Stafford County
Human Services Office

Comprehensive Services Act Program
Bi-Annual Outcomes Report

Fiscal Years 2012-2013
June 12, 2014

Introduction

The Human Services Office (HSO) will track outcomes measures for children who are receiving prevention services through the foster care prevention (CBS) or wrap-around services for students with disabilities (SWD). These children have been identified by the Stafford County Family Assessment and Planning Team (FAPT) as children who are at risk for out of home placement. This is due to behaviors that cannot be managed in the home or community setting without multiple supports and have met the eligibility requirements for funding. These categories were chosen for outcome measures as they are prevention categories with the goal of reducing or maintaining the behaviors so more restrictive interventions will not be needed. The information provided from the outcomes reports will also help gain insight as to additional services that could benefit the Stafford Community.

The HSO staff will utilize the Virginia Child and Adolescent Needs and Strengths Assessment (CANS) that has been completed for each child. Every child identified as needing services through the Comprehensive Services Act (CSA) Program has an assessment completed at the time they are identified as well as throughout the duration of services. Children and families are rated on a scale from 0-3 to determine needs and strengths in each of the domains. The CANS is rated periodically during the service delivery and then again at the end of services. Any improvements or declines in the child's behaviors are noticed in the CANS as long as the rater is accurately rating the child/family. The philosophy of the CANS, definition of the scores, and domains are explained more in depth below:

CANS:

The CANS is an assessment tool that looks at both the strengths and needs of the child and family. The CANS assessment is described by Dr. Lyons, the assessment developer, as "… *a multi-purpose information integration tool that is designed to be the output of an assessment process. The purpose of the CANS is to accurately represent the shared vision of the child/youth serving system—child/youth and families."* [1]

Dr. Lyons also states that there are 6 principles to the CANS assessment which are;

1. *Items were selected because they are each relevant to service/treatment planning.*
2. *Each item uses a 4-level rating system.*
3. *Rating should describe the child/youth, not the child/youth in services.*
4. *Culture and development should be considered prior to establishing the action levels.*
5. *The ratings are generally "agnostic as to etiology".*
6. *A 30-day window is used for ratings in order to make sure assessments stay "fresh" and relevant*[2]

[1] Dr. John Lions (2014) Praed Foundation Collaborative Training Website/Learner Nation LLC retrieved March 7, 2014, from http://www.canstraining.com.

[2] Dr. John Lions (2014) Praed Foundation Collaborative Training Website/Learner Nation LLC retrieved March 7, 2014, from http://www.canstraining.com.

The domain categories are scored on a scale from 0-3. The scores are defined as the following[3]:

0- **No Evidence**- There isn't any reason to believe that a particular need exists. It does not state that the need categorically does not exist; it merely indicates that based on current assessment information there is no reason to address this need.
1- **Watchful Waiting/Prevention**- This indicates that you need to keep an eye on this area or think about putting some preventative actions to make sure things do not get worse.
2- **Action Needed**- This level of rating implies that something must be done to address the identified need. The need is sufficiently problematic that it is interfering in the child's or families daily life in a notable way.
3- **Immediate/Intensive Action Needed**- This level indicates a need that requires immediate or intensive effort to address. Dangerous or disabling levels are rated within this level.

The following are the domains and the categories within each domain:

- **Life Functioning:** family, living situation, sleep, social functioning, sexual development, recreation, developmental, communication, judgment, acculturation, legal, medical, physical health, daily functioning, independent living
- **Child Strengths:** family, interpersonal, optimism, educational, vocational, talent/interest, spiritual/religious, community life, relationship permanence , child involvement with care, natural supports
- **School:** school behavior, school achievement, school attendance
- **Permanency Planning:** supervision, knowledge, social resources, physical health, substance use, accessibility to child care services, self-care/daily living, educational attainment, financial resources, safety
- **Child Behaviors/Emotional Needs:** psychosis, impulsivity/hyperactivity, depression, anxiety, oppositional, conduct, adjustment to trauma, anger control, substance use, eating disturbance
- **Child Risk Behaviors:** suicide risk, self-mutilation, other self-harm, danger to others, sexual aggression, runaway, delinquent behavior, fire setting, social behavior, sexually reactive behavior, bullying

Historical Data

In 2011 Stafford County HSO staff developed a process to measure and track community-based service outcomes for cases approved through the CSA Program. The CANS assessment was determined to be the best tool to gather the information that would be most beneficial to staff and stakeholders. Initially, staff determined that certain domains/categories within the CANS assessment were more pertinent than others; data was collected from selected domains and categories within the assessment. In the end this approach proved to be narrowly focused as staff determined it was as important to look at the strengths of the child/family as the behavior areas that were being addressed by services.

During the first assessment period there were 31 children served under the two identified funding categories from July 2011 through June 2012; of the 31 children 29 had two or more CANS assessments that would allow for comparison. The categories which had scores of 2 or 3 were included in the comparison. Excluding the scores of 0 and 1 further reduced the number of

[3] CANS manual

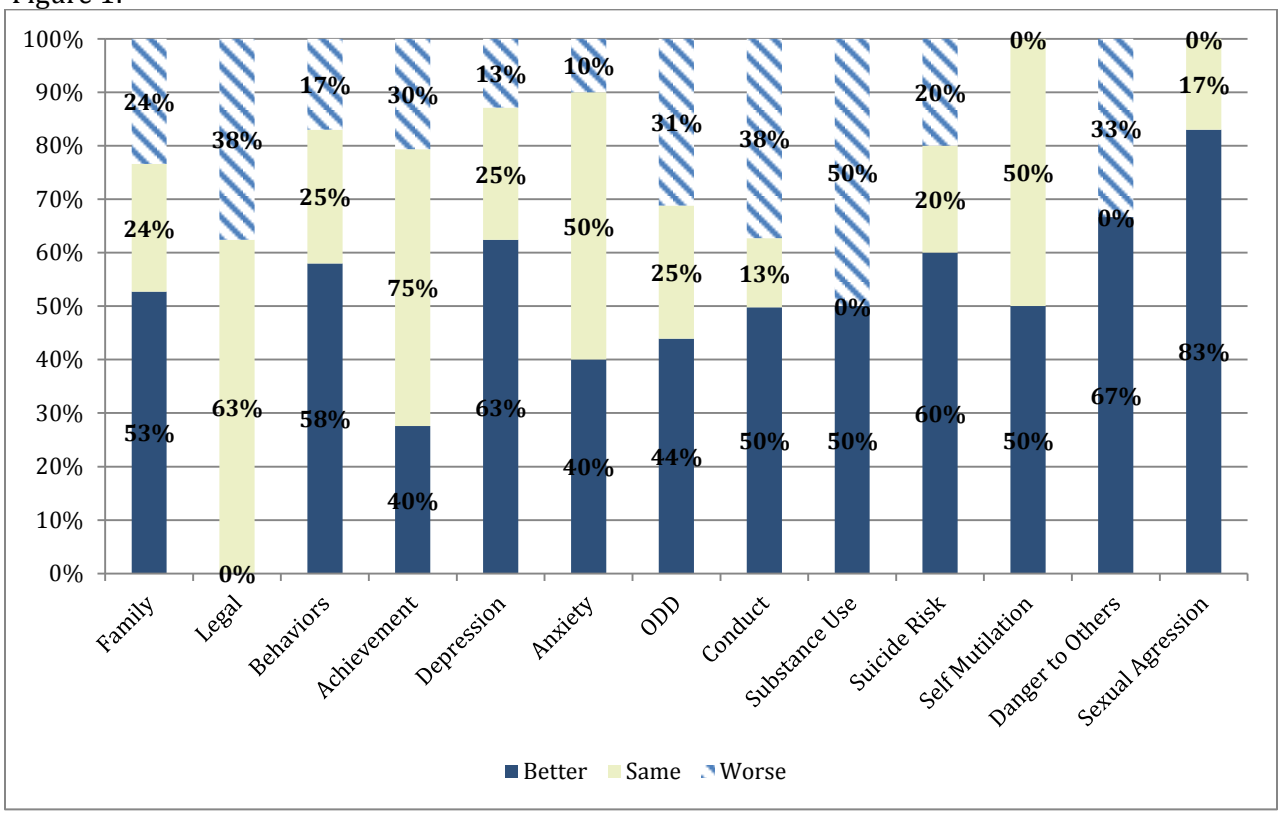
assessments in each category. For example if the child/family was rated a 0 or 1 in a category at the initial assessment and remained a 0 or 1 throughout the assessments then those scores would not be counted.

As stated previously staff learned that not utilizing the CANS as a whole eliminated the child/family strengths which are important when looking at outcomes. If the services were not able to reduce behaviors, but were able to build upon a strength that could help manage the behaviors there was success. Without looking at those scores this is an unknown.

Another challenge that occurred was that the CANS results did not correlate with the reported progress during the FAPT process. A review of the CANS assessments was conducted; it was determined that case managers were not accurately rating the assessments as well as not completing the assessments in a timely manner. Many of the initial CANS assessments were rated low and did not reflect the severity of the child/family behaviors/needs.

The following chart shows the results of the categories chosen during this outcome reporting period. Overall results show that the services provided resulted in positive changes for the children/families.

Figure 1:

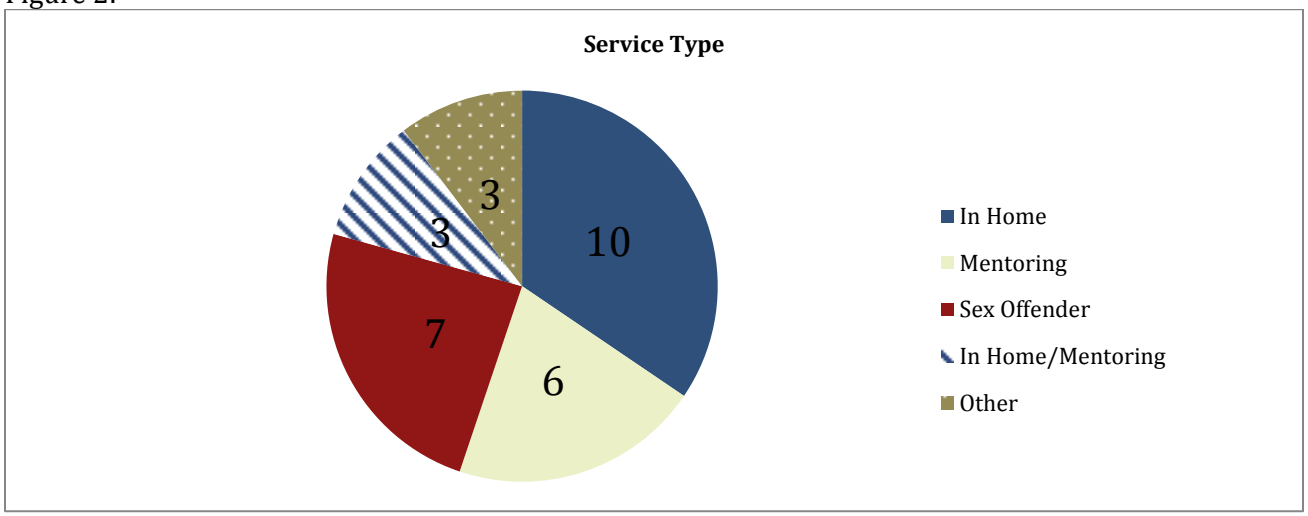


Conclusion of FY12 results

The next two charts show the types of services offered to the children and families during this reporting period (July 2011-June 2012), and how many children/families were served in total. The "other" category includes; case management, respite, applied behavioral analysis treatment, and those who received more than one service. Figure 3 represents the number of children/families that had two or more CANS to compare, and the overall success for each service type received.

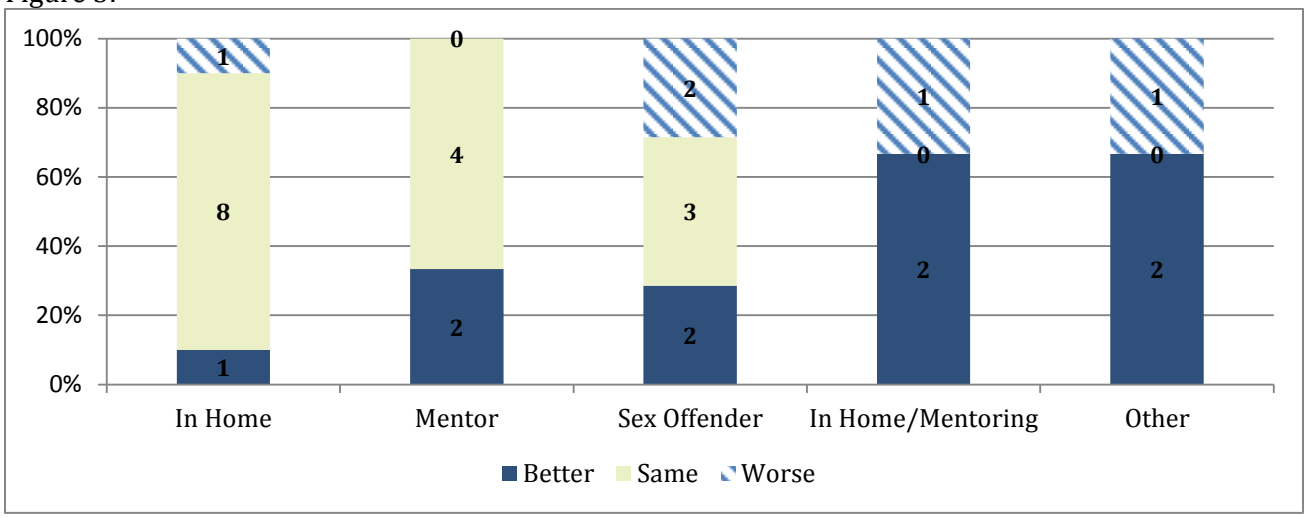
Based on information received from Thomas Brothers (the CSA program data base), case managers, and the FAPT process it is known that out of the 31 children served; 6 families were still receiving services at the end of the fiscal year, 6 children who were no longer receiving services at the end of the fiscal year children/families returned requesting additional services. One of those children was able to be served without CSA funding. There were 6 children served who, after receiving community-based services, needed placement in a higher level of care.

Figure 2:



*total number served

Figure 3:



*total number of compared assessments

Next Steps

HSO staff reviewed the current plan for outcomes and determined that improvements needed to be made to the data collection process. Staff ascertained that the case managers completing the assessments needed to have additional accountability.

The initial step taken was to conduct a mandatory training for all case managers within the agencies accessing CSA funding. Case managers were given examples of how to correctly rate the CANS, and were provided the reassessment frequency requirements. FAPT members were also trained on how to utilize the CANS assessment when determining service recommendations and approving funding. Continued training and education will be provided to all agency case managers and FAPT members on the importance of properly rating and utilizing the CANS assessment on an ongoing basis.

Secondly, staff reviewed how the CANS were being utilized to report outcomes. Only the initial and most recent CANS would be utilized for comparison; this will reflect the needs of the family when services were initiated and then any progress made after services were implemented or completed.

Thirdly, staff worked with a graduate student from the University of Mary Washington to create a program that tracks outcomes for community-based services. The Human Services Assessment Tracking system (HSATS) compares the scores of the child's first CANS against the most recent or transition/discharge CANS. The HSATS tracks whether there has been progress, regress, or no change within each category of the CANS with a result of same, better, worse, or no evidence/watching. HSATS also tracks the funding sources, money spent, demographics of the children served, provider outcomes, and consistency of the raters. The cases tracked include any child/family receiving services from June1- July 31. The first reporting period utilizing the HSATS program will include children/families utilizing funding from the CBS and SWD categories.

Fiscal Year 13 Results

Youth Served

The CBS and SWD funding categories served 24 children from June 2012- July 2013; 23 of those children had 2 or more CANS assessments completed to allow for comparison. Based on the data provided by system, case managers, and the FAPT process; 13 children were discharged successfully from the services, 4 children were placed in a higher level of care, and 7 children were still receiving services at the end of the fiscal.

CANS Results

The HSATS program compares all of the categories within the CANS therefore all of the assessments were able to be utilized; as compared with the previous tracking system which eliminated assessments based on certain categories having a score of 0 or 1. The following charts combine the scores for each category and show the percentage of same, better, worse for each domain.

The HSATS program calculates the percentages by utilizing the scores of the first CANS compared to the most recent CANS and averages the two. The service type charts include the percentage of children who had scores of 0 or 1 which were not actionable. The domain specific results will be shown without the no evidence/waiting percentage. This provides an accurate reflection of the child/families improvements or regressions since the service providers were asked to work with the children on the identified actionable items.

Figure 4:

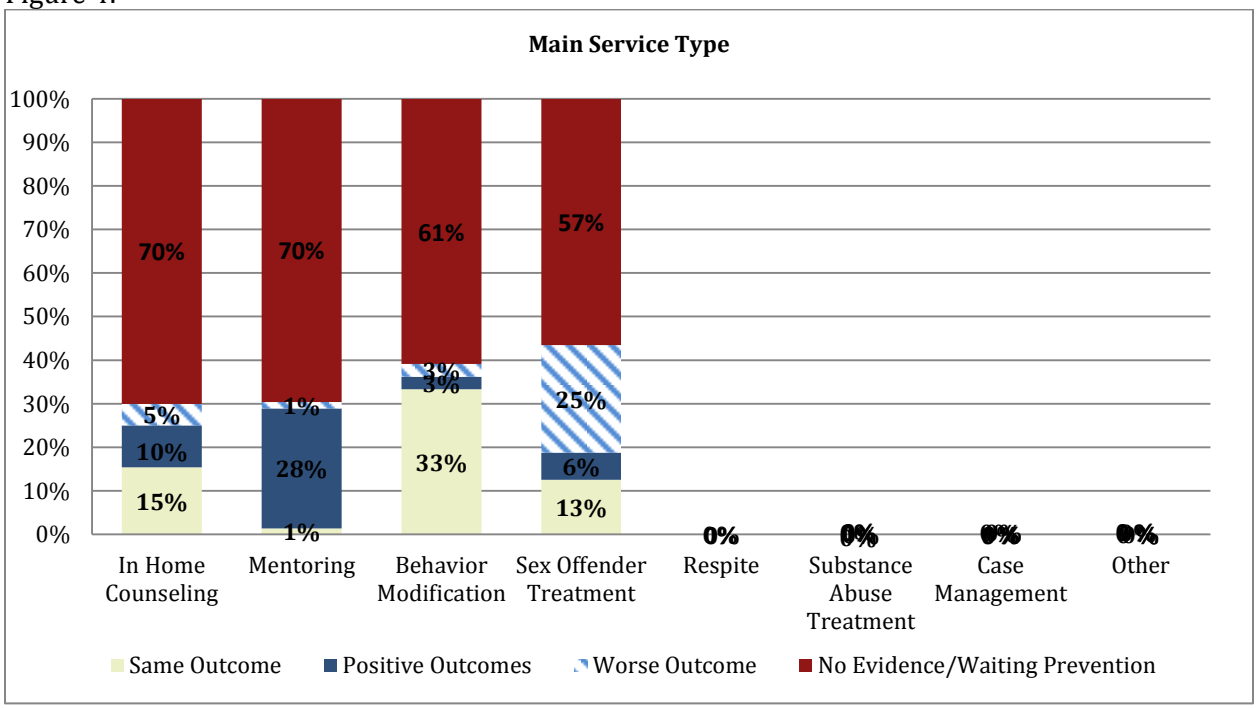
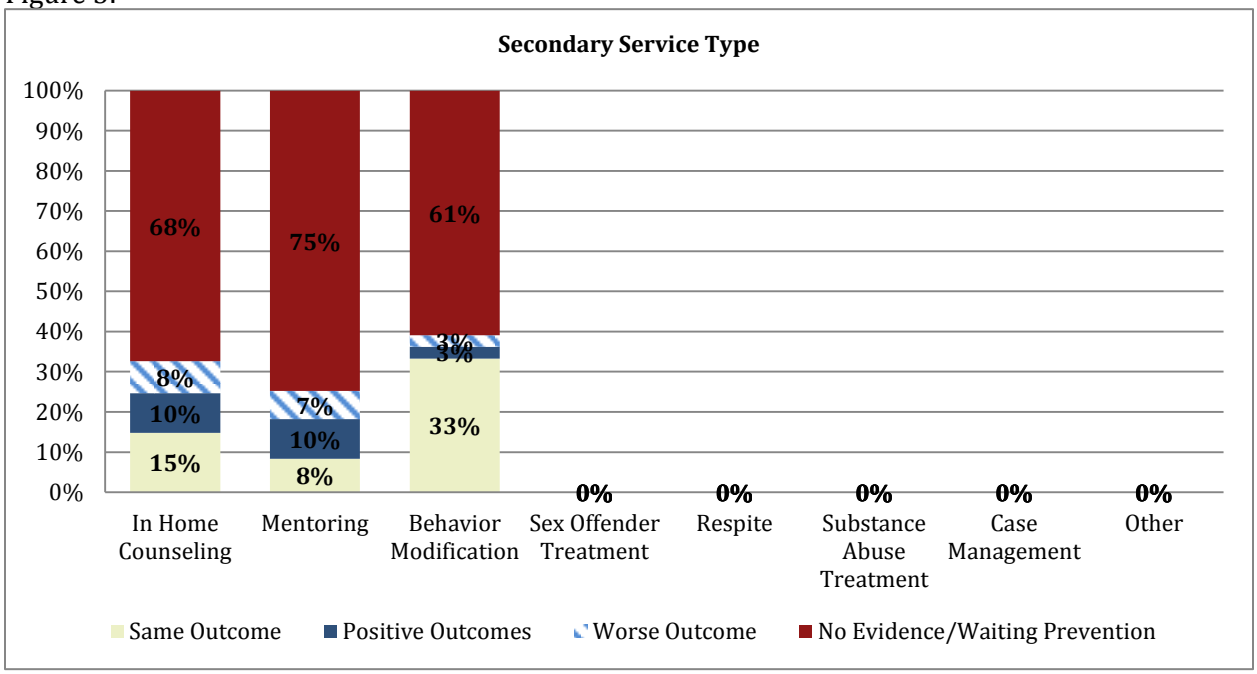


Figure 5:



Figures 4 and 5: These charts are looking at the main service type (which is either the only service that the child/family received, or it is the first listed if the child/family had two services provided), and the secondary service type (which is looking at those children/families that received two services). The percentages for positive/same were combined; while a "same" outcome is not ideal, it shows that the behavior(s) did not get worse and the child/family may not need more restrictive services.

- Results for in home as a main service show 25% of the children/families had an outcome of same/better and 5% had a worse outcome. For those who had in-home as a secondary service the results show 25% of the children/families had a positive/same outcome and 8% had a worse outcome.
- Results for mentoring as a main service were 28% same/better and 1% worse; as a secondary service 18% same/better and 7% worse.
- Results for behavior modification as a main service were 36% same/positive and 3% worse; as a secondary service 36% same/positive and 3% worse.
- Results from sex offender as a primary service were 19% same/positive and 25% had a worse outcome. No child/family received this service as a secondary service.

These results were further broken down into specific domain categories so that stakeholders could identify which categories were best addressed by services. This breakdown also reflects which categories have the most need. The benefit in knowing the greatest specific need is that the HSO can seek out providers that specialize in those specific areas. If the categories are showing a greater need, but the outcomes are not showing positive service delivery an analysis of where improvements need to be made can be conducted.

Figure 6:

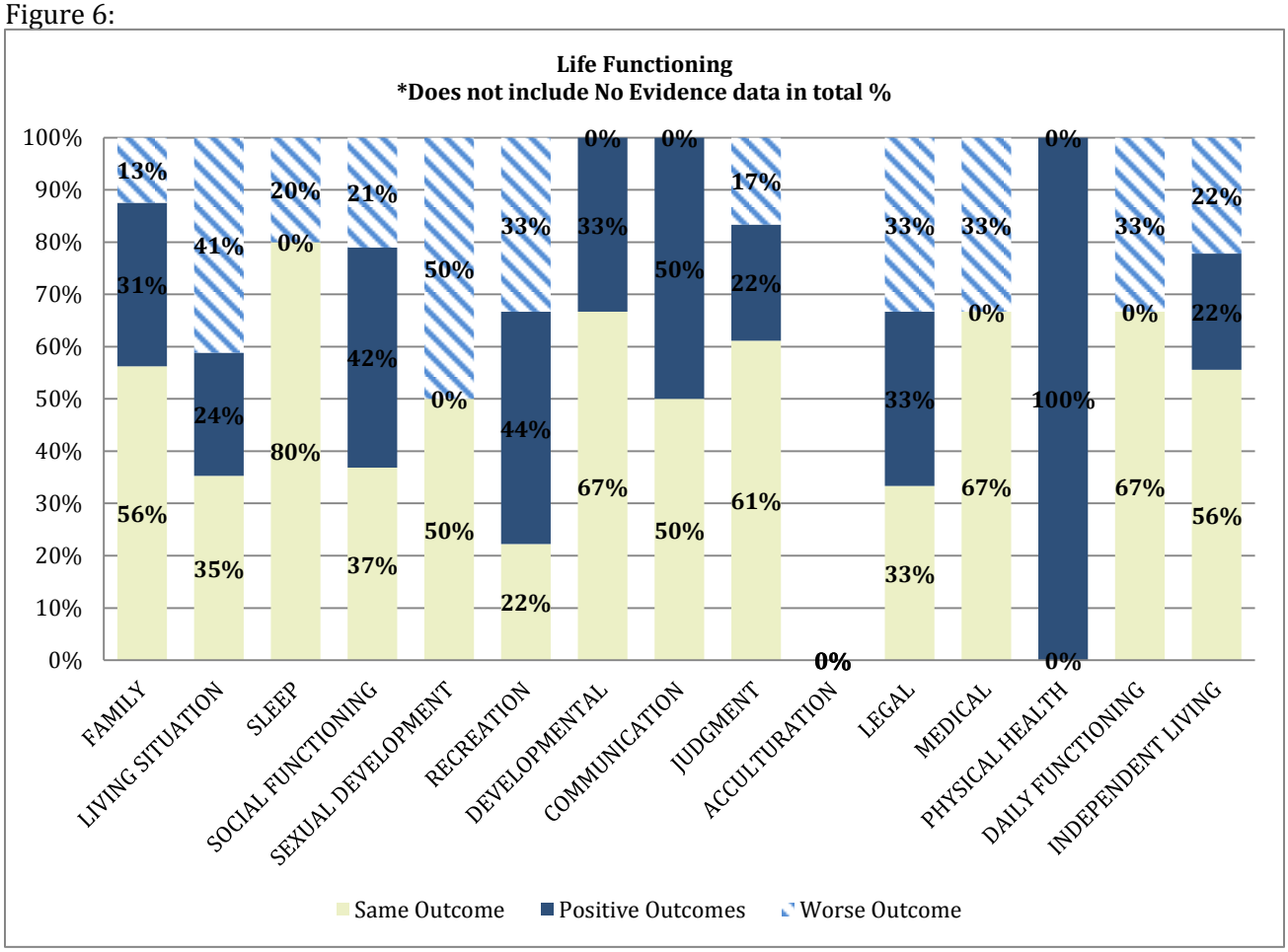


Figure 6: The results of the Life Functioning Domain show that the children/families with actionable items (2or 3) had overall higher percentage of positive/same than worse.

Figure 7:

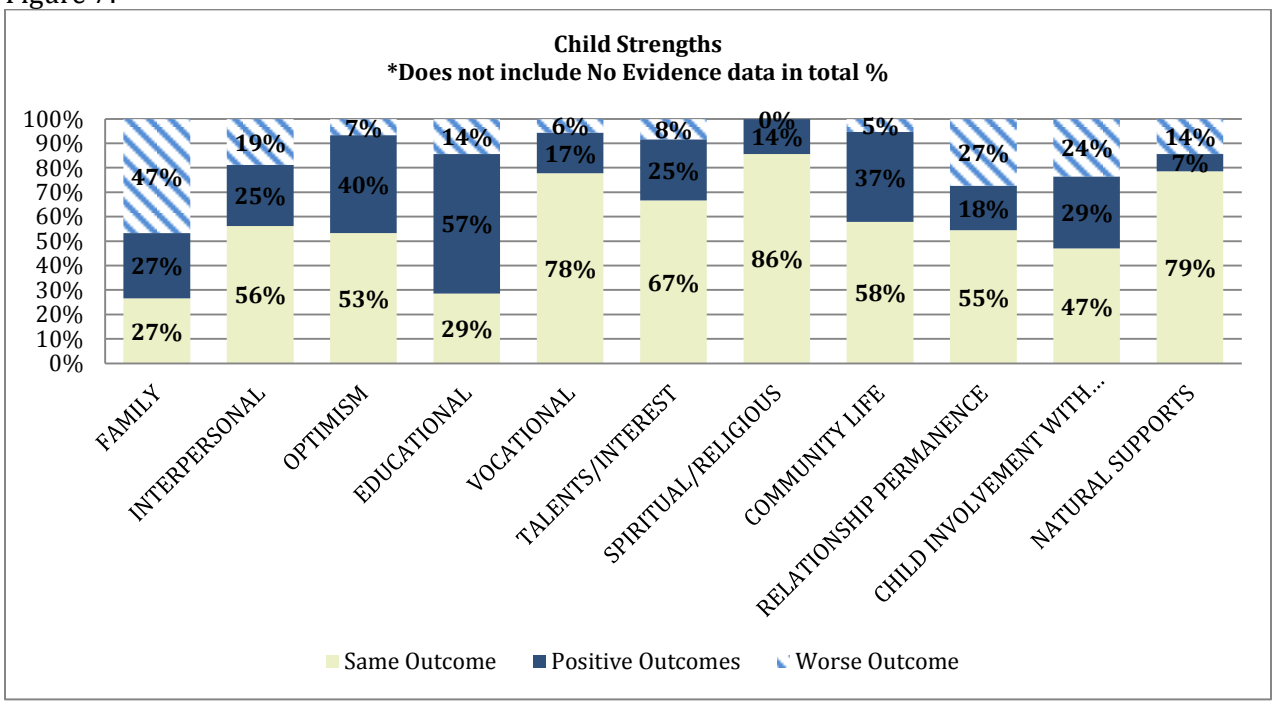


Figure 7: The Child Strengths results indicate that overall services are not building on the strengths of the child/family. This is an area that should be utilized in service delivery and built upon in areas of need. The goal for this category would be to see a lower percentage of same.

Figure 8:

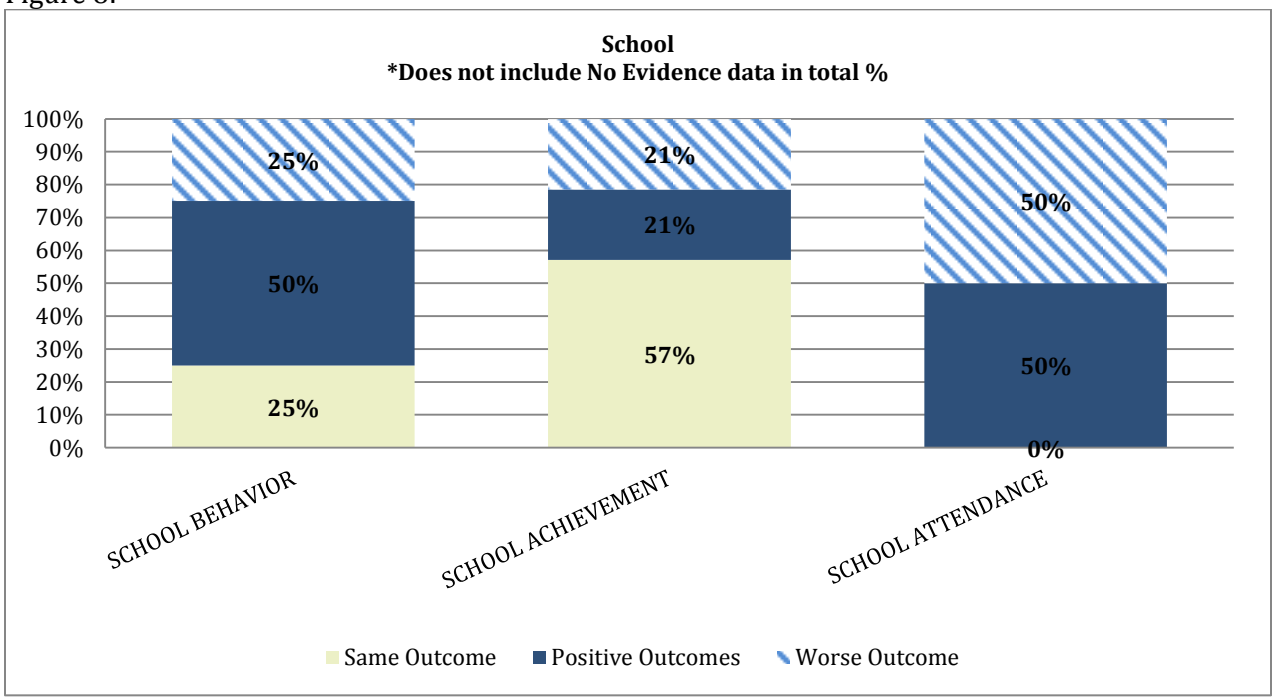


Figure 8: Outcome results in the School domain indicate that overall there was a positive outcome. However, school attendance had a 50% worse outcome which is a noted concern.

Figure 9:

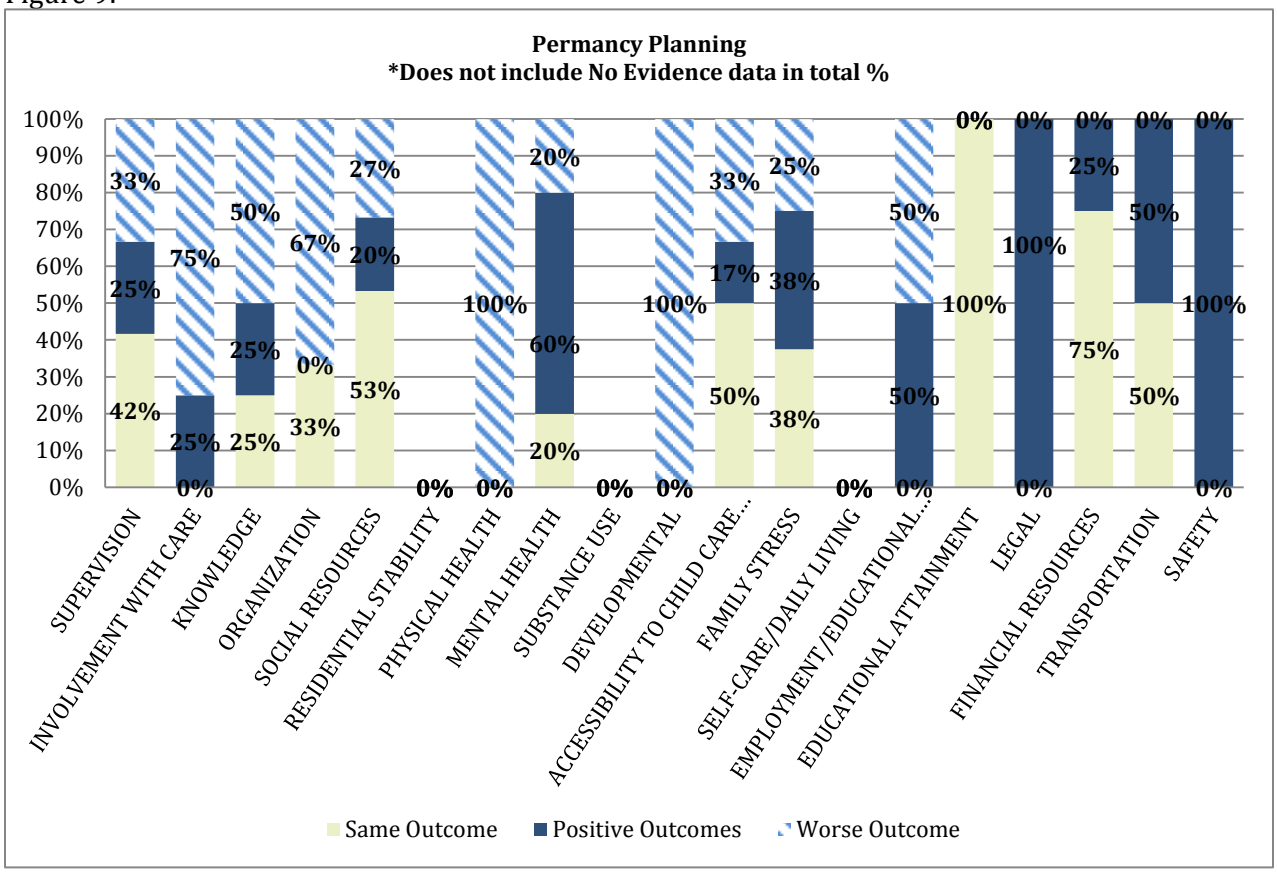


Figure 9: Although the percentages for Permanency Planning show that there was mostly positive/same outcomes, the worse outcomes percentages are higher than the other categories. This identifies to all stakeholders that additional attention should be spent on permanency planning and the caretaker's abilities. Specifically in the involvement with care and knowledge categories; with worse scores of 75% and 50% additional focus by case managers on ensuring parents understand the needs of their child/children. All categories with high percentage of "worse" will need to be looked at further to determine how many individuals had actionable scores, whether the rater accurately rated the section, and what further actions need to be taken to improve the scores.

Figure 10:

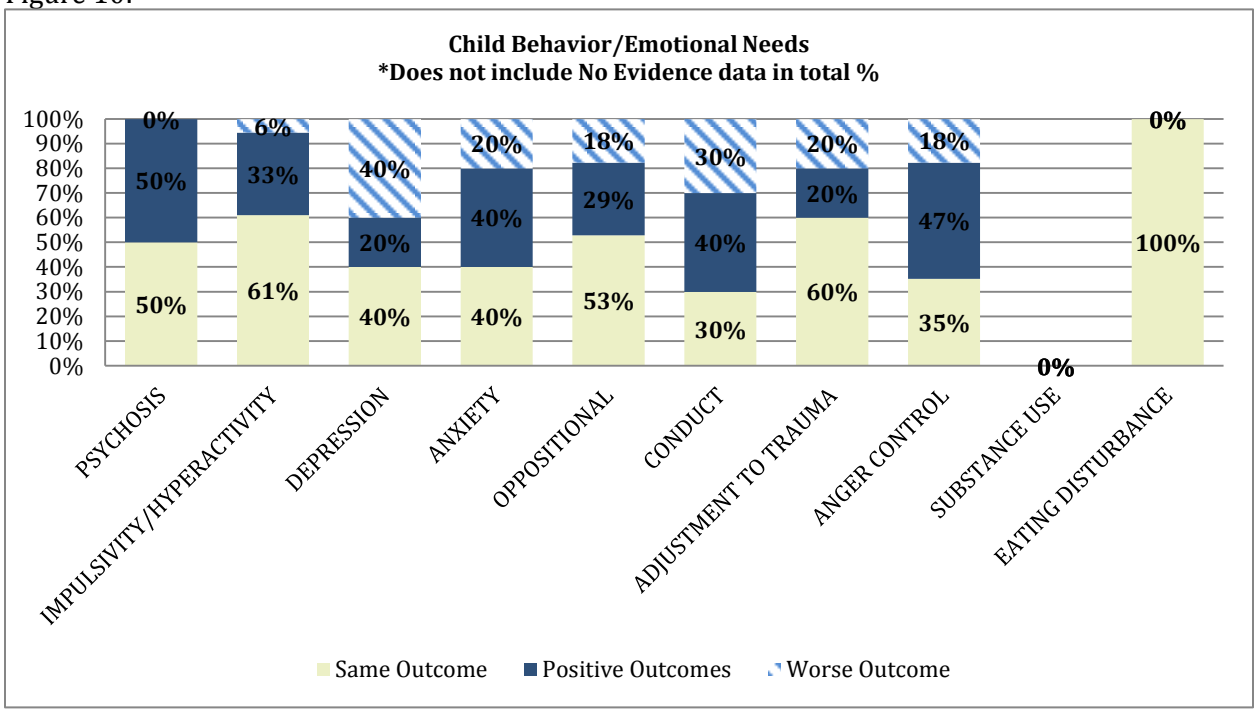


Figure 10: Child Behavior and Emotional needs show low positive outcomes. This category is important for outcome reasons as the providers and case managers are focusing on the actionable items in this category. While it shows that services are making some positive impact, any same and worse scores should be analyzed to see if a change or increase in services is needed. In this category same is not considered a positive as these specific behaviors should be reduced in order to maintain the youth in the community.

Figure 11:

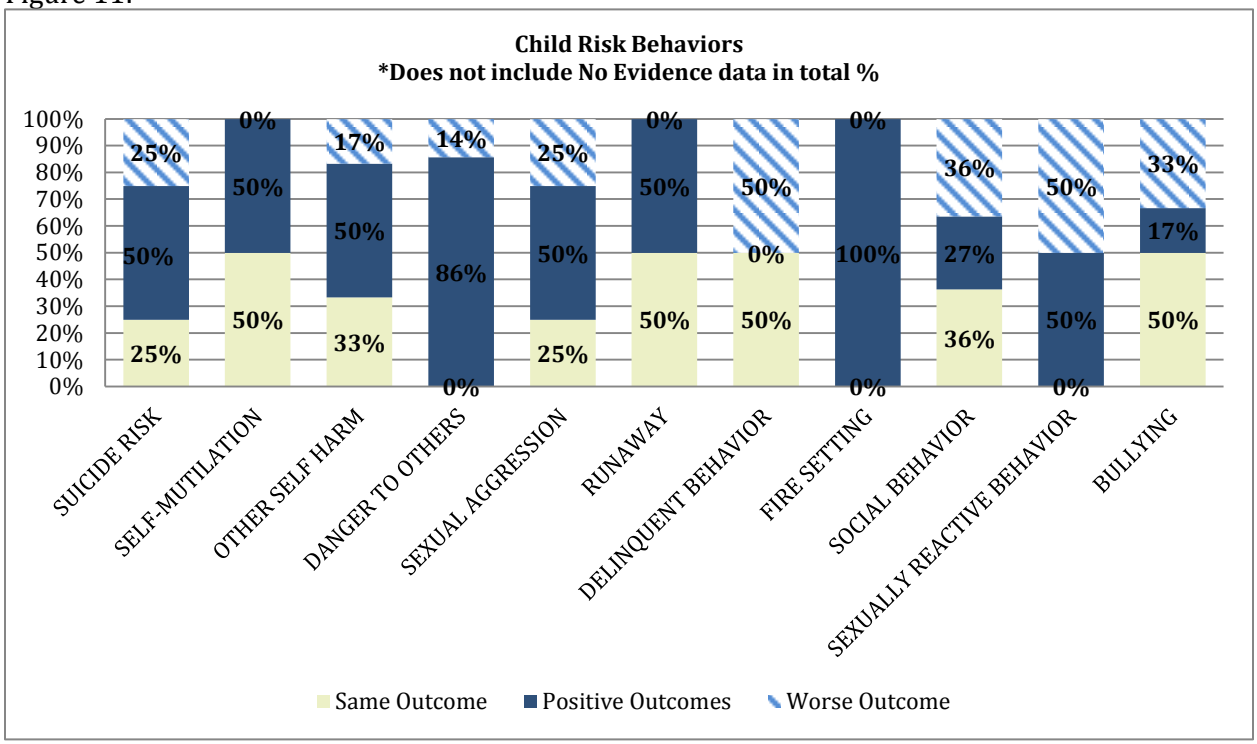


Figure 11: As in the previous category this is a highly actionable category. Most service providers and case managers are setting goals to reduce these risk behaviors. The results show that while there are a good percentage of positive scores there are high same and worse scores as well. Case managers whose children/families have any actionable item in this category should review the services being provided to make sure that the services are appropriate and meeting the child/family needs.

Provider Summary

Figure 12:

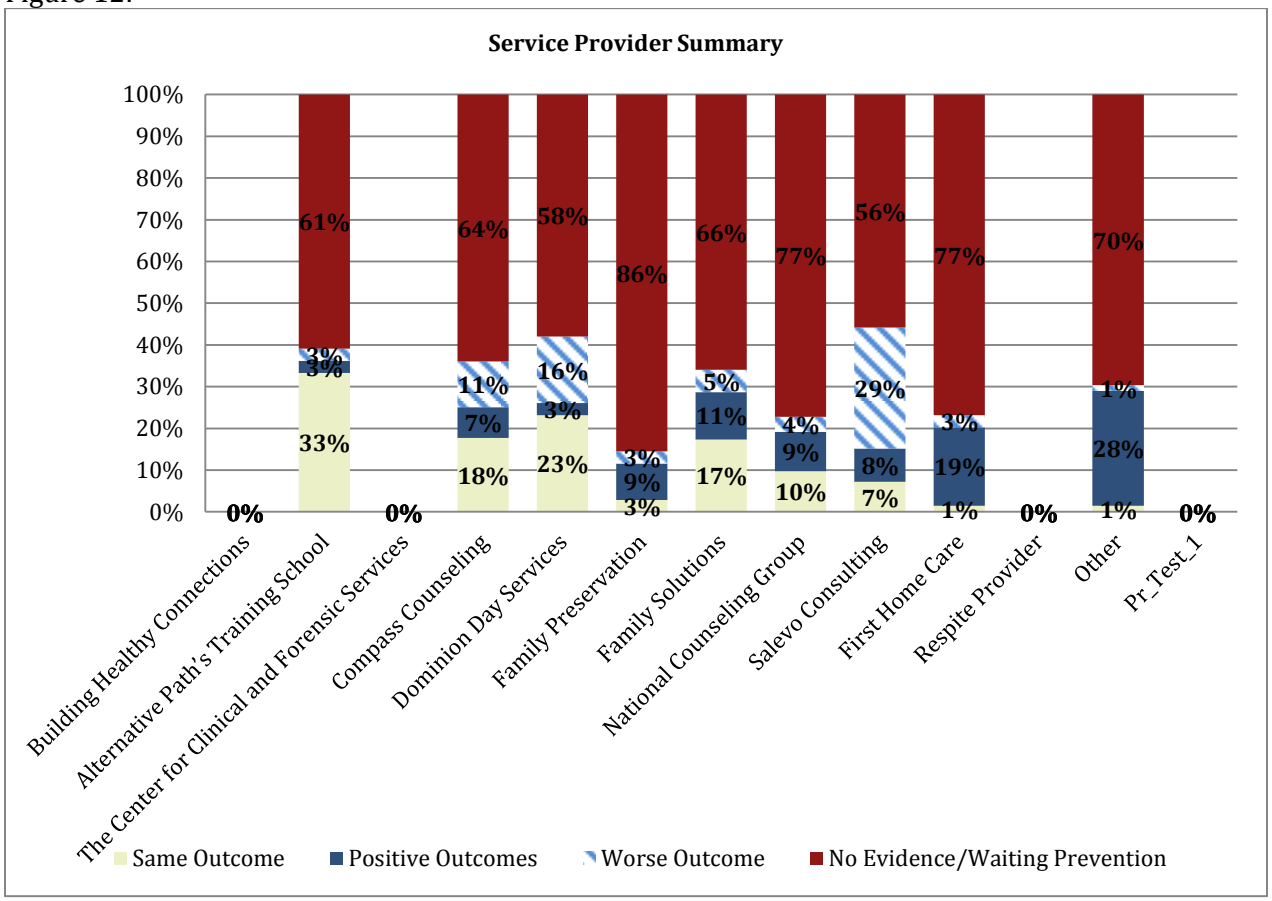


Figure 12: The Provider's compared above are most utilized by the Stafford CSA Program. The no evidence/waiting prevention percentages were included to show the level of need the Providers were seeing. This should be taken in to account when comparing providers who offer similar services. For example Family Preservation Services Served children/families with an average of 86% of categories not needing intervention whereas Family Solutions served children/families with an average of only 66% of categories not needing intervention. Comparing the average; Family Solutions was working with children/families that had more behaviors/issues needing to be addressed than Family Preservation Services.

Also taken into consideration is the number of children/families each Provider worked with during this fiscal year. Below is the number of children/families each Provider served:

Alternative Paths:	1	National Counseling Group:	4
Compass Counseling:	9	Salveo Consulting:	2
Dominion Day:	1	First Home Care:	1
Family Preservation Services:	1	Other:	1
Family Solutions:	6		

*Two children served by two different providers.

Figure 13

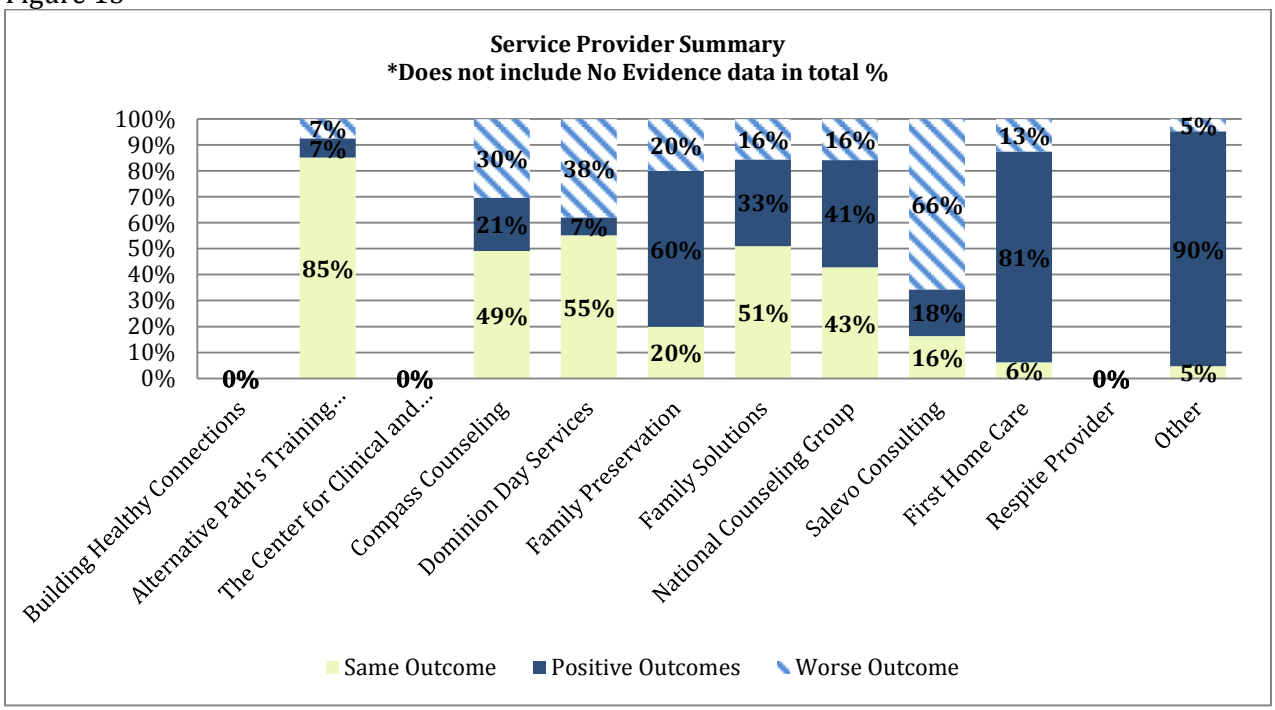


Figure 13: The above chart takes out the no evidence percentages so the categories that were being addressed by interventions could be better summarized. National Counseling Group, Family Solutions, and Compass Counseling Services served the majority of the children/families, they provided similar services, and they had similar percentages of behaviors/issues that needed to be addressed.

Funding Summary

Figure 14

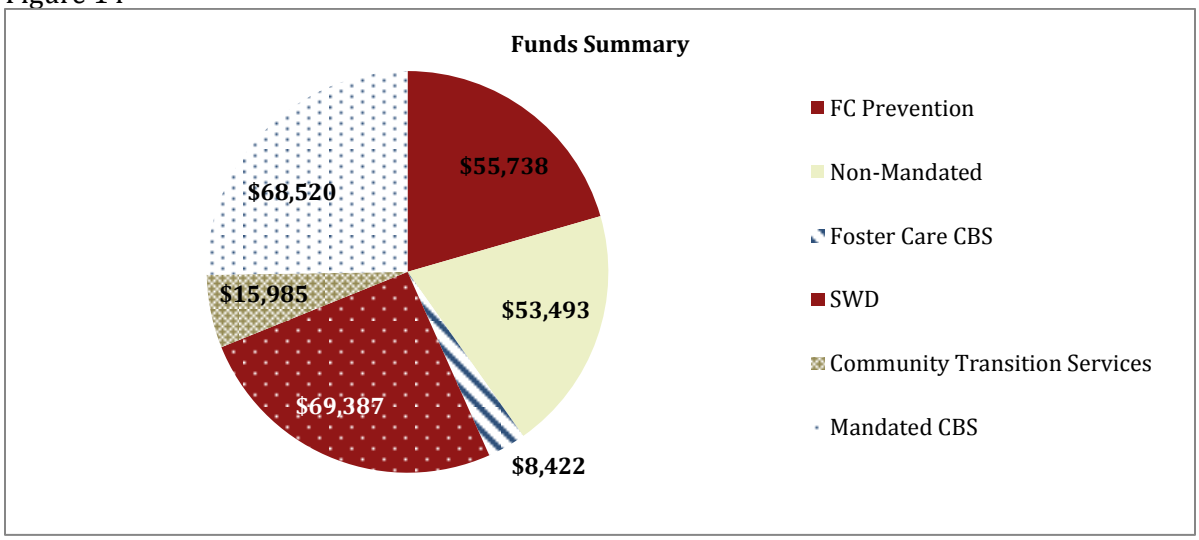


Figure 14: The graph above gives a breakdown of money spent for each funding category.

*The outcomes reflected in the report are within the FC Prevention and SWD categories.

Figure 15

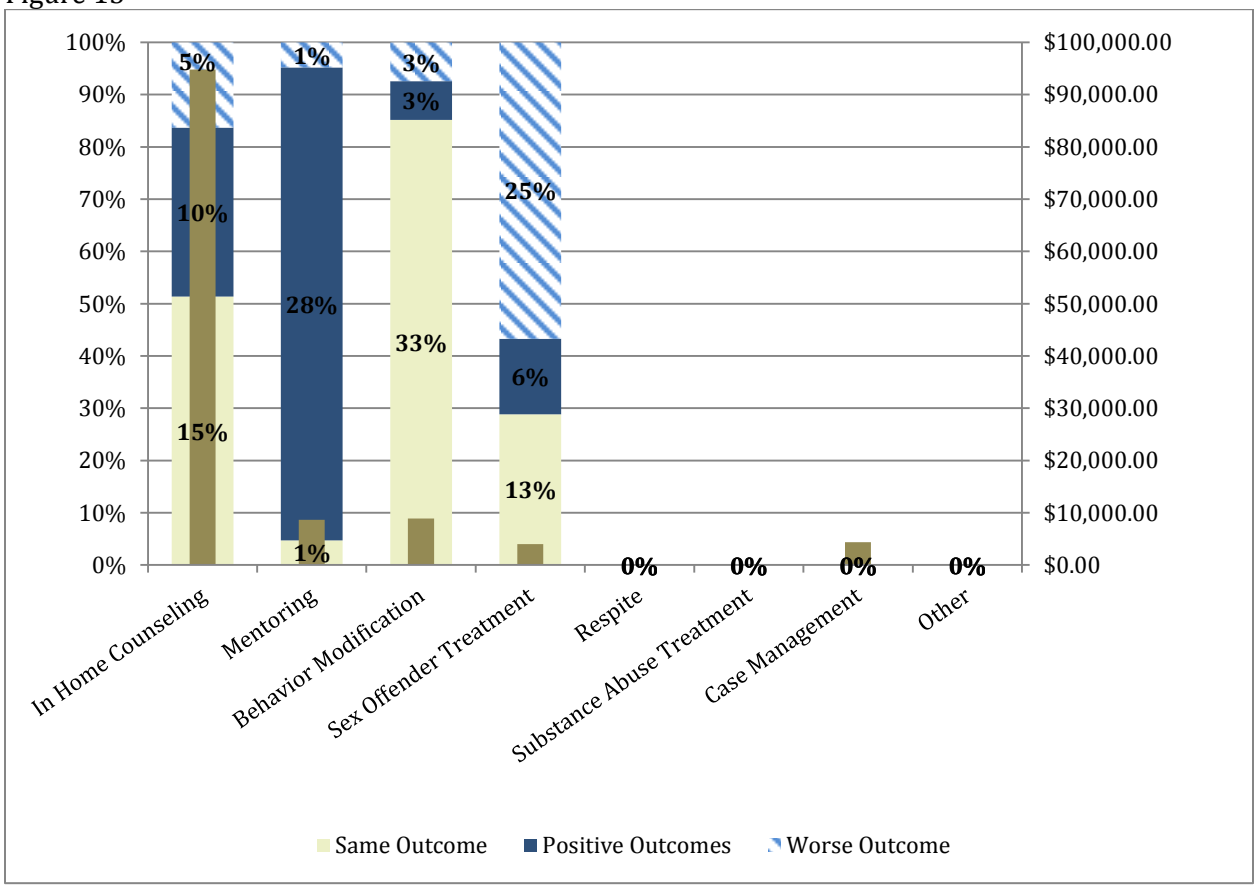


Figure 15: This chart shows the percentages of same, better, worse in the service type categories; expenditures in each category via the red vertical line.

- Majority of funding was expended on in home counseling with a 10% positive outcome, 15% same outcome, and 5% worse outcome.
- Mentoring has the highest percentage of positive outcomes with 28% and both same and worse each 1%.
- Sex Offender treatment shows that majority are worse with a 25% outcome, 13% same, and 6 % positive.
- Behavior modification had one child this fiscal year and the results indicate that the child stayed the same in most categories with 33 % and had an equal 3% of categories to improve and get worse.

Demographics

Gender	FY 12	FY 13
Male	22	19
Female	7	5

Age	FY 12	FY 13
0-3	0	0
4-8	1	5
9-12	7	7
13-18	21	12

Referral Source	FY 12	FY 13
Court Services Unit	9	4
Department of Social Services	7	3
Parent Referral	2	0
Rappahannock Area CSB	0	3
Stafford County Public Schools	10	14
Interagency	1	0

Race	FY 12	FY 13
African American or Black	6	3
American Indian or Alaskan Native	0	0
Asian	1	1
Native Hawaiian or Pacific Islander	0	0
Other	2	2
White	20	18

Funding Category	FY 12	FY 13
CBS	19	10
SWD	10	14

Location	FY 12	FY 13
22405	7	4
22406	1	1
22554	10	12
22556	8	5

Conclusion

Results show that as a whole, community-based services are making a positive impact on the children and families served in the Stafford County community. At the time of this report 76% of the children served have either improved or stayed stable enough to remain in the community and not require a higher level of service. Results also indicate that there are improvements to be made in several areas:

- School Attendance
- Permanency Planning/ Caregiver Strengths and Needs
- Child Behavioral/ Emotional Needs
- Child Risk Behaviors

The HSO staff will be sharing these results with the Community Policy and Management Team, Family Assessment and Planning Team, Supervisors, and case managers to get feed-back on how to address the areas needing improvements.

The most important component to the outcomes is accurately scored CANS assessments. The HSATS program is reliant on the case managers to provide accurate assessments in a timely manner. The Human Services Office will continue to provide training to the case managers to ensure the CANS assessments are being completed accurately and are being utilized for case planning. Results for the upcoming fiscal year will include case manager outcomes to determine if there is a correlation between outcomes and case managers; this can help determine if there are case managers under or over scoring the assessments. This information will be utilized to improve the training provided to the case managers.

In the future these results can be utilized to assist case managers when choosing Providers for services. Case managers will be able to see Provider category strengths and weaknesses. For example: If National Counseling Group shows a high percentage of positive outcomes with children who need help with anger management, but low percentage of positive outcomes for depression/anxiety then the case manager can determine if they are the right Provider depending on the needs of the child/family. This will also help in developing community partnerships as the data collected will reflect where the greatest needs are and staff will be able to reach out to Providers who are strong in those areas with anticipation to increase accessibility to various programs in this area.