Optimizing Current Spending for Child Welfare

A Choices, Inc. White Paper
Choices, Inc. Child Welfare Task Force

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Passage of the Adoption and Safe Families Act (AFSA) in 1997 ushered in a new day in outcomes accountability for child welfare departments throughout the United States. Enacted to correct problems that were inherent in the Adoption Assistance and Child Welfare Act of 1980, the new Act required the Department of Health and Human Services (HHS) to produce an annual report on state child welfare performance. Problems with the 1980 Act included too few children being adopted and a huge number of children in foster care for untenable periods of time. The ostensibly laudable emphasis on family preservation resulted in many children growing up and then "aging out" in the child welfare system with no family or support network at all.

The major goal of AFSA was to move children more quickly out of foster care and into adoptive homes or back to their families, if appropriate. Other provisions included increased emphasis on safety for children who were abused and/or neglected, faster adoption on a strict timeline, incentives for states that increased adoptions, shorter timelines for making decisions about permanency including termination of parental rights, and increased accountability through monitoring and outcome reporting to HHS.

To help implement the changes and timelines required under AFSA and to reduce the spiraling costs of out-of-home treatment for troubled children in their system, many child welfare agencies turned to "systems of care" to serve children and youth with multi-system involvement across mental health, juvenile justice and special education. In a system of care, services are community based, collaborative across systems, driven by the needs of the child and family, and responsive to the cultural and linguistic context of the child and family. Research over the last several decades has demonstrated that systems of care provide effective community based service alternatives to institutional care, and focus not only on the youth, but also on his/her caregivers. System of care outcomes have included positive behavioral and emotional changes and functioning, placement stability, reduced law enforcement contacts, improved school attendance and performance, and caregiver satisfaction.

In Indiana, the first system of care was developed in Indianapolis in 1997. From the beginning, a large proportion of referrals came from the child welfare agency and the need for safety and permanency were paramount. Through adoption of system of care values and philosophy, utilization of a team-based individualized service planning model, implementation of managed care practices through a case rate structure, and employment of data driven decision making, the system of care has served thousands of children and families, and saved the child welfare agency many millions of dollars.

Historial Perspective

In today's economy, state and local government leaders are pressed more than ever to cut, cut and cut costs again in efforts to balance their budgets with ever shrinking resources. According to the Center on Budget and Policy Priorities,[1] 45 states plus the District of Columbia have enacted drastic budget cuts that affect services for children, the elderly, the disabled, families, early childhood education and access to higher education. Officials have made these cuts because collections from income, sales and other taxes used to pay for basic services have sharply declined during the recession. The bad news is that revenues are likely to remain near these reduced levels at least into 2011.

In many states, child welfare administrators have faced cuts as deep as 10 percent per year in recent fiscal years, while demand for accountability and positive outcomes for children and families has never been greater. Cuts have occurred in child care subsidies, school breakfast programs, children's mental health, adoption assistance, child protection and permanency programs, and much more.[2] At the same time, the child welfare system is charged with serving nearly three quarters of a million children who have been traumatized by child abuse and neglect, and their needs are as intense as ever. Remarkably, thanks to numerous child welfare reform initiatives and the state Child and Family Service Reviews (CFSR), the number of child abuse and neglect victims has declined by about 125,000 between 2006 and 2010.[3] However, a conservative estimate of the annual combined direct and indirect costs of child abuse and neglect is more than $100 billion![4]

What is the best approach for child welfare leaders to contain skyrocketing costs while continuing to improve outcomes for their vulnerable clients? First, it is important for leaders to understand that they cannot do it alone. It is crucial to build strategic alliances with partners who can help coordinate care across systems.[5] Second, it is necessary to think creatively about the effectiveness of possible structures to achieve desired cost reduction and enhanced outcomes. Third, leaders must be deliberate in their attempts to identify experienced collaborative partners to help reform the way that services are delivered. Finally, collaborative partners must have a solution that is designed to meet child welfare needs in the context of their state and locality.

This paper examines trends in child welfare service provision and introduces a solution for providing effective services, while optimizing scarce resources for systems that are under extreme pressure to produce measurable results for less.

Big Changes in Child Welfare

With the passage of the Adoption and Safe Families Act of 1997, the U.S. Department of Health and Human Services (DHHS) was required to produce an annual report on state child welfare performance. Child Welfare Outcomes 1998 was the first report which provided information on the performance of states (now including Washington, DC and Puerto Rico for a total of 52 "states") in three

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The U.S. Department of Health and Human Services was required to produce an annual report in three outcome areas: safety, permanency and well-being.

outcome areas: safety, permanency and well-being. The seven outcomes are:

- Children are, first and foremost, protected from abuse and neglect.
- Children are safely maintained in their homes whenever possible and appropriate.
- Children have permanency and stability in their living situations.
- The continuity of family relationships and connections is preserved for children.
- Families have enhanced capacity to care for their children's needs.
- Children receive appropriate services to meet their education needs.
- Children receive adequate services to meet their physical and mental health needs.

Major concerns about safety include inconsistent services, inconsistent monitoring and insufficient risk or safety assessments. Child and family well-being suffers from an inconsistent match of services to needs, a lack of supports for foster and relative caregivers, parents not involved in planning for their children, and lack of physical and mental health assessments.

The most recent DHHS report entitled Child Welfare Outcomes 2003-2006: Report to Congress contains not only state performance on the original outcome measures as well as the CSFR composite measures developed in 2003 in response to the initial CFSRs, but also contextual data for each state and a state comment if available. Not a single state was found to be in full compliance with all of the first outcome measures in the first CFSRs completed between 1998 and 2004 and sixteen states did not meet even one standard. Though the standards were purposefully set high, the abysmal results were appalling.

By 2006 when the second round of reviews had begun, though results varied widely on some measures among states, many states showed substantial improvement in some areas through their Program Improvement Plans (PIP). Measures of recurrence of child maltreatment, achieving permanent homes for (non-disabled) children exiting foster care, reunification in a timely manner, percentage of adoptions occurring in less than 24 months, and placement of young children in group homes and institutions all were areas of significant improvement in most states. Additionally, PIPs have helped to change the culture of agencies, to improve collaboration with community partners, to use best practices more widely, to structure a continuous quality improvement environment and to use data to inform decision making. But many challenges continue to exist across state child welfare systems.

What are the Most Serious Challenges in Outcome Performance?

Major concerns about safety include inconsistent services to protect children at home, inconsistent monitoring of families and insufficient risk or safety assessments. In the outcome area of permanency, inconsistent concurrent planning and court proceedings and adoption studies take too long. Child and family well-being suffers from an inconsistent match of services to needs, a lack of supports for foster and relative caregivers, parents not involved in planning for their children, and lack of physical and mental health assessments.[6]

What System Problems Continue to Plague Child Serving Systems?

Deep-rooted problems across child serving agencies affect child welfare as well as other agencies. There is still a serious lack of home and community based services and supports for children and families. A relatively small percentage of children with the most serious and complex needs use a disproportionately large amount of the money allotted for services to all children, often because they are placed for too long in very expensive and restrictive placements. Multiple systems that serve the same children and families create costly administrative inefficiencies and confusing webs that limit access for those they are intended to serve. Rigid financing structures may prevent collaborative work. Relatively few providers, clinicians, and families embrace the philosophy or have the skills to provide family centered, culturally and linguistically competent, strength-based care, but rather stick to deficit models that are implemented in cookie cutter fashion.

The CFSR also examines these systemic factors that are related to child welfare's ability to achieve the desired state outcomes:

- Supports for foster and adoptive families through licensing, training, recruitment and retention
- Case review systems that assure that families are partners in developing plans for services and supports
- Staff and provider training and coaching in new practice models and outcomes
- Quality assurance system using statewide information systems and using data to support decision making
- Agency responsiveness to the community and its unique needs
- Access to a broad and diverse array of services, resources and supports across systems

What is the Solution?

Attempting to serve the most challenging children and families alone has become impossible, both fiscally and clinically. To meet the many challenges of cost effective child welfare services that produce desired outcomes, child welfare systems are recognizing the value of developing collaborative systems of care where accountability for the success of youth and families is shared across child serving systems, such as mental health, schools and juvenile justice, as well as child welfare. A system of care can be defined as "a broad, flexible array of effective services and supports for a defined population(s) that is organized into a coordinated network; integrates services/supports planning, service coordination and management across multiple levels; is culturally and linguistically competent; builds meaningful partnerships with families and youth at service delivery, management and policy levels; and has supportive management and policy infrastructure."[7]

The key to success in this approach is driven by a well-facilitated team-based process, involving all key players in the lives of children and their families. Not only are services and supports coordinated at the system level, but equally

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Child welfare systems are recognizing the value of collaborative systems of care. A system of care is described as "a broad, flexible array of effective services and supports for a defined population(s) that is organized into a coordinated network; integrates services/supports planning, service coordination and management across multiple levels; is culturally and linguistically competent; builds meaningful partnerships with families and youth at service delivery, management and policy levels; and has supportive management and policy infrastructure."

importantly at the child and family team level. This approach involves a care coordinator who is team facilitator and works with a small number of families (typically 8-10) who have children with complex needs. The coordinator is closely involved with the family, youth and the team of providers and other helpers, ensuring provision of the necessary services and supports. The facilitator may control flexible resources and has the responsibility and authority to convene child and family teams.

The ideal providers understand that families and youth with complex needs often live from crisis to crisis. They understand that this cycle must be reversed in order to gain positive momentum in solving the reasons for coming to the attention of child welfare in the first place. A key responsibility of the facilitator is to help the family and youth devise a crisis and safety plan at the beginning of the engagement process, basing the plan on what has and has not worked in the past. The plan must cover what to do in the event of a crisis at home, school or in the community. It is reviewed for effectiveness after each time it is used and revised as necessary.

This programmatic approach wholeheartedly embraces these important child welfare reform goals: to protect children from abuse and neglect; to support families in identifying and using their inherent strengths and the resources in their communities to resolve the conditions that led to abuse or neglect; to empower permanent change that enhances the safety, permanency and well-being of children and families; to maintain and develop essential connections with family when children are unable to remain in their homes; and to ensure that all children have the opportunity to achieve swift permanency through family preservation, family reunification, adoption or independent living. Providers understand that decisions about the choice of services and supports is a partnership between professionals and families and youth, and that the choices may involve not only traditional services but natural helpers such as family members, clergy, neighbors and members of diverse cultures who can provide more "normal" help than formal services can. They also understand that blaming families never works as well as helping them identify their strengths and building on those strengths to develop accountability plans that resolve issues of concern. They know that services and supports must be individualized for each family and based on their cultural preferences. And finally, they absolutely understand the critical importance of outcomes accountability by monitoring indicators of success and celebrating them when achieved, as well as revising the plan if these indicators are not being met.

This programmatic approach works to protect children, support families, resolve the conditions that led to abuse or neglect and empower permanent change.

Does this Approach Work with Child Welfare Populations?

The literature on child welfare reform emphasizes the critical importance of coordinating care for families across systems and involving families in the development of their own plans for improving their future outcomes.[8] Child and family teaming has been adopted as a successful way to achieve this involvement in a number of jurisdictions (see, for example, Alabama, Washington, DC, Indiana, and Utah Practice Reform Guides).[9] Child welfare teaming mirrors the development of high fidelity wraparound as a process to deliver services for children and families involved with multiple public systems. Wraparound

principles closely align with child welfare practice reform principles articulated by the federal DHHS Children's Bureau: ***child-focused, family-centered, individualized to meet the specific needs of children and families, collaborative, enhanced to strengthen parent capacity, community-based, culturally responsive and outcome oriented.***[10]

Wraparound is child-focused, family-centered, individualized to meet the specific needs of children and families, collaborative, enhanced to strengthen parent capacity, community-based, culturally responsive and outcome oriented.

To further understand the benefits of the practice model described, a look at the literature on wraparound is appropriate. Wraparound as described by the National Wraparound Initiative based at Portland State University in Oregon is a process that follows ten principles and includes four phases, each with specified activities. Implementation of these principles is a critical piece in the model described in this paper. The principles are:

- Family voice and choice
- Team-based
- Use of natural supports
- Collaboration
- Community-based
- Culturally competent
- Individualized
- Strengths-based
- Persistence
- Outcome-based

To determine whether the model works with child welfare populations, we turn to the research base for wraparound and similar processes with a variety of names. Researchers searched the academic literature base for articles and scholarly papers with the term "wraparound".[11] They identified 36 such studies, presentations and reports. Of these, twelve involved child welfare as the lead agency, either alone or in combination with other child serving agencies such as juvenile probation, schools or mental health, between 1996 and 2008. The reports included the following findings: improvement in problem behaviors that led to referral,[12,13,16,20,21] no further abuse or neglect three years after referral,[12,13] improved functioning from intake to completion,[14-22] a drop in recidivism,[14,15] less restrictive living arrangements,[20,21] improved school performance and behavior,[20,21] and permanency achieved.[22,23] These results were achieved across the country in states as diverse as Florida, Illinois, Indiana, Massachusetts, New York, Nevada, and Oklahoma.

All of the above results indicate the efficacy of the collaborative team based approach in child welfare populations. A number of other studies have compared the costs and lengths of stay in out of home placements with this community based approach, with coordinated community based care costing either the same or considerably less than out of home placements by child welfare. The case study near the end of this paper demonstrates how remarkable cost savings have occurred in the "real world".

How to Choose a Provider

When looking for a company that has the right combination of experience and innovation to coordinate this multi-faceted approach for child welfare populations, a number of factors should be considered:

Strength-Based Methodology: The provider must believe and demonstrate throughout its processes a non-negotiable strength-based focus at all levels of its organization. A strength-based focus in no way denies the existence of needs and concerns, but rather utilizes strengths whenever possible to address child and family needs. This advanced skill has been shown repeatedly to produce better results than a concentration only on deficits, and must be an integral part of the everyday practice of the chosen provider.

Collaboration: Look for a provider that has experience in working collaboratively with child serving systems in several jurisdictions. As mentioned earlier, cross-system, cross-agency teamwork is crucial at both the system and child and family team levels. Collaboration is admittedly not an easy task and requires constant communication to resolve issues closest to their source.

Customer Service Focus: The organization must have a commitment to respect the mandates and needs of your child welfare system without compromising strong clinical or fiscal outcomes. In addition to the child welfare agency, customers for this service are youth and families as well.

Information Utilization: It is crucial to hire a provider with advanced technological skills in order to provide accountability in real time for fiscal and clinical outcomes. Experience in providing important and necessary information on a timely basis to customers and other community stakeholders is key. The provider should have skills and experience in helping its customers make data-driven decisions and a reputation for using data to drive quality assurance.

Provider Network: Choosing an organization with expertise in recruiting and monitoring local service providers is of paramount importance. The relatively neutral role of team facilitator is enhanced by a robust array of local providers of traditional and non-traditional services. The provider needs to understand how to guide the child and family team in accurately assessing child and family needs as well as strengths, and have the ability to "do what it takes" to find and oversee suitable providers within the community.

Experience in Guiding System Change: The chosen provider must be adept at understanding and, if necessary, helping to guide system change. Proven abilities to change readily and willingly are required. Perseverance in the face of difficulties in the change process is required and should have been demonstrated in past endeavors.

Consistent Record of Focusing on Youth and Families: Find a provider that has a record of goal-oriented action and a passion for serving kids differently and better.

Though this “talk” may sound easy, the “walk” may be confounded by the reality of different interpretations of who the customer truly is. When the children and families served are placed at the center of the equation, systems are more successful in achieving the outcomes they desire.

Persistence: The provider must have a “never give up” attitude that has proven to sustain it through the many ups and downs of working collaboratively on system change. Commitment to reform efforts must be tenacious, yet diplomatic and understanding that individuals and systems do not change easily or quickly, but rather incrementally over time.

High Fidelity: The chosen company must be able to demonstrate high fidelity to the wraparound process or similar team based approach in the provision of social services. High fidelity is directly related to positive outcomes with children and families in the child welfare system.

Proven Track Record: The organization selected must have significant experience in providing coordinated services for child welfare populations. The track record must include evaluation studies that demonstrate revenue saving and positive outcomes that help child welfare agencies achieve improvement on their outcomes as defined by the Child and Family Service Reviews.

The Choices, Inc. Solution

Choices, Inc., a nonprofit organization founded in 1997, has provided multi-faceted coordination with fiscal accountability for child welfare populations beginning with the Dawn Project in Indiana, and expanding to Ohio, Maryland and Washington, DC. Choices provides management, support and training with the goal of keeping youth safe in their homes and communities. Choices is recognized as a national leader in system of care development by repeatedly demonstrating an ability to produce positive outcomes for youth and families through the facilitation of high fidelity wraparound. Choices’ proven practice model offers a unique combination of optimizing the use of resources through the use of wraparound and system of care values, managed care technologies and intensive care coordination.

Recent notable outcomes include:

- ***Marked strengths development over time:*** Across all sites, youth show reliable increase in the number of strengths as measured by the Child and Adolescent Needs and Strengths (CANS)[24] assessment.
- ***Improvement in functioning at home:*** In Maryland, nearly all youth remain in the community in a low restrictive setting or move to a less restrictive placement. In Ohio more than 87% remained in a permanent living arrangement for 6 months post discharge.
- ***Improvement in functioning at school:*** Youth show improvement in attendance, behavior and achievement during enrollment with Choices.

- ***Improved functioning in the community:*** In Ohio, the frequency and severity of juvenile justice involvement decreased. In Indiana and Washington, DC, there was a reduction in child risk behaviors as measured by reliable change in the CANS.
- ***Reduction in behavioral and emotional needs:*** Across sites, youth served demonstrated a reduction in needs as well as a decrease in severity and increase in functioning.
- ***Improvement in caregiver strengths:*** Across sites, caregivers demonstrate an increase in parenting skills and a decrease in identified needs related to their ability to care for their children.

For each 100 youth diverted from residential to Dawn, DCS saves approximately $3 million.

Case Study Highlights Cost Savings

A recent case study of Dawn Project outcomes prepared for the Department of Child Services (DCS) in Indianapolis provides insight into Choices' ability to provide cost saving services along with many positive outcomes.

The Dawn Project was designed to serve the most challenge youth in the system – those at imminent risk for or transitioning from out-of-home care. Therefore, Dawn has a higher proportion of youth in residential treatment, therapeutic foster homes and group homes than DCS. Highlights over a recent 15 month period include:

- The average number of out-of-home placements for children removed from their homes was more than 2.5 for DCS and less than 1.9 for Dawn.
- 83.2 % of youth referred to Dawn outside of residential treatment remain out of residential.
- Youth referred to the Dawn Project with multiple needs and at imminent risk for but not yet living in a residential treatment facility have a larger increase in strengths and decrease in needs at discharge than youth who are in residential facilities when referred.
- Cost per day for DCS / Av. Length of Stay in Days / Total Cost

Cost per day for DCS	Av. Length of Stay in Days	Total Cost
Residential: $293.24	270	$79,174.80
Dawn: $126.94	341	$43,286.54

- The percent of cases closed within 24 months averaged 85.3% for Dawn and 83.3% for DCS.
- For each 100 youth diverted from residential to Dawn, DCS saves approximately $3 million.

Conclusions

It is well known that states throughout the country are struggling with major budget shortfalls due to the lingering effects of the recent prolonged recession. It is also well known that child welfare agencies have felt the impact of profound budget cuts at the same time that costs continue to skyrocket. Choices, Inc. has more than 10 years of experience in addressing the need to help child welfare programs make the best use of scarce resources across several states and jurisdictions.

Choices' practice model:

- Eliminates traditional funding silos through the use of care management principles and utilization of a case rate structure that can blend funds across child serving systems, thereby ensuring that all resources are optimized
- Is supported by the academic research literature, with Choices continuing to contribute to the research base through its Outcomes and Evaluation Department
- Facilitates collaborative, high fidelity, team-based care that addresses the critical outcome areas of safety, permanency and well-being for youth and their caregivers
- Provides for high family satisfaction and positive and enduring results

Choices' practice model eliminates traditional funding silos, is supported by academic research literatue, facilitates safety, permanency and well-being for youth and their caregivers, and provides for family satisfaction and enduring results.

To learn more about how Choices practice model combines strong fiscal oversight and efficiency with positive outcomes and values congruent with child welfare principles, contact:

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