

Building a Continuum of Care

Presentation to Connecticut Department of Children and Families - Continuum of Care Partnership

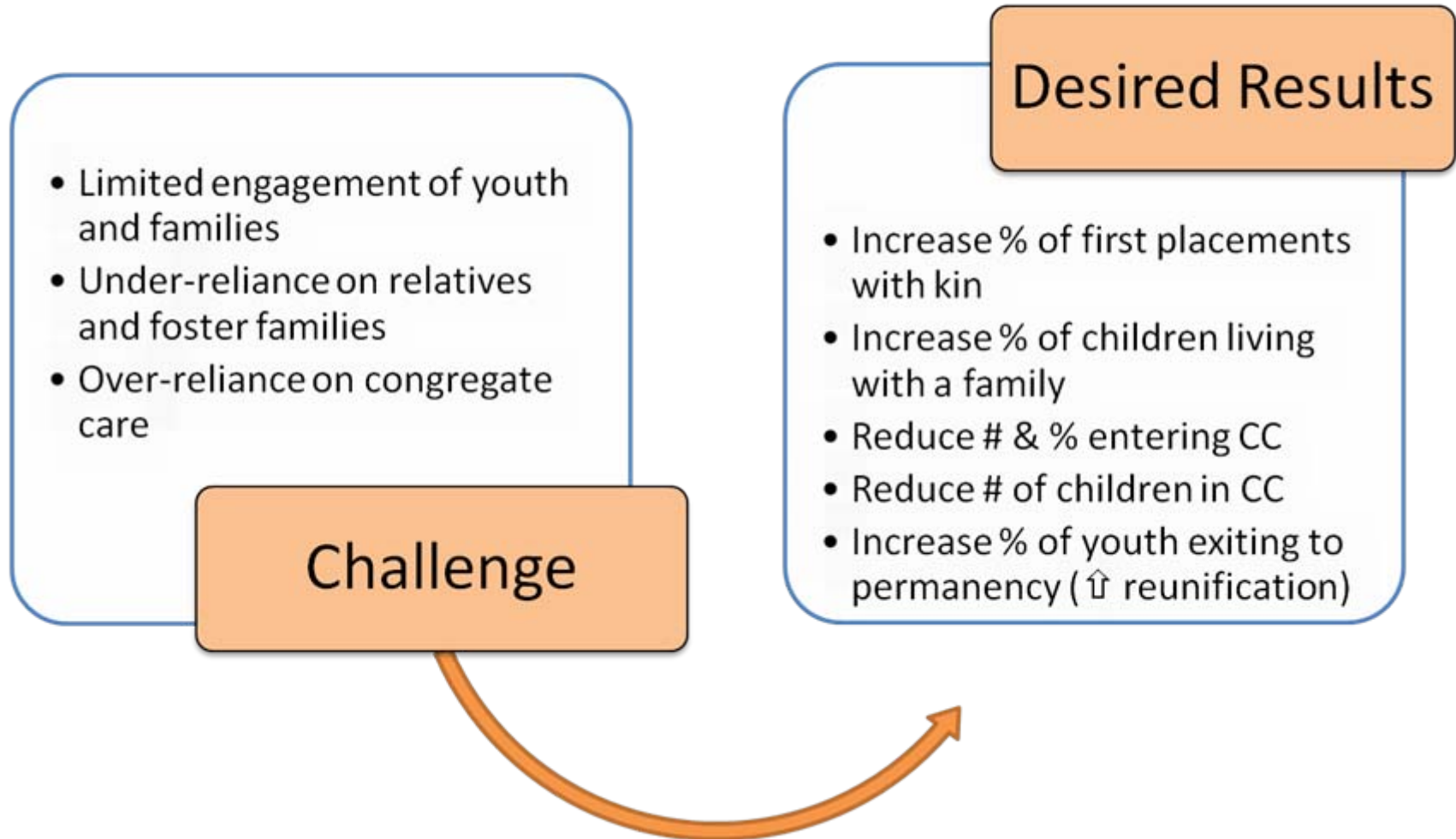
Date: November 14, 2011

DCF invited CWSG to share our experiences helping states with child welfare system reform

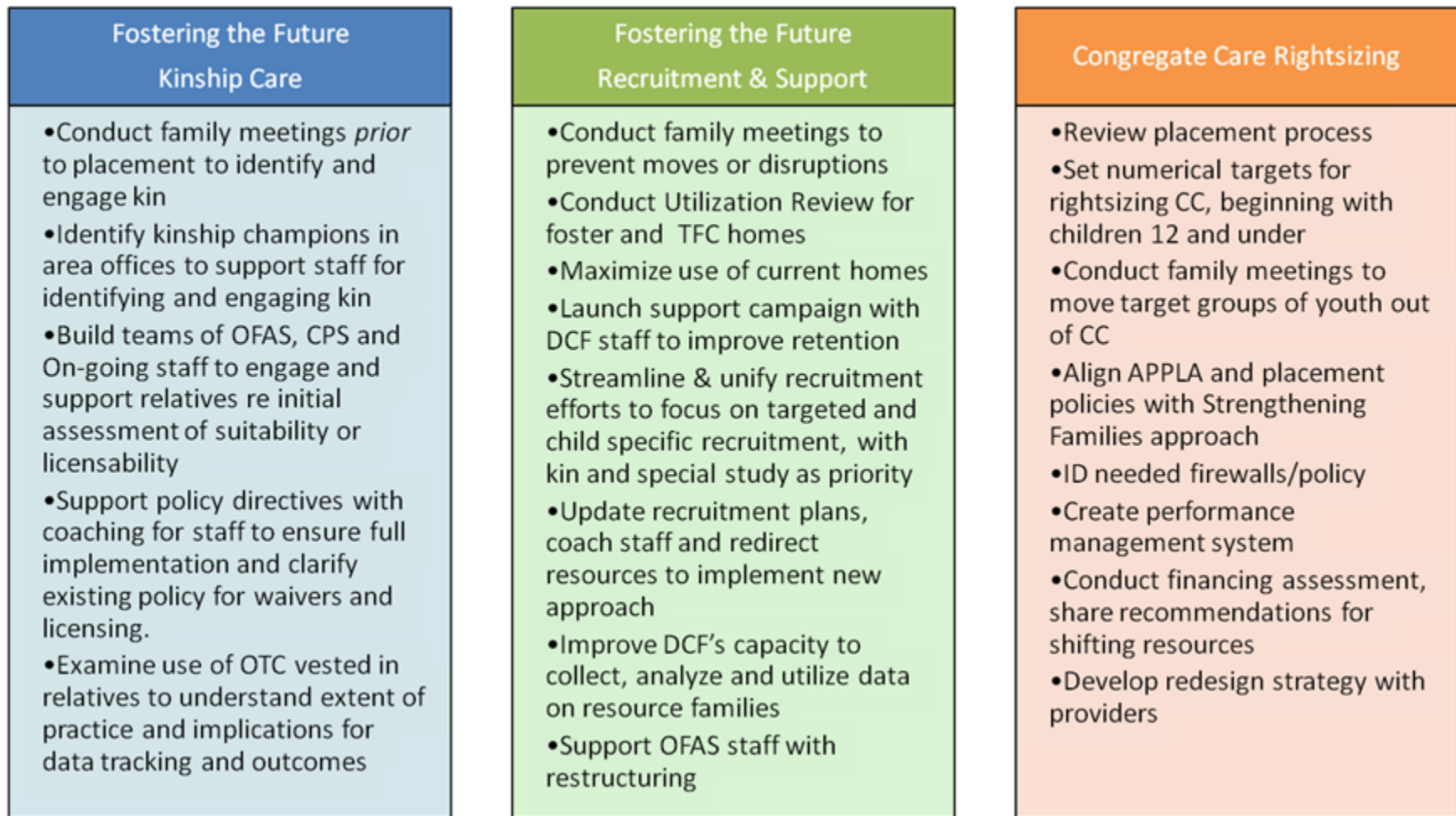
Today we will

- Describe CWSG's work with DCF
- Outline an approach to congregate care rightsizing
- Share results and experiences from other states
- Suggest options and questions for the Partnership to consider

In order to achieve its goals, DCF will need to address three major challenges related to strengthening families and realigning institutions



CWSG has been working with DCF to implement a set of recommendations designed to address the 3 major challenges



CWSG Support

CWSG Congregate Rightsizing (CCR) Approach Logic Model

Congregate care rightsizing approach aims to assist child welfare leaders in reconciling their system values with child and family practices

Problem: There is an overreliance on congregate care services in most systems throughout the country, which is a factor in children achieving permanence.

Values

- Every child needs and deserves a lifelong permanent connection to a family
- Strong families provide the most stable and nurturing environment for healthy child development
- Strengthening communities provides local support for families to build the capacities to provide for their children
- Services for vulnerable children and families should be provided close to their homes in a family-supportive, culturally sensitive manner
- Treatment services should focus on prevention, build on family strengths, and provide an integrated continuum of care

Assumptions

- Safety and permanence is paramount
- Children should be placed in the least restrictive setting
- Congregate care is a treatment option not a placement option
- When necessary/appropriate, CC should be short-term and focused
- Children under 12 shouldn't be placed in congregate care settings
- Families must be included in decision-making
- Treatment should be developmentally and age appropriate
- Families are resources and experts on themselves

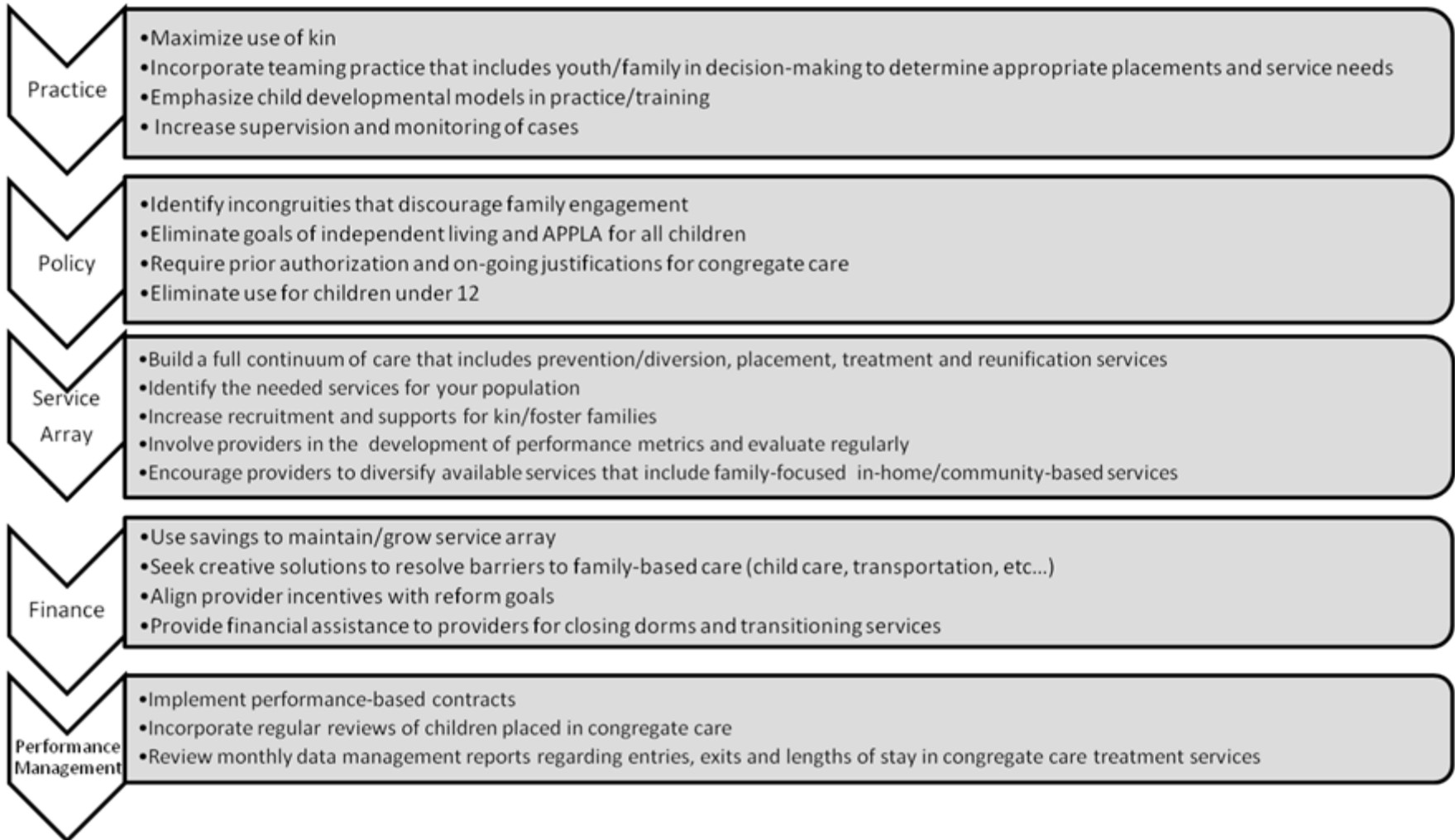
Strategies

- Practice
- Policy
- Service Array/Provider services
- Finance
- Performance Management

Child Welfare system that promotes permanence, safety & well-being for all children

CCR Approach: Key Strategies

There are five highly interrelated areas that must be in congruence in order to rightsize congregate care. There is no recipe for what should be addressed first, however, it is necessary to address all five critical areas.



CCR Approach: Process

The key strategies of the CCR are defined, however the process for each site must be customized based on the site's needs and resources

Measurable Results

Assessment/ Problem Solving

Qualitative and quantitative process to step children down from CC who are currently stuck and reduce the number who enter.
Review of data to determine:

- Timing of CC placement;
- Type of CC placement;
- Length of CC placement;
- Destination upon exit

All analyzed by race, gender, reason for placement, risk factors, MH/SA, JJ, other needs.

Strategy Identification/ Development

- What are the primary issues?
- What do we need to do to fix the problem?
- What activities/strategies are needed?
- How will we/stakeholders have to behave differently to make the needed changes?
- What are our proposed outcomes?
- Who needs to be included in this process?

Implementation

- Resource family recruitment/support
- Foster home utilization reviews
- Kinship business process mapping
- Team Decision Making/Permanency Teaming Meetings
- Case Review process
- Policy Changes
- Performance-based contracts
- Service inventory
- Savings reinvestment

CCR Approach: Results

This approach has been developed over a number of years in various engagement sites including Louisiana, Maine, New York City, Virginia, Maryland, & Arizona

In our experience when our clients have strategically addressed the 5 suggested areas, the results have been monumental

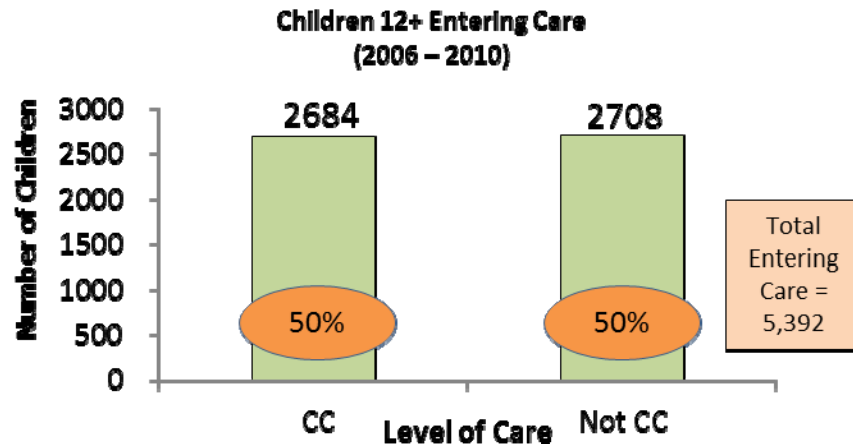
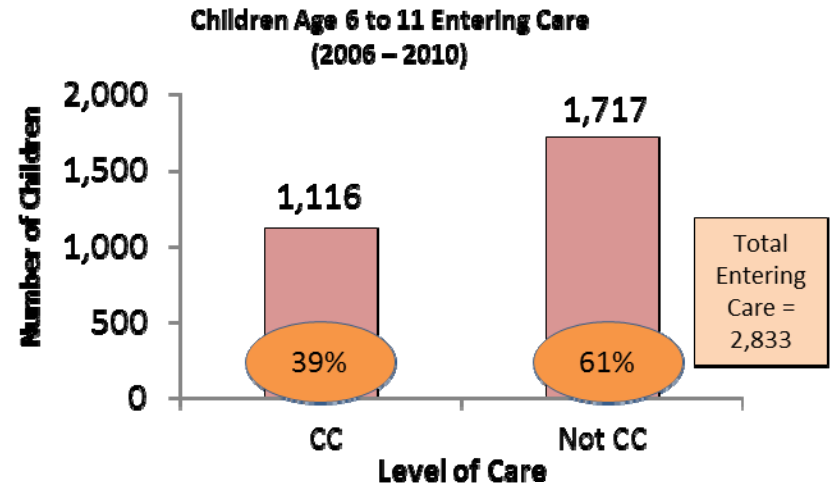
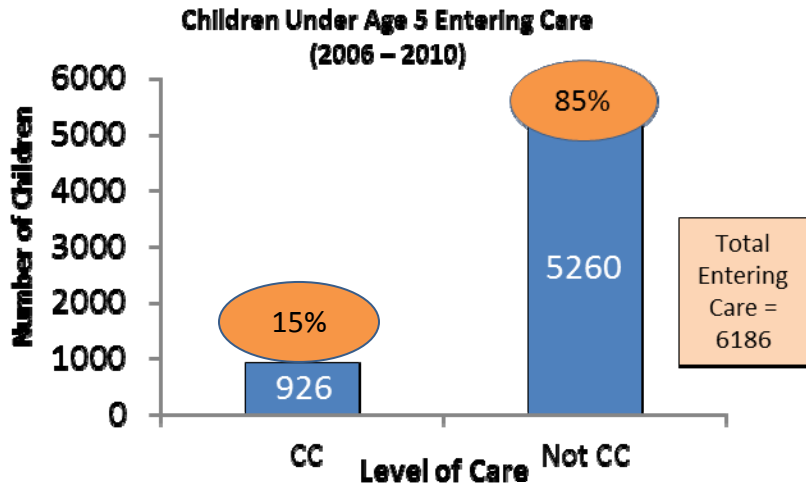
System Results

- ✓ Promote practice changes
- ✓ Cost savings used to build a full continuum
- ✓ Increased use of family-based care to include relative homes
- ✓ Improved capacity to manage and utilize residential care appropriately
- ✓ Address policies that discourage or contradict family engagement

Child Outcomes

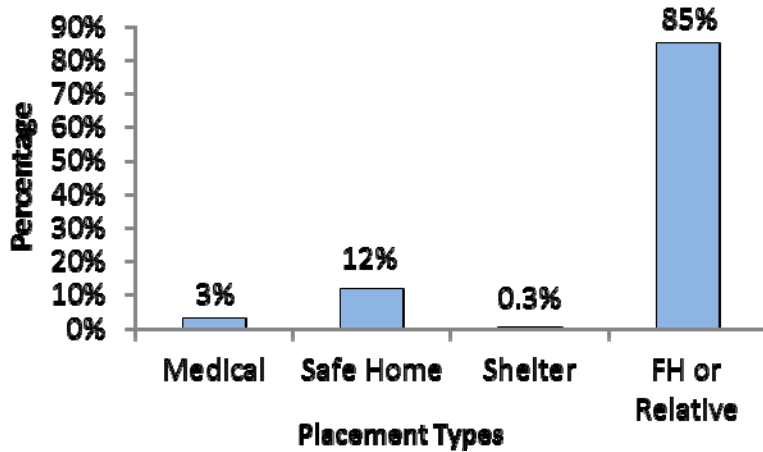
- Overall decrease of children in care
- Increased exits to permanence
- Shorter lengths of stay
- Shorter lengths of stay in cc settings
- Decreased reentry rates
- Increased placement stability
- Decreased entries

What CT's Data Tells Us: Nearly 15% of children age 5 and under who entered care between 2006-2010 were placed in congregate care as their first placement, 39% of 6 to 11 year olds, and 50% of children 12+

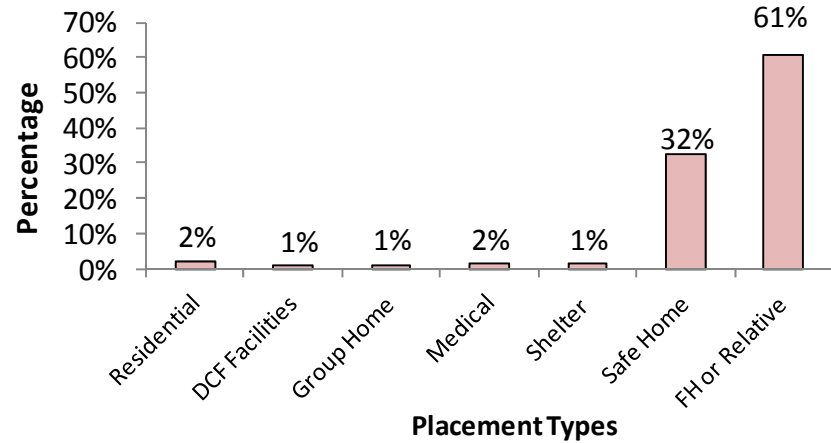


A closer look at the placement types of children entering care in Connecticut

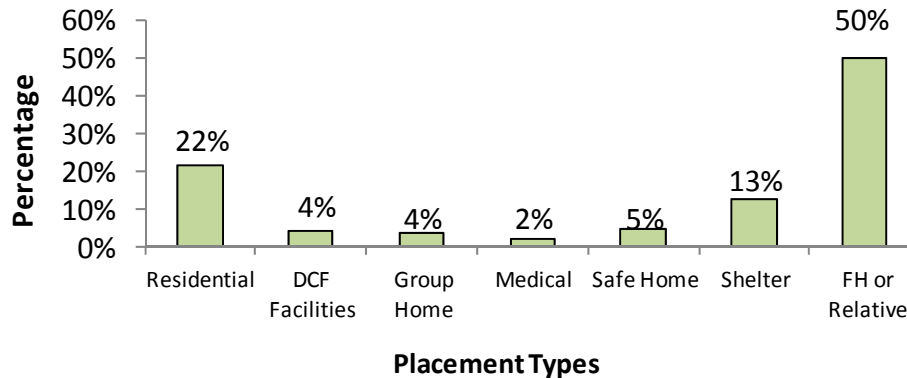
First Placement Type for Children Under 5



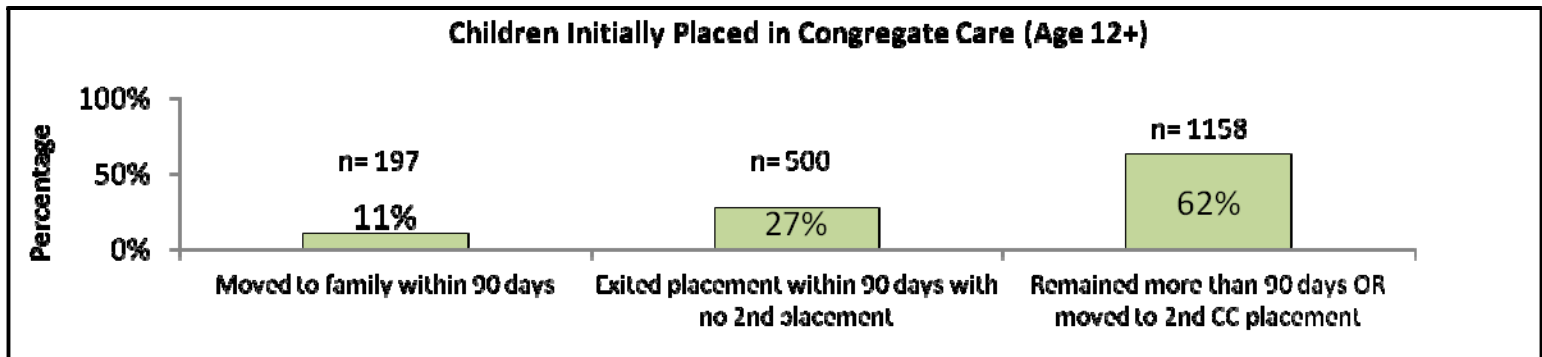
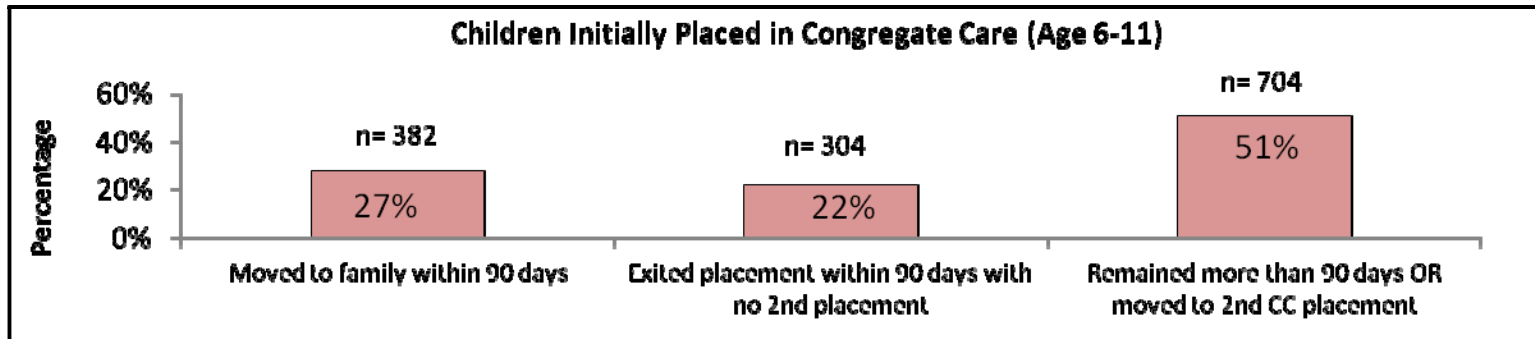
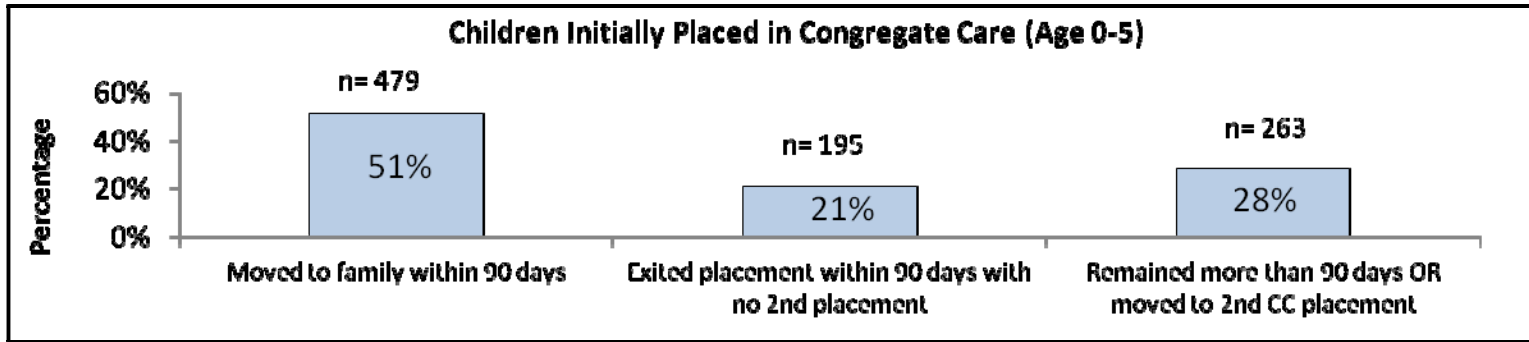
First Placement Type for Children Age 6 -11



First Placement Type for Children Age 12+



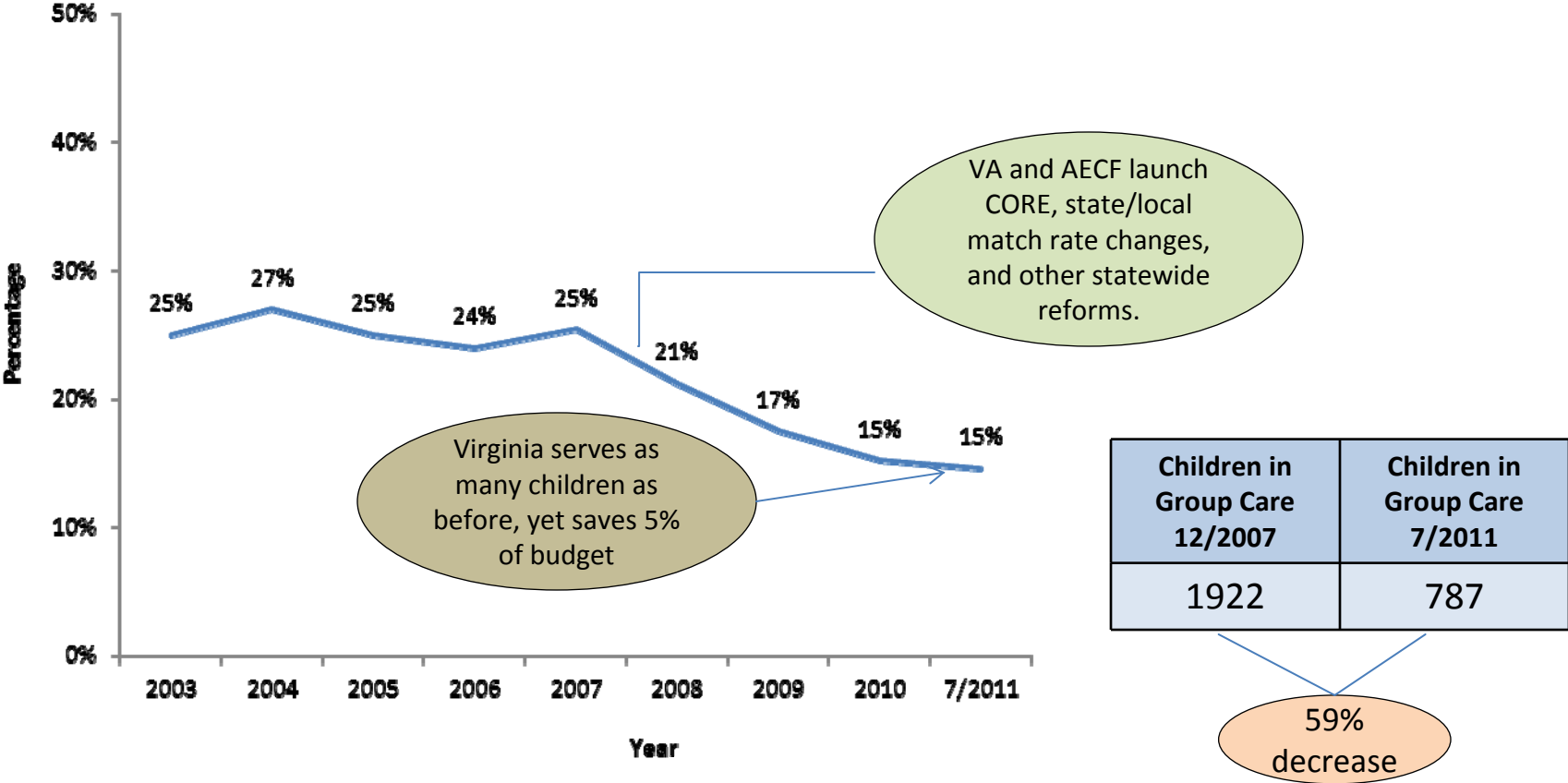
Over half of younger children initially placed in congregate care in CT moved to a family within 90 days, more than a quarter of 6-11 year olds, and 11% of youth 12+



Source: Chapin Hall Connecticut State Specific Data was used for analysis completed by CWSG. Data are based on spells, and age at the beginning of each spell. Children with more than one spell are counted more than once.

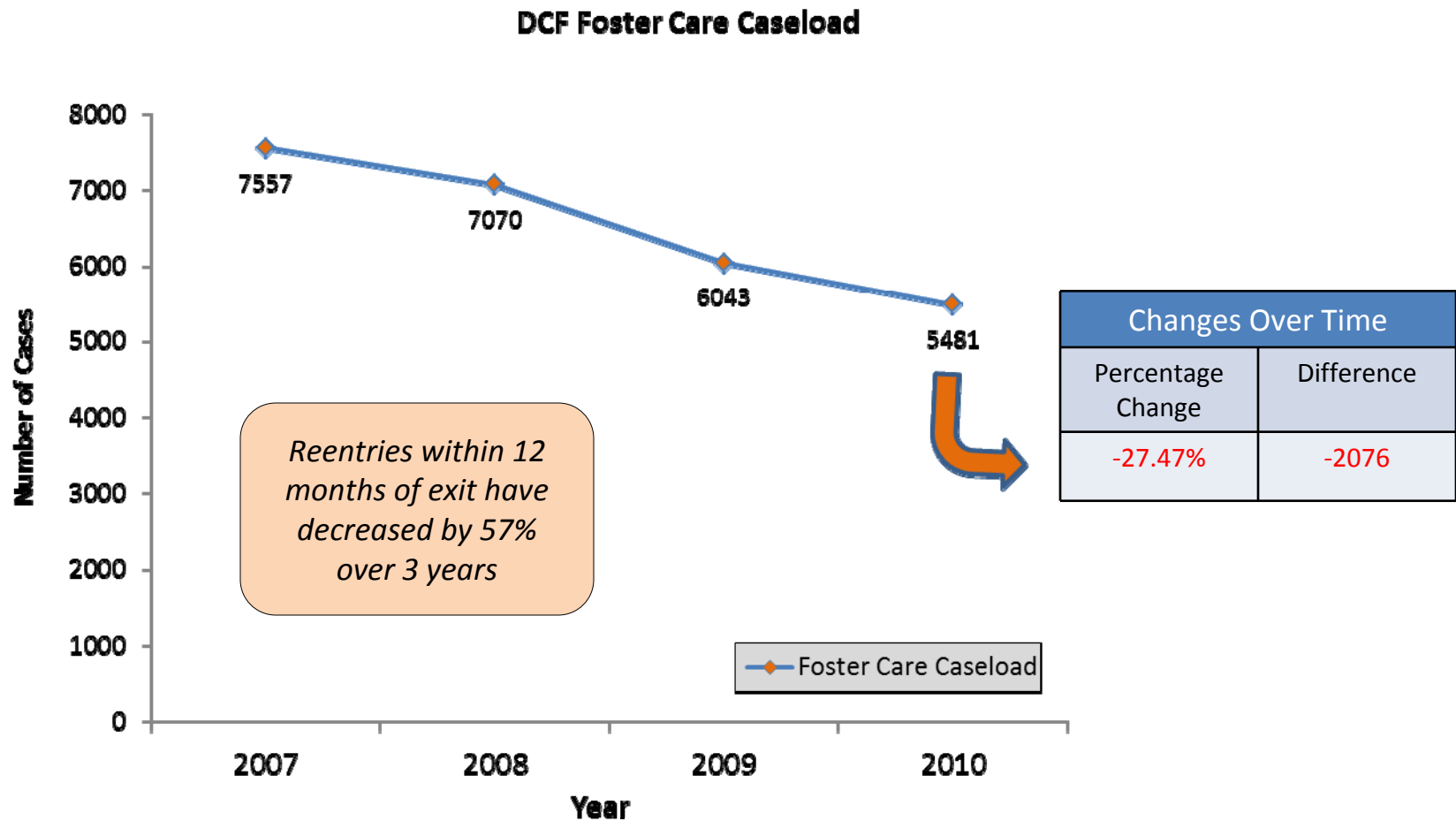
RESULTS - Virginia: Placements in group care dropped dramatically

Percentage of DSS Children in Group Care

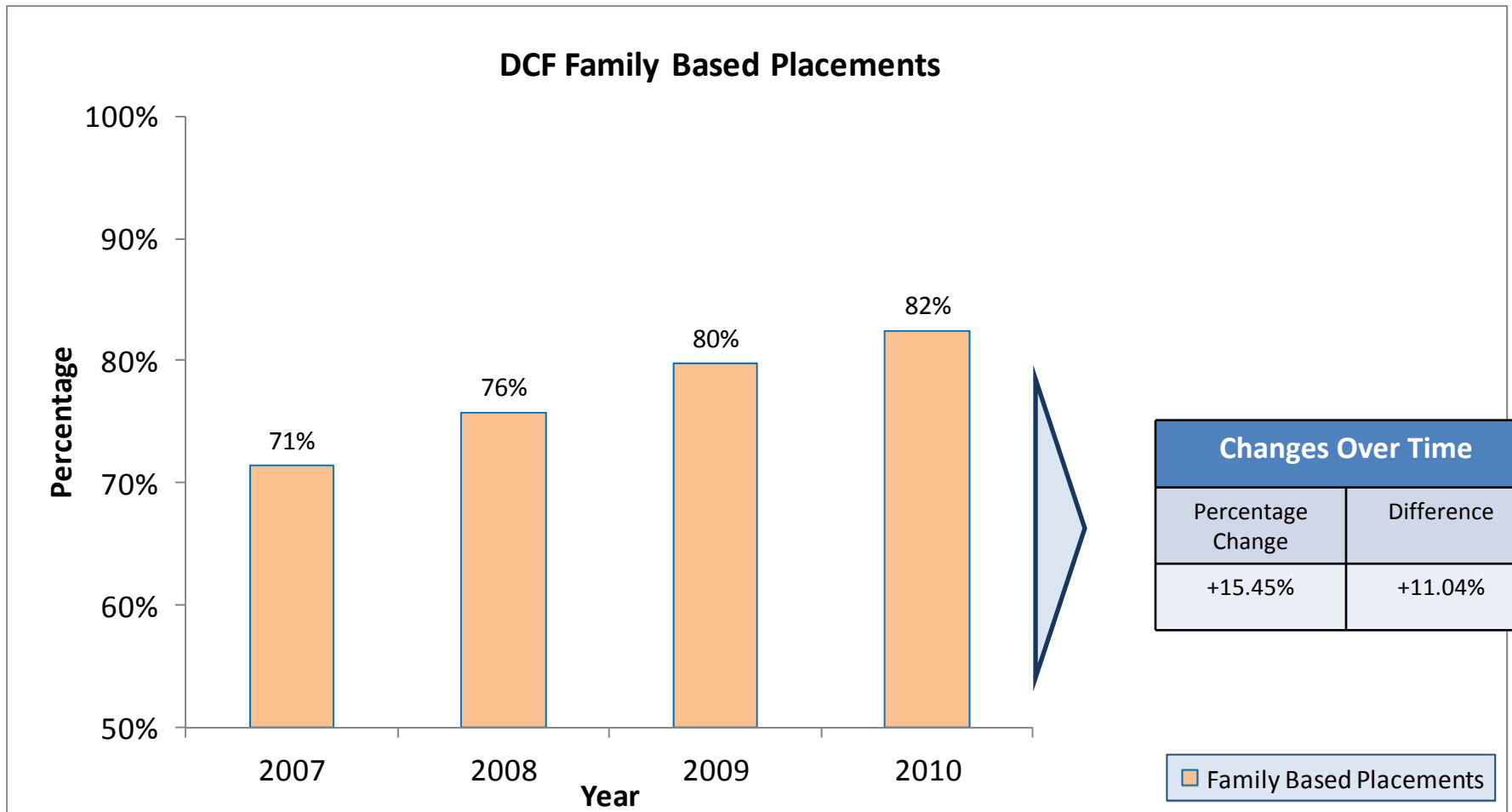


Sources: February Critical Outcome Report, VCWOR CFSRD data, VCWOR CSSTO Data

RESULTS - Virginia: Far fewer children are in foster care, and those who exit care are less likely to re-enter the system.

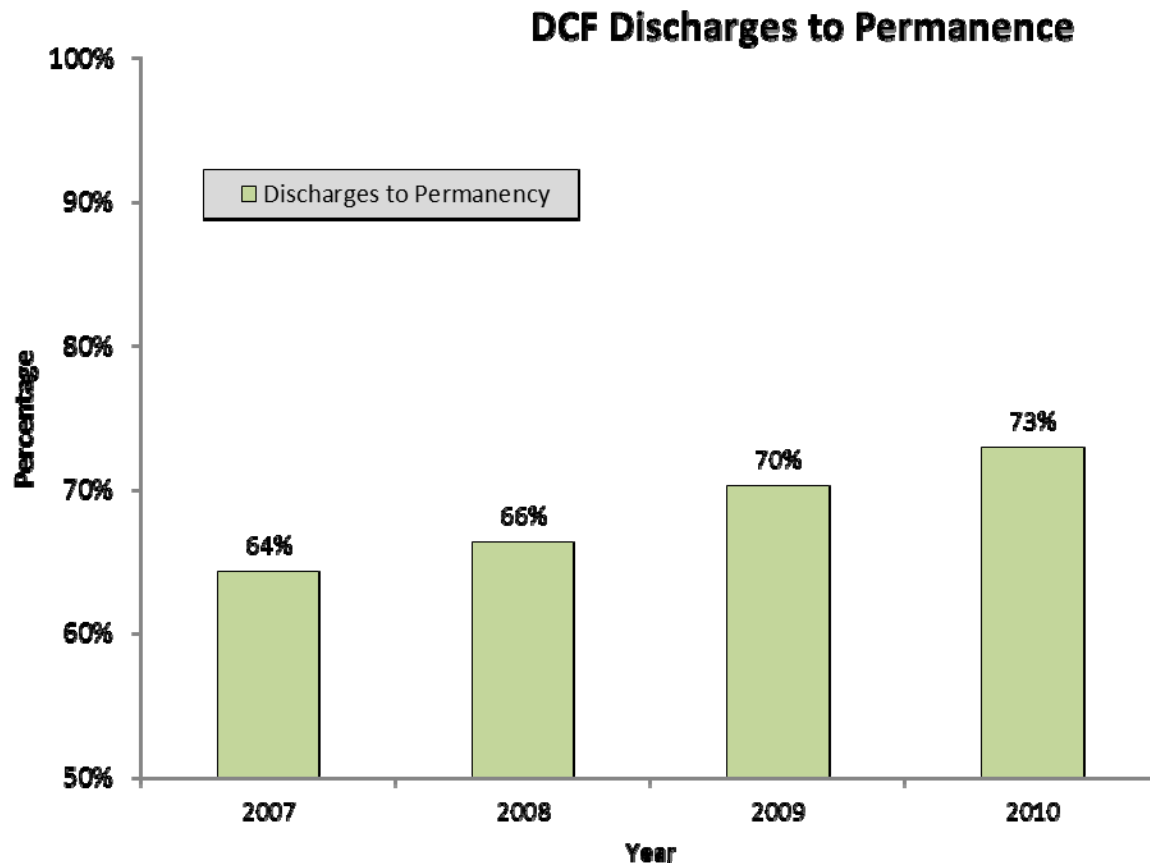


RESULTS - Virginia: Children in the foster care system are placed with families more often, reflecting an overall improvement in state placement practices.



Sources: February Critical Outcome Report, VCWOR CFSR Data, VCWOR CSSTO Data

RESULTS – Virginia: Virginia has turned the curve on historically poor performance, connecting more children to lifelong families.



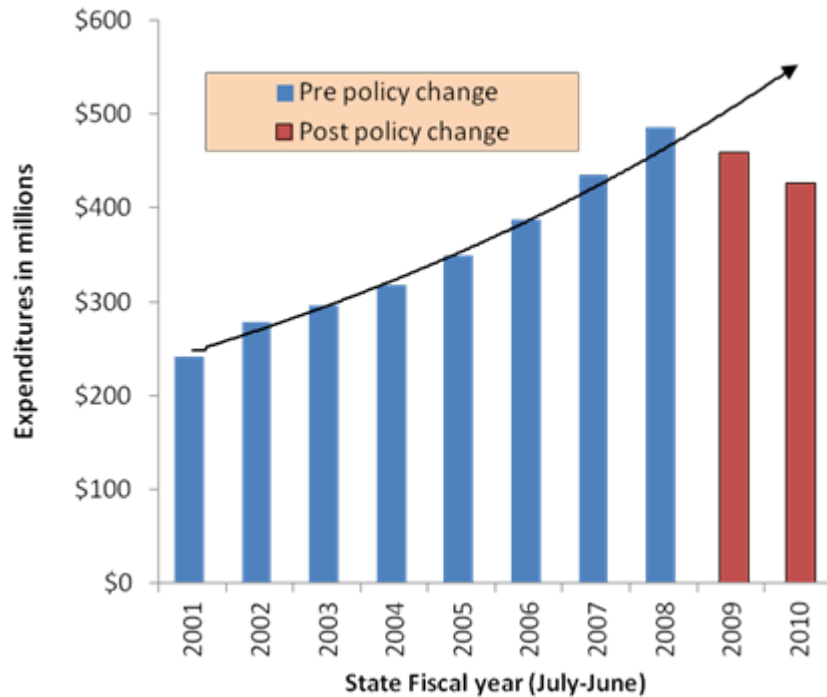
Dramatic improvement from ranking as state with least number of children exiting to permanence.

Changes Over Time	
Percentage Change	Difference
+13.37	+8.06%

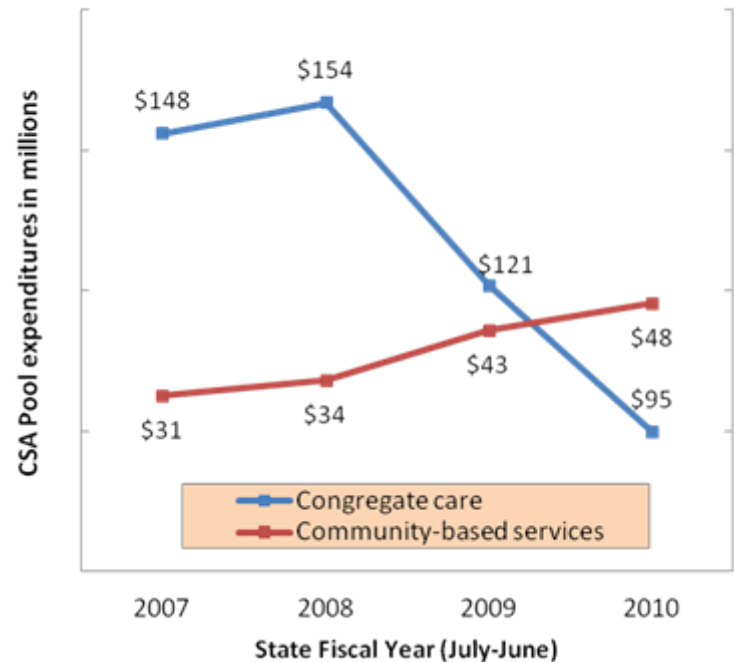
RESULTS – Virginia: Changes in Virginia saved over \$100 million, including a \$60 million drop in congregate care spending

To improve local practices, Casey recommended a 2009 match rate change that increased incentives for community-based services and decreased them for congregate care. Result: Instead of growing by 10%, the budget drops 6% per year while serving a similar number of children.

Budget escalation is stopped



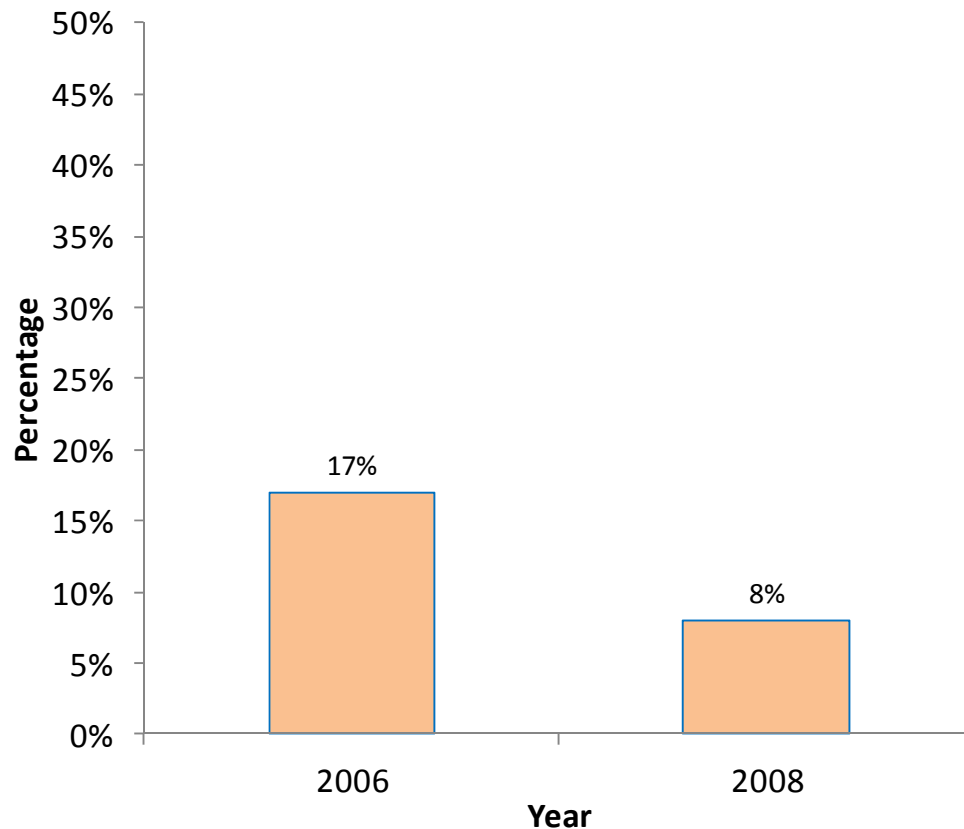
Kids' needs are met in community based care, not in group care



Sources: Virginia Office of Comprehensive Services, Statewide Statistical Data, <http://www.csa.virginia.gov/publicstats/index.cfm>, downloaded 9/26/11. Expenditures for 2001-2010: Locality reports of CSA Medicaid Billings and CSA Pool expenditures; extrapolation of 2001-2008 trend by Anne E Casey Foundation. Spending on congregate care & community-based spending 2007-2010: CSA Data Set statewide reports.

RESULTS – Louisiana: Louisiana used a combination of family meetings and evidence based services (MST and Homebuilders) to bolster its CCR efforts, resulting in a major change that has been sustained over time.

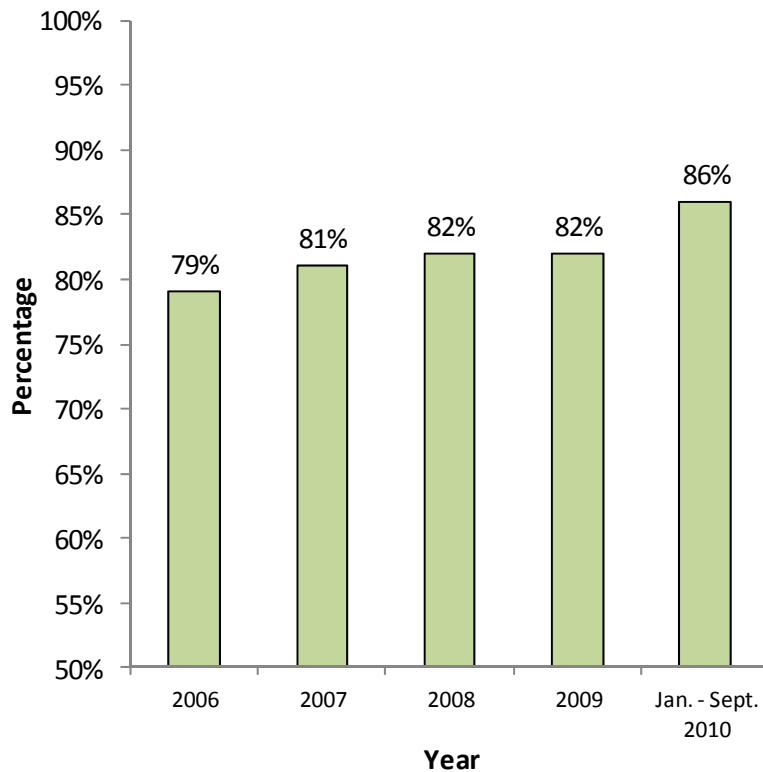
Percentage of Children in CC



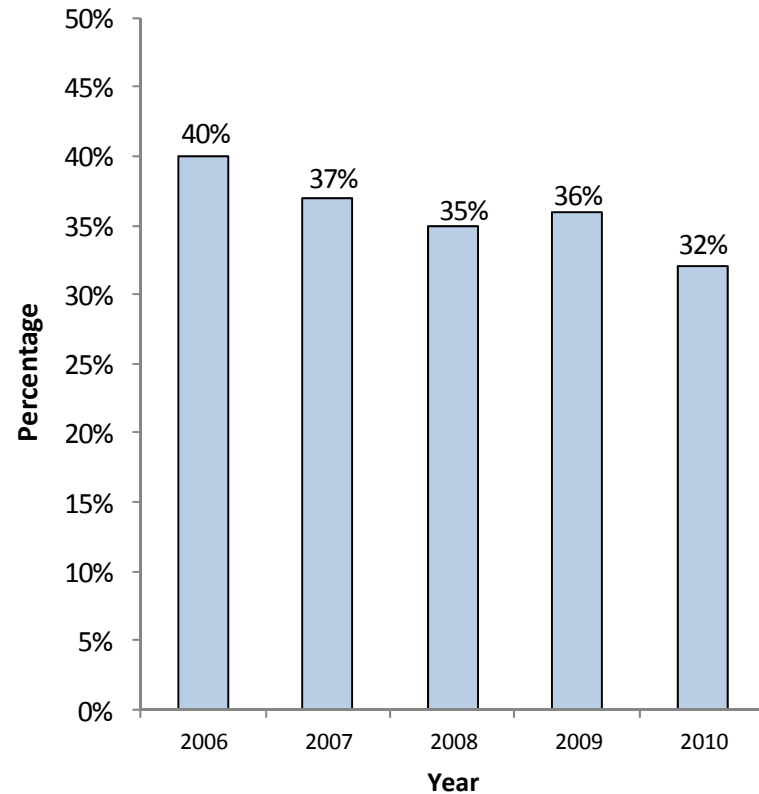
- No increase in re-entries
- No increase in use of TFC
- Significantly increased # of foster homes

RESULTS - New York City: More children in NYC are exiting to family settings, while fewer older children are exiting without permanency

Discharged through Reunification and Adoption into a Family Setting *



Percentage of Youth 12+ Discharged to Non-permanent Arrangements**

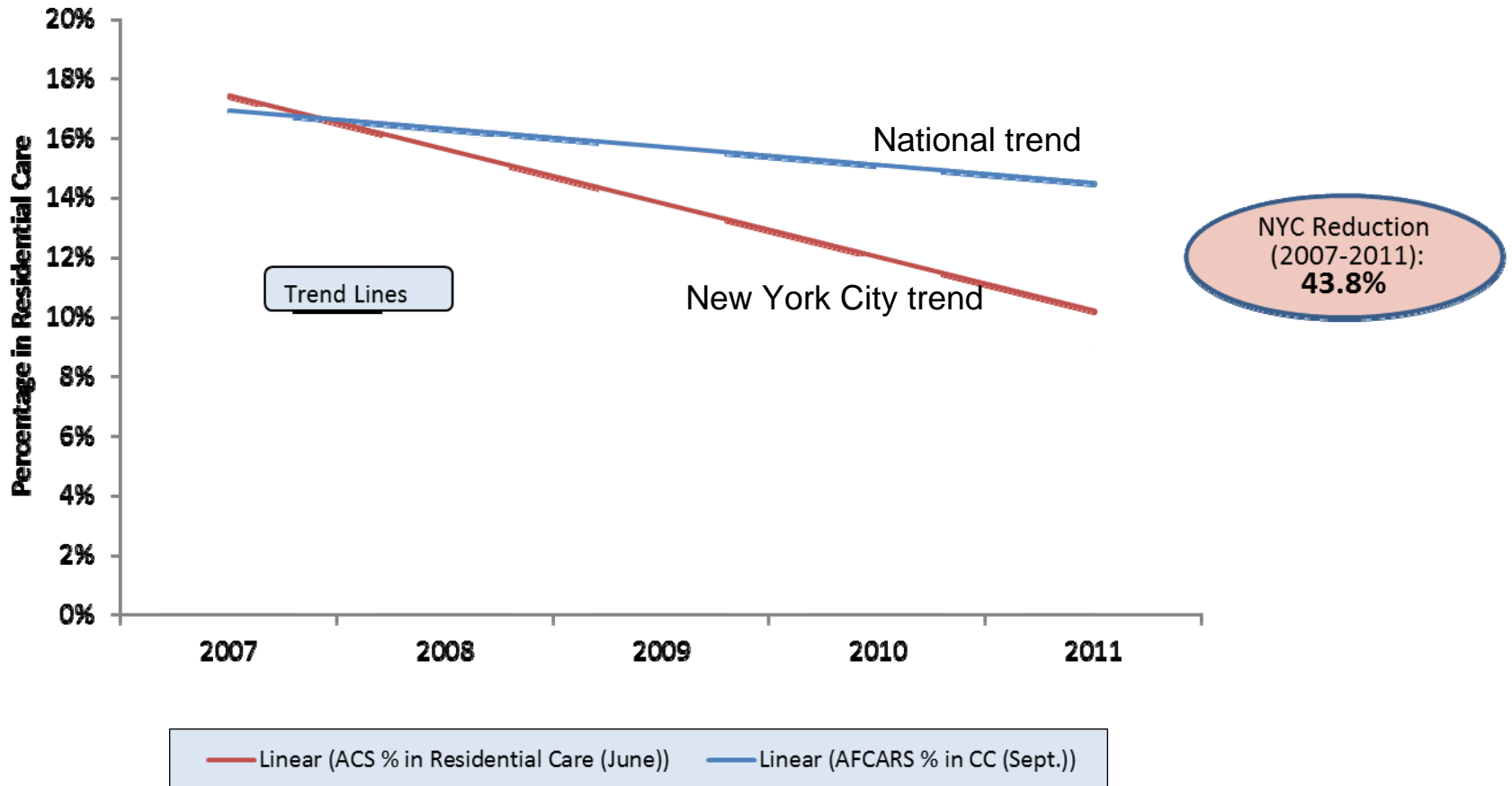


*Source: Strategic Management Report - Sept. 2010

**Source: Strategic Management Report - March 2010

RESULTS - New York City: NYC continues to reduce the percent of children spending time in residential care

***NYC Residential Care Trend Line vs. National AFCARS Trend Line**



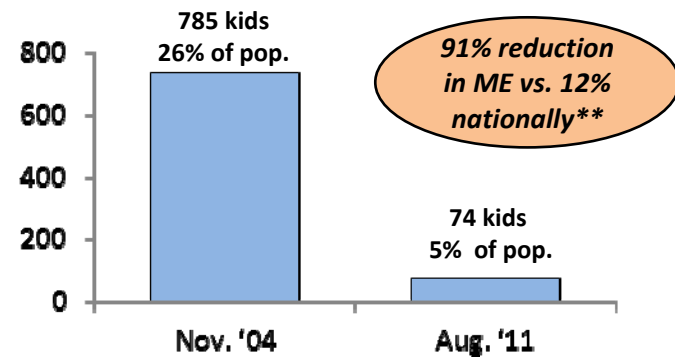
*Source: NYC Flash Data

Results – Maine: Maine’s improvements have been sustained over time

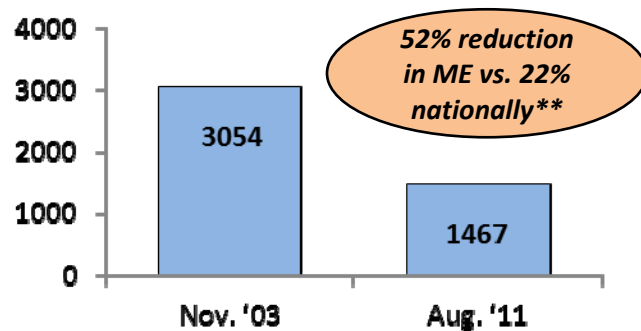
- Maine received national attention as the number of kids in congregate care plunged 91%, its caseload was cut nearly in half, and the percent in kin care nearly tripled.

- 2003-2005 work focused on developing a practice model and reducing use of congregate care

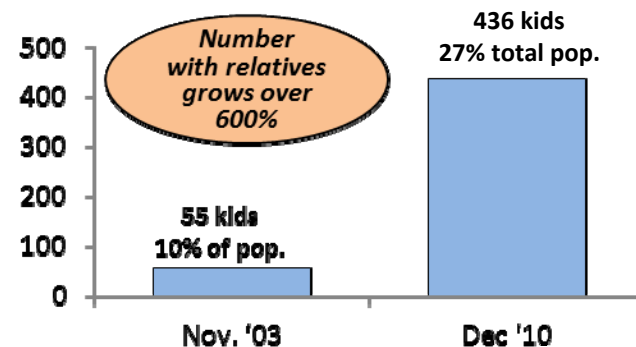
Far fewer kids are in congregate care



Total caseload shrinks



Far more kids stay with relatives



**National AFCARS data, change from 2003 to 2009 for caseload data and 2004 to 2009 for congregate care data

Financial Strategies for Redesigning Services

Results From States CWSG Has Assisted

Locality	Financial Strategies
ME	<ul style="list-style-type: none">•\$4 million of \$10.4M savings reinvested annually in wraparound services•Reinvestment savings included as line item in budget and approved by Maine General Assembly•Permanent budget line item included on a yearly basis, given continual savings•Transition funding for providers
NYC	<ul style="list-style-type: none">•Portion of \$41M savings reinvested in supportive & aftercare services•Transition funding for providers
VA	<ul style="list-style-type: none">•New state/local funding formula with incentives for family-based care•Reinvested savings into community based services
LA	<ul style="list-style-type: none">•Leveraged one time federal SSBG grant (Katrina relief) to invest in evidence based programs•Identified savings (\$2.36 for every \$1.00 spent - Source; Louisiana cost benefit analysis 2008) and reinvested it
MD	<ul style="list-style-type: none">•\$500,000 in savings from successful Multi-Systemic Therapy in Baltimore County re-invested annually into program•Maryland Opportunity Compact signed by Governor, donor foundation and Baltimore County•Permanent budget line item approved by Maryland General Assembly

Financial Strategies for Redesigning Services

Other Options to Consider

Social Impact Bonds (Mass.)	<ul style="list-style-type: none">•Contractual arrangement between government and private investors•Private investors agree to provide capital requirements for reform in exchange for government agreement to share program savings level with private investors•If threshold level of performance/outcomes is reached and sustained, government agrees to use a portion of the program savings to repay investors in full and agrees to share some percentage (usually 50%) of program savings in excess of the amount required to repay the initial capital investment.
Low Interest Loans	<ul style="list-style-type: none">•Government provides low interest business development/redesign loans to providers looking to retool their services•Loans serve as bridge capital to redesign a business model
Improving Federal Yield	<ul style="list-style-type: none">•Focus on improving yield on reform-specific programs•Examples: Properly structure foster care recruitment contracts, BSW/MSW programs, training
New Hampshire	<ul style="list-style-type: none">•Agency issued RFP to congregate care providers for TA to strengthen services to address new system needs. Six providers selected for 5 months of TA. (Supported by Casey Family Programs)

LESSONS LEARNED: Each state's approach is unique, however several themes are emerging as "lessons learned" by public and nonprofit leaders across the country.

- Many if not most of the children can go home to a family (rather than stepping down several times before going to a family)
- Public agency needs to take primary responsibility for creating existing system, but everyone must take responsibility for making the change
- Public agency must engage providers and other stakeholders early in the process
- Public agency must work closely with provider agency leadership to avert unintended financial pressures from eroding the work¹
- Providers that respond to changing needs of the system and offer creative ideas are more likely to succeed in the long run
- Seek support and adapt ideas from other states and providers – you don't have to reinvent the wheel
- Incorporate tracking of outcomes from beginning
- What's good for children is often good financially!

¹ Rightsizing New York City's Child Welfare System, Administration for Children's Services, January 2005

Successful public/private partnerships include a few key components ²

Quality for All Children:

- Research on what's best for children tells us services must adapt to meet their needs

Partner with Families and Communities

- Identify and engage birth, relative, foster and adoptive families and community partners in decision-making, and support them with a nimble, flexible system so that they can care for the children

Shared Vision

- Create statewide partnership between agency, providers and other stakeholders to join in creating provider based solutions and new models of innovative family based care; develop a shared Practice Model

Fairness and Transparency

- Decisions about rightsizing and other system changes are made using clear policies and standards and communicated clearly to staff and stakeholders

Push for Performance

- Create a robust performance monitoring and quality assurance system; highest performing agencies should serve children who need the most intervention

² This slide draws heavily from Rightsizing New York City's Child Welfare System, Administration for Children's Services, January 2005 (see p. 10, Rightsizing Principles)

Key Questions for Continuum of Care Partnership to Consider

- What outcomes do we all want for all children?
- What values and principles guide the work?
- What's working that can be strengthened?
- What is going to be different for children and families?
- What services does DCF need to meet the needs of the children?
- Are all appropriate stakeholders at the table?
- What must DCF, providers and stakeholders do differently?
- What are the implications of the new DCF regional structure on this work?

Child Welfare Strategy Group

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