The threshold for FAPT should remain at \$3,000 for the first four to six months of the transition, so as not to overwhelm the system.*

Progress for Recommendation 6

- ✓ Supervisors at presenting agencies worked with their staff and prioritized service plans to be reviewed for children in, or at risk for, congregate care placements.

- ✓ CSA staff continue to actively address the remaining logistical challenges associated with the transition.

Recommendations for Going Forward

No additional recommendations are made at this time.

Recommendation 7: *An ad hoc committee should be formed to plan the system-wide trainings needed for FAPT and for individual case managers/child-specific teams to facilitate knowledge of and fidelity to the community practice model.*

Progress for Recommendation 6

- ✓ Trainings were held for all CSA users in January 2009. Sixty-five people attended, and survey responses indicated that the trainings were “Somewhat” to “Very” helpful, clearly presented, and promoting understanding the new role of FAPT and of the responsibilities of FAPT members and presenters. The most common criticism of the trainings was that there were aspects to the transition that were unclear/underdeveloped at the time of the training (e.g., the under threshold process), and the handouts were cited often as most helpful.
- ✓ Maryfrances Porter has offered consultation and meeting facilitation for individuals or fledgling child-specific teams requesting assistance. Since February 2009, she has provided consultation (ranging from email communication about team development to attending meetings/meeting face-to-face with individuals) in 7 instances. She has facilitated 3 team meetings.
- ✓ Maryfrances Porter also continues to provide presentations on basic Systems of Care values and beliefs, as well as changes occurring in the local service community. Since February 2009, she has made 6 such presentations.
- ✓ Originally, it was hoped that there would be funding from the CCF budget that could be used to pay for comprehensive, system-wide training; however, that was not the case.
 - An Ad Hoc Group of Program Subcommittee was convened to discuss the community training needs (staffed by Maryfrances Porter, including Kim Harris, Em Parente, Bill Lieb, Beth Baptist, Beth Smith, and Missy Barker). They have met three times, have discussed the need and availability of trainings around across the service community, and have made the following preliminary recommendations to Program Subcommittee: (1) It would be helpful for CCF to be a resource for CSA process and SOC philosophy training (perhaps regularly scheduled trainings and/or individual trainings for new employees). (2) A regular electronic newsletter be produced to share information about available trainings and training needs, in addition to other relevant information to aid in communicate across the service community. -- Program Subcommittee has asked Maryfrances Porter and Cindy Stratton to develop outlines for the trainings mentioned in #1, and has asked the Ad Hoc Group to come back with a preliminary structure for a newsletter.
- ✓ Judge Berry and his Best Practice Court programming committee elected to use their funding this year to fund at least part of three days of training. The project will provide training workshops in specific knowledge, skills, and methods needed to fully engage and empower families and youth in the service planning and delivery process (Karl Dennis, August 31, 2009), as well as in effectively managing conflict and facilitating multidisciplinary team service planning meetings (Bob Garrity, September TBD, 2009).¹

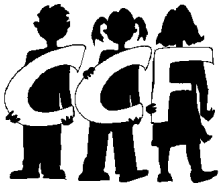
Recommendations for Going Forward

No additional recommendations are made at this time.

¹ A JABG grant was applied for to help fund these trainings (award notice will be made 6/15/09); in addition, the Virginia Supreme Court, Court Improvement Program has agreed to fund whatever portion of the costs are not covered by the JABG grant.

Conclusion

The implementation of the Community Practice Model and the associated changes in local policies and procedures has been going relatively smoothly. There is a substantial change in focus to keeping children in the community and transitioning back to the community from congregate care, as well as in being more family-focused and strengths based. Additional training, agency support, and local programming is needed to fully actualize the Community Practice Model.



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APPENDIX A

Proposal Narrative

Family Voice and Support Project Summary

The Charlottesville/Albemarle Commission on Children and Families (CCF) is requesting funding to support the development of a Community Family Voice and Support Program, which will ensure (1) that families with children currently being served have supportive mentors to help them voice their opinions and navigate the service system, and (2) that “consumer” families (i.e., families of children who have recently received public services in mental health, child welfare, special education, and/or juvenile justice) are part of the discussion and decision-making processes at the policy, planning, and program development level. The requested funds specifically will provide stipends for *Family Support Mentors*: consumer family members accompanying parents/guardians of children with mental health needs to multidisciplinary, community service-planning and funding approval meetings being held for their children, as well as for *Family Advocates*: consumer family members regularly participating (e.g., advocating and voting) in local policy, planning, and program development meetings.

Background

CCF manages the collaborative, community process by which children with mental health needs access funding for services through the Virginia Comprehensive Services Act (CSA).² Recently, the CCF community of partners approved changes to the local CSA processes that are driven by family-focused values.³ This funding will specifically facilitate service planning and delivery, as well as the policy, planning, and program development processes being more driven by consumer family input. Families are best able to voice their needs, values, and goals, and pick their service providers when they have a *Support Mentor* who can help them ask questions, voice their opinions, navigate the service systems, and sympathize with their challenges – especially when experiencing the stress of having a child with multiple mental health and behavioral needs. Communities can only develop policies and services that meet family needs when *Family Advocates* are part of the discussion and decision-making processes at the policy, planning, and program development level. Participation of Support Mentors and Family Advocates are ensured when they are reimbursed for their time, as are the other participating community partners, and the costs of travel and child care are defrayed.

Budget

Support Mentors and Family Advocates and will be recruited to participate in weekly service planning meetings where agency case managers and families present service plans to a multidisciplinary team for discussion and funding authorization, as well as two monthly, policy, planning, and program development meetings of community partners. Families participating in this program will be recruited, trained, supported, and supervised by Maryfrances Porter, Ph.D., the Intervention Team Leader at CCF.

Policy Meetings: 49.5 hours of meetings/year x \$20/hour:	\$ 990.00
Multidisciplinary Meetings: 225 hours of meetings/year x \$25/hour ⁴ :	\$9,000.00
GRAND TOTAL:	\$9,990.00

Sustainability Plan

Eventually, the family-focused changes to the local CSA processes are anticipated to save the Charlottesville/Albemarle local governments a considerable amount of money by serving more children in the community (as opposed to in costly, out of area residential care settings), and by facilitating greatly enhanced family participation and investment in the service planning and delivery process. However, given the economic stress currently experienced by the local governments, they are unable to financially support the Community Family Voice and Support Program until that savings is actualized. Hopefully, as money is saved, the local governments will be able to redirect a small portion of that savings into this Program.

² See the Organization Description for details regarding the State CSA mandate.

³ See the Organization Description for details regarding the CSA changes.

⁴ This stipend rate is higher because the meetings are 2-4 hours long, and because Support Mentors would be expected to contact families prior to the multidisciplinary team meeting to provide information and support.



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Organization Description

Charlottesville/Albemarle Commission on Children and Families (CCF)

Founded in 1998, the CCF is a 28-member, local government, appointed Board that advises the localities on a variety of issues related to children and families. Partner members include: the public school Superintendents, as well as one member each from the Charlottesville and Albemarle School Boards (regular and special education services); the Police Chiefs for the City of Charlottesville and Albemarle County and the Director of the 16th District Juvenile Court Service Unit (juvenile justice services); the Director of the Region Ten Community Services Board (mental health services); the Directors of the Charlottesville and Albemarle Departments of Social Services (child welfare services); the Director of the Thomas Jefferson Public Health District (health services); the Charlottesville Assistant City Manager and the Albemarle Assistant County Administrator (local governments); the Directors of the Charlottesville and Albemarle County Recreation Departments (youth recreation/positive development services); the President of the United Way-Thomas Jefferson Area; a representative from the University of Virginia; a private service provider; and ten residents (at least four of whom are parents and two of whom are youth). CCF uses a research-driven model to identify community needs, develop solutions, and implement best practice interventions and initiatives. To this end CCF has twelve work groups (served by over 250 volunteers) to address issues including early childhood development, youth engagement and service, risk prevention, juvenile justice, family violence, and human service needs.

The CCF Board is also the legal oversight body for the state funds coming from the Virginia Comprehensive Services Act (CSA). These funds serve the needs of children at risk of foster care, in foster care, or have special education needs that cannot be met in the public schools; Charlottesville/Albemarle also chooses to reserve some funding to serve the needs of children in contact with the local Court Services Unit. The CCF office manages the CSA operations and processes, which includes scheduling, holding, and providing administrative support to the meetings of the community partners. Staff coordinate the weekly Family Assessment and Planning Team (FAPT) meetings, which are meetings staffed by clinically skilled representatives of the public school special education offices, the Community Services Board, the Departments of Social Services, the Court Services Unit, and Community Attention (a local service provider). Case managers from partner agencies bring children's service plans for review, development, and funding approval. Case managers are strongly encouraged to bring the children and their families to these meetings to facilitate their participation in the service planning process. Monthly policy, planning, and program development meetings include (1) the CSA Committee – the oversight, policy setting, and steering committee, and (2) the Program Subcommittee – the program and training development committee. Both these committees routinely create ad hoc committees charged with addressing specific tasks, i.e., figuring out how to obtain rapid turn-around psychological assessment services.

Recently, the CSA Committee approved changes to the processes by which the CSA funding is administered, as well as to the FAPT process, which ensure that the service community is committed to (1) providing the highest quality of culturally proficient services to children and their families, (2) to actively and collaboratively working with children and families to develop service plans that meet their stated needs, and (3) to hearing and valuing parent/guardian and children's voices in service planning and delivery, as well as in policy, planning, and program development. These changes were informed by a wealth of national research stating that when services are (a) planned and delivered in a way that honors the youth/family strengths, natural resources, and culture, (b) are focused on providing truly individually tailored, community-based services to each child, and (c) are driven by needs, values, and goals established by the family, as well as services selected by the family – that children do better, stay better longer, and that parents are able to maintain employment.⁵

⁵ See the research cited by the National Wraparound Initiative: www.rtc.pdx.edu/nwi, the US Substance Abuse, Mental Health Services Administration's Systems of Care project: www.systemsofcare.samhsa.gov, and the University of South Florida's Research and Training Center for Children's Mental Health: <http://rtckids.fmhi.usf.edu/cssi>.

Job Title: Parent Representative to the Family Assessment and Planning Team

§2.2-5207. Family Assessment and Planning Team; membership

Each community policy and management team shall establish and appoint one or more family assessment and planning teams [FAPT] as the needs of the community require. Each family assessment and planning team shall include representatives of the following community agencies who have authority to access services within their respective agencies: community services board established pursuant to § [37.2-501](#), juvenile court services unit, department of social services, and local school division. *Each family and planning team also shall include a parent representative [italics added]* and may include a representative of the department of health at the request of the chair of the local community policy and management team. Parent representatives who are employed by a public or private program that receives funds pursuant to this chapter or agencies represented on a family assessment and planning team may serve as a parent representative provided that they do not, as a part of their employment, interact directly on a regular and daily basis with children or supervise employees who interact directly on a regular basis with children. Notwithstanding this provision, foster parents may serve as parent representatives. The family assessment and planning team may include a representative of a private organization or association of providers for children's or family services and of other public agencies.

Goal: To provide support to the family/youth participating in FAPT, to provide a family/youth perspective when the family/youth are not present, as well as to provide leadership in developing and sustaining a family-focused perspective as an essential component of the FAPT process.

Qualifications:

- *A parent/guardian/family member of a youth who is receiving or received services funded by CSA and/or from at least one of the public child serving agencies.
- *Experience with, or willing to learn, various issues that relate to emotional or physical special needs of children and family.
- *Ability to engage families and service provider staff.
- *Strong communication and leadership skills.
- *Ability to remain objective in emotionally charged situations.
- *A resident of Charlottesville or Albemarle.

Duties:

- *Contact families by mail or phone in advance (at least 1 week) of the FAPT meetings to orient them to the FAPT process and answer questions they have about the FAPT meeting.
- *Attend scheduled FAPT meetings.
- *Respect the beliefs and traditions of individuals coming from a wide variety of cultural, religious, and ethnic backgrounds.
- *Greet families in the waiting area, and escort them into the FAPT meeting.
- *Take an active role in the development of individualized service plans with families, by helping family members/youth voice their strengths, goals, needs, and preferences when they attend FAPT; this may include encouraging family members/youth to voice their opinion, and encouraging the FAPT to hear family/youth perspective, and/or making suggestions in the development of the service plan.
- *Encourage family-focused, strengths-based, child centered, culturally proficient, and community-based discussions and service planning.
- *After the FAPT meeting, encourage family members/youth to complete satisfaction surveys, and connect them to the family support network.

- Roles:**
- *Provide support, compassion, and empathy for families/youth who Come to FAPT.
 - *Serve as a full member of the FAPT.
 - *Speak out, ask questions, and raise issues in large groups of professionals.
 - *Encourage the voice of families/youth participating in FAPT and represent the voice of families/youth who are not present at FAPT.
 - *Represent the voice of families/youth in the community-at-large.
 - *There is no formal supervisor for this role, however, the other FAPT members and CSA Office staff are available for support and consultation.

Time Commitment: One year, or as determined by the locality.

- Training:**
- *Orientation-Local FAPT
 - *Orientation to the Community Practice Model and Systems of Care philosophy
 - *Orientation to the local service array
 - *Communication and confidentiality
 - *Team Roles and responsibilities
 - *Comprehensive Services Act (CSA)
 - *One FAPT observation
 - *Terms and terminology
- (Localities may to add additional training elements)*

Job Title: **Parent Representative/Family Advocate to the Community Policy and Management Team and Subcommittees**

§2.2-5205. Community Policy and Management Teams; membership

The community policy and management team [CPMT] to be appointed by the local governing body shall include, at a minimum, at least one elected official or appointed official or his designee from the governing body of a locality that is a member of the team, and the local agency heads or their designees of the following community agencies: community services board established pursuant to § [37.2-501](#), juvenile court services unit, department of health, department of social services and the local school division. The team shall also include a representative of a private organization or association of providers for children's or family services if such organizations or associations are located within the locality, and *a parent representative* [italics added]. Parent representatives who are employed by a public or private program that receives funds pursuant to this chapter or agencies represented on a community policy and management team may serve as a parent representative provided that they do not, as a part of their employment, interact directly on a regular and daily basis with children or supervise employees who interact directly on a daily basis with children. Notwithstanding this provision, foster parents may serve as parent representatives. Those persons appointed to represent community agencies shall be authorized to make policy and funding decisions for their agencies.

Goal: To provide a parent/family perspective, and to provide leadership in developing and sustaining a family-focused perspective as an essential component of assessing and addressing policy and program development for troubled and at-risk youth and families.

Qualifications:

- *A parent/guardian/family member of a youth who is receiving or received services funded by CSA and/or from at least one of the public child serving agencies.
- *Experience with, or willing to learn, various issues that relate to emotional or physical special needs of children and family.
- *Strong communication and leadership skills.
- *Ability to remain objective in emotionally charged situations.
- *A resident of Charlottesville or Albemarle.

Duties:

- *Attend scheduled CPMT and/or subcommittee meetings.
- *Take an active role in policy, service and funding decisions with at-risk youth and families.
- *Respect the beliefs and traditions of individuals coming from a wide variety of cultural, religious and ethnic backgrounds.
- *Encourage the building of a support network among families in the community.
- *Encourage family-focused, child centered, strengths-based, culturally proficient, and community-based discussions, as well as policy and program development.

Roles:

- *Serve as a full voting member of the CPMT and/or subcommittees.
- *Speak out, ask questions, and raise issues in large groups of professionals.
- *Represent the voice of families served by public child serving agencies, as well as the community-at-large.
- *There is no formal supervisor for this role, however, the other CPMT/subcommittee members and CSA Office staff are available for support and consultation.

Time Commitment: One year, or as determined by the locality.

Training:

- *Orientation-Local CPMT
 - *Orientation to the Community Practice Model and Systems of Care philosophy
 - *Orientation to the local service array
 - *Communication and confidentiality
 - *Team roles and responsibilities
 - *Comprehensive Services Act (CSA)
 - *One CPMT (or appropriate subcommittee) observation
 - *Terms and terminology
- (Localities may to add additional training elements)*

APPENDIX B

Statement of Community Need Day Treatment/Day School Program

The City of Charlottesville and Albemarle County Comprehensive Services Act Committee (CSA) has identified the need for one or more Day Treatment/Day School Programs for children whose learning, emotional, and/or behavioral needs cannot be met in existing public and private educational programs. The following description has been prepared to identify clearly desired services and community adjunct services that possibly could be available. It will be used to inform vendors of local need and to respond to inquiries from vendors. It in no way implies any guarantee of use of a service or vendor.

Background:

In late 2008, the Charlottesville/Albemarle Commission on Children and Families' (CCF) Comprehensive Services Act Committee adopted a Community Practice Model embracing Systems of Care values and philosophy. The Practice Model's vision is that "children live safely and productively with their families and in their communities." The full practice model can be seen at http://www.ccfinfo.org/PDFs/csa_community_practice_model.pdf

In order to serve more children in the community, the community has identified a need to expand local capacity to provide educational and day treatment services for children who cannot currently be served locally. There is a particular need for these services for children currently in congregate care or at risk of congregate care.

Ideal Characteristics for Day Treatment/Day School:

1. The program will accept and retain all children referred to the extent that space is available.
2. The program will serve students eligible for special education services as well as those without disabilities.
3. The program will serve all referred children, including those who have been suspended long term and some students who were expelled from public school (depending on the circumstances)
4. Program administrators and staff will subscribe to the philosophy that all students can learn. They will communicate and support high expectations for positive social, emotional, behavioral, and academic growth in all students.
5. The program will provide solid academic instruction with clear outcomes. The program will administer Virginia Standards of Learning Tests or appropriate assessments as required.
6. The program will include a strong social skills training curriculum.
7. The program will offer a vocational/pre-vocational component.
8. The program will provide strong family and community connections.
9. The program will offer academic remediation.
10. The program will incorporate transitional planning with the public schools when transitioning children in or out of Day Treatment Programming or a residential placement.
11. The program will have low adult-student ratios.
12. Positive, trusting, and caring relationships will exist between staff, and between students and staff.
13. The program will be committed to full participation in local system of care/Community Practice Model, including participation in child-specific, family team service planning and delivery meetings.
14. The program will serve grades 6-12.

15. The program will offer GED and diploma programs.
16. The program will provide or contract for a range of high quality, flexible, unbundled mental health services.
17. The program will accept Medicaid.
18. The program will use the Individual Education Plan (IEP) developed in the public schools, and participation in the IEP planning process as needed.
19. The program will have strong, collaborative relationships with the public schools.
20. The program will ensure enough spaces to accommodate students from Charlottesville/Albemarle.

Possible available adjunct services from community partners:

1. Educational Support Services through Region Ten CSB.
2. Medicaid funded in-school mental health assistance in ED classrooms with 3 or more Medicaid eligible youth.
3. In school one-on-one aides, mentors, or other support persons.
4. In school mental health/behavioral health services.
5. Collaborative, multidisciplinary child-specific, family teams to support service planning, service delivery, and crisis support.
6. Beyond school child and family supports/services (i.e., full wraparound services).
7. Possible public private partnership to provide space and/or support services.

APPENDIX C

CSA Outcome Measurement Recommendations Approved by Program Subcommittee 3/5/2009 Presented to CSA Committee

Introduction

The Outcome Ad Hoc Group was asked by Program Subcommittee to develop a set of recommendations of ways to measure the success of the new CSA structure and processes.

The Group believes that the essence of the 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,
- (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, 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 Group decided to focus on tracking a minimal number of data points which reflect these most essential aspects of the Community Practice Model, and which could be reported on at least a quarterly basis to the CSA Committee, Program Subcommittee, and FAPT.

The Group did not make recommendations at this time for precisely how this data should be gathered and for who should create the reports. The Group's recommendations are as follows.

Outcome Ad Hoc Group Membership

Jennifer Behrens – Albemarle County Department of Social Services
Nikkie Bowles – Charlottesville City Schools
Martha Carroll – Court Services Unit
Buz Cox – Charlottesville Department of Social Services
Mike Murphy – Community Attention
Maryfrances Porter – Commission on Children and Families
Karen Rifkin – Region Ten Community Services Board
Cindy Stratton – Commission on Children and Families/CSA Office

Recommendations

- (1) **A baseline report should be completed** which includes trends in the following data points between January 1, 2008 and February 1, 2009.
- (2) **An initial progress report should be produced between May and July, 2009**, which includes data from recommendations (3) – (8), below, to inform adjustments to the local CSA structures and processes.
- (3) Because our 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, our community would want to observe a reduction in (a) **the number of children served in congregate care**, as well as a reduction in (b) **the number of days children are being served in congregate care**.
 - a. Both these numbers can be obtained from the OCS dataset on a quarterly basis.
 - b. The data do need to be downloaded into an Excel spreadsheet, the number of children counted, and the number of days calculated by subtracting the date of discharge from the date services were initiated.
- (4) While our community values serving children in their home communities, the Group encountered difficulty in identifying the best way to measure this. (a) While Charlottesville/Albemarle is the official definition of “local jurisdiction” for CSA, because of the size of Albemarle, some children might be served closer to home by being placed in care in a surrounding County. (b) Because of the socioeconomic profile of Charlottesville/Albemarle, most foster families are in the surrounding Counties. (c) Better measures of whether a child is served in their home community might include the location of the service providers, the actual distance between a foster care placement and the child’s family, whether the child is able to stay at their home school, etc. (d) 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 DSS.

Therefore, the Group recommends **not directly measuring whether children are served in their home communities** at this time.

- (5) Because our 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, we would want to observe a reduction in **the number of children being placed in the custody of DSS, compared to the number of children not in DSS custody**.
 - a. These numbers are obtainable from Harmony and Thomas Brothers on a monthly basis, as well as from the Oasis databases on a quarterly basis.
- (6) Because our community values cost effective service provision, we would like to observe a reduction in **the median cost per child per month**, as well as a general reduction in **the highest and lowest cost per child per month**.

- a. These numbers are available from Harmony and Thomas Brothers on a monthly basis.
 - b. The Group recommends continued monitoring of *the overall monthly cost of CSA*, as well as *the monthly effective match rate* – both of which reflect the overall and local investment in CSA services.
- (7) Because our community interventions are ultimately only effective if children are getting better, measuring the functional improvement of the children being served, as well as increases in their strengths and resources is critical. However, even once the CANS is entered into the OCS dataset, this information is not meaningful in the aggregate. This information is most helpful at FAPT meetings and to child-specific teams to monitor individual children's progress.
- a. As agencies are able, the Group recommends that **case managers bring one hard copy of the most recent CANS to FAPT meetings**. This CANS should be included in the child's FAPT record so that the FAPT will have the most recent CANS, as well as past CANS, available to them during the meeting.
 - b. Our community may want to consider *adding a few critical CANS items (such as indicators of involvement with juvenile justice, school attendance, maintenance at current placement, critical strength indicators, etc.) to the IFSP* – so that they are gathered for each staffing regardless of the length of time between mandated CANS reporting or the length of time between FAPT meetings.
- (8) Because our community values and effective and efficient service system with strong adherence to the Community Practice Model, the Group recommends **surveying those attending FAPT meetings (directly after the meeting) to see if the meeting was helpful, strengths-based, and family-focused**, as well as **surveying presenting case managers bi-annually to assess the effectiveness of FAPT, child-specific teams, and intensive care coordination**. So that our community can track the development of child-specific teams, as well as family and youth participation in service planning, the Group also recommends that **three additional items be added to the existing FAPT database: (a) at least one other service provider (other than the case manager) attended the FAPT meeting, (b) at least one parent/guardian attended the FAPT meeting, and (c) the youth being discussed attended the FAPT meeting**.
- a. A brief FAPT survey would be developed by the Outcome Ad Hoc Group, and presented to those attending the FAPT meeting (including the case manager, other service providers, family members, and the youth) directly after the meeting. The survey would be completed in the waiting area after the meeting, and left in a designated location. These data would be entered into a database by an intern.
 - b. A brief survey would be developed by the Outcome Ad Hoc Group, and sent to all presenting case managers twice a year via Survey Monkey.
 - c. The three additional items regarding who attended the FAPT meeting could be easily added to the existing FAPT database and entered by the interns based on the signature sheet.
- (9) Bryan Elliott requested a few additional data points be measured, but the Group was not clear what he wanted. **A representative from the Outcome Ad Hoc Group should meet with Bryan Elliott to ensure that his requests are included in the data collection plan.**

- (10) In order for the quarterly data reports to be meaningful, **agencies will need to request that their staff enter data in a timely fashion.**
- (11) The Group recommends that our community **continue to develop methods for extracting data from Harmony and Thomas Brothers** so that we can more closely evaluate the effectiveness and cost effectiveness of services delivered to individual children by individual vendors.
- (12) The Group recommends that our community **continue to identify, and include in the report, other meaningful data which would be useful in understanding the functioning of our service systems** (e.g., data from the Children’s Service System Transformation Project), even if it does not directly reflect children and families served with CSA funding.

APPENDIX D

Charlottesville/Albemarle FAPT Satisfaction Survey

*Thank you for participating in today's FAPT service planning meeting.
The Team would really appreciate getting your feedback so that they can continue to make improvements to the process.*

*Your name will not be connected to your answers to these questions.
If you are a parent/guardian or youth, answering these questions in no way helps or hurts the care you receive.
If you are a service provider, answering these questions in no way helps or hurts your job.*

You do not have to answer any of these questions. You may choose to answer only some of the questions.

1. **I am a...**
- Family: Parent/Guardian Youth Family Support Person/Advocate
- Presenter: DSS Case Manager School Case Manger (including Truancy Officer)
- Probation Officer RTCSB Case Manager
- Other: Other Service Provider Other _____

2. **About how long was your FAPT meeting?**
- 15 minutes 30 minutes 45+ minutes

3. **How helpful were the suggestions and recommendations discussed at the FAPT meeting?**
-
- Not Very Helpful A Little Helpful Mostly Helpful Very Helpful

4. **What was the most helpful part of the FAPT meeting?**
- _____
- _____

5. **How much were youth/family strengths (the good things and successes) discussed at the FAPT meeting?**
-
- Not Much A Little Some A Lot

6. **How much was your opinion *heard* during the discussion at the FAPT meeting?**
-
- Not Much A Little Some A Lot

7. **How much was your opinion *respected* during the discussion at the FAPT meeting?**
-
- Not Much A Little Some A Lot

8. **How much was your opinion *considered* during the discussion at the FAPT meeting?**
-
- Not Much A Little Some A Lot

9. **What, if any, needs or questions did you have that were not talked about at the FAPT meeting?**
- _____
- _____

10. **Please make any comment, positive or negative, you would like on the back of this page.**
Thank you for taking the time to tell us how the meeting went for you.

APPENDIX E

Bi-Annual CSA Satisfaction Survey for CSA Users

Introduction

Twice a year, the CSA Committee, Program Subcommittee, and FAPT will be surveying the CSA users to hear feedback on the effectiveness of FAPT, child-specific teams, and intensive care coordination – all central components of a collaborative, effective, and efficient service system lead by our Community Practice Model.

The following survey should take 10 minutes or less and will be used to inform continued improvements to the local CSA processes and procedures. Your participation in this survey is completely voluntary; you can skip any item or section you like. Your answers are anonymous.

We greatly appreciate the time you take to complete this survey, as well as in working with community partners and the local CSA processes.

Please direct any questions, comments, or concerns about this survey to Maryfrances Porter at 434/872-4546, mporter@albemarle.org.

Respondent Information

Please check all that apply:

I am:

- on CSA Committee
- on Program Subcommittee
- a FAPT member (i.e., I have sat on FAPT at least once since 2/1/09)
- a CHINS-Team member (i.e., I have sat on CHINS-Team at least once since 2/1/09)
- a FAPT presenter (i.e., I have presented at least one service plan to FAPT since 2/1/09)
- a CHINS-Team presenter (i.e., I have presented at least one service plan to CHINS-Team since 2/1/09)
- Other _____

My primary role is with:

- County DSS
- County Public Schools
- City DSS
- City Public Schools
- Court Services Unit
- Region Ten CSB
- Community Attention
- Other _____

Scale for all rated items:

Not Much A Little Some A Lot

Effectiveness of FAPT

Skip this section if you do not know enough about FAPT to respond.

Based on your knowledge of and/or experience with FAPT since 2/1/09, please rate the following:

1. FAPT meetings provide an effective venue for service planning.
2. FAPT meetings provide an effective venue for fiscal oversight.
3. The suggestions and recommendations coming from FAPT provide added value to the agency-level service planning process.
4. Discussing and incorporating youth/family strengths and resources are central parts of the discussions at FAPT.
5. FAPT discussions and service planning are family-focused (i.e., youth/family goals and preferences are asked about and incorporated in service planning, youth/family input is encouraged in the discussion, etc.).
6. Please make any additional comments about FAPT, it's effectiveness, it's format/structure, it's usefulness, it's tone, etc. (Open ended)

Effectiveness of CHINS-Team

Skip this section if you do not know enough about CHINS-Team to respond.

Based on your knowledge of and/or experience with CHINS-Team since 2/1/09, please rate the following:

7. CHINS meetings provide an effective venue for service planning.
8. CHINS meetings provide an effective venue for getting information about funding options for services (when applicable).
9. The suggestions and recommendations coming from CHINS provide added value to the agency-level service planning process.
10. Discussing and incorporating youth/family strengths and resources are central parts of the discussions at CHINS.
11. CHINS discussions and service planning are family-focused (i.e., youth/family goals and preferences are asked about and incorporated in service planning, youth/family input is encouraged in the discussion, etc.).
12. Please make any additional comments about CHINS, it's effectiveness, it's format/structure, it's usefulness, it's tone, etc. (Open ended)

Effectiveness of Child-Specific Teams

Skip this section if you have not participated in a child-specific team.

For the questions below, please consider any child-specific team which you have attended that met specifically to hold *a family-focused, strengths-based service planning (or service monitoring) meeting including all service providers and the parents/guardians (and youth, when appropriate)*. These meetings may or may not have been facilitated by CCF staff, Utilization Review (UR) staff, or an Intensive Care Coordinator. Child-specific team meetings may or may not also be an agency-specific meeting (i.e., it may be a special meeting or it may be a meeting you would have had at your agency anyway).

Based on your knowledge of and/or experience with child-specific teams since 2/1/09, please rate the following:

1. Child-specific team meetings provide an effective venue for service planning.
2. Child-specific team meetings provide an effective venue for monitoring service delivery.
3. How much time or effort do child-specific teams save in the long run (i.e., does having child-specific team meetings meaningfully help with information sharing, coordinating services, increasing family/youth investment/participation, etc.)?
4. How much does child-specific team process support you in your agency role (i.e., help you maintain your role, help you uphold your legal/agency mandates/policies, get you the information you need to do your job, reduce the burden of hunting down information, help you really feel like part of a team, reduce stress, etc.)?
5. Please describe how child-specific team meetings are different than the way you have historically conducted service planning/monitoring.
 - The child-specific team process is no different than how I have historically conducted service planning/monitoring.
 - The child-specific team process is different than how I have historically conducted service planning/monitoring.

If the process is different, please explain how. (Open ended)

Effectiveness of Care Coordination

Skip this section if you have not worked with an Intensive Care Coordinator.

Region Ten Community Services Board has been providing Intensive Care Coordination since January 2009. If you have participated in serving a youth/family where an Intensive Care Coordinator has been in place, please rate the following:

1. The Intensive Care Coordinator facilitates the coordination of service planning across service providers.
2. The Intensive Care Coordinator ensures family investment and participation in the service planning and delivery process.
3. The Intensive Care Coordinator develops the team membership and team process.
4. The Intensive Care Coordinator leads the team in developing a common vision or common goals for the youth/family.
5. The Intensive Care Coordinator ensures that service planning happens in a timely manner.
6. The Intensive Care Coordinator leverages services to support the youth being served in the community.
7. The Intensive Care Coordinator ensures that services are child-specific (i.e., specifically tailored to the child/family needs)?
8. The Intensive Care Coordinator brings added value to the child-specific team.
 - a. Please describe the added value of having the Intensive Care Coordinator as part of the child-specific team. (Open ended)
9. Please make any additional positive or negative comment about your experience with Intensive Care Coordination. (Open ended)

End of Survey

Thank you for taking the time to complete this survey. Your responses are very important in shaping local policy and procedures.

Please direct any questions, comments, or concerns about this survey to Maryfrances Porter at 434/872-4546, mporter@albemarle.org.