

Proposed Family Care Networks Redesign FY 2015

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Rhode Island Care Management and Ocean State Network are in full support of an amendment to the Family Care Network contracts to achieve the following goals for FY 2015

Summary of Recommended Changes and Goals for FY' 2015

1. Authority, responsibility and risk should be aligned therefore payment for services will be shifted to DCYF.
2. Network Capacity in case assessment, care coordination, utilization and data management, permanency and placement stabilization will be aligned with DCYF regional offices and in those communities which will build local capacity and leverage local resources.
3. A single placement unit lead by DCYF with RICMN and OSN staff experts as part of the team and co-located at DCYF will streamline systems, decision making and will shorten the time from request of service by family, case worker or court to implementation of service.
4. The Networks Utilization Data/Management in collaboration with DCYF Quality Assurance will develop performance benchmarks for providers and performance will be transparent and resource allocation decisions will be based on performance.
5. Contract goals include; reduction of the use of congregate care; reduction in out of state placements; increased utilization and stabilization of prevention supports such as FCCP and implementing a system-wide consistent assessment and level of care protocols.
6. The Networks will design with DCYF, the FCCPs and CYS the integration of these systems to achieve a System of Care that has easy transitions for children and youth, maximizes the use of community based and preventative work and leverages the services systems of the Networks like; standards of care reviews, Seneca searches, assessment when needed for all children that are open or at risk to be open to DCYF.
7. Lastly we recommend that the Governor establish the Rhode Island Children's Advisory Commission to advise the Governor and Legislature on the ongoing implementation and improvements of the DCYF System of Care. This Commission should include; the Director of DCYF, Chief Judge of Family Court; the Child Advocate and other stakeholders. It should be professionally staffed. A key ingredient as they have done this

in other states is consultation from Casey Foundation regarding the establishment, resource needs and ongoing sustainability ingredients required.

RICMN and OSN Scope of Work Redesign

The redesign of Network Systems of Care to a Regional System of Care will improve outcomes for children and families and provide a regional, community based approach to service delivery. Outcomes will focus on safety, decreasing congregate care keeping children in their communities, leveraging community services and other funders, evaluation of services for quality and outcomes, and the transformation from a crisis driven system to prevention and proactive intervention system. The preliminary budget for the full scope of work is approximately 8 million dollars.

We have prioritized the design to support the Department's priorities in right-sizing congregate care, diligent recruitment of foster parents, and wellness throughout the entire system. The system will work with Regional DCYF offices, Regional Family Care Community Partnerships, Consolidated Youth Services and Community Providers to access the necessary services to ensure the success of every family. Both Lead Agencies will play a valuable role in placement, stabilization, utilization review and management, and coordinating with local and regional providers to mine and access other resources beyond those funded by DCYF that can be wrapped around families. This approach will also have a greater impact on coordinating more closely with local school systems. The Leads will be able to design services, whether existing models or more customized for individual youth, such as occurred at Kaleidoscope in Chicago or the Alaska Youth Initiative. We will be able to develop community relationships with minority agencies, provide training and support when possible, and develop natural supports such as churches and local community agencies. At this time we would ask that RICMN partner with regional offices 2 and 4 while Ocean State Network partners with 1 and 3.

As such, it is agreed that the following items MUST be contained in the contract for the success of the SOC moving forward:

Assessment and Stabilization (SPOA)

“Research has demonstrated that adequate assessment often does not occur in child welfare and this failing may be linked to the instability of reunification. In a review of 62 failed reunifications, Peg McCartt Hess and her colleagues found that ‘Poor assessment or decision making by the caseworker or service provider’ was a factor in” 68% (42) of failed reunifications.

A key concept in successful systems of care includes the use of a single point of access or entry for youth and families requiring services. A single-point-of-entry includes the following:

- A standardized assessment of the needs of the child and family
- Consistency in assessment and in service offerings
- Ensures appropriate placement options, if placement is needed
- All families receive the same access to needed services
- Families have a choice in the provider of needed services
- Flexible and individualized

States that have experienced success with single-point-of-entry/access include:

Florida, New Jersey, New York, Minnesota, North Carolina, Georgia, California, Illinois

Seneca Search

Seneca search is a service that allows the user to search across the country for family that may exist for kin placements for use. The Networks should have the ability to manage Seneca Searches for all children assigned to the Networks which would require financial and human resource capital to implement. This tool will help the Networks attain all of the goals of the SOC. Searches should be commenced as soon as a case is assigned and on all occasions where any movement of a child or youth is contemplated

Wraparound

The success of the System of Care (SOC) is predicated on the use of the national, evidence based model of Wraparound. Wraparound is a relatively new model in Rhode Island and it is critical that both networks manage the implementation process for long term success. In addition, Wraparound must be expanded across the state. Every state that has had success with SOC implementation has utilized evidence based Wrap. Evidence states that implementing evidence based Wraparound leads to (Walker, J. 2008):

- Improved mental health outcomes for youth and their caregivers
- Improved functioning in school/vocation and community
- Increased resources and capacity for coping, planning and problem solving
- Social support and community integration
- High family satisfaction
- Support strategies based on family strengths

Training in Wraparound and System of Care Values for Providers

Ensuring that providers within the System of Care are operating based on the same set of shared goals, vision and clinical intervention requires that training for all providers lie with Networks. The Networks have a vested interest in the healthy success of children and families and view training of providers as another vehicle through which this success can be obtained. Significant economies of scale can be obtained as providers develop the same skills sets across services and across agencies throughout the state. This could include the sharing of staff amongst group home setting thereby reducing the use of overtime and ensuring continuity of care.

Examples of the types of training initiatives to be undertaken by the Networks include:

- SOC Standards of Care for all programs/services
- Ensuring continuity in the delivery of core competencies including trauma informed care, crisis intervention and restraint training
- Oversight of all SOC curricula
- Technical assistance for Quality Assurance

Based on research of successful systems of care across the country, the following items critical to success are noted:

- A solid training model for all providers
- High fidelity Wraparound
- Standardized assessments upon initial entry to care
- Ongoing measurement of quality of service
- Multidisciplinary input from all stakeholders
- Family voice and choice

Utilization Management

Utilization Management has given the Networks an opportunity to best understand the inner workings of providers and how providers can best serve the needs of children and families. The UM system must remain a part of the SOC managed by the Networks. States that have had

success with SOC implementation have relied on monitoring quality on a regular basis as a critical component of management of services. Planned uses of UM include:

- Further development of quality and standards of care
- A vehicle to measure provider performance against these standards of care
- An opportunity for the Networks to offer technical assistance to providers around quality management

Treatment and Transition Planning

Effective treatment planning and transition planning are critical to the success of children and families and offer the best vehicle of obtaining the goals of the system of care which include permanency, well-being and reducing the length of time in congregate care. This is the one vehicle that brings the overall goals of the SOC of to bear on each individual child.

Proposed First Year Adjustments

- DCYF re-assumes responsibility for payment for residential placements
- DCYF re-assumes placement decision-making authority in collaboration with co-located Lead agency staff
- All “open” cases will be assigned to Lead Agencies
- Lead Agency staff will partner on-site with Departmental Intake and Regional Staff
- Continue NCC assignments by Lead Agency
- Enhance Wrap under the IV-E waiver with NCCs being assigned to the priority populations by the Lead Agencies
- Commence objective assessment process to include standardized determination of level of care

YEAR ONE

1. Lead agencies co-locate their placement experts with departmental intake in Providence.
2. Clinical directors from lead agencies co-locate within assigned regions.
3. Commence objective initial child and family assessment process to include an objective determination of causative factors for Departmental involvement and a process for the standardized determination of level of care needs.
4. Recommendations jointly developed by Department, Lead Agencies and existing CYS provider to ensure that the CYS Program is based in each region and connected to the supports of the SOC lead agencies.
5. Create Departmental financial intake capacity to determine family’s eligibility for alternative resources.
6. Establish IV-E unit within Intake and CPS to ensure initial eligibility for IV-E.
7. Begin to collect regionally based cost data across service types.
8. Examine and analyze existing utilization of funding streams for children, youth and families.

9. Assess existing outcome reporting and expand to include case based and provider based outcome reporting.
10. RI Children's Advisory Commission is established.

YEAR TWO

1. Expand CANS reporting to all cases assigned to Lead Agencies, including those accessing community based services.
2. Gather data sufficient to develop dashboard of provider progress on defined/redefined outcomes.
3. Provide access to dashboards to service providers with Provider specific outcomes.
4. Process developed for Lead Agency aggregate review of Provider Outcomes.
5. Reduce overall caseloads through collaborative diversion and LOS reduction efforts.
6. Introduce annual satisfaction survey.
7. Finalize Outcomes:
 - a. Percentage of removals/investigations
 - b. Percentage of youth in congregate care v foster care
 - c. Length of Stay mean and median by Service Type
 - d. Level of Care to assess reduction in usage of higher level of care
 - e. UM reviews that meet the needs that treatment plan and treatment implementation by provider matches diagnosis
 - f. Permanency attainment rates for youth who receive WRAP
 - g. Permanency attainment rates for youth and family receiving Community Based Services
 - h. Benchmarks established for each outcome, aligning with national or other requirements where appropriate
8. Capture of CANS data by child, by service type, by provider, by region, by Lead Agency.
9. Develop a strong tool to evaluate services available vs. needs of children and families as analyzed by CANS and assessment data.

YEAR THREE

1. Standards and outcomes reporting for providers, Lead Agencies and DCYF regions are fully implemented and reported by dashboards on a public website.
2. All Outcomes to be reported at least quarterly, including CANS data.
3. Improvements to Benchmarks decided on collaborative basis, identifying barriers to attainment.
4. Identified barriers are tasked to regional or centralized workgroups to determine approaches to resolution within set time frames.

Citations

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