

# DCYF System of Care

## *Family Care Network Contracts*

Governor Chafee's Resource Team  
August 19, 2014

# Agenda

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- Team Introduction and Overview
- System of Care
- Family Care Network Contracts
- Team Work Plan
  - Current contract
  - Process Mapping
  - Data Analysis / Assessments
  - Finance/Budget
- Next Steps

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# Team Introduction

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- Jamia McDonald, Executive Director, RIEMA
- Jennifer Wood, Chief of Staff/Executive Counsel, Lt. Gov
- Wayne Hannon, Deputy Budget Officer, DOA
- Alda Rego, Chief Financial Officer, OHHS

# Team Overview

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- For the past two (2) years, DCYF has encountered cost-overruns for the two primary contracts related to the implementation of Phase Two of the System of Care
- In April, the DCYF and their two contractors initiated letters to terminate the contracts, with extensions that anticipated termination by July 31, 2014
- In order to ensure that a complete understanding of the contract, the related costs and services, and the needs of the families were being met, the Governor assembled a team to review the situation and better understand the contract and the reasons for the cost overruns

# Team Overview

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During first week engaged with the agency, determined the following:

- The agency and its contractors did not properly cancel the contract under the State's Standard Terms and Conditions attached during the Purchase Order process.
- Under the belief that they had properly cancelled the contract and in anticipation of the July 31, 2014 contract end, DCYF had already begun to reassign the services being delivered by the two network contractors. Several of the services that were provided by the networks under the contract had been migrated back to DCYF
- DCYF had also already begun to negotiate new contracts directly with the 80+ providers that existed within the two networks

# Team Overview

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- In addition to the new facts, the team met with key stakeholders to better understand the issues giving rise to the cost overruns and how best to craft longer term solutions.
- Based on status of the contract remaining in full force and effect, services that DCYF had begun to migrate to the agency were restored to the two Network contractors.
- Team has begun a thorough review of the contracts, as well as the System of Care

# Team Overview

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With the contracts currently in place, the team intends to review and identify the following:

- Current Contract – Review current financing levels against increased oversight of the contract to project the length of time the services can be provided under the current structure.
- Data Analysis – Work with the agency and Performance Management division to understand data trends and establish measures for both contract oversight and longer term analysis of service delivery.
- Process Mapping – Review the current procedures and processes, as well as provide recommendations on alternative, more efficient procedures under the current contract structure, as well as new potential structures and alternatives to the current contract.



# Team Overview

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- Finance/Budget – Review and develop an amended FY15 and FY16 budget that provides options for consideration on implementing the System of Care in the most efficient, cost-effective way to ensure the safety and well-being of our vulnerable children and families.
- Audit – Review both the contractors and the agency for expenditure and process compliance with the contract as currently written.
- Relationships – Ensure good lines of communication with all stakeholders involved in the process of implementing and funding the system of care, regardless of the ultimate model for delivery.

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# System of Care

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## **Phase One of System:**

- This first phase of the system of care development is designed to prevent family involvement with DCYF and support family preservation and well-being.
- Currently four regional Family Care Community Partnerships (FCCP's) consolidate the management of DCYF's prevention, early intervention and community-based behavioral health programs in order to integrate and expand services and supports for each child and family according to their unique strengths and needs.
- The FCCP provides a system of care approach for families with children and youth who are at risk for DCYF involvement due to abuse and neglect or serious emotional disturbance (SED) and youth who are returning to the community following a RI Training School sentence.

# System of Care

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## **Phase Two of System:**

- As outlined in DCYF's original concept paper, the system of care for children and families under the care and supervision of DCYF involves families with at least one child, from birth through eighteen (18) years of age, who is active with DCYF. The families will require services to provide for the safety of the child, services to mitigate risk to the community and services for the treatment of behavioral or emotionally challenging conditions.
- It is intended to transform the DCYF child welfare, juvenile corrections and children's behavioral health system to one that primarily relies on an expanded continuum of home and community-based services and supports to better meet the needs of children and their families in the least restrictive setting to ensure community safety and reduce congregate out of home placement.

# System of Care

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## Phase Two of System:

- The expected outcomes are to:
  - maintain children safely in their own homes,
  - to improve the rate of reunification and
  - to prevent the recurrence of maltreatment.
- These outcomes will be achieved by providing services that utilize the family's strengths and take into account their needs and preferences.
- The method of implementation for Phase Two was done through the development of two (2) contracts that create a “network of care”.

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# Contract Overview

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- Two Contracts
  - RI Care Management
  - Ocean State
- \$107,070,000 for 3 Year Term, \$35,690,000 annually
- Initial Term: July 1, 2012 to June 30, 2015
- Three 1-year Renewal Options
- Total Contractual Value : \$214,140,000

# Contract Services

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- As of July 1, 2012, Networks were, among other things, to:
  - Provide home-based services
  - Care Coordination (at future date)
  - Service Delivery (at future date)
  - Maintain a centralized intake system
  - Be available 24/7 for emergency placements within 2 hours



# Contract Services

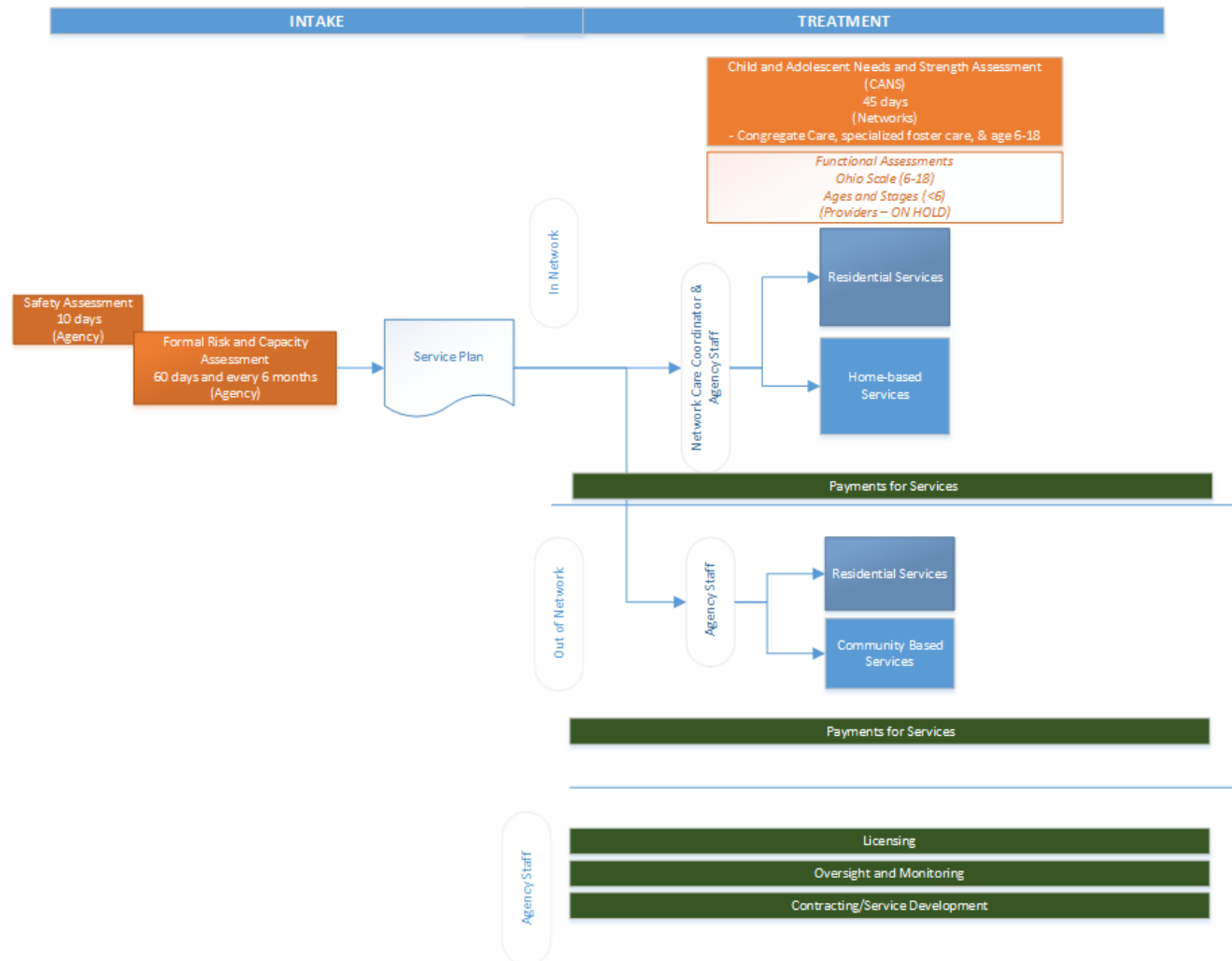
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- Service Population
  - birth to 18
  - up to 19 if referred because of juvenile justice involvement
  - up to 21 if diagnosed with serious emotional disturbance or DD
- Promoting the delivery of community-based services (includes in-home and out-of-home services) to children and families within his or her community and/or;
- Ensuring that each child, youth and family has timely and appropriate access to every service, support, and resource identified in the **Service Plan**

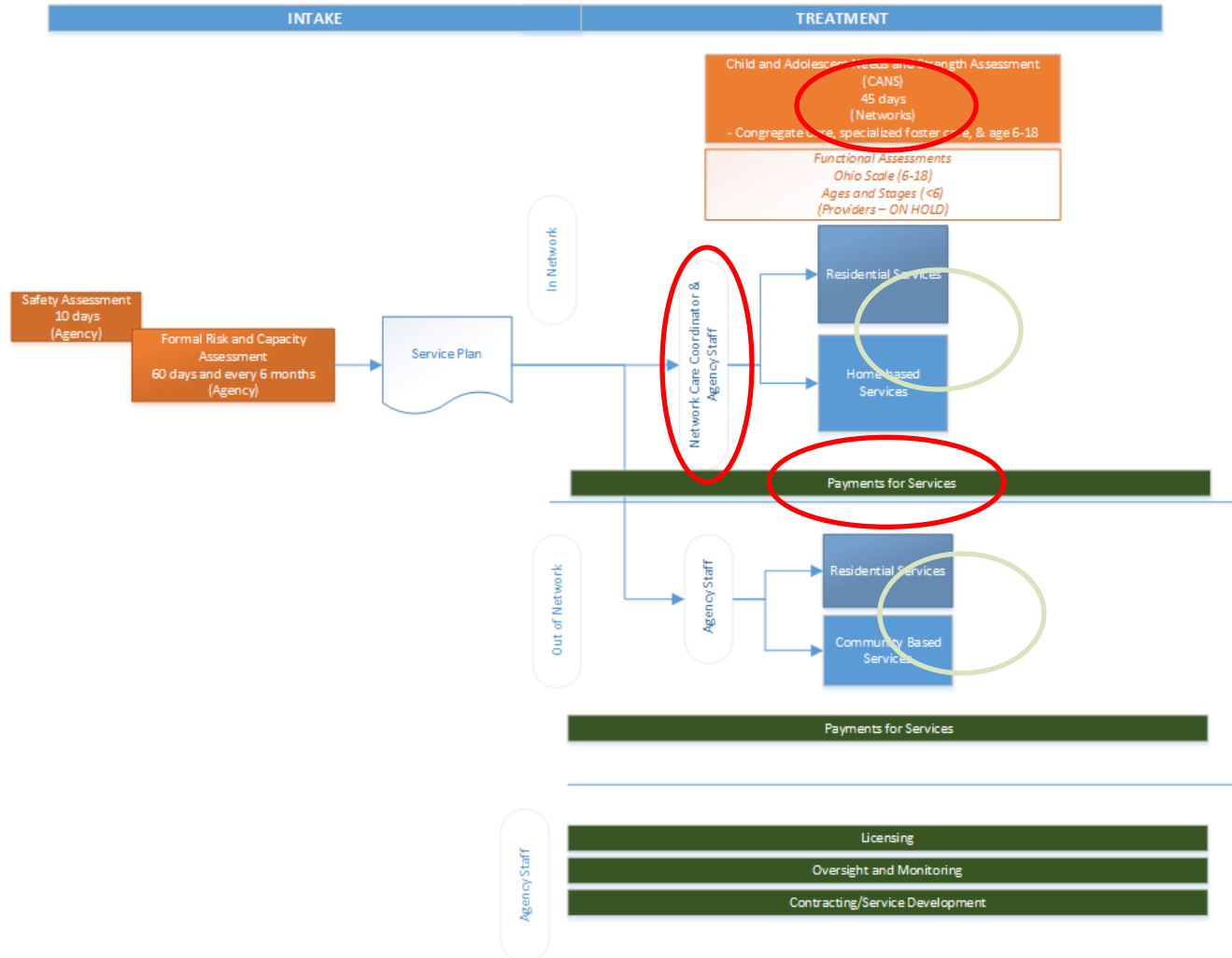
# Agency Responsibilities under Contract

- Set the standards for services and conduct quality assurance to ensure programmatically and fiscally effective Networks of Care that comply with state and federal law and regulation
- Retains the right to determine the level and intensity of service for each child, youth and family
- Retains all existing authority and discretion to act on behalf of the children and families

# System of Care & Network Contracts



# System of Care & Network Contracts



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# Current Contract

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- Currently working with the agency and the OMB Performance Management division to understand data trends and establish measures for both contract oversight and longer term analysis of service delivery.
- Met with Annie E. Casey Foundation to better understand their assessments and findings and requested detailed information on their report and conclusions.
- Establish a series of management meetings lead by a member of our team – Finance and Budget, Data, IT, Policy & Operations, Executive

# Process Mapping

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- Determine contract requirements
- Determine current practices
- Identify process improvements/efficiencies
- Outline options for consideration along with associated costs

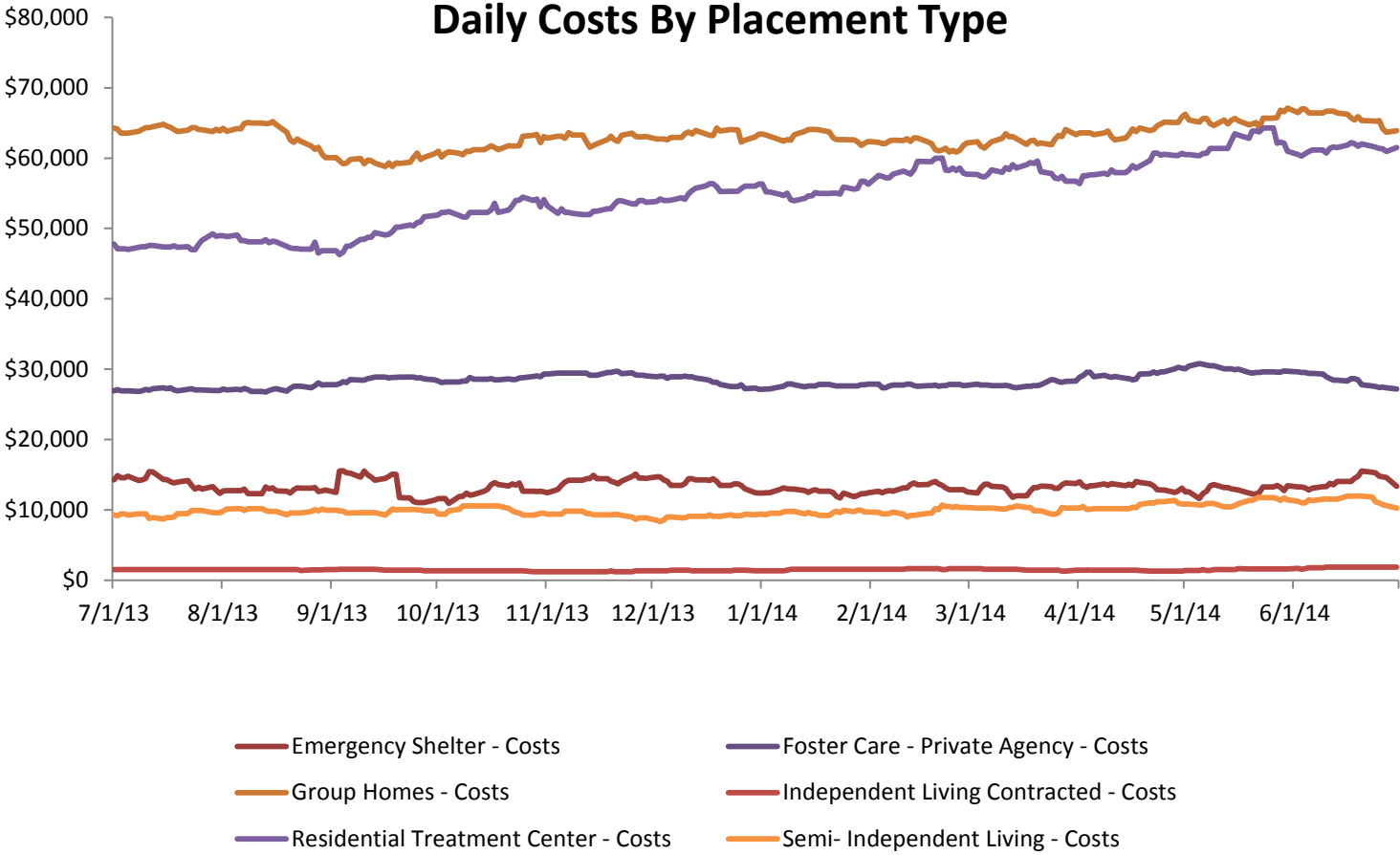
# Data Analysis

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- Continue to work with Annie E. Casey Foundation to better understand their assessments and findings
  - Requested details on findings and conclusions to better establish national benchmarks for outcomes
  - Requested additional best practice information on quality measures to better oversee outcome measures
  - Requested additional best practice information on Assessments

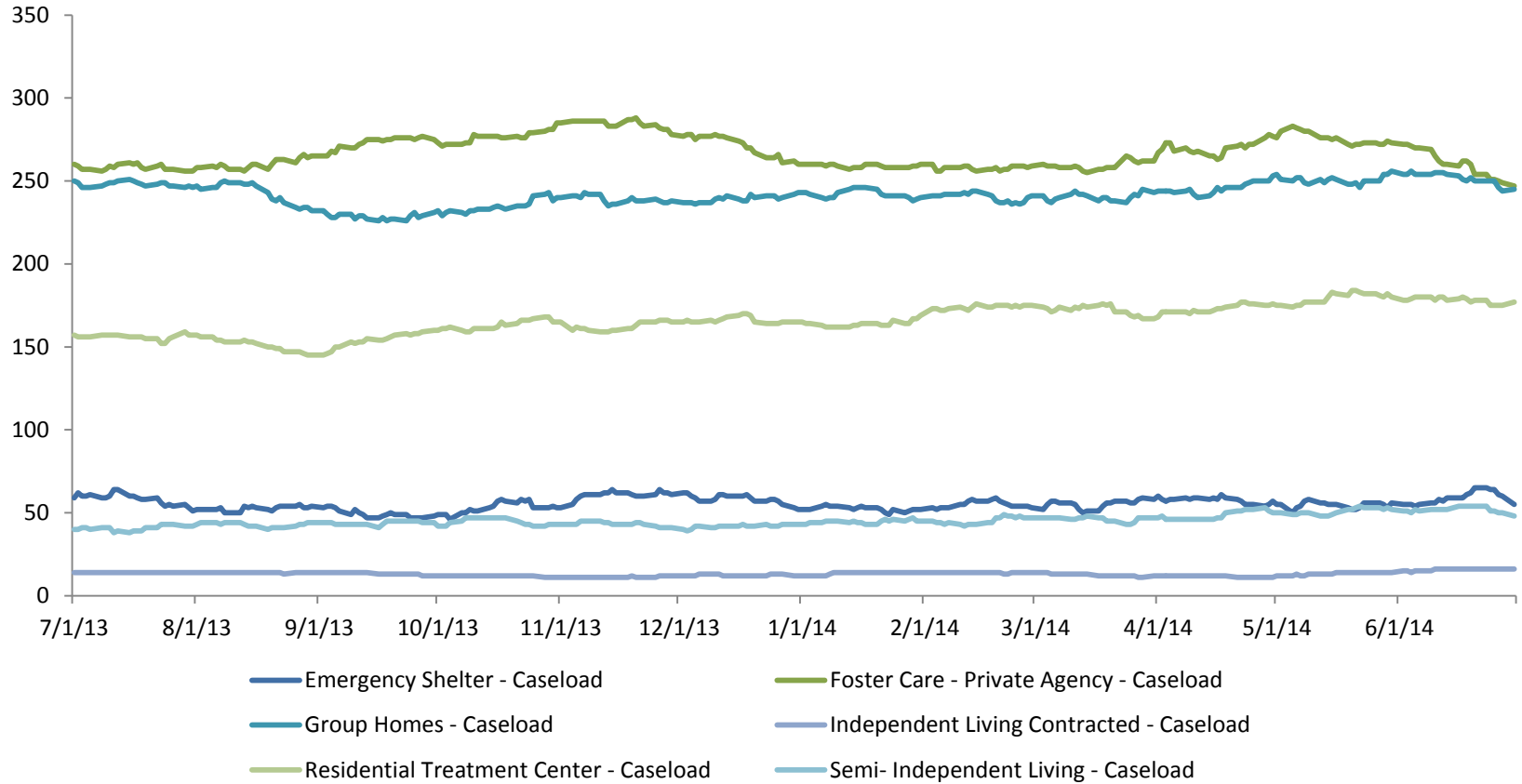


# Data Analysis



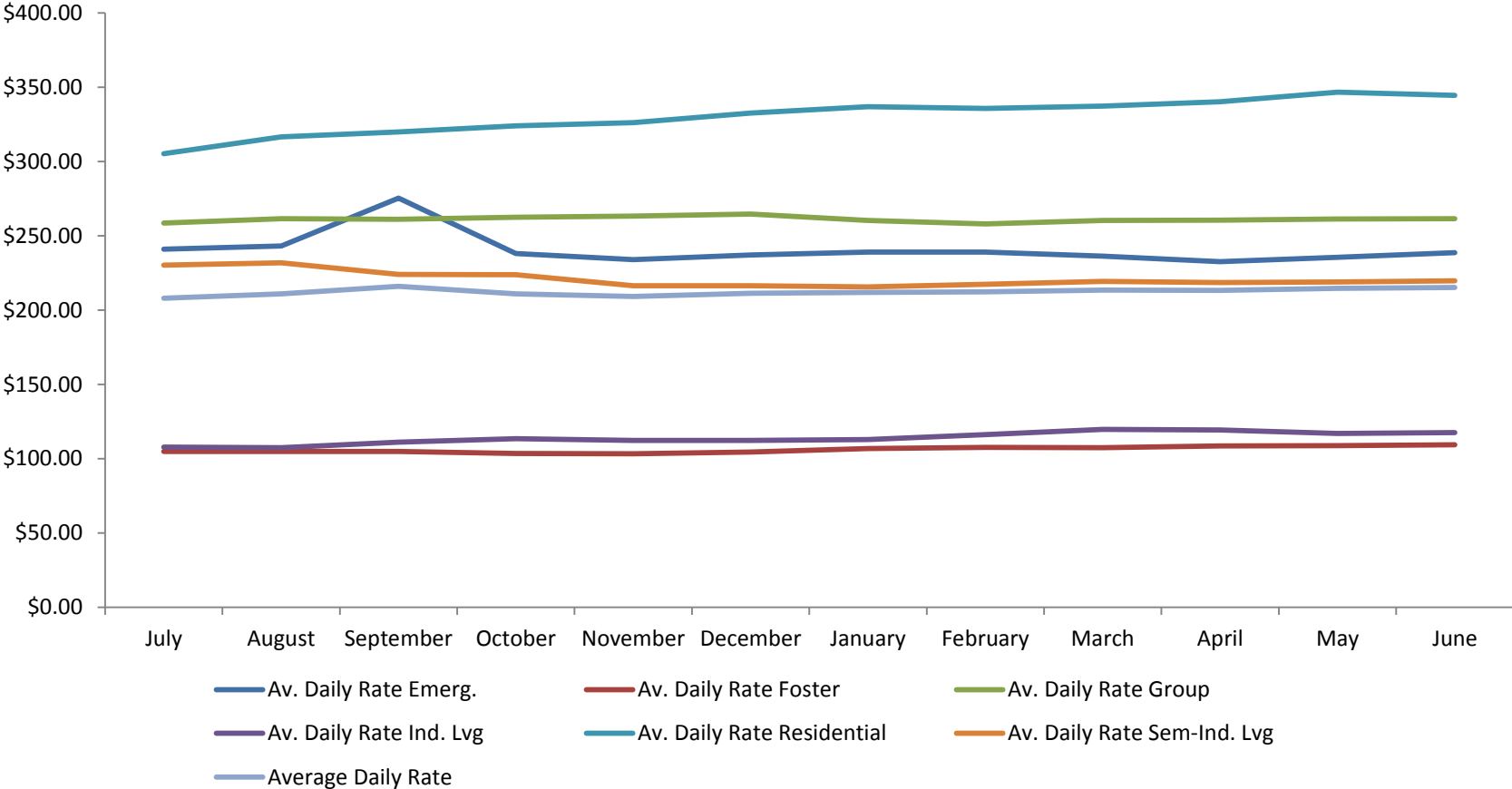
# Data Analysis

## Caseload By Service Type



# Data Analysis

## Average Daily Rate By Service Type



# Assessments

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- Safety Assessment
- Family Risk and Protective Capacity Assessment
- Child and Adolescent Needs and Strength Assessment (CANS) –level of care
- Functional Assessments (on hold)
  - *Ohio Scale*
  - *Ages and Stages Social Emotional*

# Assessments

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- Call comes in to DCYF Hotline
  - Based on Screening results, Child Protective Investigator goes out and conducts Safety Assessment (10 days)
    - Uniform assessment conducted by all CPs during investigation
  - Based on Safety Assessment results, child is deemed unsafe and there is a need for removal – Safety Plan developed

# Assessments

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- DCYF Family Service Unit administers Family Risk and Protective Capacity Assessment (FRPCA) on all children assigned to their caseload within 60 days of assignment (in-home and out-of-home) and every 6 months
  - There are ongoing safety and risk assessments that occur with every face to face
  - Based on FRPCA, Service Plan developed

# Assessments

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- If a child is removed from home and meets the following criteria, a Child and Adolescent Needs and Strength Assessment (CANS), or level of care assessment, is conducted by the Family Care Networks.
  - Child enters into either congregate care or specialized foster care, and
  - Child is between the ages 6-18
- If the child meets criteria a CANS is conducted at baseline, within 45 days of entry into congregate care or specialized foster care, and at each level of care change, and at discharge.

# Assessments

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- In January 2013, CANS was implemented as a level of care assessment.
- January 1, 2013 - June 30, 2013 was the CANS implementation period whereupon, CANS certified personnel would have a 6 month period to gain competency in administering the CANS and applying the information from the CANS into decision making regarding the child's level of care and case planning.
- July 1, 2013 began the official CANS start date.



# Assessments

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**25.4%** of youth who were removed from home and first placed in congregate care, specialized foster care, or semi-independent living (7/1/2013 – 3/15/2014) and remained in that placement for 45+ days, had a CANS administered (7/1/2013 – 5/1/2014)



# Assessments

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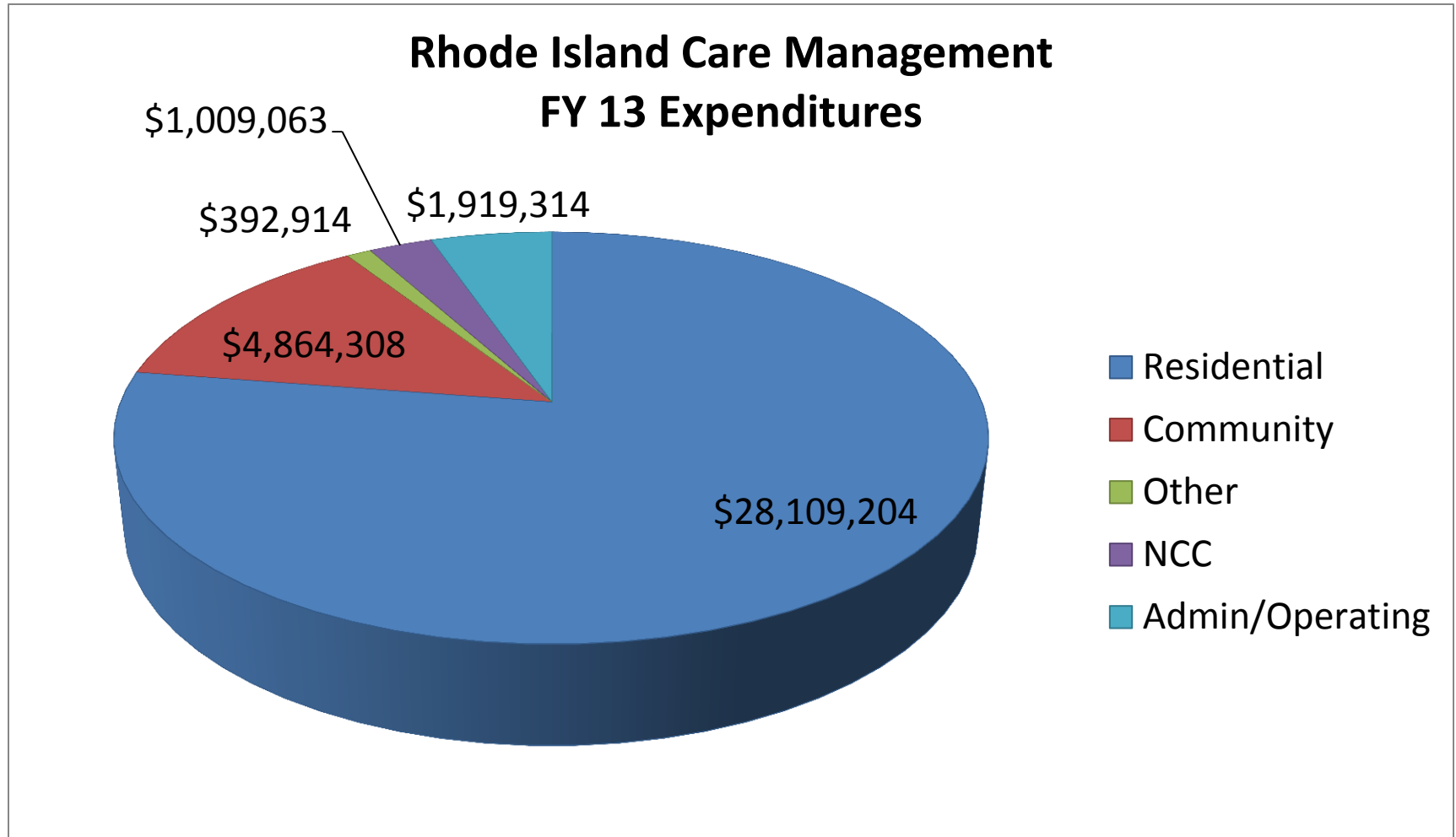
- Expand on work with Annie E. Casey Foundation to improve all aspects of assessments during intake and service delivery process
- Review national best practices to strengthen service delivery and improve outcomes for children and families
- Expand use of appropriate assessments for all aspects of placement decision making

# Finance and Budget

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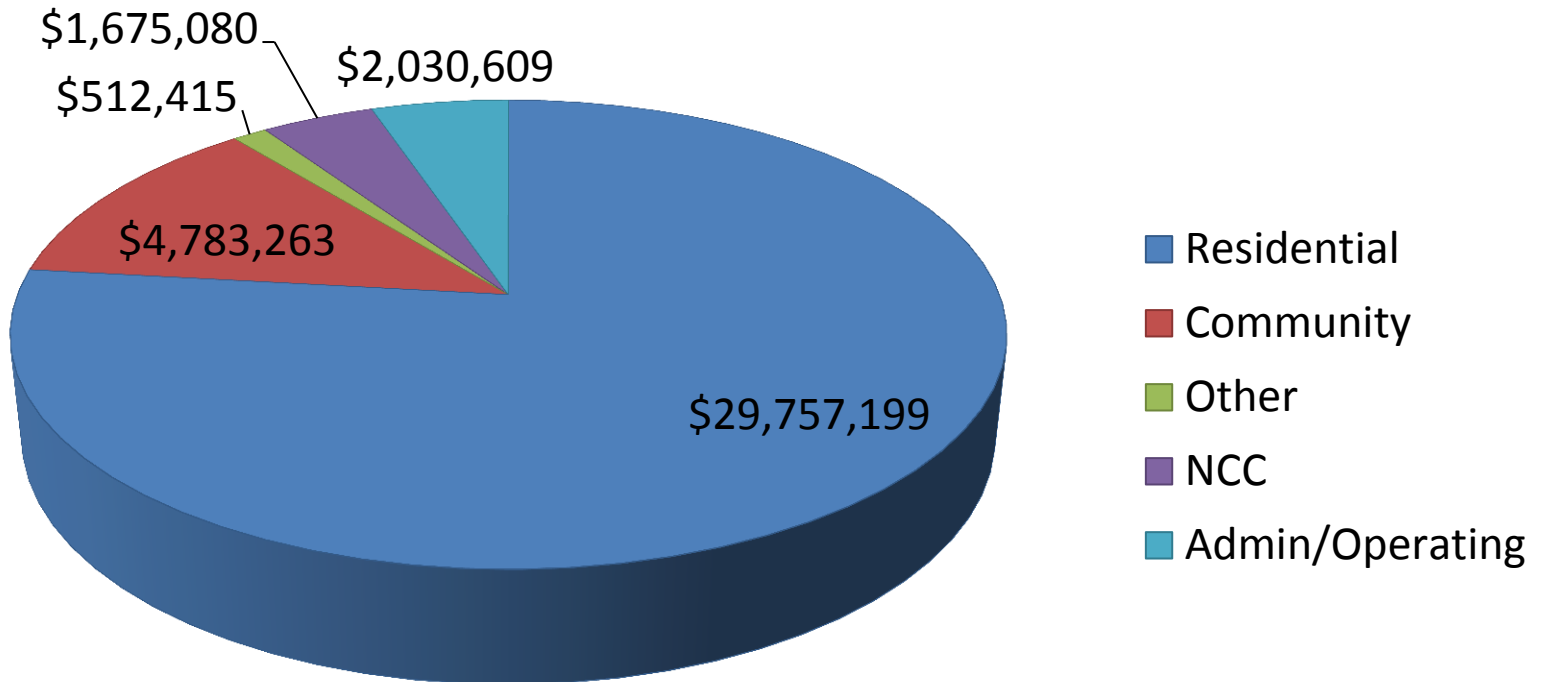
- Review and develop an amended FY15 and FY16 budget that provides options for consideration on implementing the System of Care in the most efficient, cost-effective way to ensure the safety and well-being of our vulnerable children and families.
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# Finance & Budget

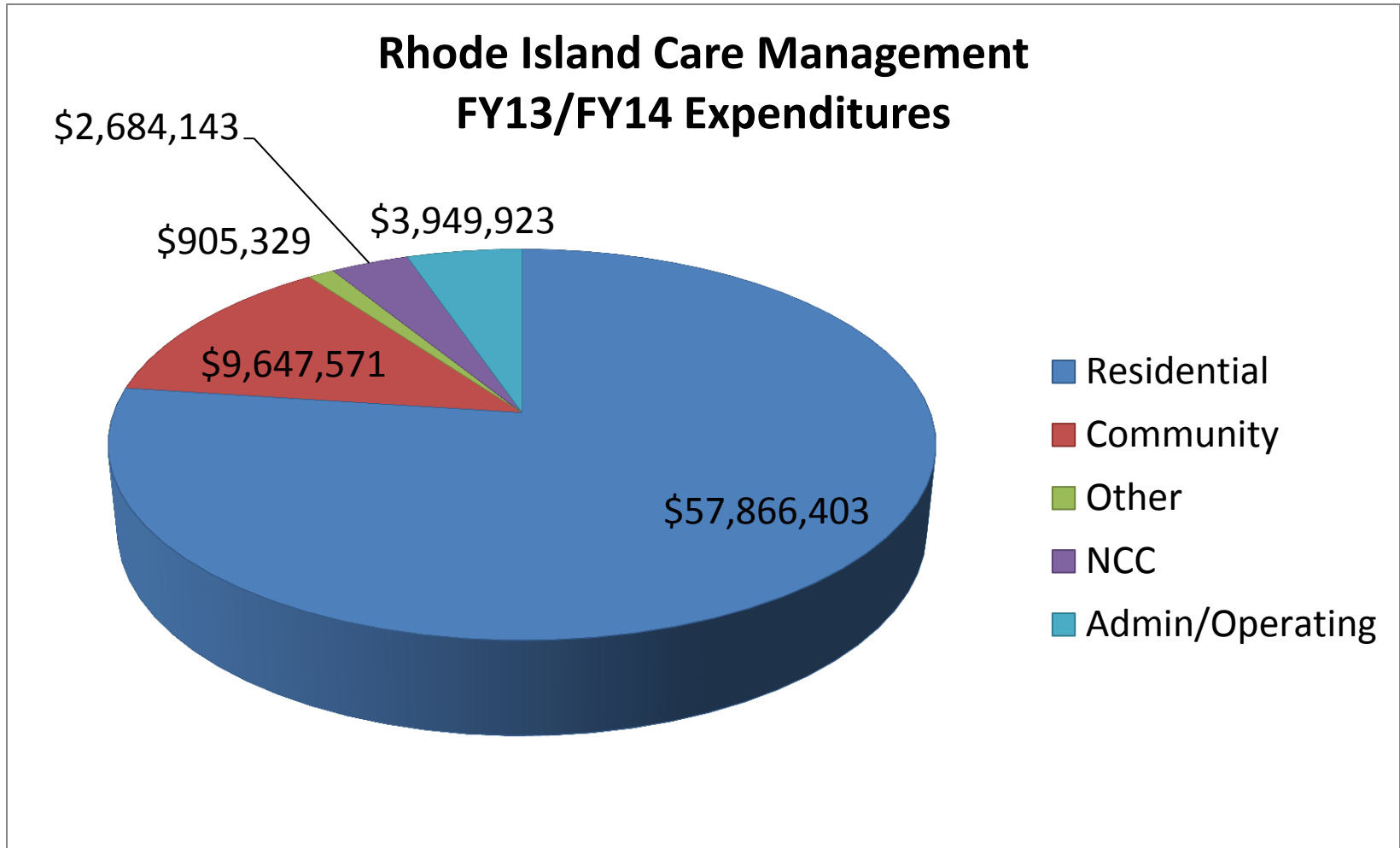


# Finance & Budget

**Rhode Island Care Management  
FY 14 Expenditures**



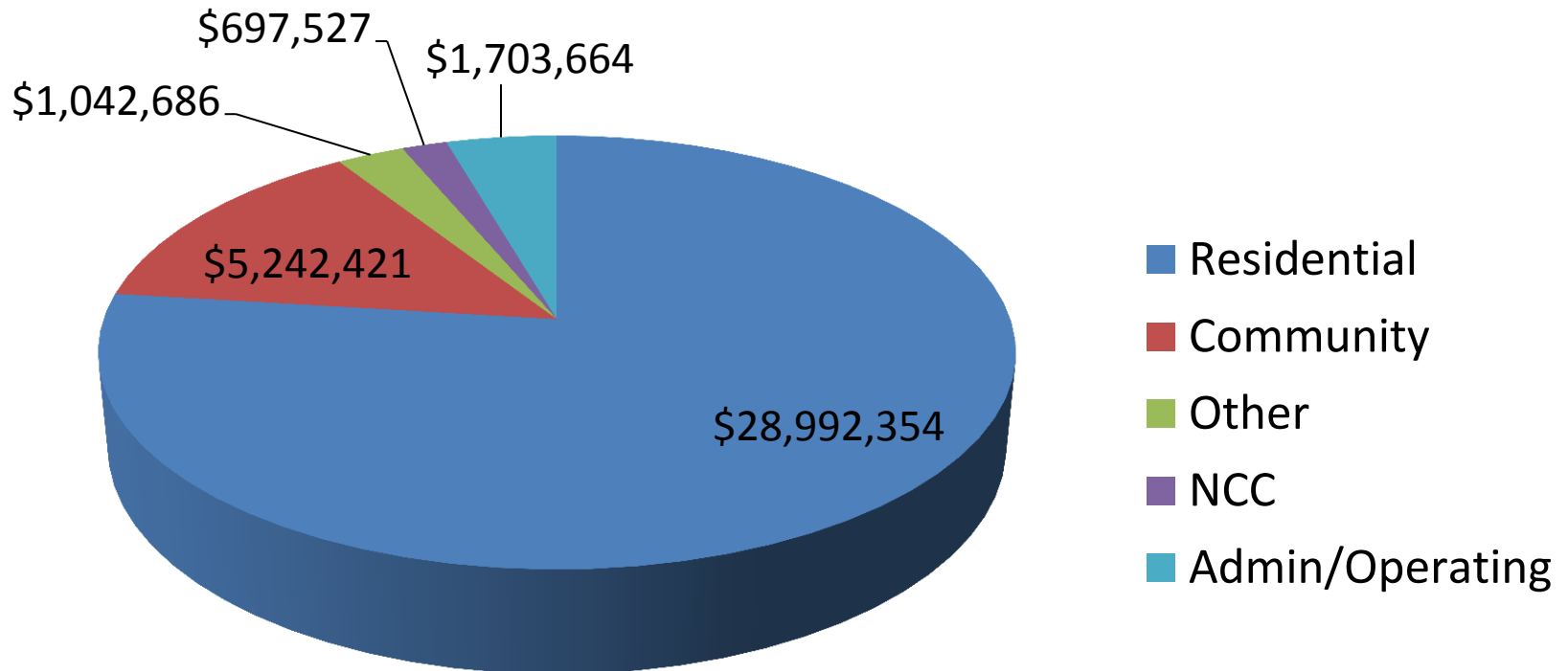
# Finance & Budget



# Finance & Budget

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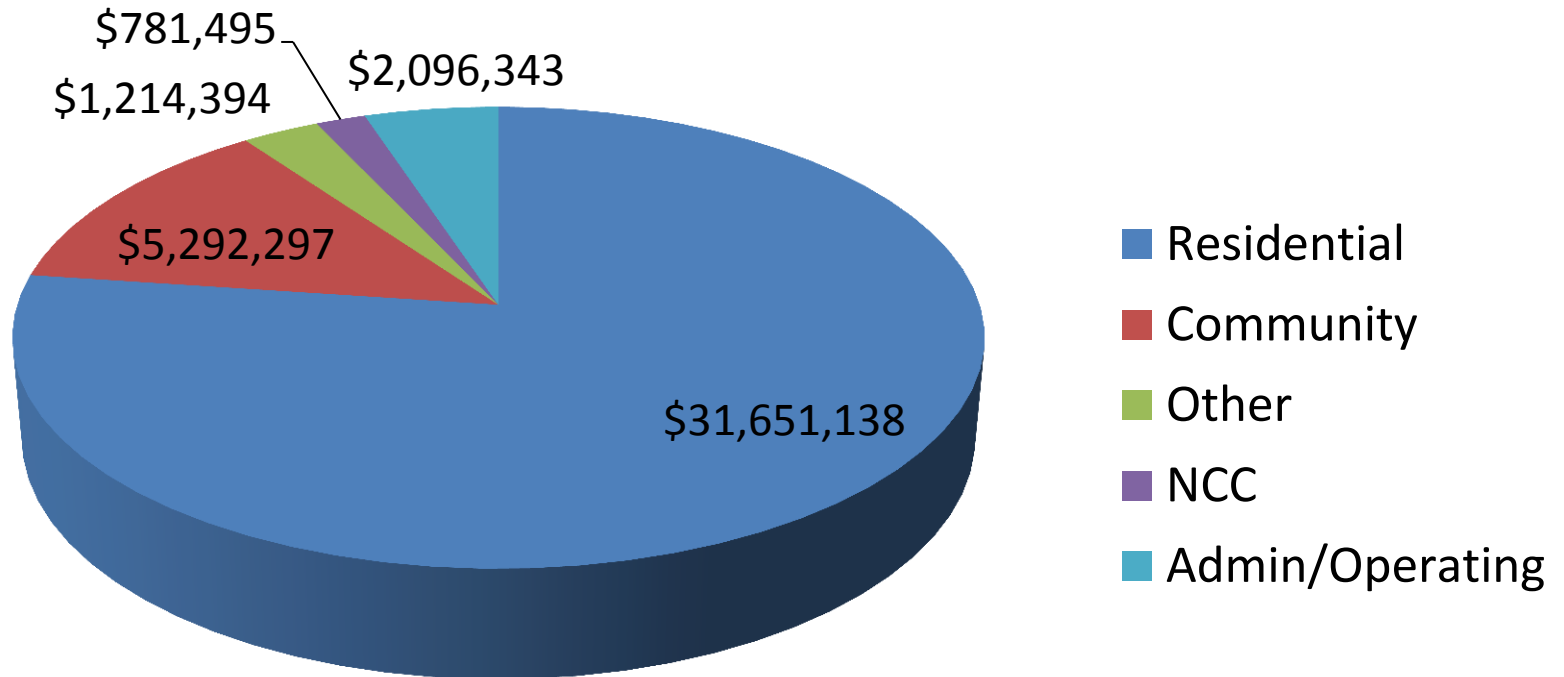
## Ocean State Network FY 13 Expenditures



# Finance & Budget

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## Ocean State Network FY 14 Expenditures

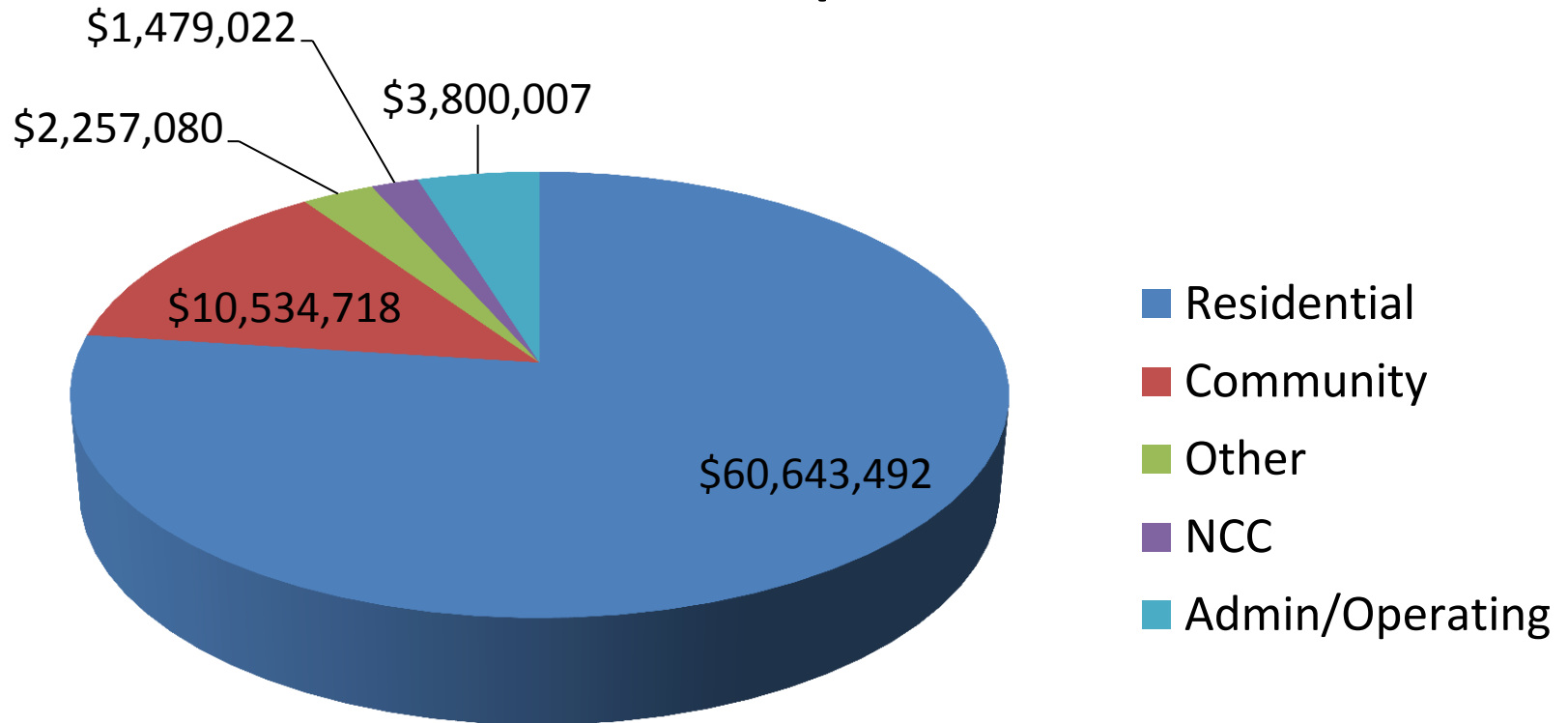




# Finance & Budget

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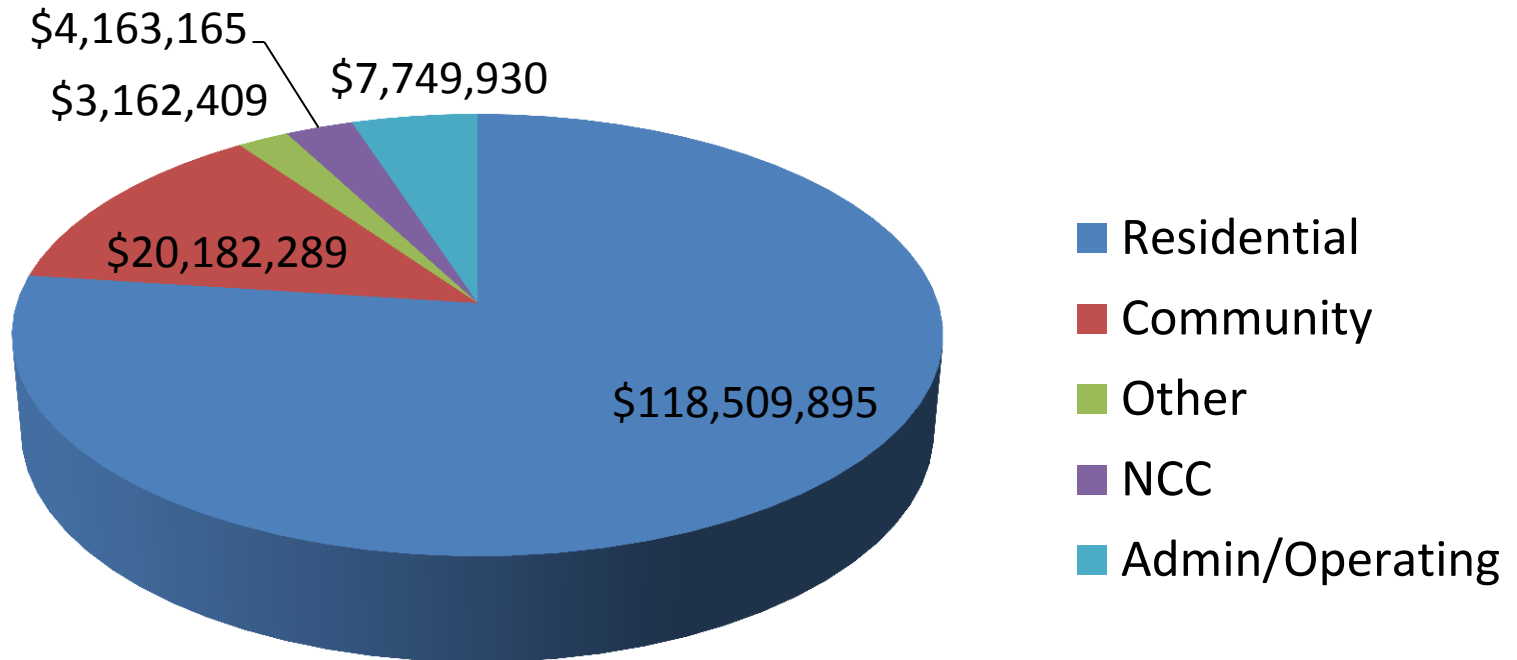
## Ocean State Network FY 13/FY 14 Expenditures



# Finance & Budget

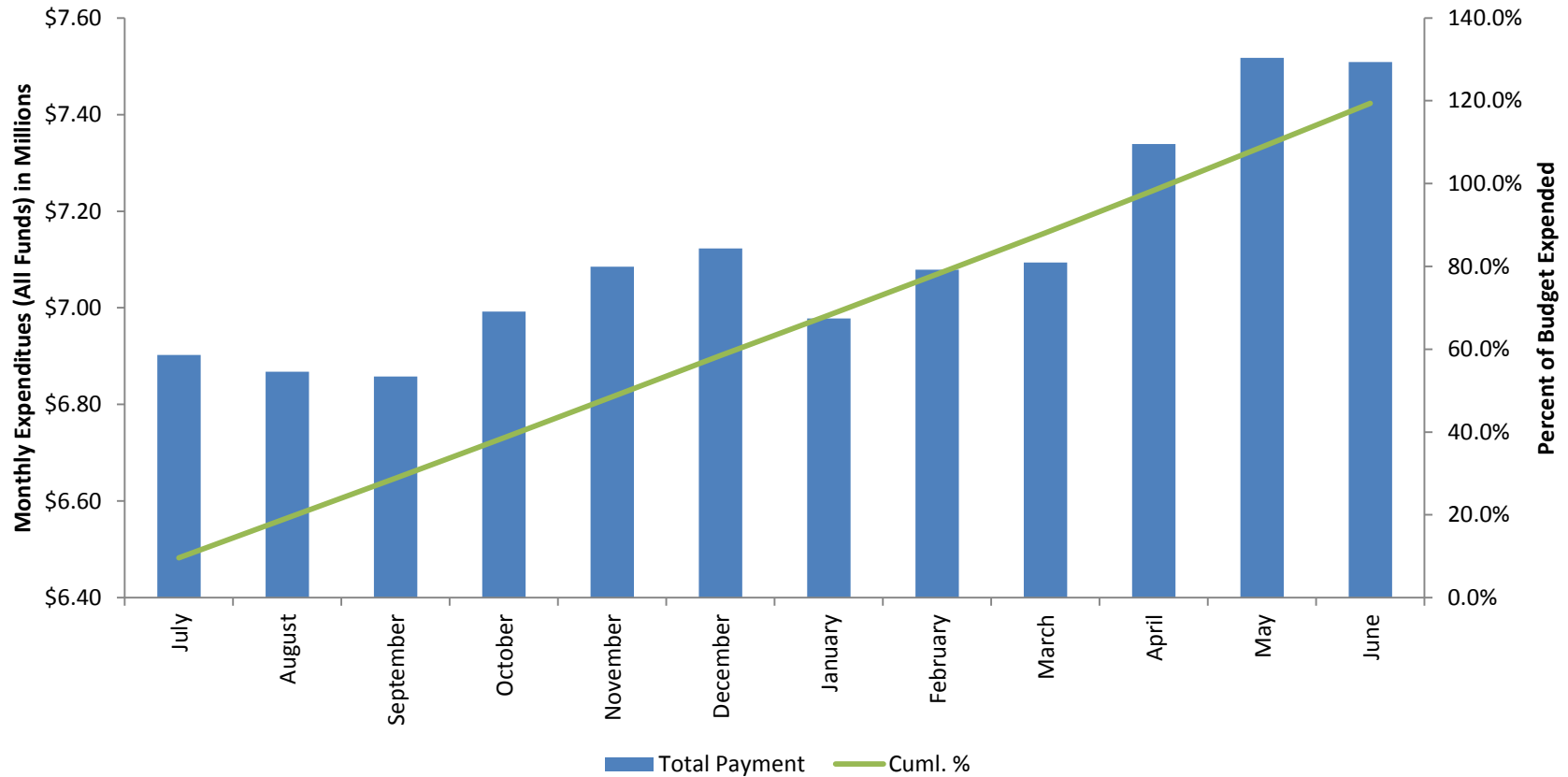
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## Total Expenditures for both Network Contracts FY13 & FY 14



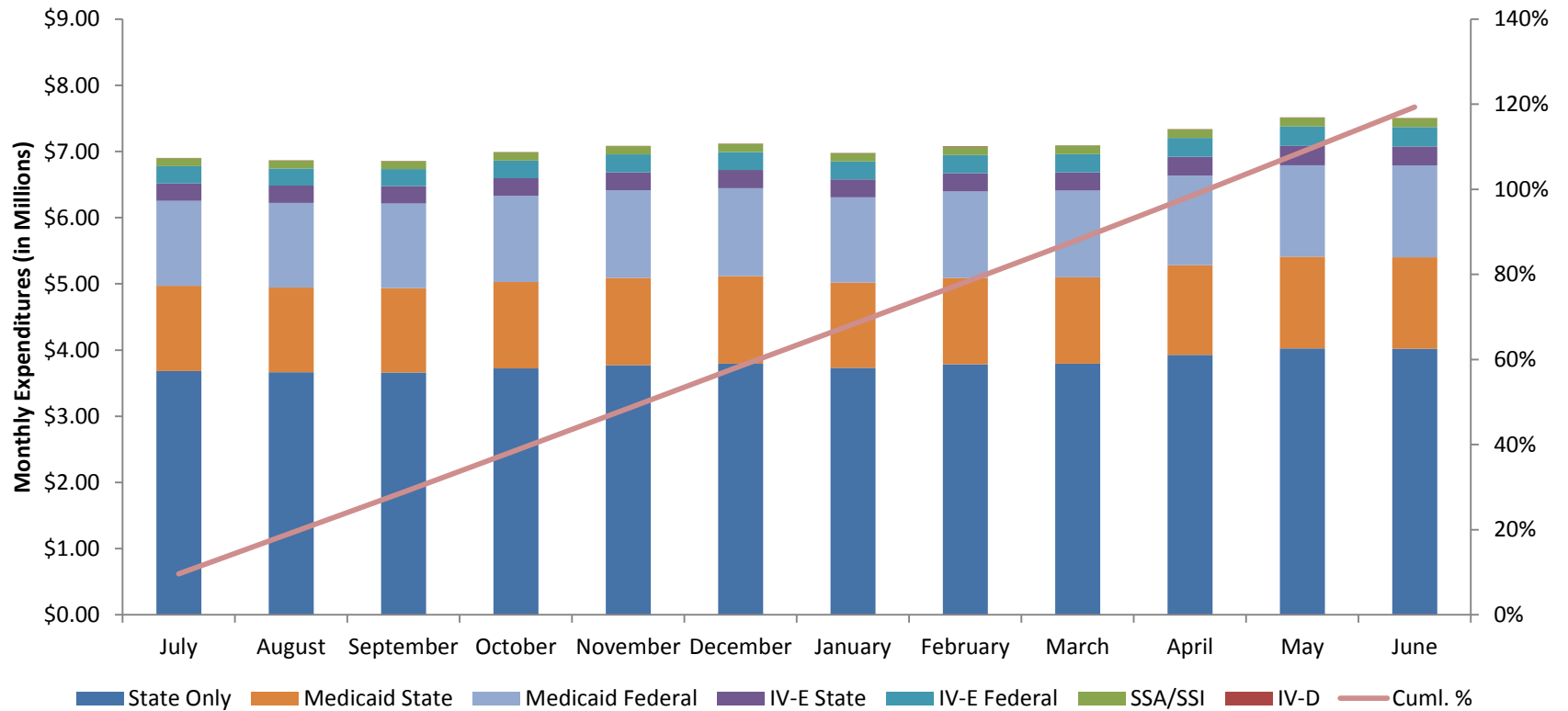
# Finance & Budget

## System of Care - FY 2015 Estimated Expenditures By Month



# Finance & Budget

## System of Care - FY 2015 Estimated Expenditures By Month and Fund Source



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- Continue evaluation of current contract
- Identify areas of improvement
- Outline options for overall efficiencies, cost effectiveness and delivery of the System of Care