

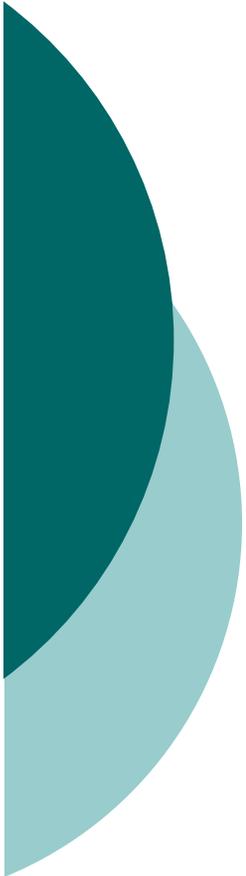


DEPARTMENT of CHILDREN and FAMILIES
Making a Difference for Children, Families and Communities

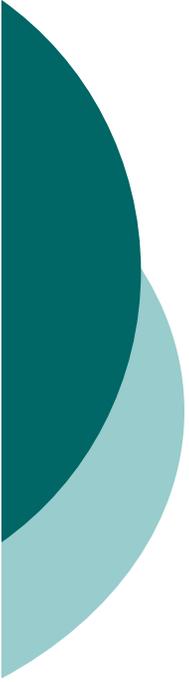
Statewide Provider Meeting

**Next Steps in Developing a
Community-Based, Culturally-
Competent Service System**

July 22, 2014



Evolving Landscape of Child Welfare



National Transformations in the Field

Safety



Well-Being

Congregate



Community

Out-of-Home

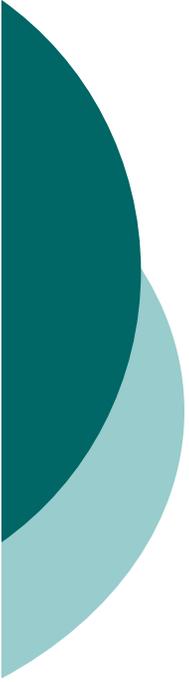


In-Home

Process



Results



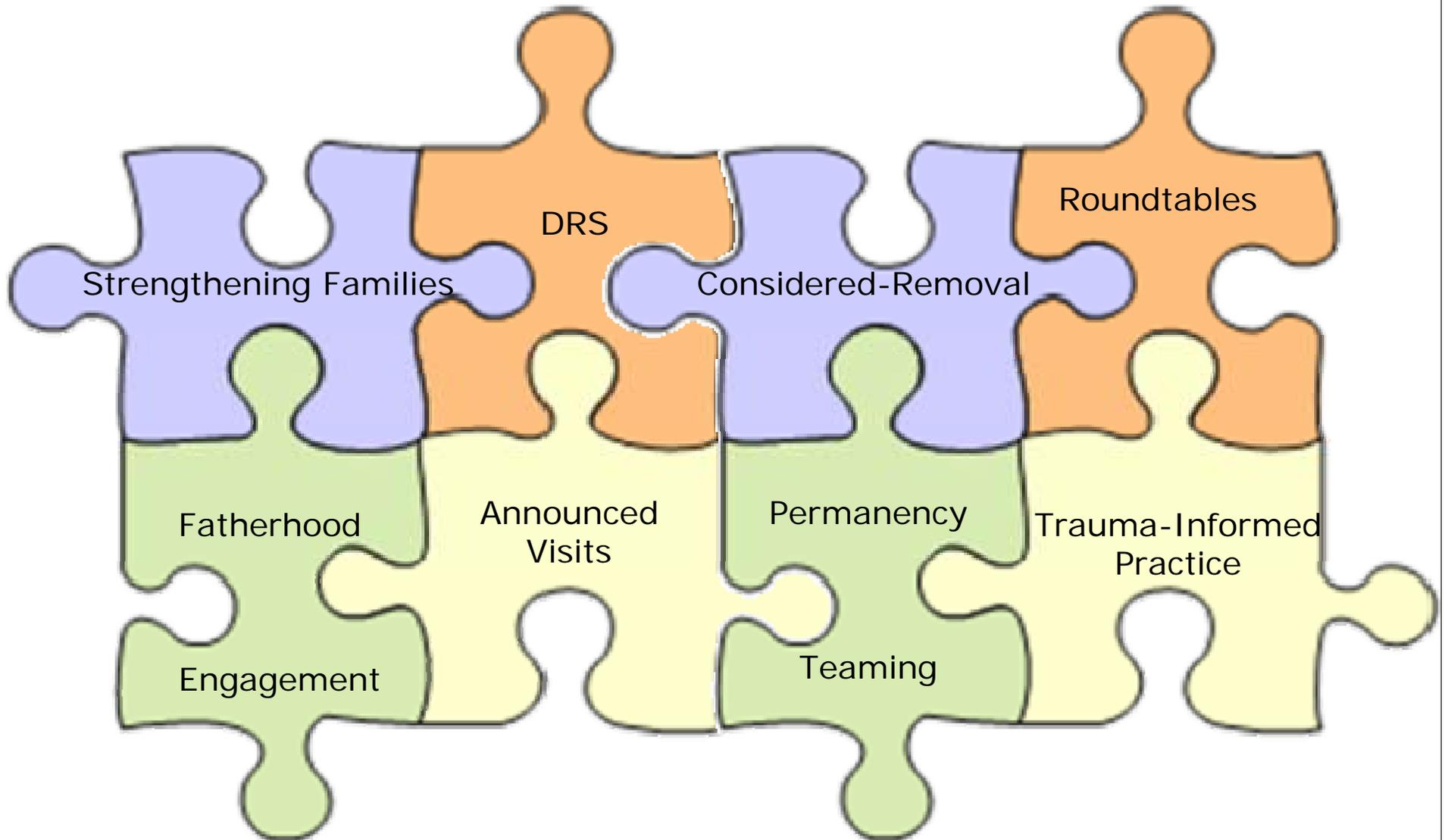
DCF Mission & Cross-Cutting Themes

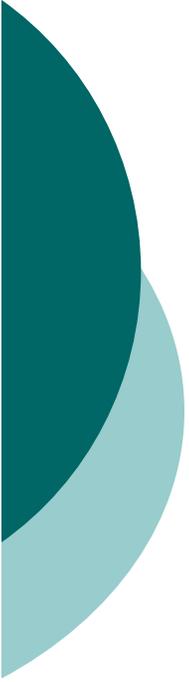
The mission of the Department is to work together with families and communities for children who are healthy, safe, smart and strong.

Seven Cross-Cutting Themes

1. Implementing strength-based family policy, practice and programs.
2. Applying the neuroscience of early childhood and adolescent development.
3. Expanding trauma-informed practice and culture.
4. Addressing racial inequities in all areas of our practice.
5. Building new community and agency partnerships.
6. Improving leadership, management, supervision and accountability.
7. Becoming a learning organization.

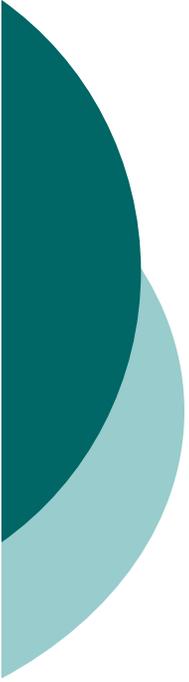
DCF Practice Transformation





System Transformation

- Fostering the Future
- Relative Placement
- Supports for Relative Caregivers
- Family and Community Ties Program
- Investment in Community-based services
- Wendy's Wonderful Kids
- Congregate Rightsizing

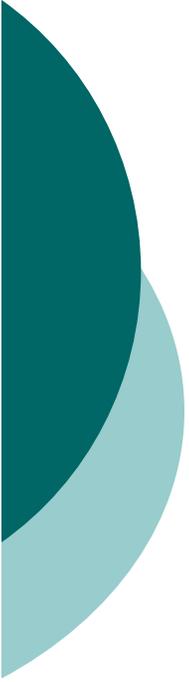


Achievements 2011-2014

- Decreased Children in Placement by 14.2% (from 4784 to 4105)
- Increased relative/kin placement from 19% to 34.5%
- Reduced Out of State placement from 364 to 22
- 591 Fewer children in congregate care (41.4% decrease)
- Only 47 children under the age of 12 in congregate care
- Pre-certified 10 of the 22 Juan F. Outcome Measures
- Released from the federal Program Improvement Plan by achieving 8 federal measures needing improvement

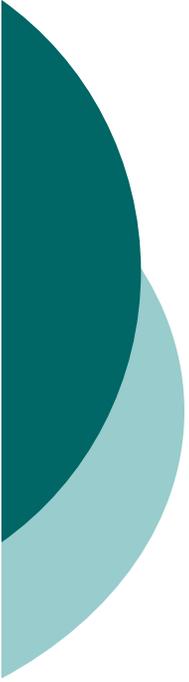


The Work Ahead



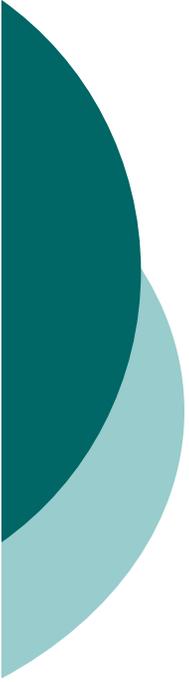
Vision for the Service Array

- Children will remain with their family of origin whenever possible and appropriate
- 90% of the children in DCF placement will be served in community-based family settings
- Relative, core and TFC foster parents will have access to a broad array of supports



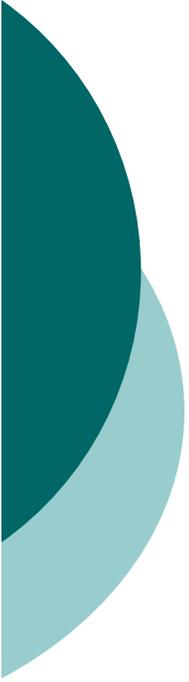
Getting to 90% Community-Based Care

- Needs assessment
- PA 13-178 Public Forums
- Wrap funds / USE Plans
- Identifying services needs for youth who are stuck in group care
- Re-investment of funds from excess congregate capacity



Community-Based Service Needs

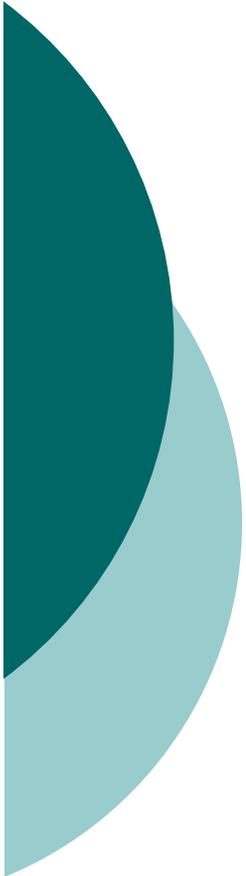
- Family-based supports
- Care coordination
- More family homes (relative/kin, foster parents)
- Substance use services
- Non-traditional therapies and interventions
- Pro-social off-hours activities
- Academic Supports



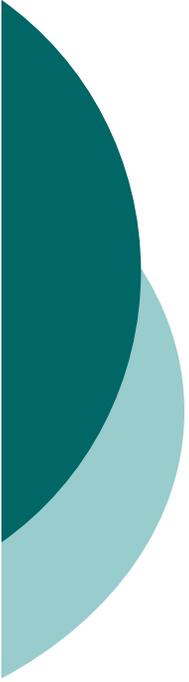
Social Impact Bond

- Public / Private partnership
- Technical assistance from Harvard Kennedy School of Government

- Focus will be the expansion of substance abuse services for parents



Residential Treatment Center Capacity Reduction



Bed Capacity & Total Providers

In State Residential Treatment Center Bed Capacity		
	Number of Beds as of 10/1/2009	Number of Beds as of 4/1/2014
Psychiatric	201	88
Juvenile Justice	83	28
Substance Abuse	47	12
Intellectual Disabilities/ Pervasive Developmental Disorder	26	55
Problem Sexual Behavior	0	12
Total In State Bed Capacity	357	195
Total State Operated Bed Capacity	18*	10**

*Includes High Meadows and CCP

**Includes Solnit North (former CCP)

- **Since October of 2009, 6 Residential Treatment Center programs have closed.**
- **In-state bed capacity has reduced by 54%.**
- **State Operated Beds have since been closed to RTC and opened to PRTF**



Demographics

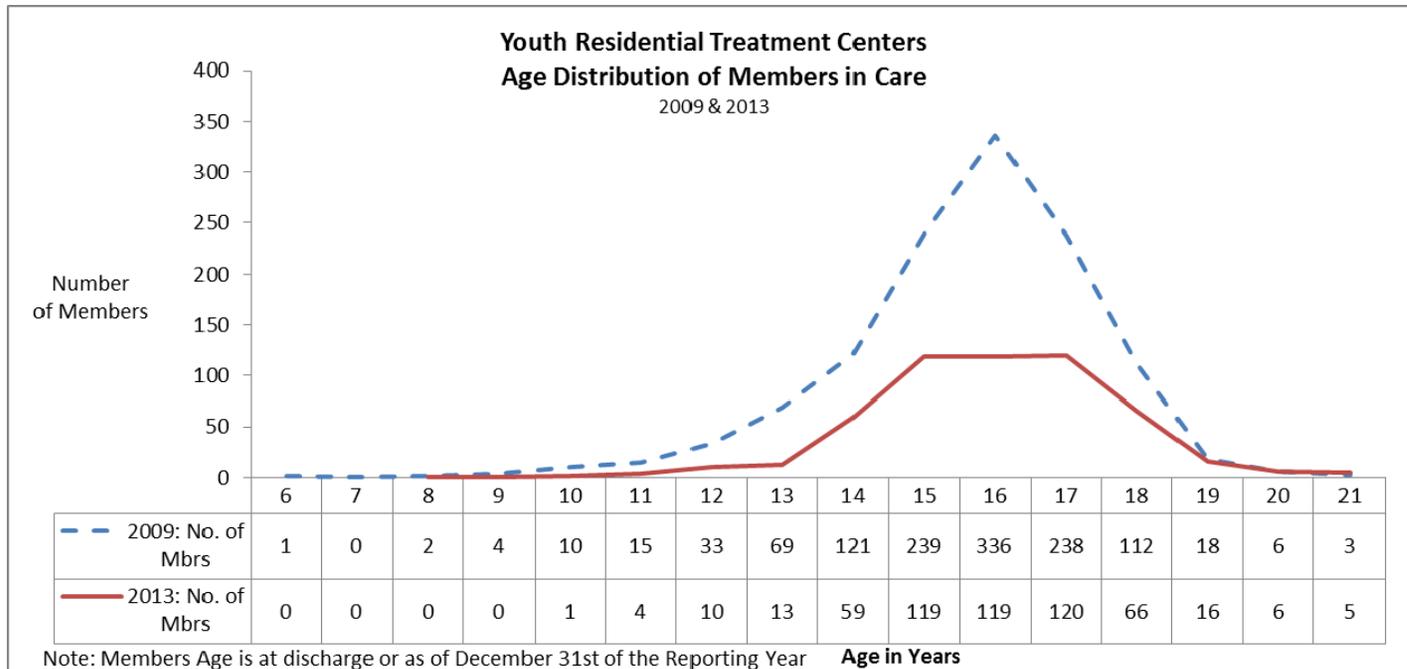
Gender and Age Distribution of Residential Treatment Center Members in Care

	Unique Members		Average Age	
	2009	2013	2009	2013
Female	470	180	15.7	16.0
Male	737	358	15.6	16.0
Total	1,207	538	15.6	16.0

Note: Members Age is at discharge or as of December 31st of the Reporting Year

- **From 2009 to 2013, the ratio of males to females has shifted towards serving a greater proportion of males (61% vs. 66%)**
- **The average age of members in care has remained relatively stable**

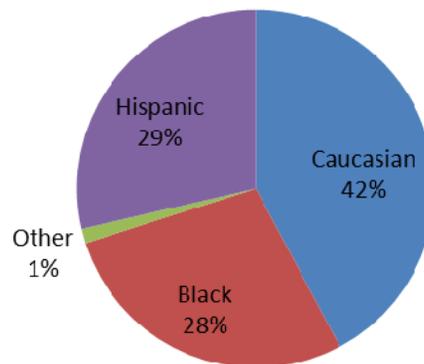
Demographics



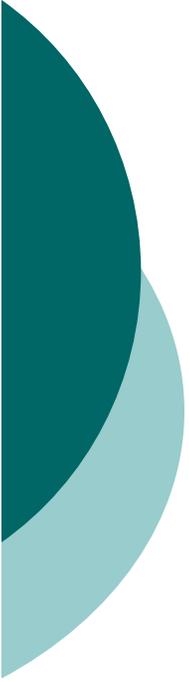
- **Across all ages, fewer children are being served in 2013, with one exception the older age range (19,20, & 21) where roughly the same numbers of youth were served.**
- **The low end of the age range of children served has shifted up from 6-8 years to 10-11 years of age.**
- **Only 15 children, 12 and under were served in 2013 compared to 65 in 2009.**

Demographics

**Race/Ethnicity of Youth in
Residential Treatment Centers
Members in Care
2013**



- **The race/ethnicity of members in care has remained relatively stable between 2009 and 2013**
- **Based on comparison to the racial/ethnic mix of all CT youth, there is over-representation of African American and Hispanic youth in the RTCs.**
- **There is under-representation of Caucasian youths.**



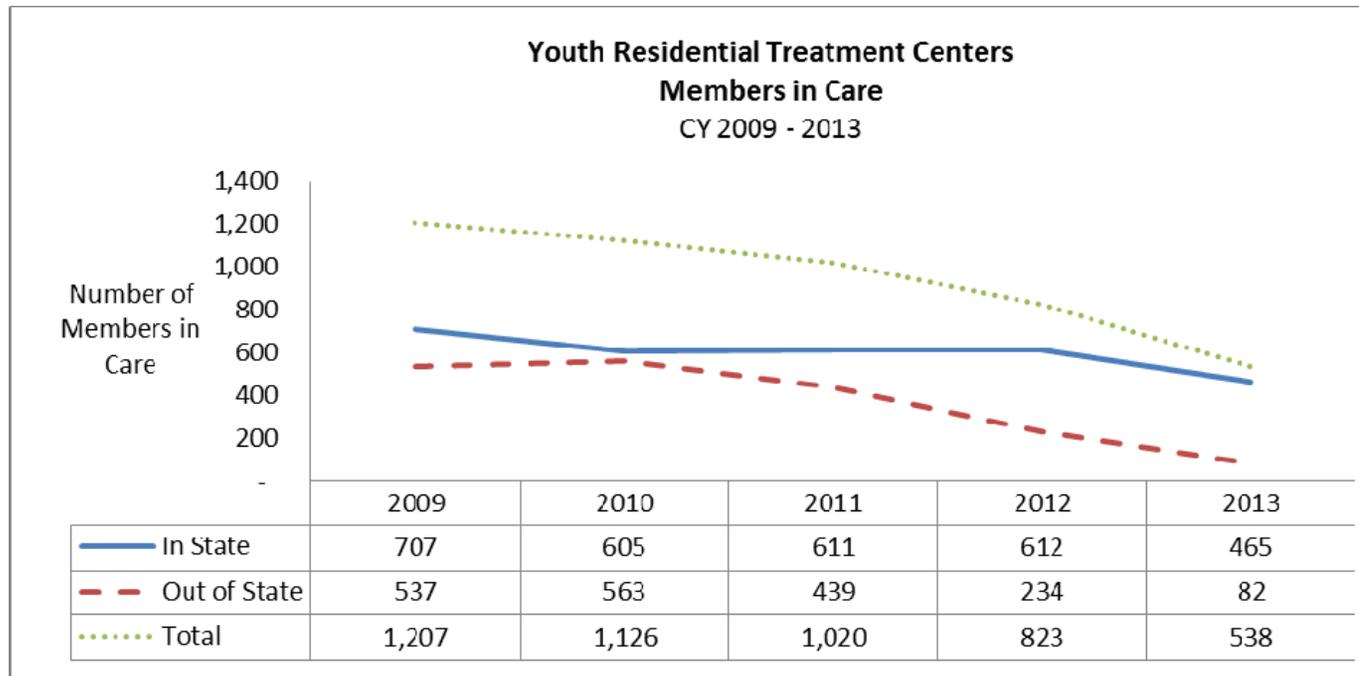
Demographics

DCF Involvement of RTC Members in Care

	2009		2013	
	Number of Unique Members	% of Members	Number of Unique Members	% of Members
All Others (DCF Committed)	580	48.1%	277	51.5%
Juvenile Justice	214	17.7%	79	14.7%
Voluntary Services	148	12.3%	58	10.8%
Dually Committed	35	2.9%	18	3.3%
Family with Service Needs	15	1.2%	16	3.0%
Title XIX	2	0.2%	1	0.2%
Converted Member	1	0.1%	-	-
DCF Status Unknown	212	17.6%	89	16.5%
Total	1,207	100%	538	100%

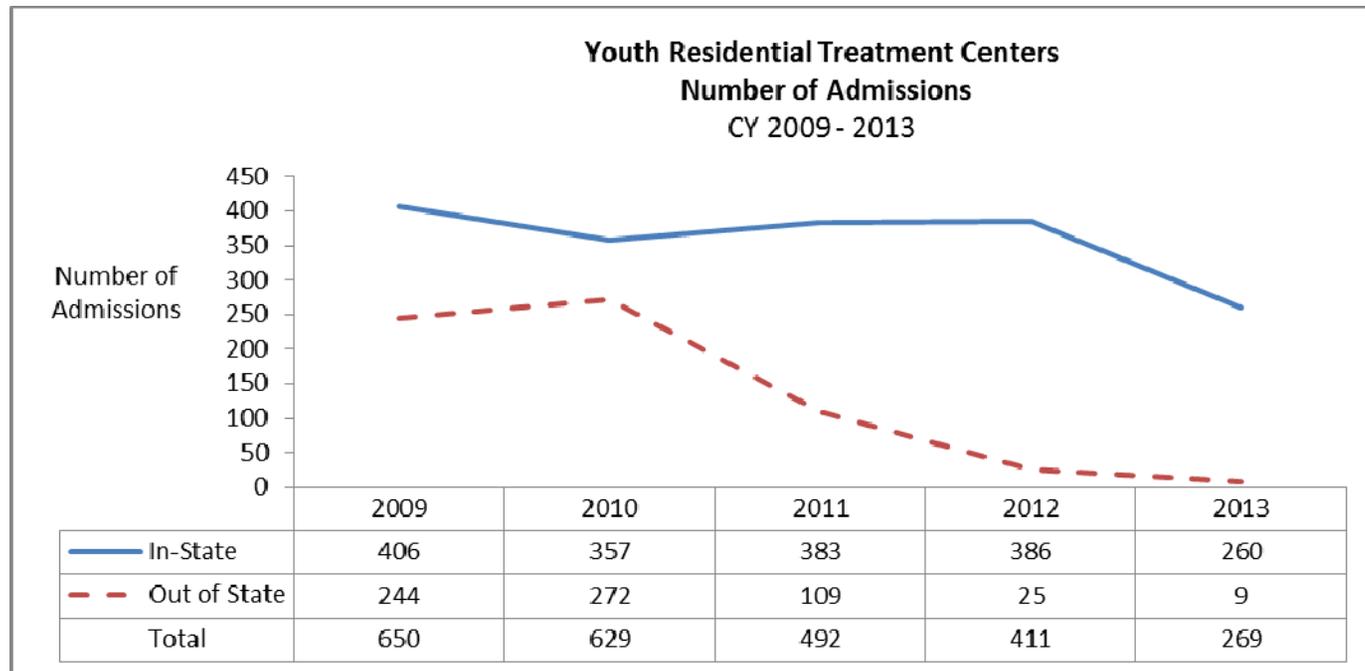
- **The percentage of members falling into each of the categories of DCF Involvement has remained relatively stable**
- **With the exception of a slight increase in the % of Family with Service Needs, and a slight decrease in the % of members with Juvenile Justice involvement.**

Members in Care



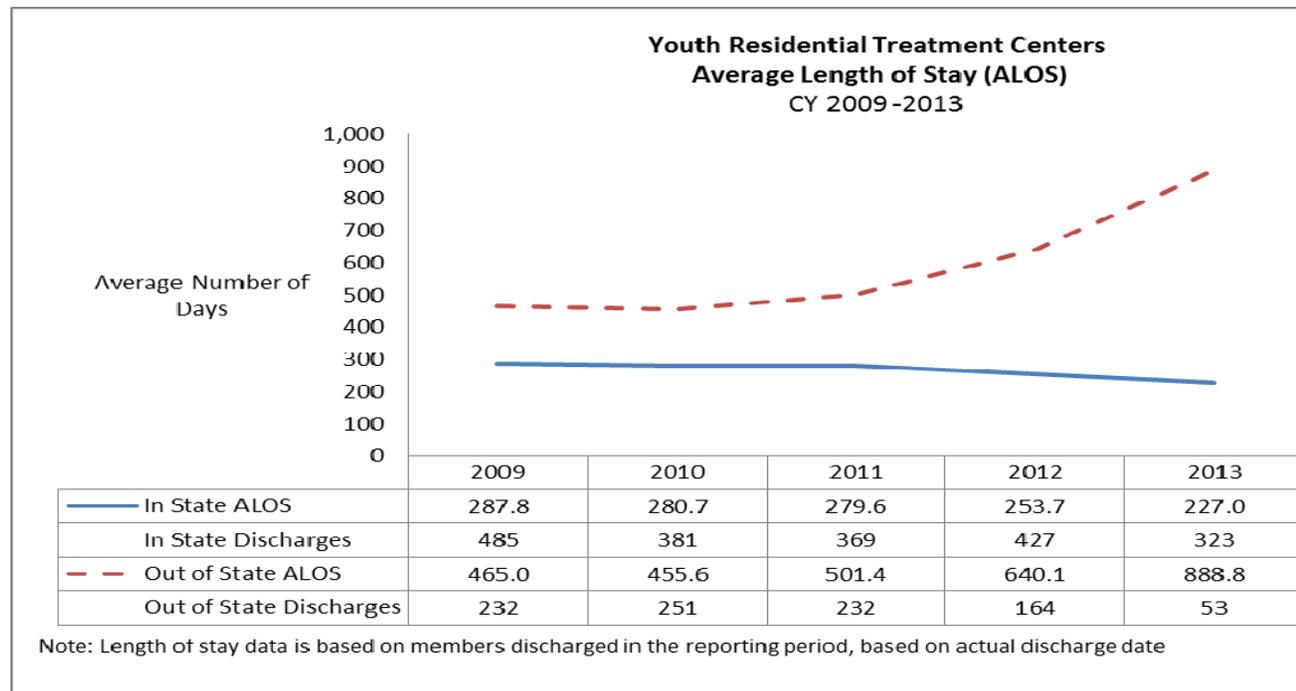
- **The utilization of Out of State providers has diminished over the past 5 years, decreasing by 85%. Overall, members in care at Residential Treatment Centers has decreased by 55.4% from 2009 to 2013 (1,207 to 538).**

RTC Admissions



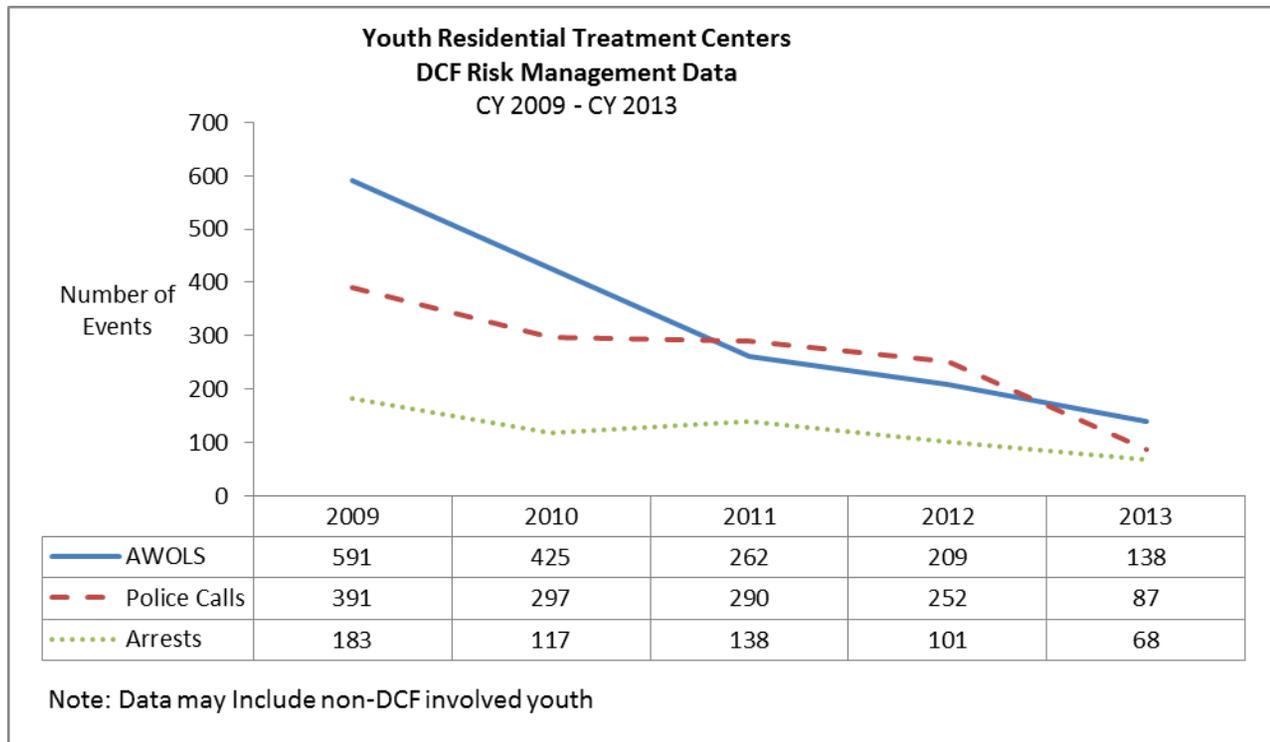
- **The number of admissions to Residential Treatment Centers decreased by 58.6% from 2009 to 2013 (650 to 269). Admissions to Out of State providers decreased 96.3% from 2009 to 2013 (244 to 9).**

In State vs. Out of State Average Length of Stay (ALOS)



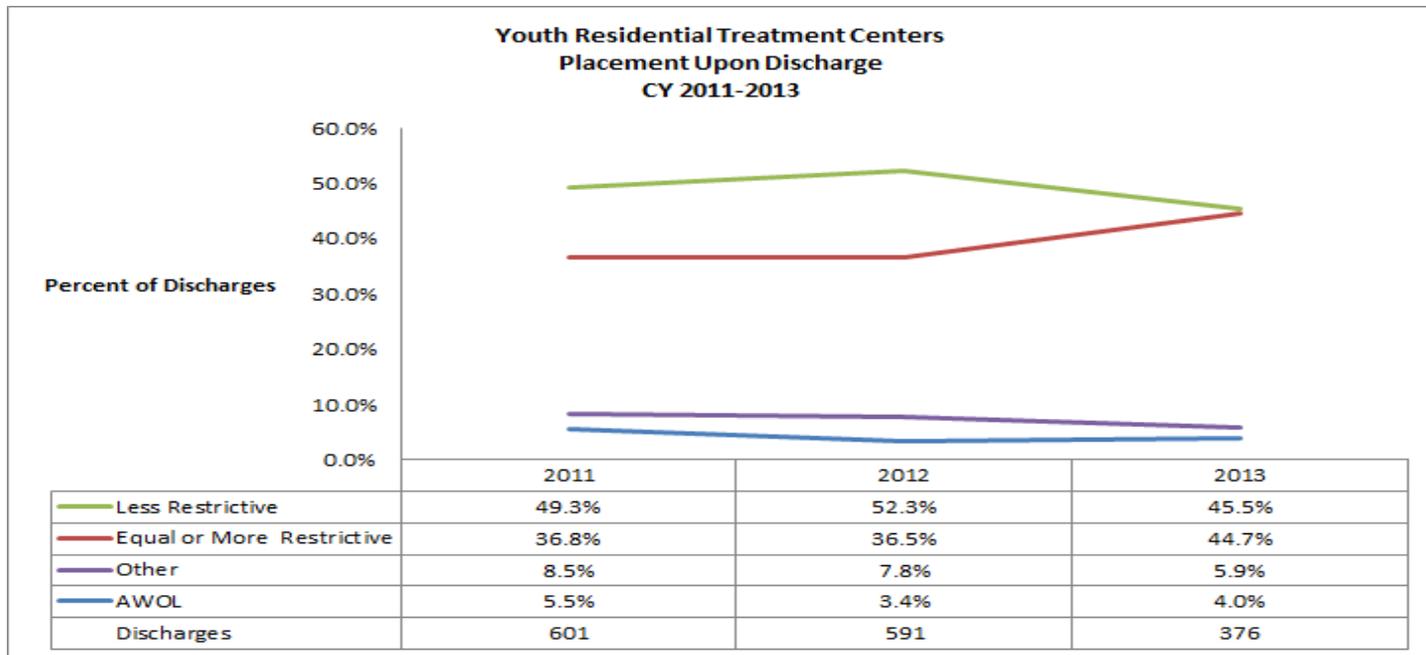
- **In State average length of stay decreased by 60.8 days from 2009 to 2013 (287.8 to 227.0). Out of State average length of stay increased by 420.8 days from 2009 to 2013 (465.0 to 888.8). Out of State ALOS continues to increase.**

Risk Management Data



- **AWOLs, police calls and arrests continue to decrease year over year within RTCs.**

Discharge Placement



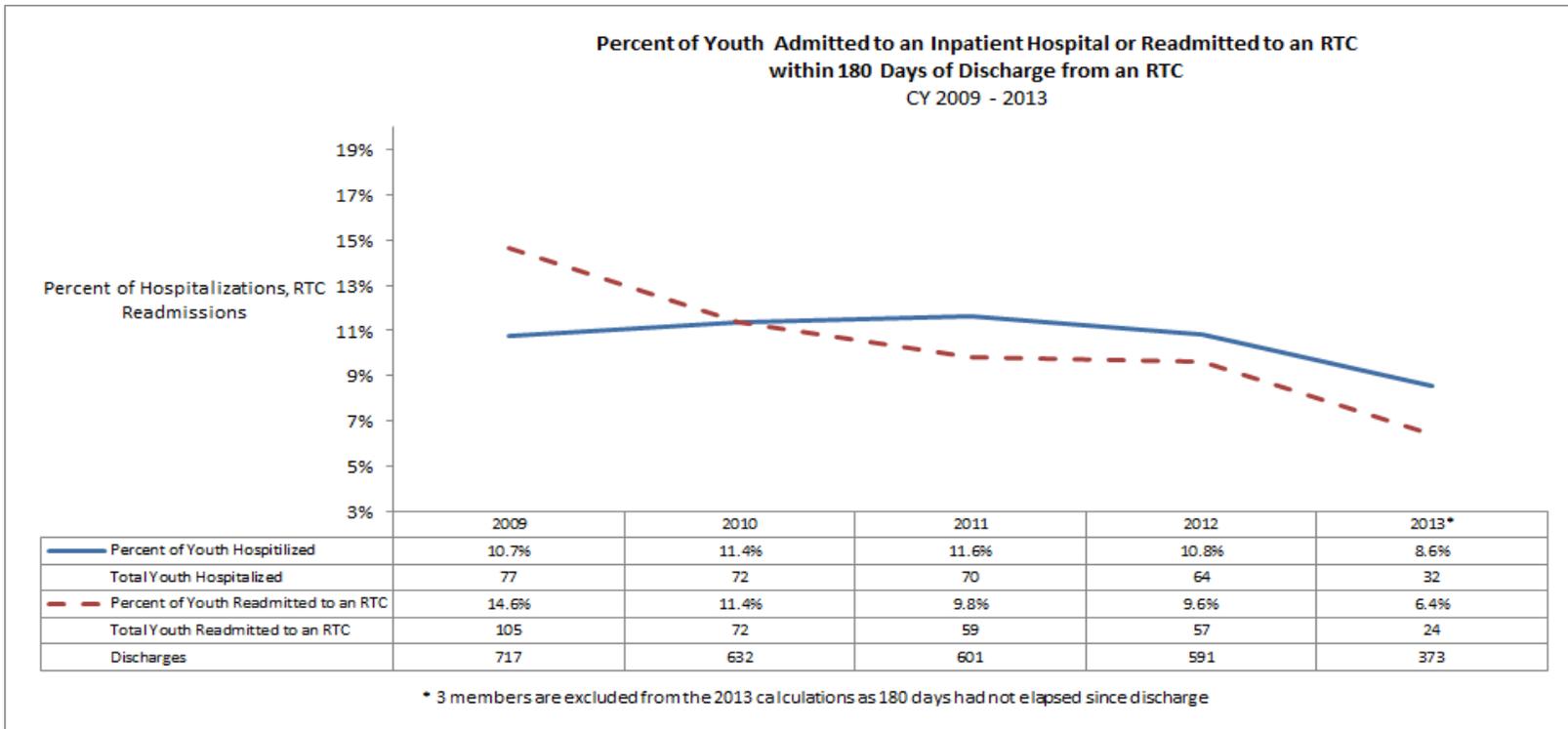
Based on Restrictiveness of Living Environments Scale (ROLES)

Less Restrictive: Foster Home, Home, Independent Living, Supervised Housing or Therapeutic Foster Care

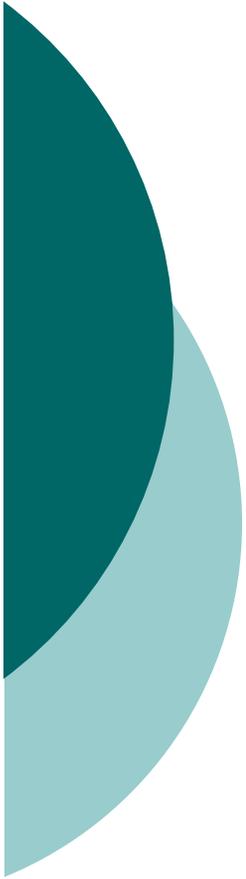
Equal or More Restrictive: Correctional Facility, Juvenile Detention, RTC/Group Home or State Hospital

- **The percent of discharges to less restrictive settings has had a relative decline between 2012 and 2013 while the percent of discharges to more restrictive settings has increased.**
- **With fewer members in congregate care, this may reflect greater severity of the youth currently served in RTCs.**

Hospitalizations & Readmissions

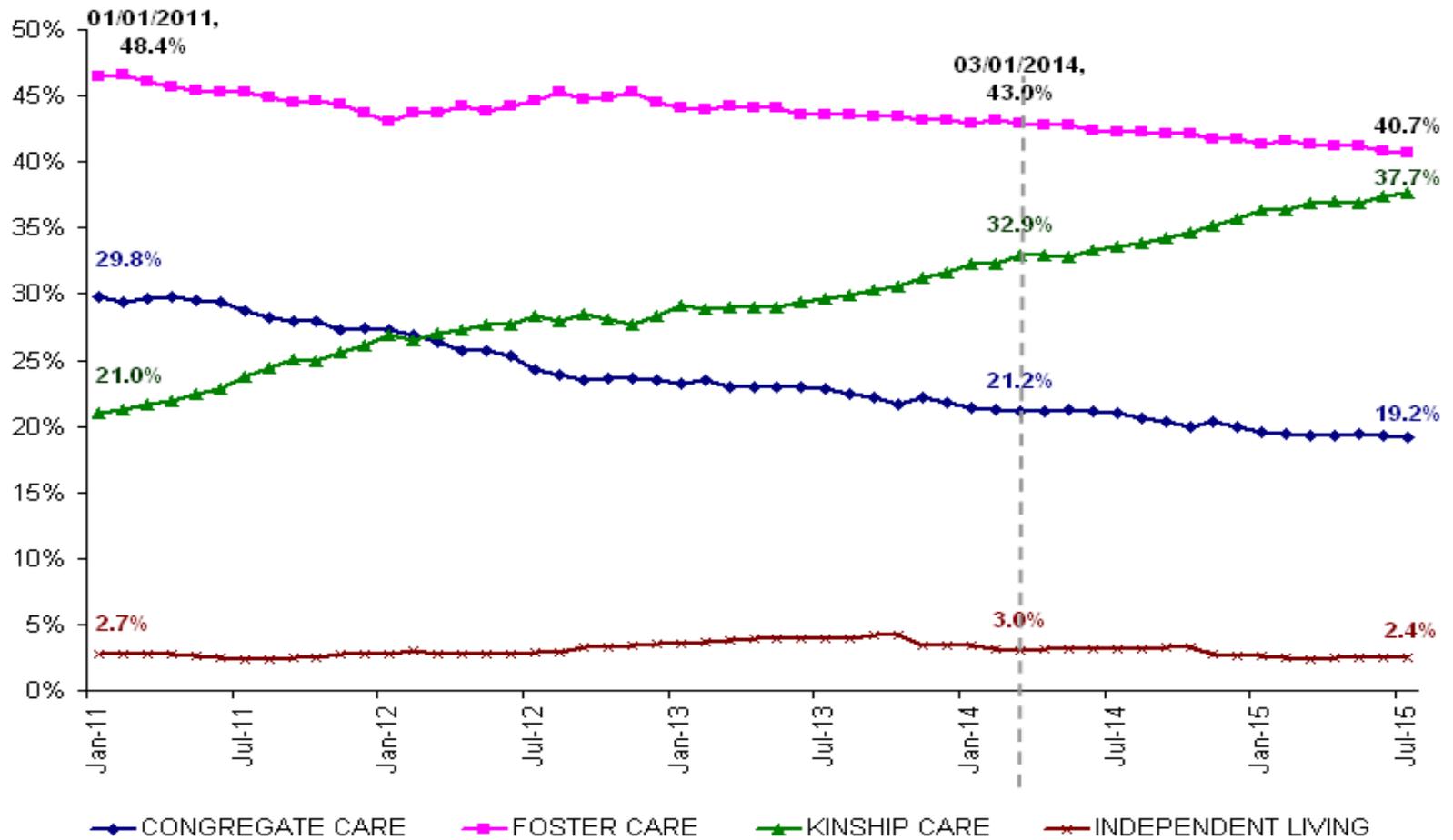


- **Percent of youth admitted to the hospital or readmitted to an RTC within 180 days of discharge has decreased within the last four years**

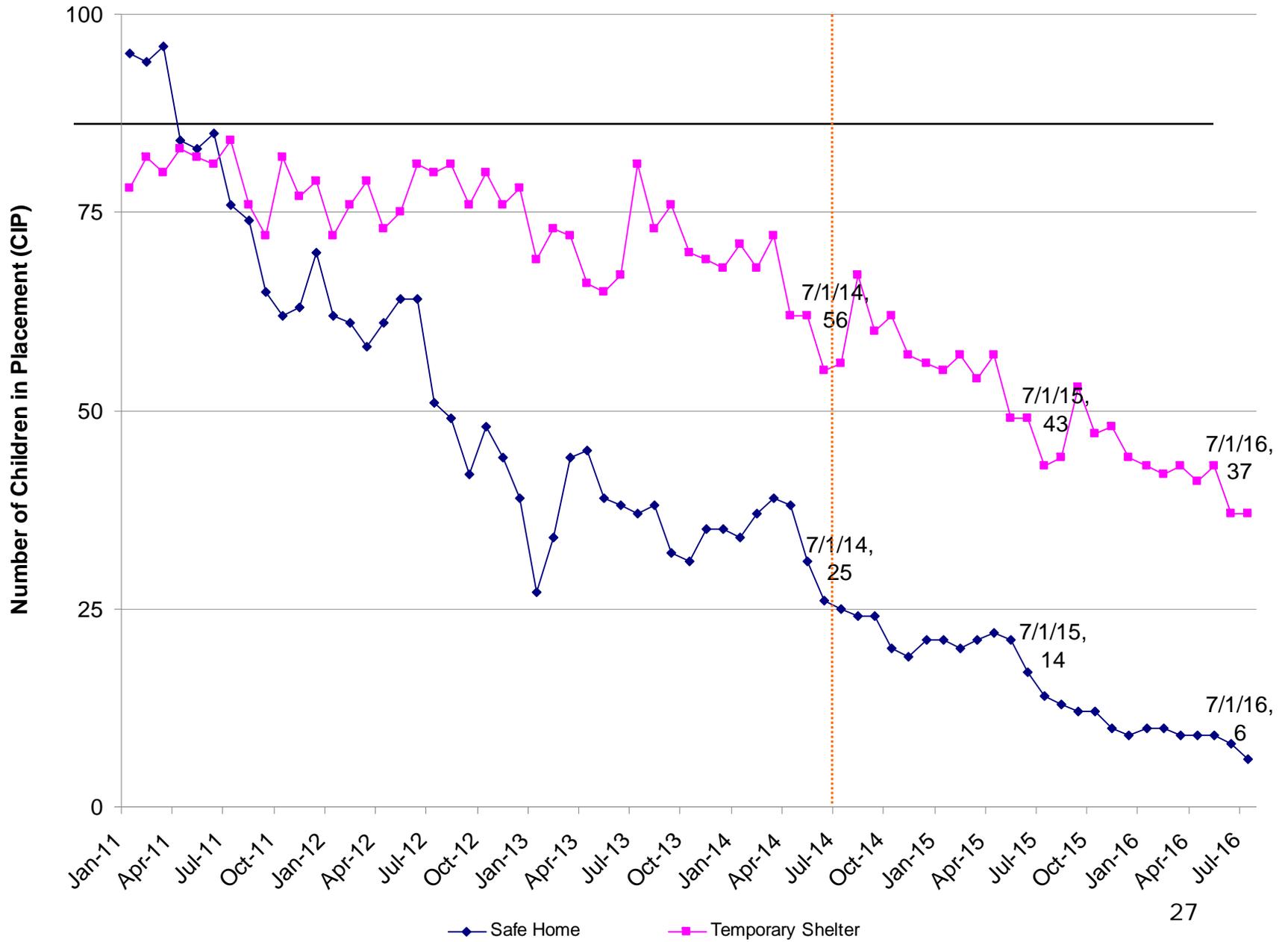


Future Shifts in the System

Population Projection

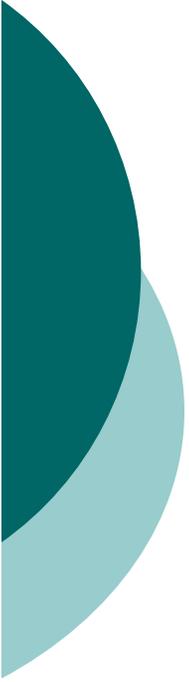


Number of Children in Safe Home and Shelter Settings on the 1st of each Month
Actual Data from 1/1/11 - 6/1/14; Projected from 7/1/14 - 7/1/16





	Appropriated	Appropriated	Difference
	SFY 11	SFY 15	SFY11-SFY15
FAMILY SUPPORT SERVICES	11,221,507	986,402	(10,235,105)
EMERGENCY NEEDS	1,710,000		(1,710,000)
HOMELESS YOUTH	1,000,000	2,515,707	1,515,707
DIFFERENTIAL RESPONSE		8,346,386	8,346,386
REGIONAL BEHAVIORAL HEALTH CONSULTATION		1,810,000	1,810,000
HEALTH ASSESSMENT AND CONSULTATION	965,667	1,015,002	49,335
GRANTS FOR PSYCHIATRIC CLINICS FOR CHILDREN	14,120,807	15,483,393	1,362,586
DAY TREATMENT CENTERS FOR CHILDREN	5,797,630	6,783,292	985,662
JUVENILE JUSTICE OUTREACH SERVICES	13,477,488	12,841,081	(636,407)
CHILD ABUSE AND NEGLECT INTERVENTION	5,379,261	9,102,501	3,723,240
COMMUNITY BASED PREVENTION PROGRAMS	4,850,529	8,300,790	3,450,261
FAMILY VIOLENCE OUTREACH AND COUNSELING	1,873,779	1,892,201	18,422
SUPPORT FOR RECOVERING FAMILIES	13,964,107	13,980,158	16,051
NO NEXUS SPECIAL EDUCATION	8,682,808	3,768,279	(4,914,529)
FAMILY PRESERVATION SERVICES	5,385,396	5,735,278	349,882
SUBSTANCE ABUSE TREATMENT	4,479,269	9,817,303	5,338,034
CHILD WELFARE SUPPORT SERVICES	3,221,072	2,501,872	(719,200)
BOARD & CARE FOR CHILDREN - ADOPTION	85,514,152	94,088,769	8,574,617
BOARD & CARE FOR CHILDREN - FOSTER	117,006,882	117,244,693	237,811
BOARD & CARE FOR CHILDREN - RESIDENTIAL	180,737,447	125,373,630	(55,363,817)
INDIVIDUALIZED FAMILY SUPPORTS	17,536,968	10,079,100	(7,457,868)
COMMUNITY KIDCARE	24,244,167	37,716,720	13,472,553



Congregate Care Landscape

- 50 Inpatient Beds – Solnit South
- 62 PRTF Beds – Solnit North & South
- 233 RTC beds
- 247 Therapeutic Group Home beds
- 84 STAR beds
- 70 Safe Home beds
- 14 Crisis Stabilization beds

**106 vacant, grant-funded
congregate care beds as of June 2014**



Discharge Delay

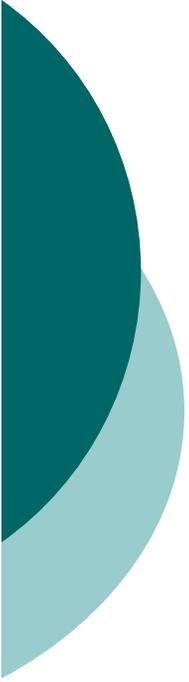
- June 16, 2014: 18 children on discharge delay at hospitals, PRTFs and RTCs:
 - 5 were waiting for a TFC home
 - 3 were waiting for Solnit
 - 3 were waiting for PRTF
 - 3 were waiting to go home
 - 2 were waiting for community services
 - 1 was waiting for a DDS home
- The current excess capacity in congregate care would not address these needs



Congregate Reduction Criteria

- Child-specific outcomes
 - Permanency, clinical outcomes, stability, etc.
- Geographic Need
- Occupancy Rate*
- % of Match Accepts*
- % of Admit Accepts*
- Police Calls / Arrests*
- Emergency Safety Interventions*
- Individual, Group and Family Therapy sessions/hours per month*
- Regional office satisfaction with services
- Client satisfaction

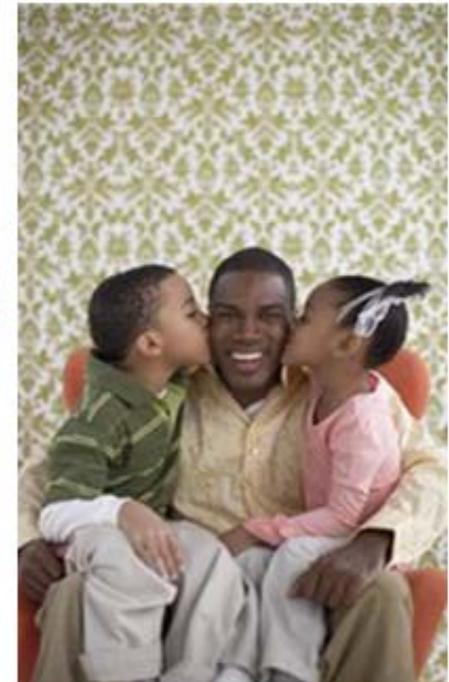
* 12-18 month data timeframes



Congregate Care Needs

- Brief length of stay
- Broad Family engagement in the milieu
- Active discharge planning beginning at the point of admission
- Connectedness to the community

Focus on a Culturally and Linguistically Responsive Service System



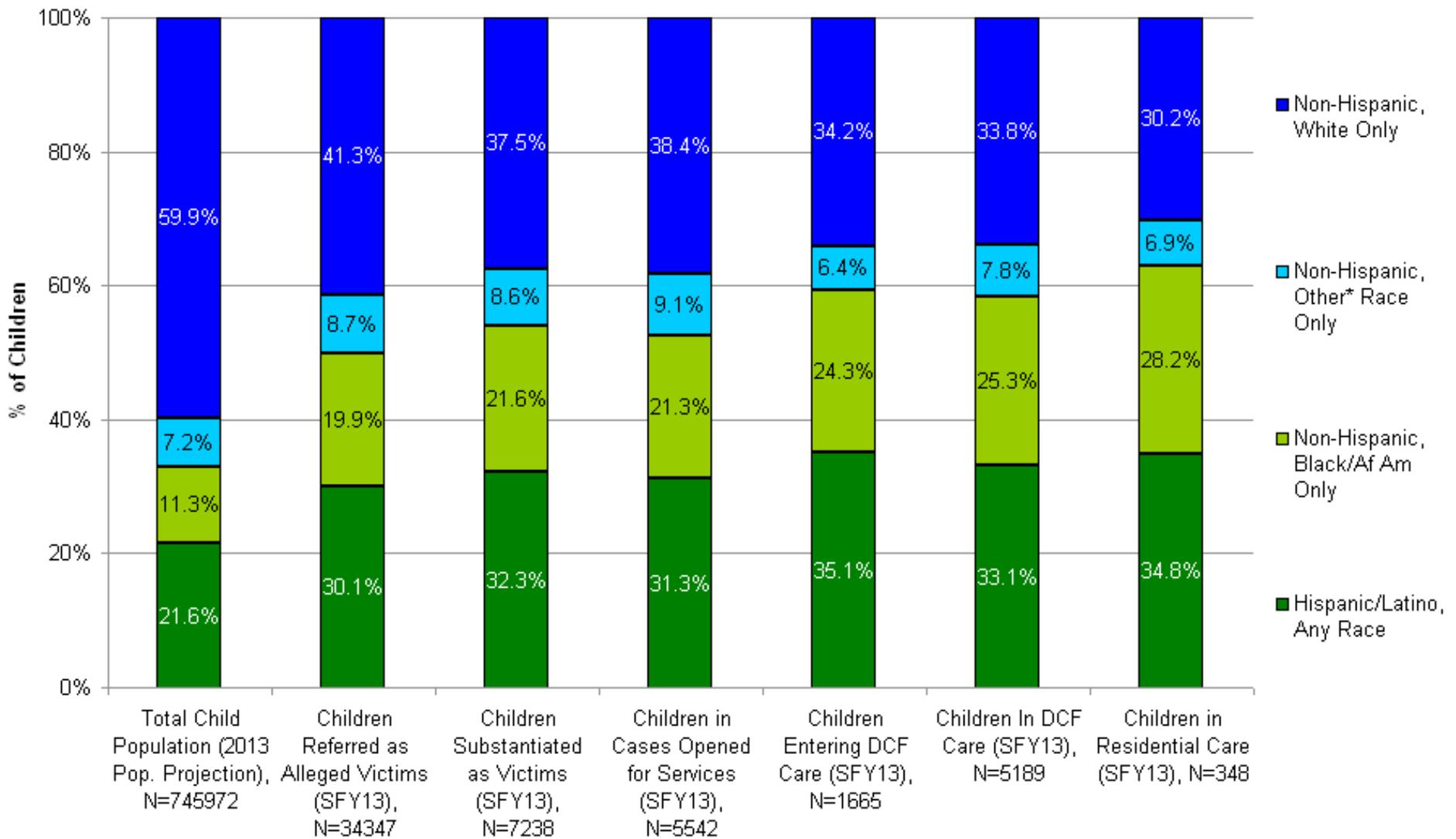
Definition and Operating Principles

Cultural Competence: The process of developing the knowledge, skills, attitudes, policies, practices and methods that enable positive staff relationships, and provide culturally relevant services to diverse populations, families and communities in diverse settings and situations

- Purpose
- Values
- Vision



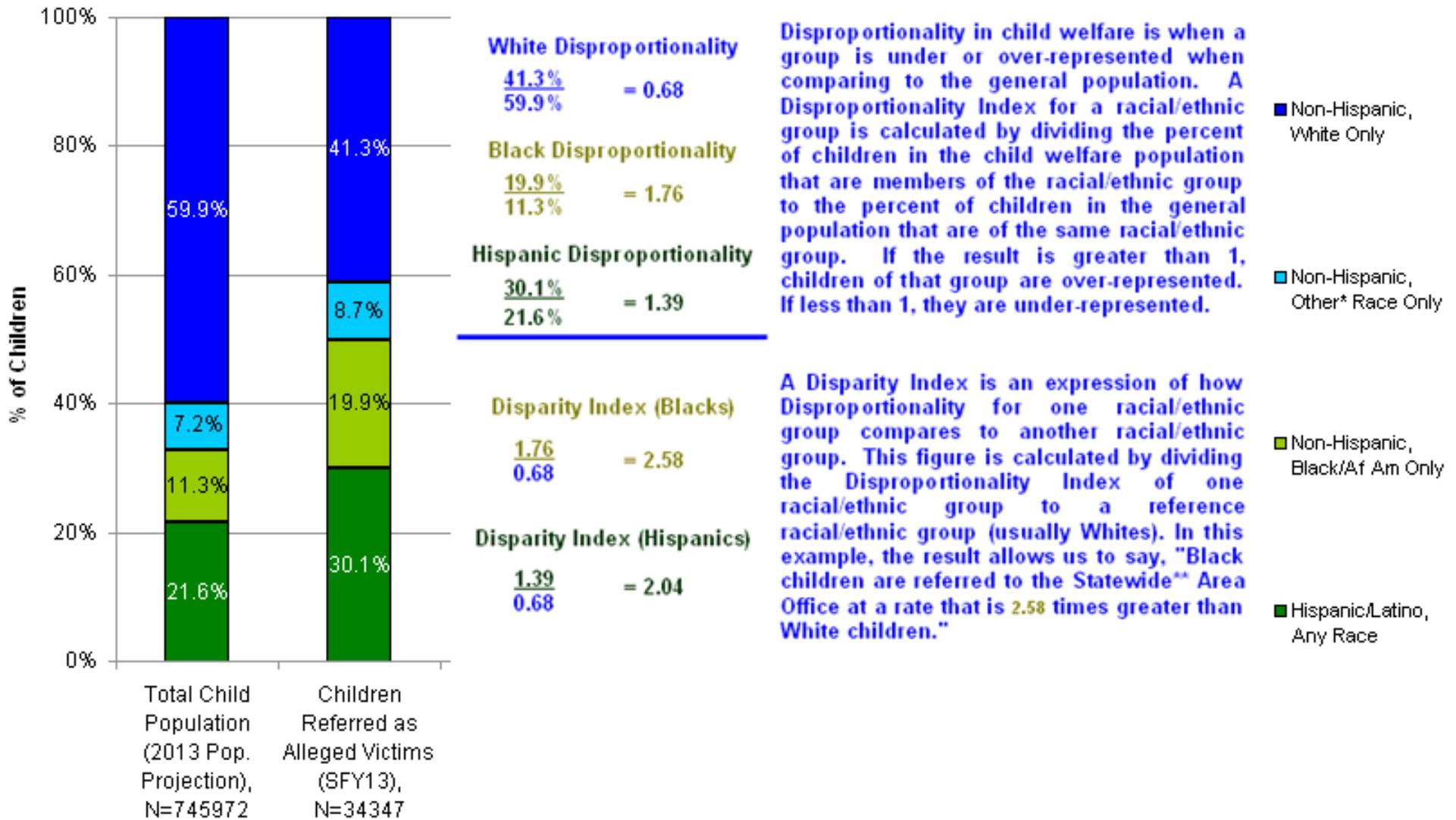
Racial/Ethnic Disproportionality Across The CT Child Protection System SFY13: STATEWIDE



*Other Race includes: American Indian/Alaskan Native, Asian, Native Hawaiian/Pacific Islander, Other, Multi-Racial, and Missing/Unknown/UTD

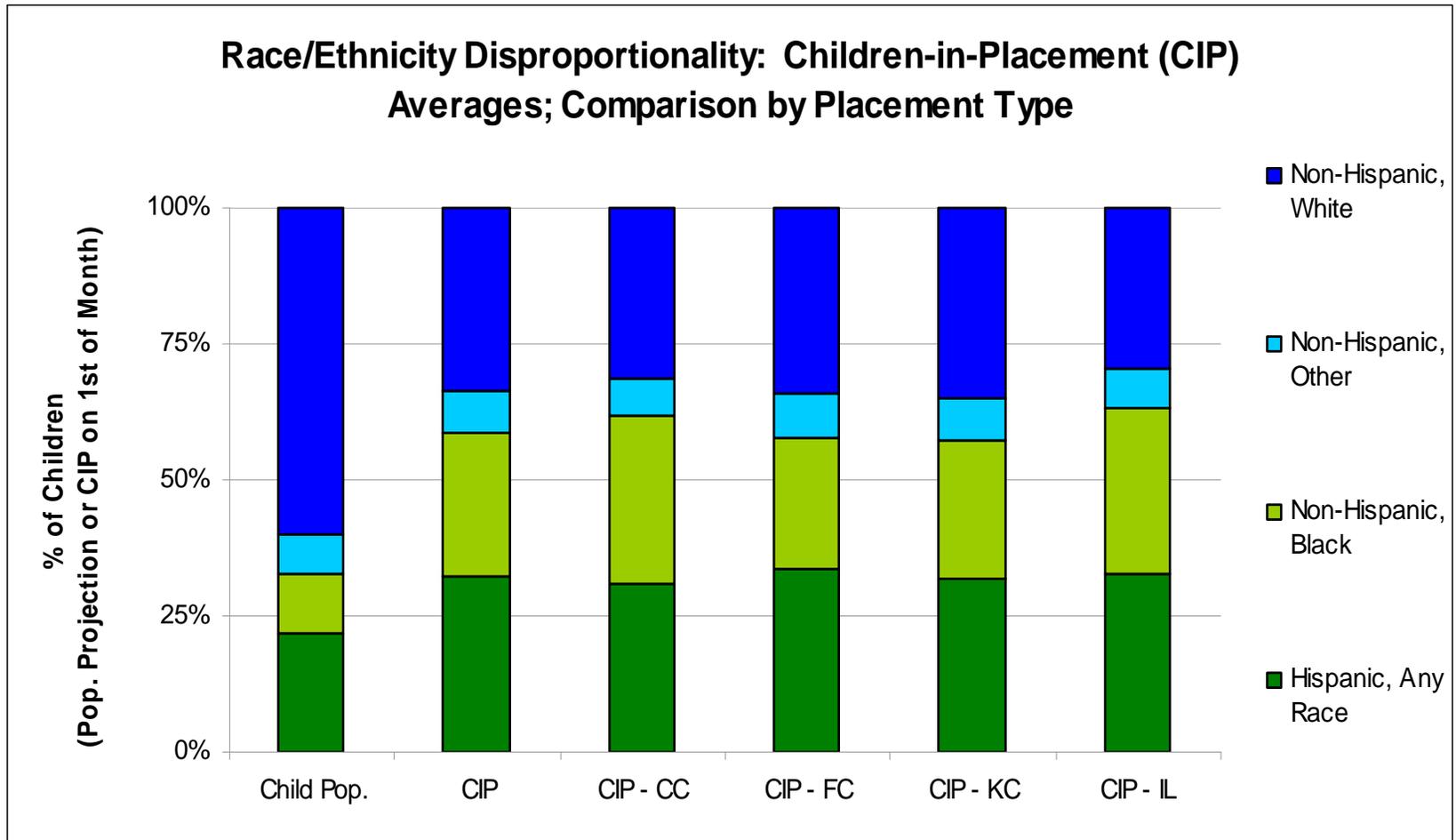
Data Run Date:
Statewide: 9/26/13

Defining Disproportionality and Disparity in Child Welfare



*Other Race includes: American Indian/Alaskan Native, Asian, Native Hawaiian/Pacific Islander, Other, Multi-Racial, and Missing/Unknown/UTD

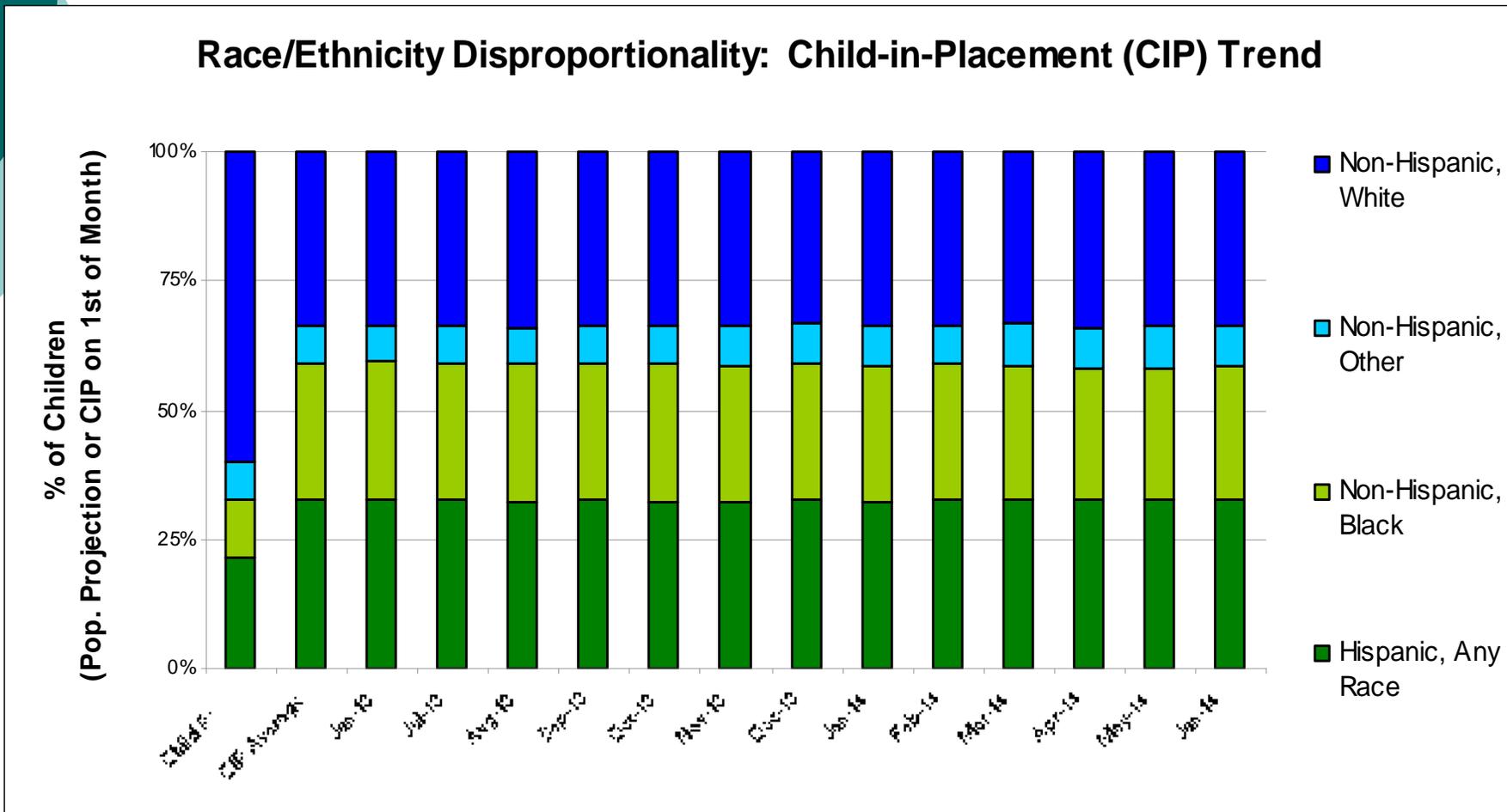
Children in Placement



Source: ORE APPLA SharePoint Report: June 2014

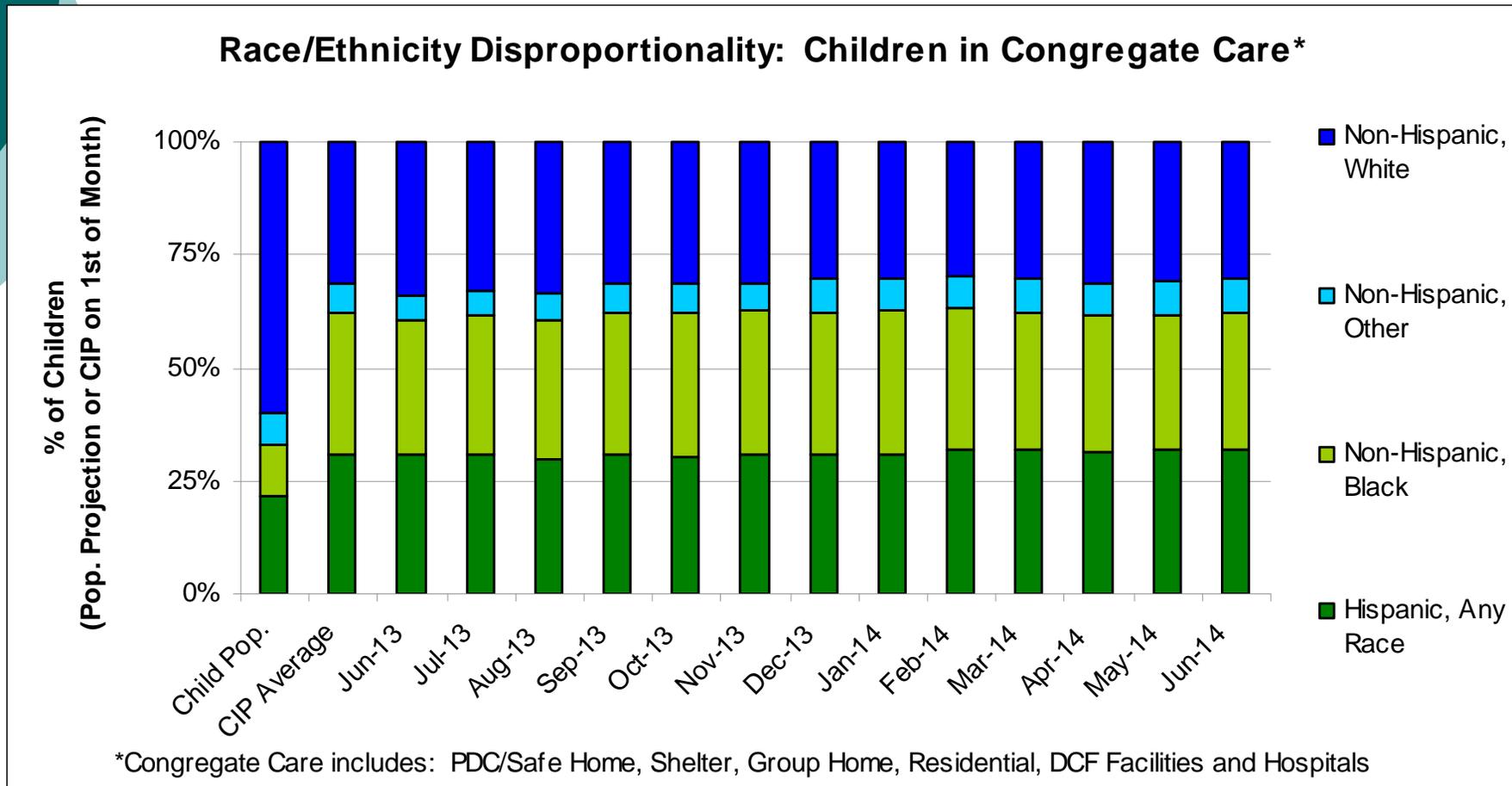
CIP: Trend View

Race/Ethnicity Disproportionality: Child-in-Placement (CIP) Trend

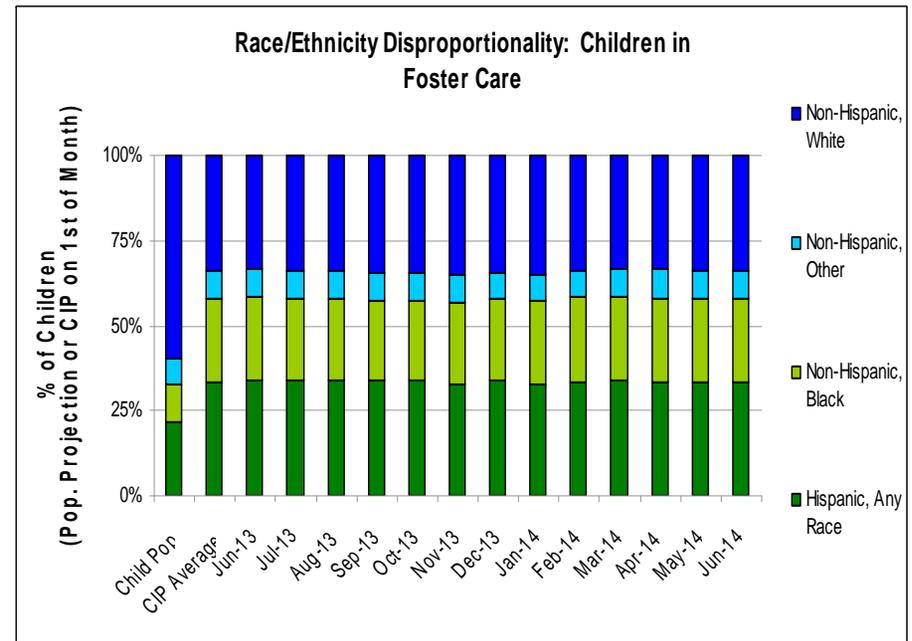
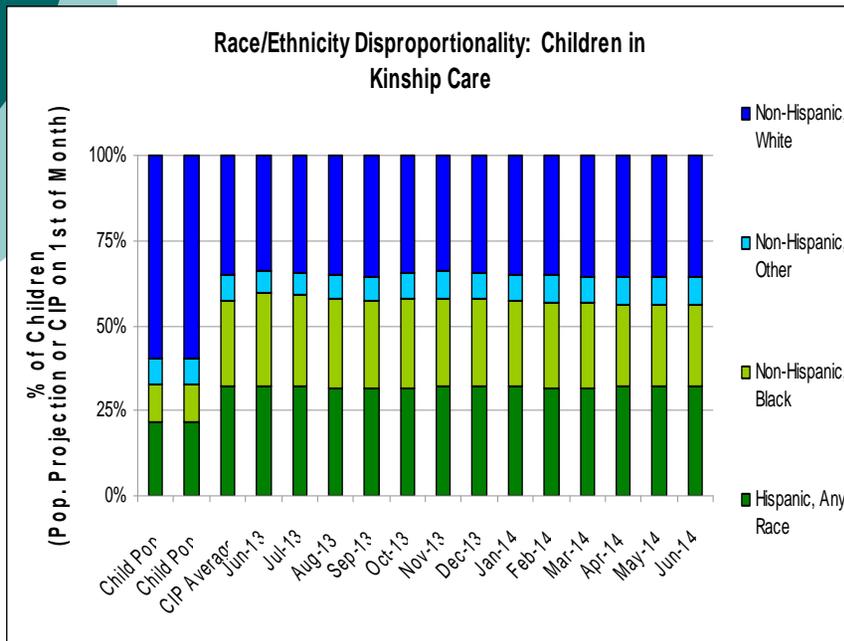


Source: ORE APPLA SharePoint Report: June 2014

Congregate: Trend View



Family Care: Trend View

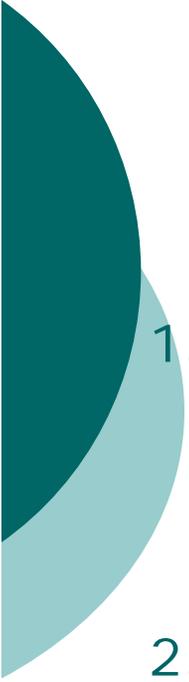


Source: ORE APPLA SharePoint Report: June 2014

APPLA

	Congregate Care CIP		CC CIP in OOS		CC CIP with APPLA Goal		All CIP with APPLA Goal	
	#	%	#	%	#	%	#	%
Hispanic	267	32%	6	23%	110	41%	340	34%
Black	254	30%	7	27%	83	33%	295	29%
Other	60	7%	4	15%	25	42%	69	7%
White	255	31%	9	35%	108	42%	306	30%

Source: ORE APPLA SharePoint Report: June 2014



Racial Justice Initiative

1. Disproportionality/Disparate Outcomes in Practice and Policy
2. Workforce Development
3. Purchasing and Procurement
4. Community Collaborative

DCF Procurements

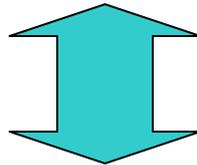
- Cultural and Linguistic Competence Expectations in all RFPs/RFQ/RFAs, etc. (select ex
 - Staffing
 - Training
 - Client Engagement
 - Hair and Skin Care (DCF Policy: 31-8-12.1)
 - Data and Outcomes



- Cultural and Linguistic Competence Language woven throughout
- Evidence of ability and plan to meet DCF Regional needs (population, geography, etc.)
- Major scored item in the review process
- Value for subcontracting to support cultural competency

POS Contract Language

Quality Assurance. The Contractor shall comply with all pertinent provisions of local, state, and federal laws and regulations applicable to the Contractor's program. The Contractor shall develop, implement and maintain a written quality improvement plan that at minimum includes steps to prevent, identify and/or correct problems that affect the services provided under this contract. The performance of each Contractor shall be reviewed and evaluated periodically by persons designated by the Department of Children and Families. Such reviews and evaluations may be performed by examination of quality improvement plans, documents and reports, by site visits to funded facilities administered by the Contractor, or by a combination of both.



Cultural Competence.

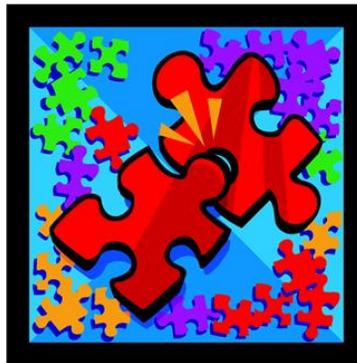
The Contractor shall administer, manage and deliver a culturally responsive and competent program. This shall, at a minimum, be evidenced by equity and parity in access to services, consumer satisfaction, and outcomes for clients served, regardless of race, ethnicity, language, religion, gender, sexual orientation, economic status and/or disability. Policies, practices and quality improvement activities shall be informed by the needs and demographics of the community served or to be served by the program. The Contractor shall include access, consumer satisfaction and outcomes as elements of its program review and monitoring.

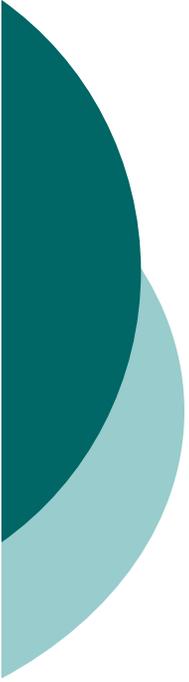
The Contractor shall recruit, hire and retain a professional and paraprofessional staff that is culturally and linguistically diverse. Staff development to support cross-cultural competency shall occur both pre- and in-service. Furthermore, **as a means to facilitate culturally competent service delivery, issues of diversity and multiculturalism shall be included in treatment/service planning, discharge planning, case reviews, grand rounds, analysis and review of program data, and staff supervision.**

Contract Language, Continued

Gender-Responsive Programs. The Contractor shall administer, manage and deliver gender-responsive programs. Staff development in gender-responsive services shall occur both pre- and in-service. Gender-responsive programs intentionally incorporate research on male/female socialization, psychological, cognitive and physical development, strengths and risks to affect and guide all aspects of program design, processes and services.

Board Composition. The Contractor agrees to ensure that the Board of Directors shall include community, family, and professional participation and, whenever possible, the participation of people who use the services of the organization. The Contractor further commits to maintaining or creating through its appointments a Board of Director whose composition will reflect the racial and ethnic background of the children and families to be served by this contract. The Contractor shall provide the Department with a list of current Board Members, indicating gender, race, ethnicity, town of residence, role and title on the board and the term expiration date of each member.



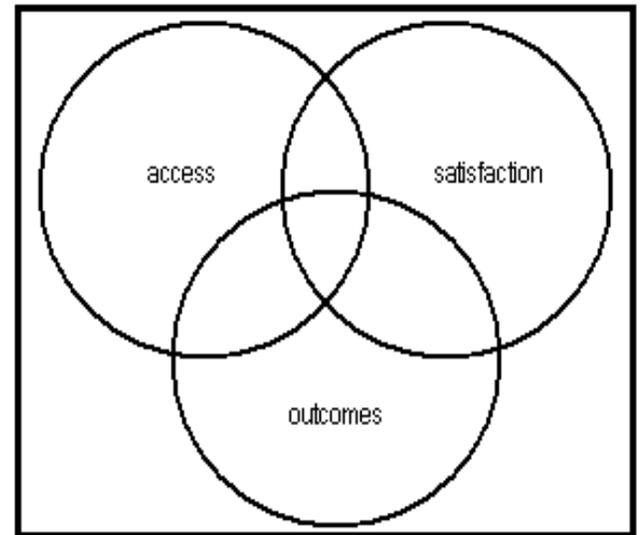


Service System Implications

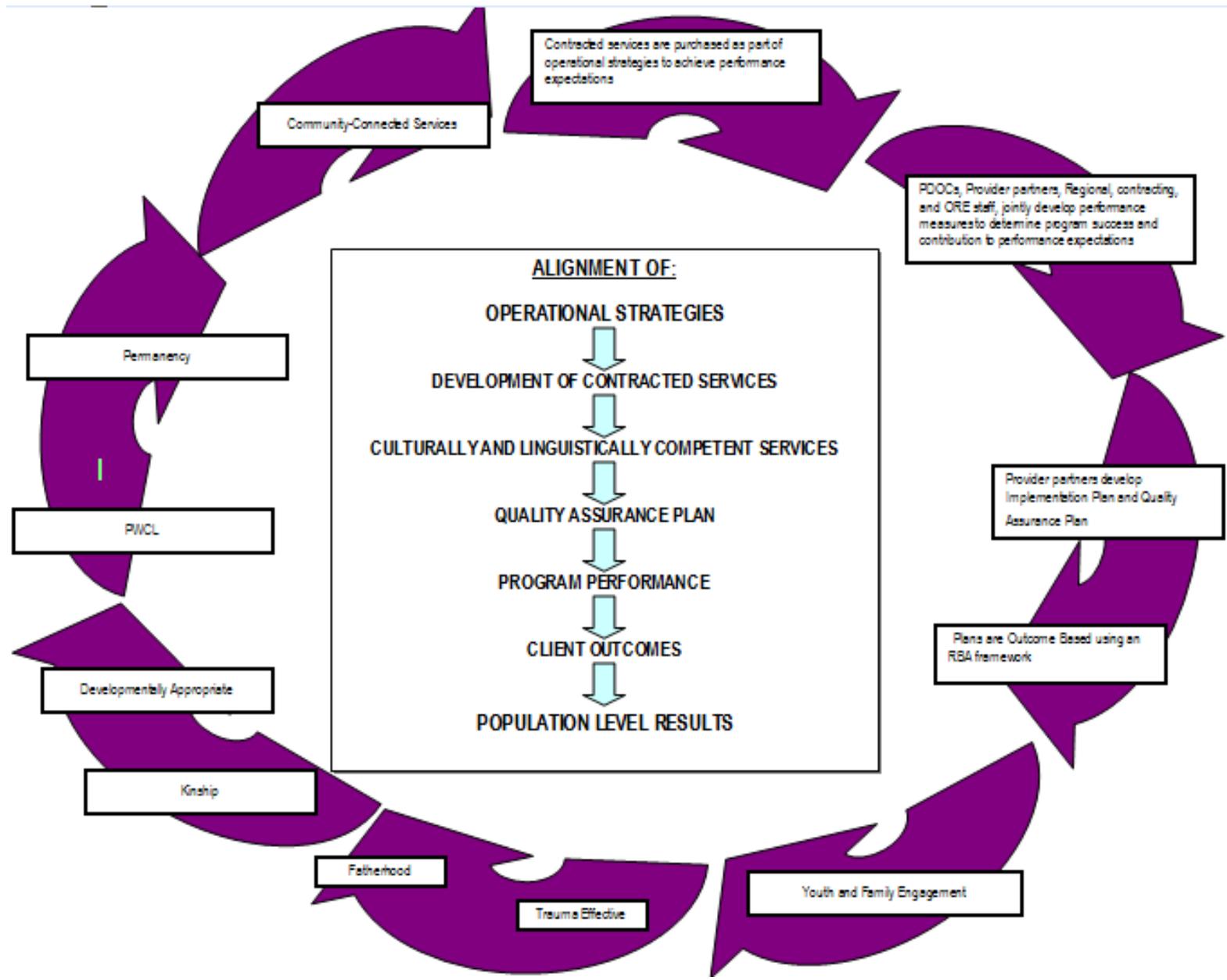
- Points of Emphasis
- Data Informed
- Messaging
- Array and Roundness of Services
 - Location
 - POS, Credentialed and Wrap Funded Providers + Natural Supports
 - Clinical, Concrete and Non-Traditional
 - Normative experiences

Service Oversight

- Site Visits
- Qualitative Reviews
- Provider Meetings
- Data Discussions
- Quality Improvement Plans
- Remediation Efforts



Cultural and Linguistic Competence = Quality Programming



SFY 2015 Quality Improvement Plan

Agency _____

Service _____

Area of Focus: Permanency							
Cultural + Linguistic Responsiveness	A. Current Area of Focus Strengths		Supporting Data: -How Much -How Well -Better Off	Actions to Maintain or Enhance Strengths	Goal	Title of Person(s) Responsible	Date for Achievement
	1						
	2						
	3						
B. Current Area of Focus Challenges		Supporting Data -How Much -How Well -Better Off	Actions for Improvement	Goal	Title of Person(s) Responsible	Date for Achievement	
1							
2							
3							

Contextualizing Information:

Oversight Considerations

ORGANIZATION and STAFFING:

- Executive/Administrative, Professional, Paraprofessional mix
- Communication styles
- Staff Development/Training
- Cultural Assumptions Framework
- Value and Support for Diversity
- Self Assessment
- Nexus with centers of culture, community leaders, and important institutions

ACCESS:

- Admission and Screening processes
- Rejections
- Hours of Operation
- Proximity to Communities to be Served
- Availability of Transportation
- Language(s) in which Services are Available
- Marketing/Outreach → Where and How
- Affordability of Services
- Waitlists
- Continuity of Care

OUTCOMES:

- Discharge (precipitous v. planned)
- Reason for Discharge (e.g., Ejection)
- Level of Restrictiveness of Discharge Setting
- Medication (next generation v. old)
- Length of Service
- Diagnosis
- # of Visits and Where
- Linkages/Referrals upon Discharge

SATISFACTION:

Is/How is it assessed



Is and/or how is this information and data used??

Data Standards + Outcomes

How Much – How Well – Is Anyone Better Off:

Who is Better Off?

- Race/Ethnicity
- Gender
- Age Cohorts
- Area Office
- Regions





Questions?