## Senate Task Force on The Department of Children, Youth and Families

Testimony of the Office of the Child Advocate Regina M. Costa, Esquire November 6, 2014

- The OCA is charged with the responsibility to take "all possible action including, but not limited to, programs of public education, legislative advocacy, and formal legal action to secure and ensure the legal, civil and special rights of children" under the care of DCYF.
- It is my statutory obligation to be the guardian of their rights and advocate for what is in the best interest of children in state care.

The Office of the Child Advocate's Statutory Obligation to be the voice of DCYF children

- Since the inception of the Networks:
  - Children and families have fewer treatment options
  - Children display more significant mental health issues
  - More children are being placed out of state
  - Available Community based treatment programs have declined
  - Support for Prevention and Diversion services have been reduced
  - The number of children in care has increased
  - DCYF Family Service Staff has seen an increase of nearly 200 families on their caseloads

The Network and the current System of Care is not affordable or in the "best interest of children" under the care of DCYF.

With the economic challenges facing this State and the need to make difficult choices, we can no longer justify paying for 3 coextensive administrative structures, especially when doing so diverts limited resources from practices we know work best to promote safety, permanency and well-being for children and families.

Three different, overlapping administrative systems is fiscally irresponsible.

The current child welfare system is paying for DCYF's seasoned and capable staff, plus:

- Two extra Chief Executive Officers
- Two extra Chief Financial Officer
- Two extra Chief Operating Officers

Supporting the management bureaucracy in triplicate diverts our limited resources *away from children*.

We don't need, and can't afford bureaucracy in triplicate.

- The Networks' purpose was to allow DCYF to deliver a better service model and shift some financial risk.
  - Networks delivered a worse product
  - Networks side-stepped the financial risk
    - Increased budget requests
    - No financial limits in current contract
  - The State now pays the networks' excessive costs, without any contractual constraints, for worse results, and DCYF absorbing the deficit

Current system enables the networks, by not holding them accountable.

- To cover the expenses associated with escalating administrative costs, DCYF and the networks have forced Network providers and affiliates:
  - To provide inconsistent levels of clinical supports for children they serve on behalf of DCYF
  - To eliminate things that children need, such as clothing vouchers and recreational activities
  - To reduce the number of children and families they can serve
  - To struggle to maintain payroll
  - Even to close their doors

Network Results: Services to children have been severely impacted.

- Children in the highest intensity, highest cost treatment options – out of state placementshave doubled in the past 2 years.
- Diverting limited resources from practices we know work best to promote safety, permanency and well-being for children and families.

Children in the highest intensity, highest cost treatment options have doubled in the past two years.

#### **Children Placed Out of State**

July 2012	July 2014		
46	84		

#### Children Placed in a Single Out of State Facility and the Associated Cost

Number of Children	Cost Per Year
14	\$2,315,195

## Snapshot of Out of State Care

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Data as of	11/03/14								
This table displays the nu	umbor of yout	h (for the cole	octed Pagion)	currently in (	out of Home I	Placement by	Discoment		
Type and	illibel of your	ii (ioi tile sele	cteu Region)	currently in C	out of notifie i	racement by	riacement		
by Length of Time since I	Most Recent R	emoval.							
Region	(All)								
Count of NmPrsnLst	Duration								
						24-35		Grand	
Service Type	< 6 Months		Months	Months	Months	Months	36+ Months		
Acute Residential Trtmt	3					_	2		
Emergency Shelter	26	7	2	. 2	1	. 2	7	47	
FC Court Ordered Non- Rel						1		1	
Foster Care -									
NonRelative	115								
Foster Care - Relative	162	171	98	56	18	55	38	598	
Foster Care Court Ord					_	_	_		
Rel	1		1		2				
oster Care Priv Agency	48								
Group Homes	64								
Ind Living Contracted		1	. 2	1		5			
Pre-Adoption Placement							1		
Psych Hospital	2					4			
RCC - Non Contracted	4	1	. 2		1		3	11	
Rsdntl Trtmnt - Sub Abuse	5				1			11	
Rsdntl Trtmnt Center	48	37	12	15	8	19	41	180	
Semi- Independent Living	1	3	5	1	. 2	. 5	24	41	
Medical Hospital	1		1					2	
Grand Total	480	394			78	207	270		

## **Snapshot of Children in State Care**

The limited resources in the foster care system have resulted in:

- Placement of very young children in group care and shelters
- Use of shelters or group care for children with special needs
- Separation of siblings who come into care
- Multiple placements for many children

Reimbursement rates between \$13.64 and \$15.79 a day (age dependent) does not promote the increase in family based care that we need to transform the system.

# A Crisis in the Foster Care System

#### Foster Care

 Because of the limited foster placements and resources, young children who have never been in DCYF care before have been forced to stay overnight at the DCYF offices.

Night to Night and Multiple Placements have returned.



- When DCYF took back the reins from the lead agencies, more and better services were provided to children and their families:
  - All appropriate information was gathered sent or delivered to programs identified
  - Referrals were timely, complete and appropriate
  - Providers and DCYF staff worked together more efficiently

The System of care <u>improved</u> during the suspension of the lead agencies contracts.

- Return to the Department its responsibility, pursuant to RIGL § 42-72-5
  - "The Department (DCYF) is the principal agency of the state to mobilize the human, physical, and financial resources available to plan, develop and evaluate a comprehensive and integrated statewide program of services designed to ensure the opportunity for children to reach their full potential. The services include prevention, early intervention, out-reach, placement, care and treatment and after-care programs..."
- Provide the Department with the appropriate resources to implement and administer the service delivery system children and families need

### So, what should you do?

- Properly terminate the contracts with the two Network Lead Agencies in as timely a manner as the contracts allow.
- End night-to-night placements.
- Reallocate and restore funds to the maximum extent possible to return clinical services and other programming cuts to a place where children's mental health can improve.
- Fill the 25% vacancy rate at DCYF, to include casework supervisor, social caseworkers, intake case workers, and child protective investigators

#### **Short Term Goals**

- •Shore up both ends of the service continuum: Invest in prevention and transition services for DCYF youth or those diverted from the system.
- Secure, support and grow the foster care system
- •Eliminate the inherent conflict in the current utilization review system (where agencies review their competitors)
- Reduce the number of children in out of state placement

#### Mid-Term Goals

- "Rightsize" Congregate Care.
- Invite the Casey Foundation back to provide the State with technical assistance to obtain the goals that were identified in their report
- Encourage Providers to create programming with a component that allows for a continuum or step-down options within their own array

## Long Term Goals

- This was a good faith effort by DCYF to seek an efficient delivery of service model to provide for the children and families in their care.
- They should not be discouraged from continuing to explore other models for service delivery with a proven tract record in the future.

It is time to move on from the network model.