

DCYF

Healthy Children and Youth
Strong Families
Diverse Caring Communities

Summit on Improving Outcomes:
Procuring DCYF Services for
Children and Families

November 17-18, 2015

Summit on Improving Outcomes

Summit objectives and agenda

Where are we today?

Strategic priorities

Anticipated next steps

Discussion

Summit objectives

1. Generate input on DCFY strategy
2. Identify needed technical assistance

Question

1. What evaluation criteria should be used for scoring to ensure that the intended objectives / outcomes for children and families are addressed?

Agenda

Tuesday

- Agency priorities and performance
- What services and supports should DCYF purchase in order to improve outcomes for children and families?
- How and when should procurements take place?
- How should DCYF work to refer the right children and families to the right services and supports? What mechanisms will be in place to transition children and families out of DCYF care?
- How should DCYF and providers work together on outreach and education around service availability and delivery?

Agenda

Wednesday

- How should service providers be compensated for their work in a way that incentivizes strong performance?
- How should DCYF work with providers to continuously monitor and improve performance?
- What technical assistance is available to providers? What additional technical assistance opportunities would providers find helpful?
- Wrap up and next steps

Advisors

Annie E. Casey Foundation

Casey Family Programs

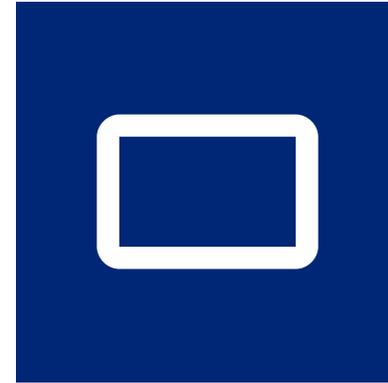
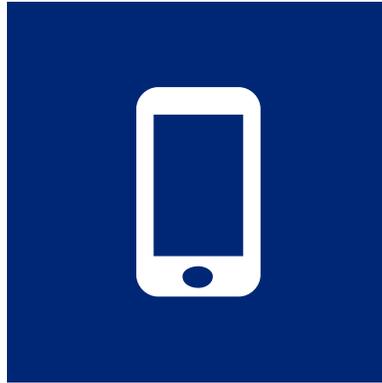
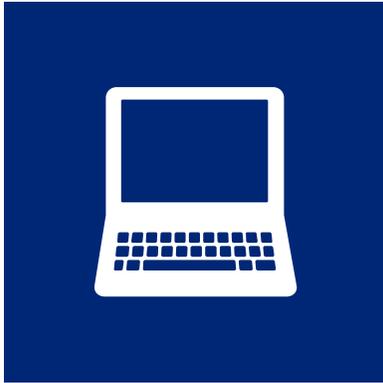
Deloitte Consulting

Government Performance Lab at Harvard

Kennedy School

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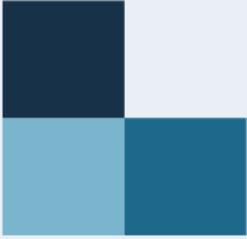
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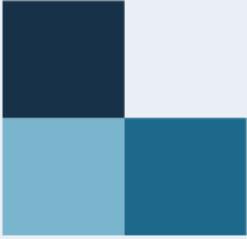
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Where are we today?

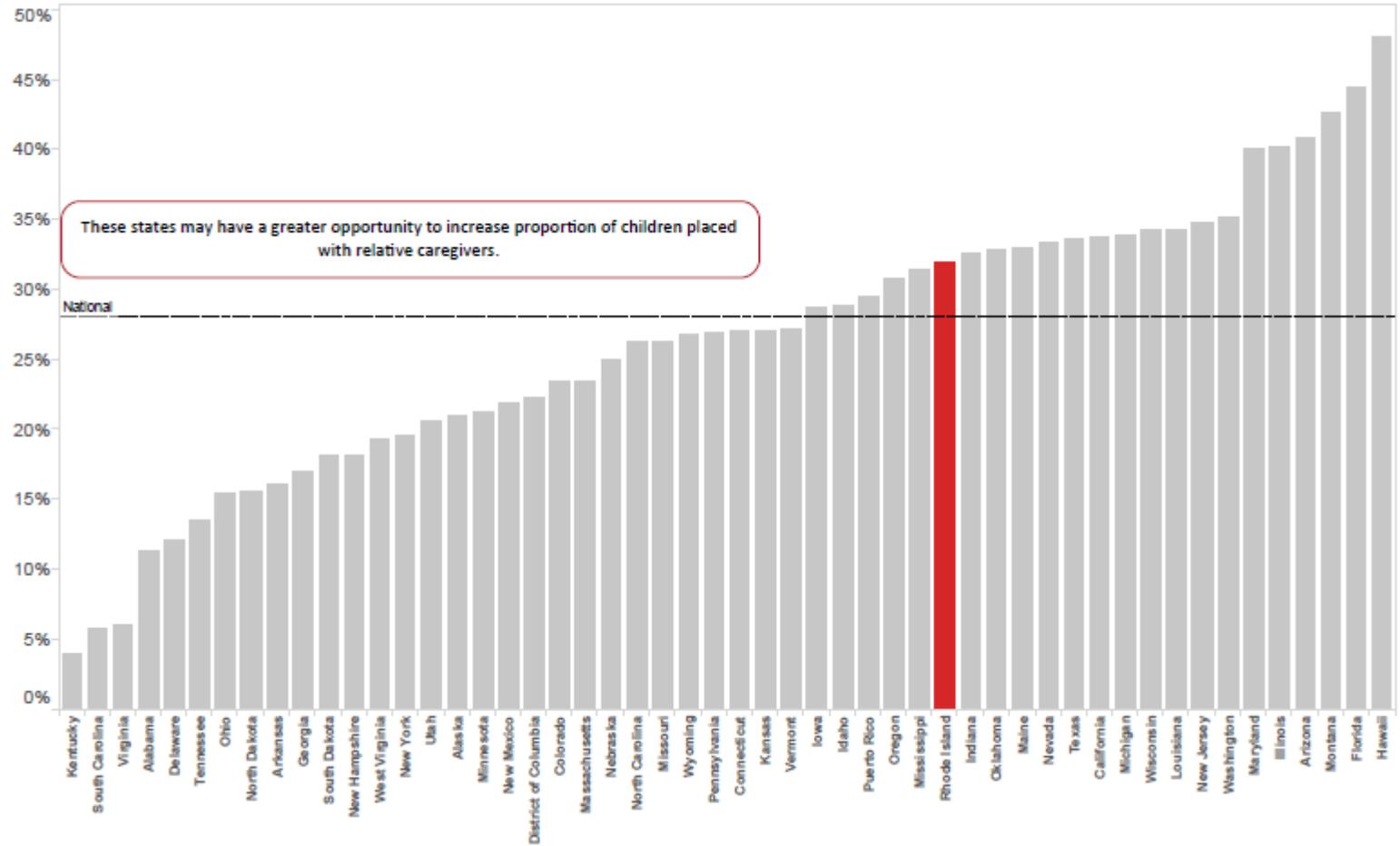
Strategic priorities

Anticipated next steps

Discussion

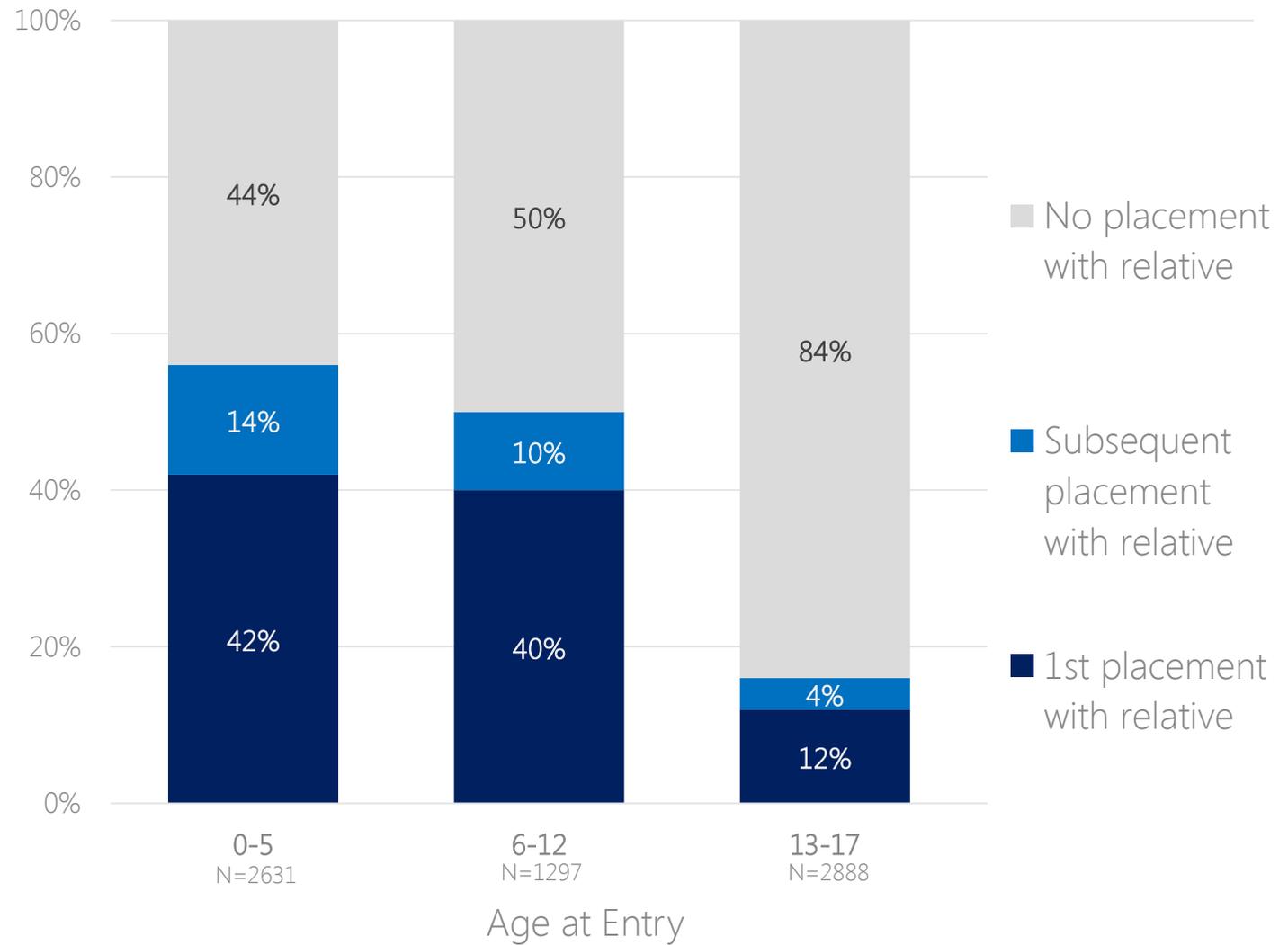
Kinship care

Of all the children (ages 0-17) in care on 9/30/13, what percent were living with a relative?



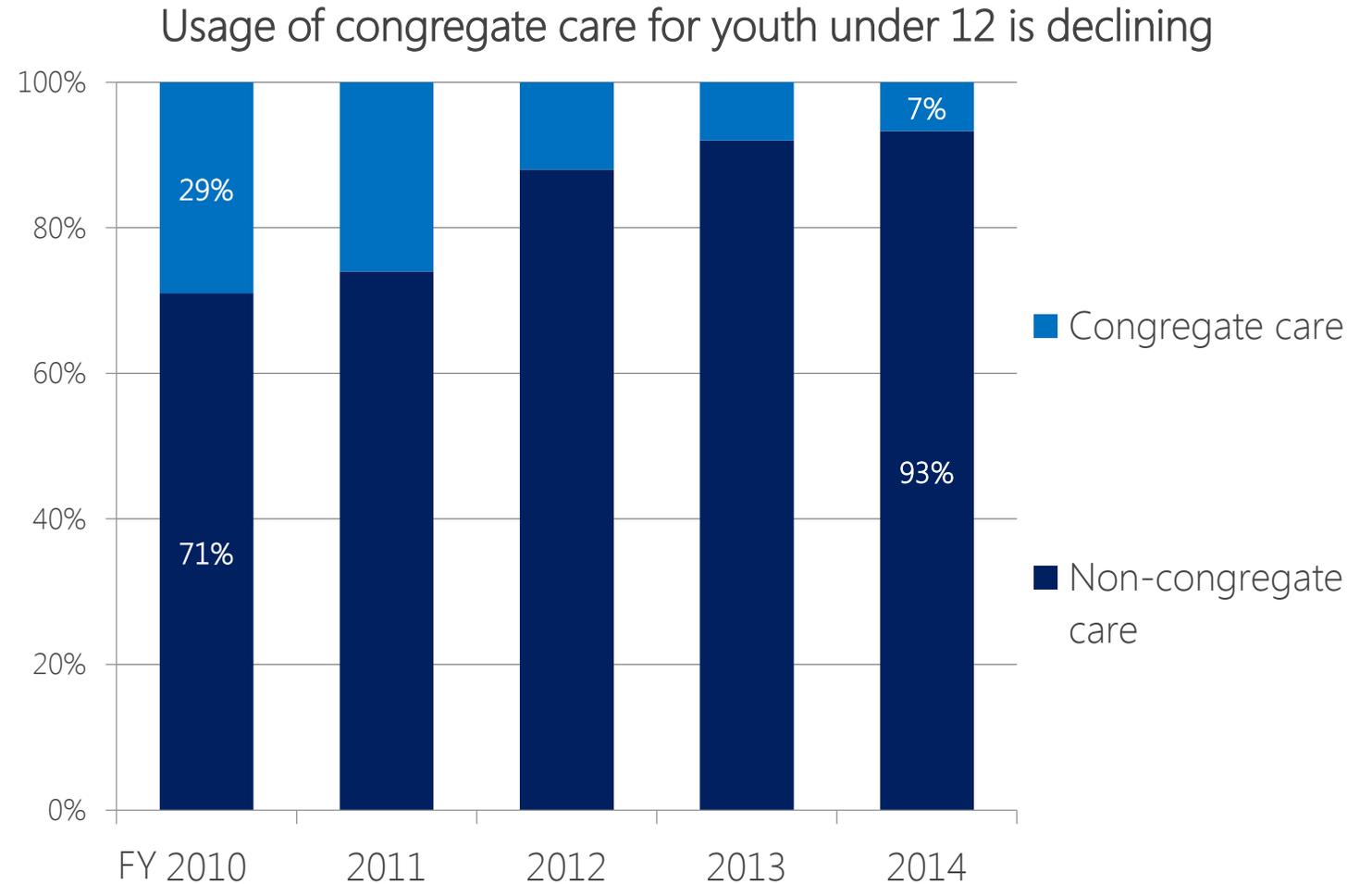
Source: National AFCARS data, 2013

Relative pathways for children entering care 2010-3/2015



Initial placement for youth entering care

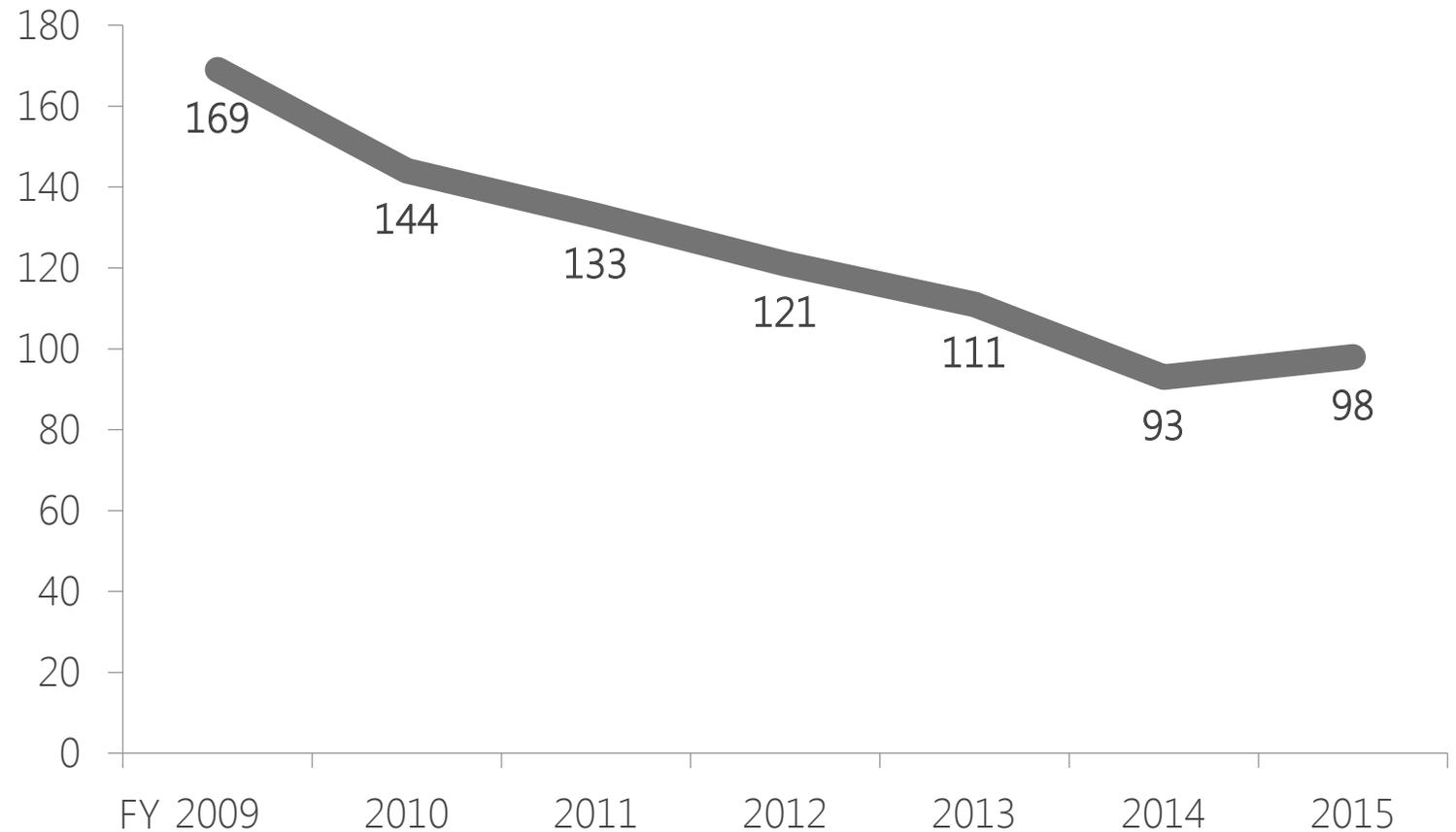
Children ages 0-11



Rhode Island Training School

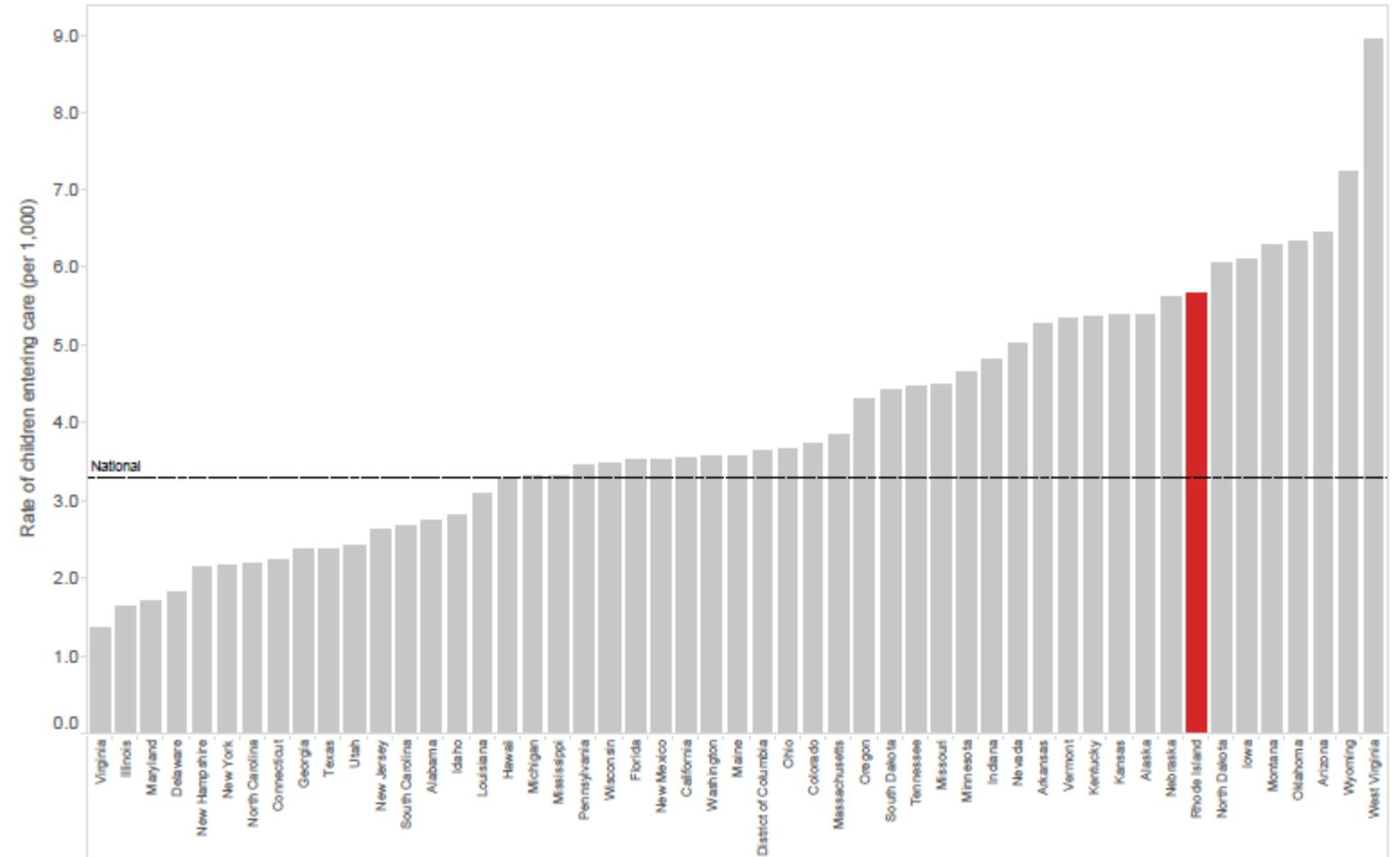
Average
monthly
census

RITS population has decreased 40% over the past five years



Removal rates

Entry Rates: An indicator associated with front end reduction strategies.

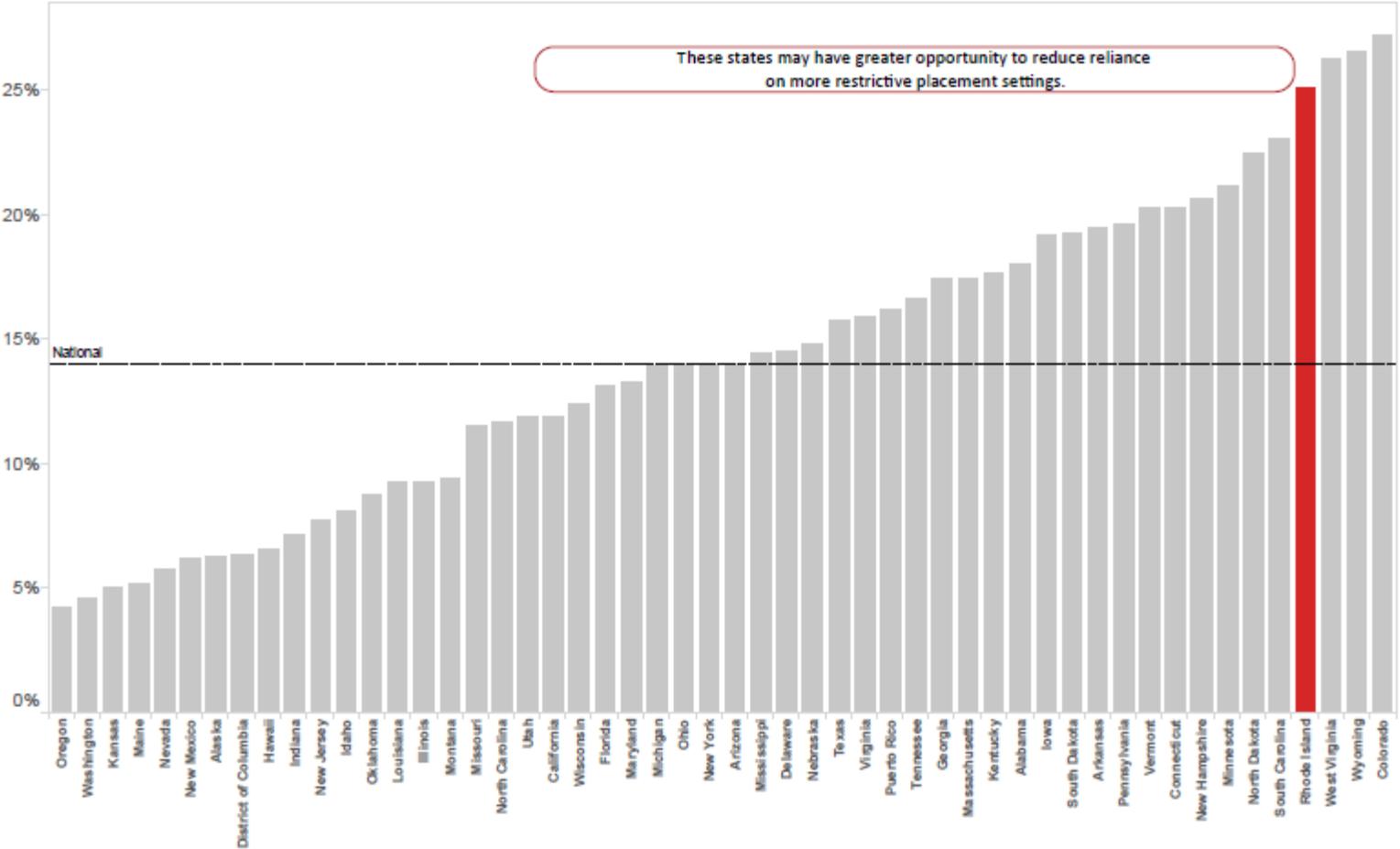


Are Rhode Island's children at higher risk?

	Rhode Island	United States
Children in Single-Parent Families	41%	35%
No Secure Parental Employment	34%	31%
Children in Poverty	22%	22%
Children without Health Insurance	5%	7%
Births to Teens (rate per 1,000)	17.7	26.5
Child Deaths (rate per 100,000)	9	16
Teen Deaths (rate per 100,000)	34	45

Congregate care rate

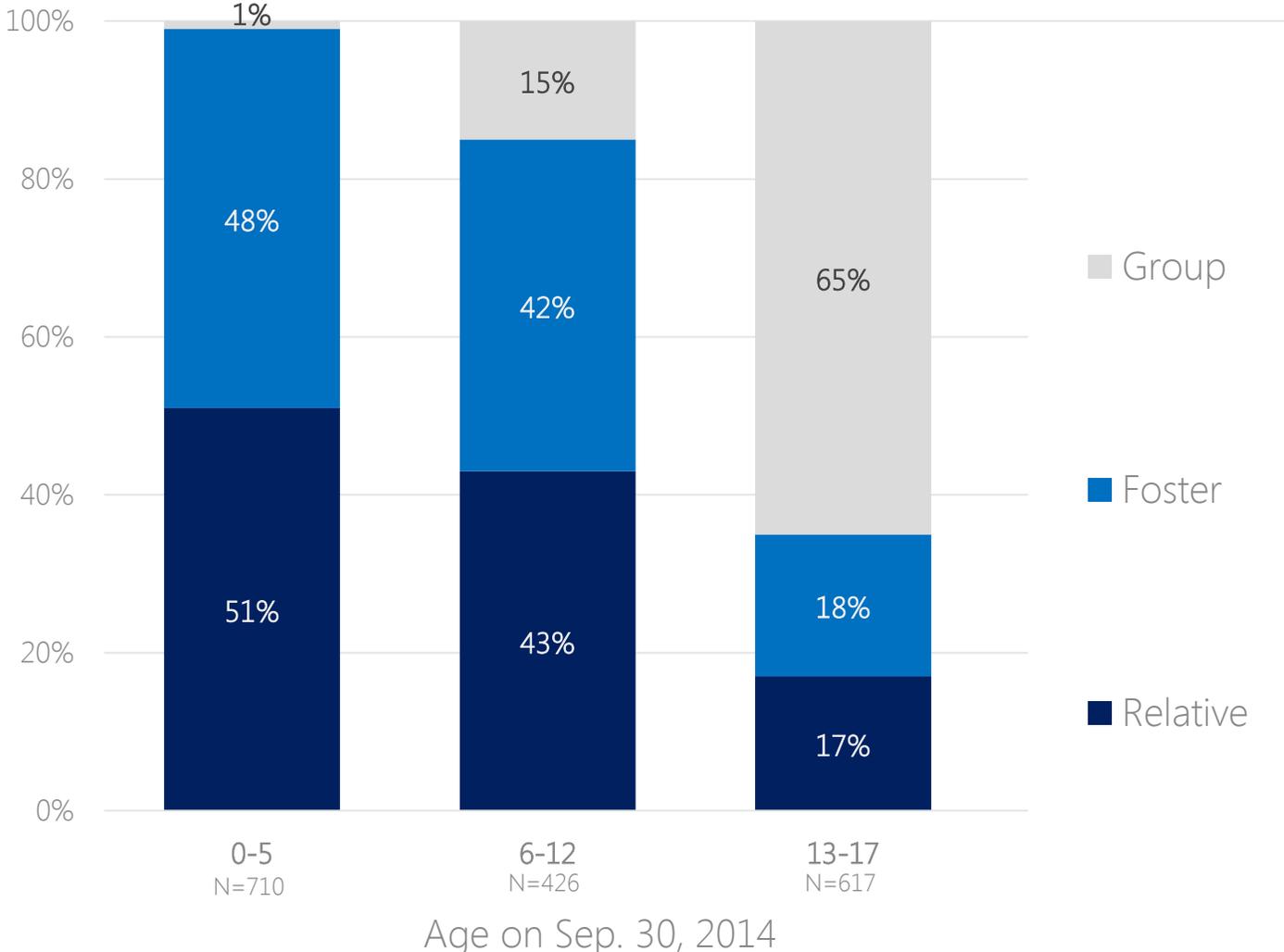
Of all the children (ages 0-17) in care on the last day of the fiscal year, what percent were placed in congregate care setting?



Source: National AFCARS data from NDACAN, 2013

Placement setting for children in care

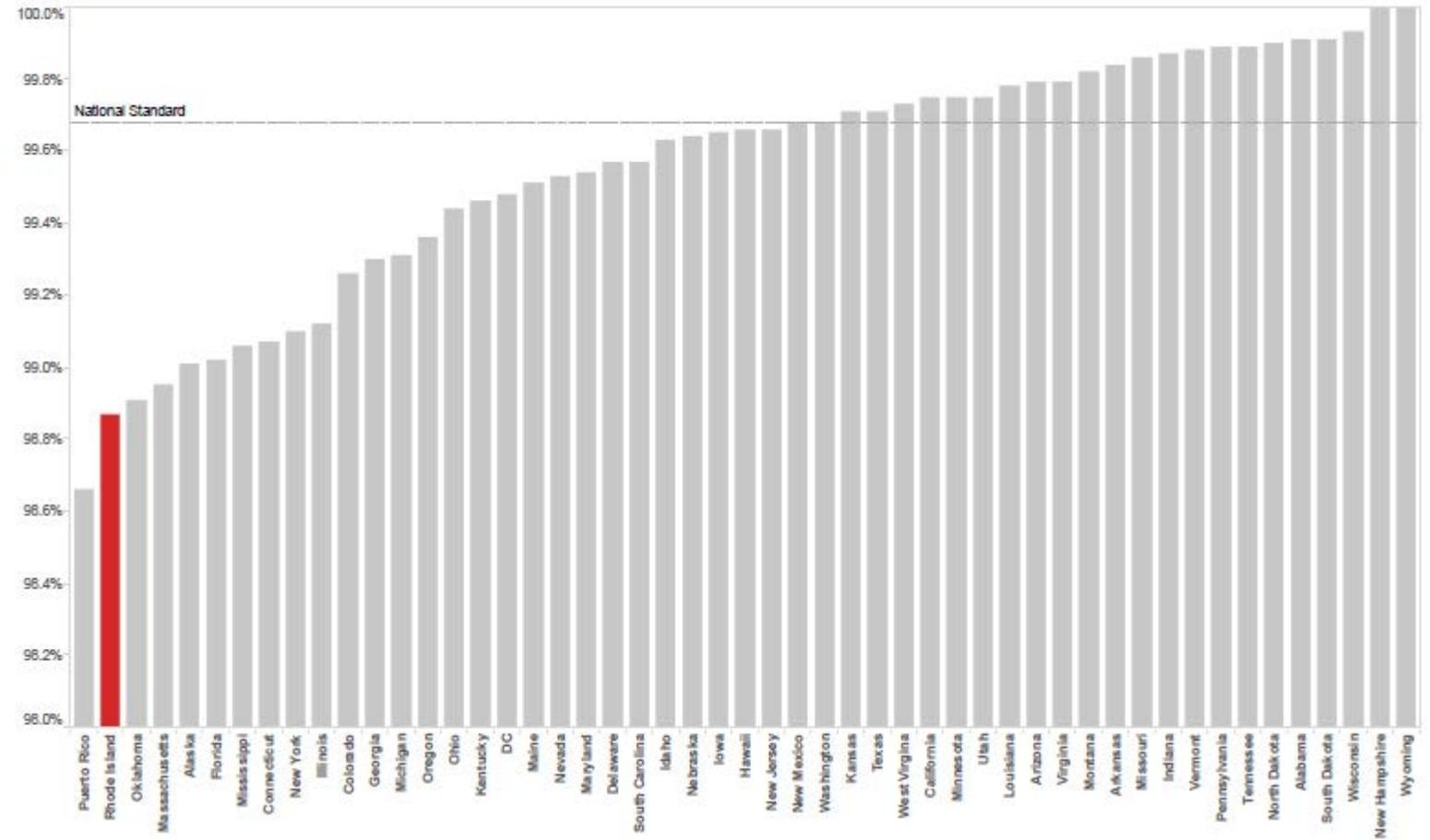
9/30/2014



Source: RI Entry Cohort Longitudinal Database, based on AFCARS A/B File Submissions and RICHIST Placement data

Absence of maltreatment in care

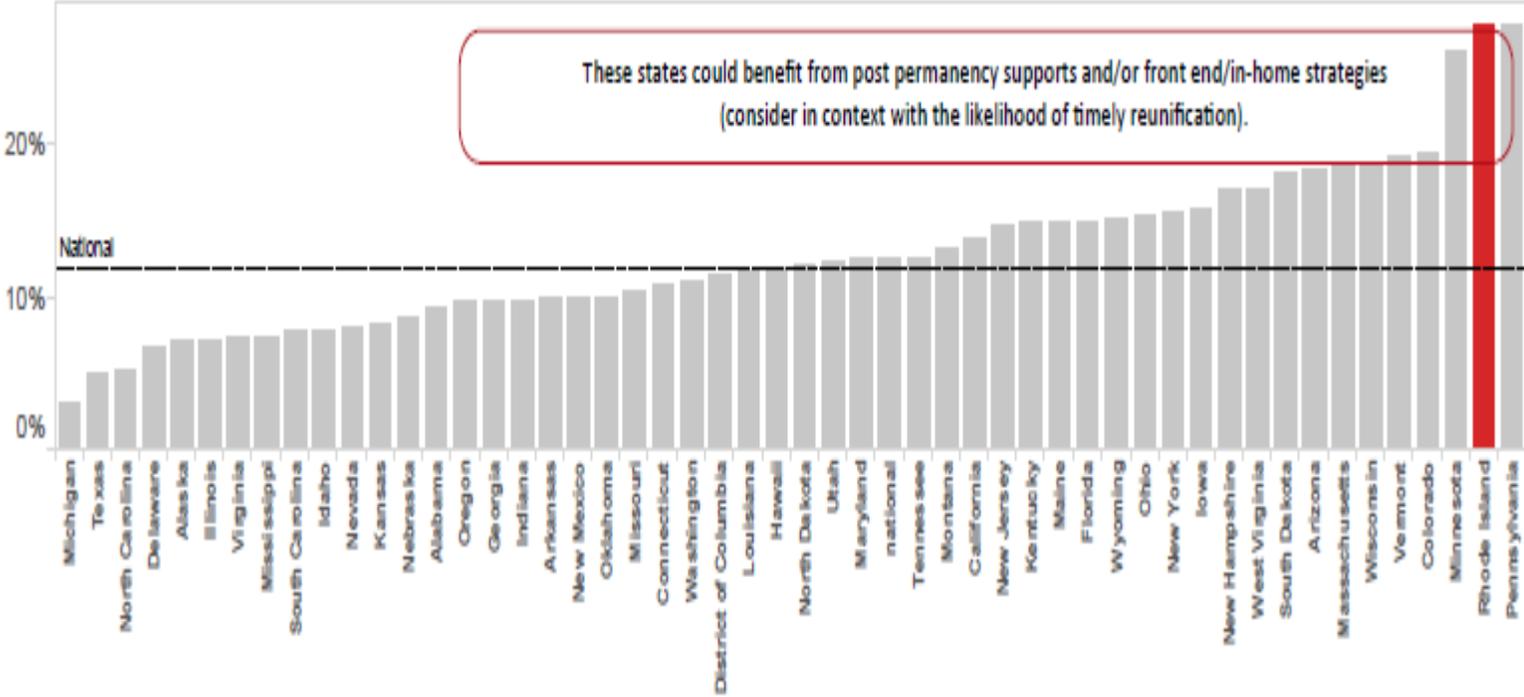
Of all children in foster care during the reporting period, what percent were not victims of a substantiated or indicated maltreatment by foster parents or facility staff members?



Re-entry into care within 12 months

Re-Entries (2013):

CFSR Measure C1.4: Of all the children reunified, what % re-enter care within 12 months of reunification?



Source: Children's Bureau Outcomes Report Data (<http://cwoutcomes.acf.hhs.gov/data/overview>), 2013

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Summit objectives and agenda

Where are we today?

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Strategy formulation

Guiding principles

1. Provide the right service, at the right time, at the right cost to our children and families
2. Ensure competence, accountability, and professionalism at all levels of our agency
3. Improve employee engagement to raise morale and productivity
4. Utilize data to inform decision-making
5. Innovate in all areas of our agency

Strategic plan

1. Improve overall services to children and families through data-driven decision making and innovation
2. Streamline and improve day-to-day operational efficiency
3. Implement stronger financial controls

Strategic plan

1. Improve overall services to children and families through data-driven decision making and innovation

- Safely reduce reliance on congregate care
- Increase use of kinship and foster homes when placement is necessary
- Ensure child safety and placement stability across all living arrangements
- Support families safely within their homes
- Provide appropriate education and vocational services for residents of the Rhode Island Training School

Strategic plan

2. Streamline and improve day-to-day operational efficiency

- Support DCYF staff to streamline process, improve efficiencies, and provide better service to the populations we serve
- Improve workforce retention, competencies, and consistency in practice
- Support all functions of the agency by providing timely and accurate data and analysis to inform decision-making and policy development
- Ensure a secure, efficient, and adaptable technology platform that improves the overall performance and functionality of the agency

Strategic plan

3. Implement stronger financial controls

- Provide sound financial and budgeting functions that support the agency mission while safeguarding against fraud, waste, and abuse
- Provide a standardized performance-based contract process that meets the changing needs of the agency
- Establish a robust contract compliance program to monitor vendor performance against contract deliverables

Policy and practice changes underway

- Expedited Permanency Meetings
- Director's Approval Process
- Exploring practices to improve how we make decisions about who enters care
- Improving financial management practices reflecting audit findings
- Laying the groundwork for better use of data to inform decision makers

Outreach

- Engagement with stakeholders as we design a new path forward
- Engagement with staff to understand their needs
- Incorporation of national best practices

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Discussion

Improving Outcomes for Children and Families

What services and supports should DCYF purchase in order to improve outcomes for children and families?

1. Family at risk of DCYF involvement	1A. Safely divert investigated families from subsequent DCYF involvement	1B. Identify and prevent at-risk families from DCYF involvement		
2. Child at risk of removal from family	2A. Safely prevent unnecessary entry into out of home care	2B. Divert youth from deeper juvenile justice involvement	2C. Treat mental and behavioral needs of children in their communities	2D. Serve distinct needs of special populations
3. Child requiring out of home placement	3A. Address acute youth barriers to return to family-based setting	3B. Stabilize and assess children requiring out of home placement	3C. Safely maintain children in family-based settings while driving to permanency	3D. Successfully transition justice-involved youth from RITS to community
4. Child in out of home care	4A. Support and equip resource families to serve youth in their homes	4B. Prevent disruptions from family-based settings	4C. Develop parenting capabilities and family resources required for reunification	
5. Child transitioning to permanency	5A. Facilitate re-entry from out of home care & sustain reunification	5B. Support successful transitions to adulthood	5C. Accelerate and sustain permanency when reunification is not an option	

Few families involved with FCCPs open to DCYF

Percent of FCCP families with discharge disposition reported as "Opened to DCYF"



Source: http://www.dcyf.ri.gov/docs/rifis/Reports/2015_RI_FamilyCareCommunityPartnerships_Q1_2_State_Final.pdf

1. At risk of DCYF involvement

2. At risk of removal from family

3. Requiring out of home placement

4. In out of home care

5. Transitioning to permanency

1. Family at risk of DCYF involvement

1A. Safely divert investigated families from subsequent DCYF involvement

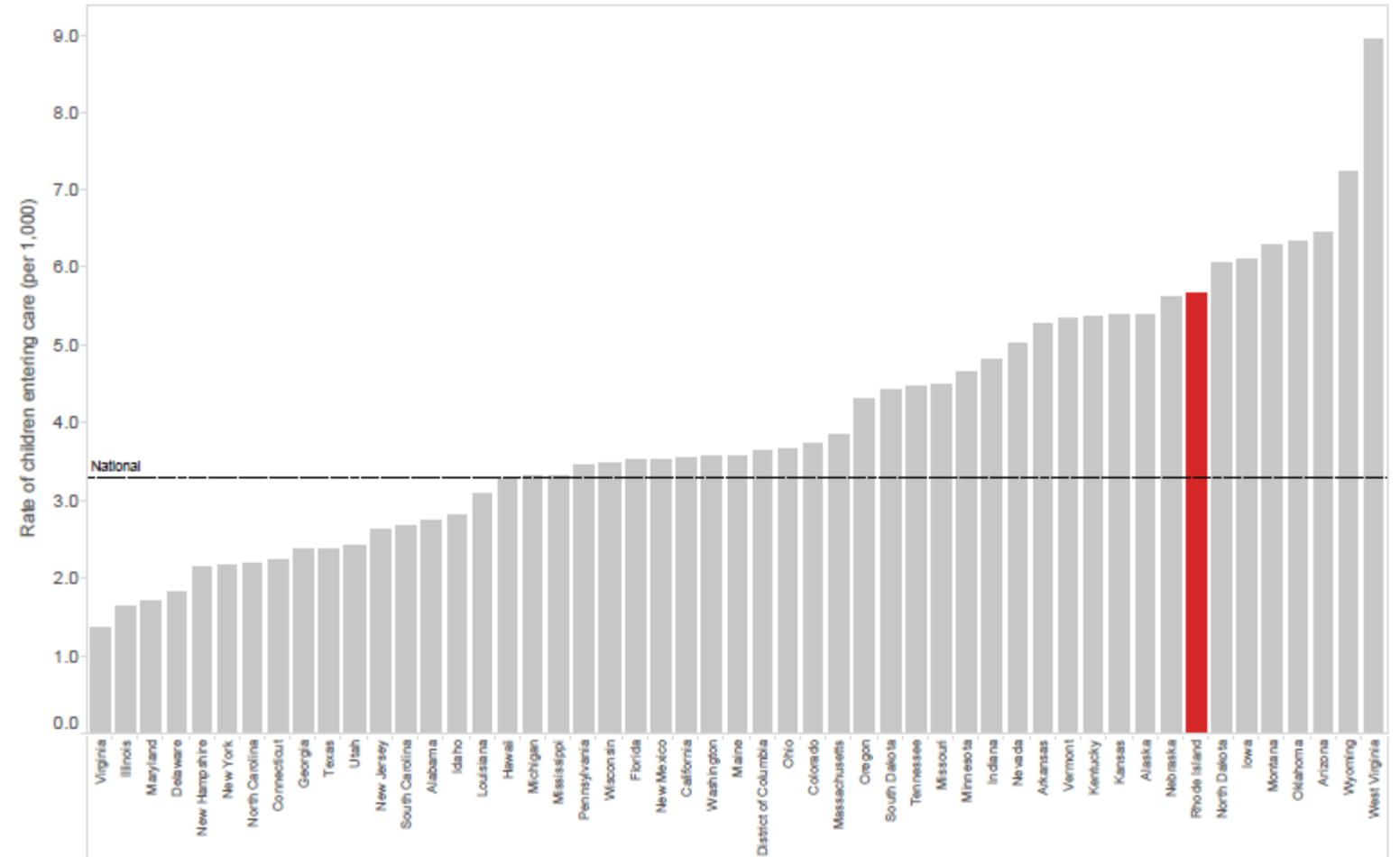
- Community-based services to support families that are at imminent risk of DCYF involvement absent additional services or supports and assessed by DCYF as not meeting the threshold for formal DCYF involvement, including those referred by Child Protective Services and Intake/Monitoring units.

1B. Identify and prevent at-risk families from DCYF involvement

- Community-based services to identify families at risk of DCYF involvement but who have not been identified by DCYF. May include identification of specific families, individuals, or groups at risk of involvement, community education and outreach, care coordination and goal setting, and connections to community-based services.

Removal rates

Entry Rates: An indicator associated with front end reduction strategies.



1. At risk of DCYF involvement

2. At risk of removal from family

3. Requiring out of home placement

4. In out of home care

5. Transitioning to permanency

2. Child at risk of removal from family

2A. Prevent unnecessary entry into out of home care

- Supports and services to help children and families develop the skills, resources, and natural supports that safely prevent unnecessary entries into out of home care.

2B. Divert youth from deeper juvenile justice involvement

- Supports and services that divert youth from deeper penetration into the juvenile justice system and/or further involvement with DCYF.

2C. Treat mental and behavioral needs of children in their communities

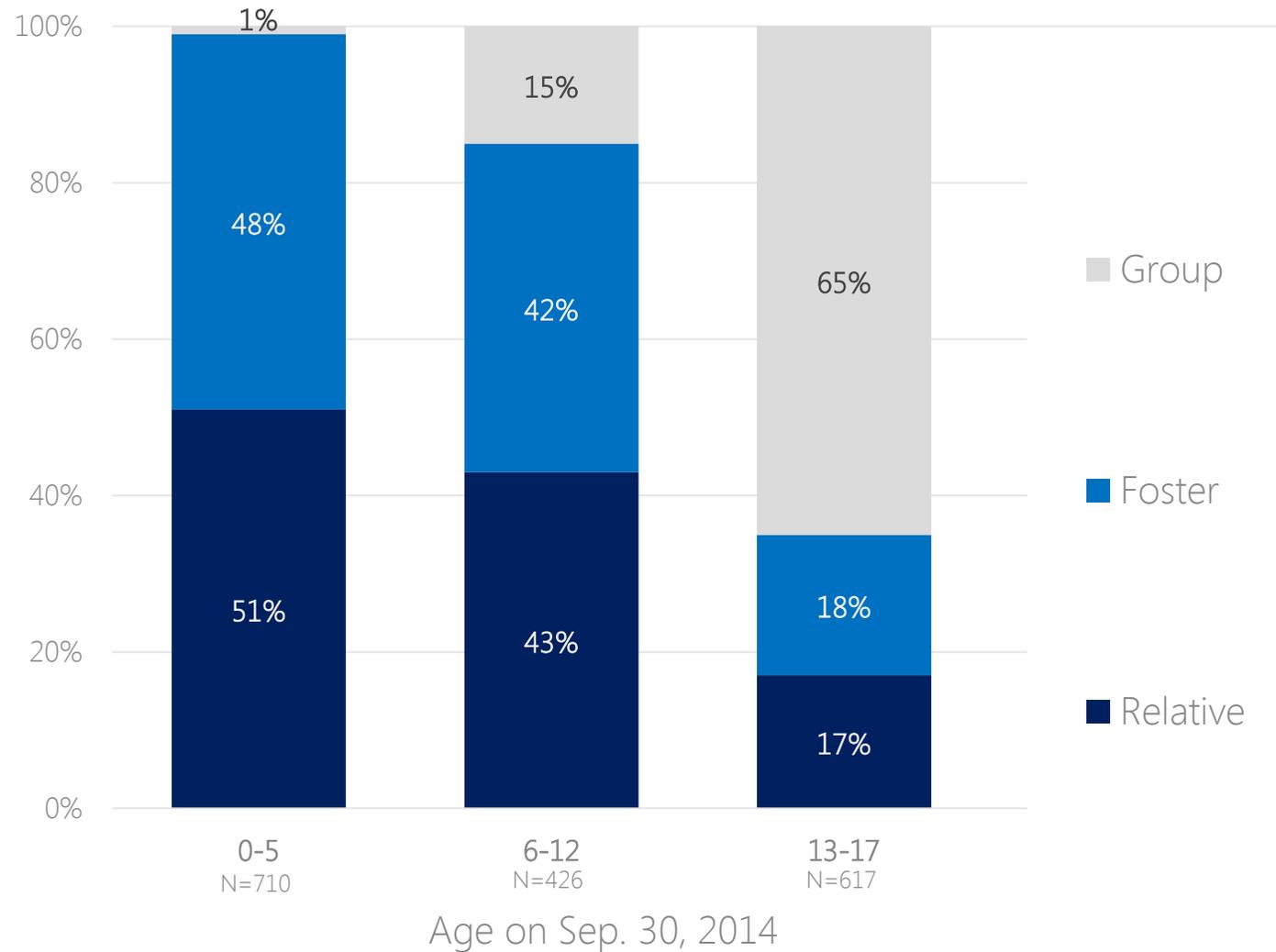
- Clinical treatment for youth struggling to cope with significant psychiatric problems, histories of trauma, serious emotional disturbances (SED), and/or other mental or behavioral health needs.

2D. Serve distinct needs of special populations

- Supports and services for youth with development disabilities, youth who have committed or are victims of a sexual offense, youth with complex medical needs, youth identifying as LGBTQQI, human trafficking victims, and other youth with distinct needs.

Placement setting for children in care

9/30/2014



3. Child requiring out of home placement

3A. Address acute youth barriers to return to family-based setting

- Short-term placement and treatment services for children with acute mental or behavioral health needs such that they have been unable to thrive in a home-like setting

3B. Stabilize and assess children requiring out of home placement

- Short-term services for children in immediate need of placement, stabilization, and assessment of needs.
- Provider should be well-positioned to move children to a more appropriate treatment or placement setting rapidly.

3C. Safely maintain children in family-based settings while driving to permanency

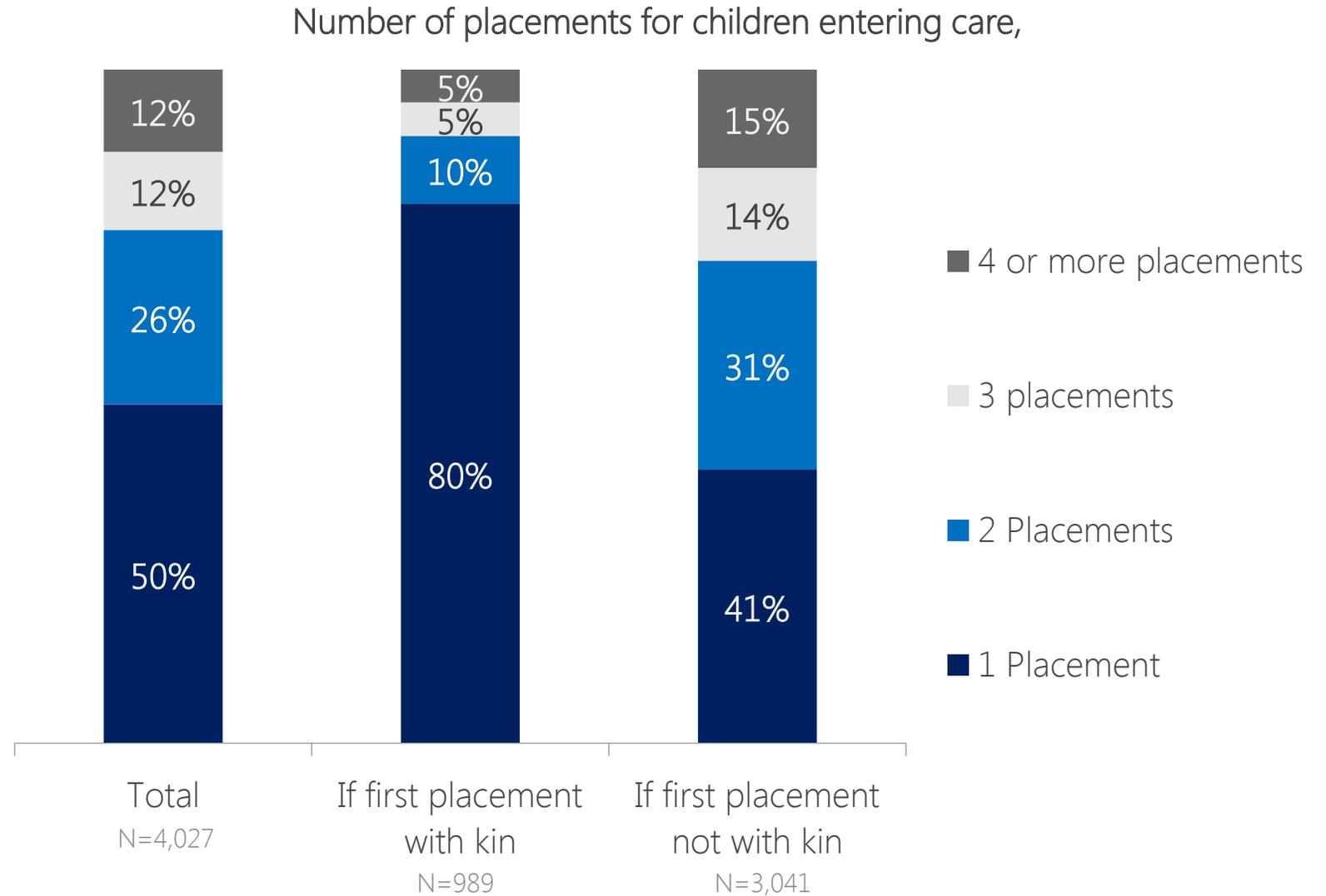
- Out-of-home family-based clinical care by foster parents with specialized training to care for children and adolescents with significant emotional, behavioral, or social issues or medical needs.

3D. Successfully transition justice-involved youth from RITS to community

- Placements and services for children successfully transitioning out of the Rhode Island Training School but not yet returning home.

Placement instability for children in care

FY10-12



4. Child in out of home care

4A. Support and equip resource families to serve youth in their homes

- Support services to resource families -- including kinship and foster parents -- and the youth in their care that support community placements of children with significant needs.

4B. Prevent disruptions from family-based settings

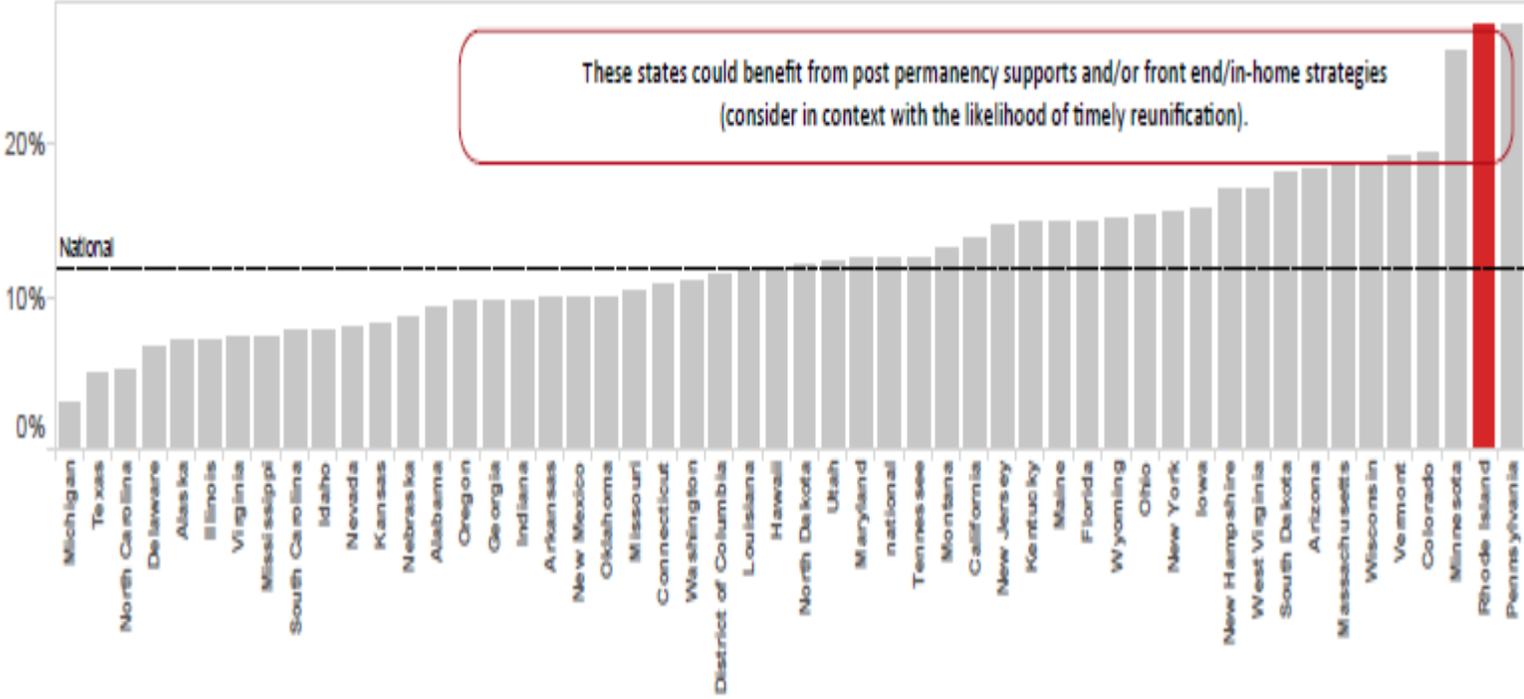
- Short-term, in-home, family-centered crisis intervention and resolution services for youth at home, with kin, or in foster home that safely prevent unnecessary changes in placement and enhance families' abilities to cope with crises (may include respite beds)

4C. Develop parenting capabilities and family resources required for reunification

- Services and resources that ready families with children in out of home care to safely begin a reunification process.
- May include parenting education and skill-building, clinical assessment, visitation supervision, transportation services, peer mentoring, and linkages to other services.

Re-entry into care within 12 months

Re-Entries (2013):
 CFSR Measure C1.4: Of all the children reunified, what % re-enter care within 12 months of reunification?



Source: Children's Bureau Outcomes Report Data (<http://cwoutcomes.acf.hhs.gov/data/overview>), 2013

5. Child transitioning to permanency

5A. Facilitate re-entry from out of home care & sustain reunification

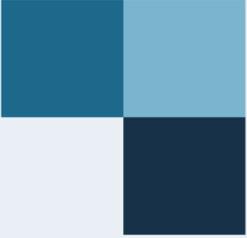
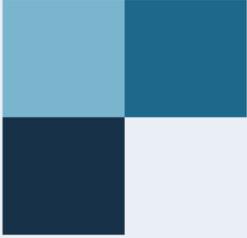
- Supports and services for families with children returning home from out of home care to facilitate transitions, help establish and maintain safe and nurturing home environments, and sustain behaviors necessary for maintaining permanency. Services may begin prior to planned return home.

5B. Support successful transitions to adulthood

- Individualized, youth-driven services and supports to prepare young adults to live independently, access available benefits, pursue post-secondary education, and sustain meaningful employment.

5C. Accelerate and sustain permanency when reunification is not an option

- Intensive and child-specific identification, recruitment, and engagement of foster, kin, adoptive, and/or natural supports, with a special focus on adolescent youth, youth who have been in care for an extended period, and youth for whom returning home is no longer an option.



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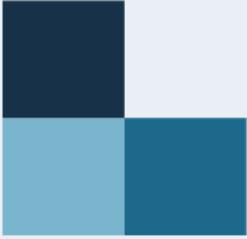
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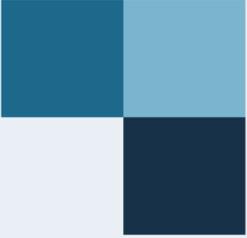
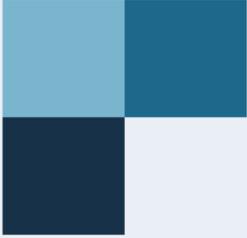
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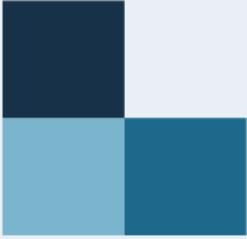
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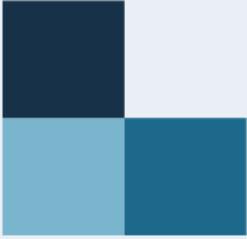
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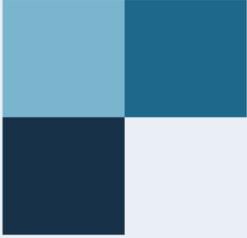
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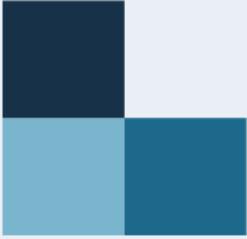
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Improving Outcomes for Children and Families

How and when should procurements take place?

Considerations

- Enabling forward-looking business planning for DCYF and service providers
- Balancing speed with realistic workflows
- Fostering innovation

Options

1. Procure the entire service array simultaneously
2. Begin with community-based services, followed by residential and foster
3. Mixed procurement approach, using approved vendor lists, formal contracts, and rolling basis procurements
4. Other?



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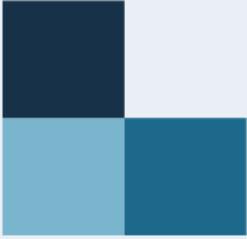
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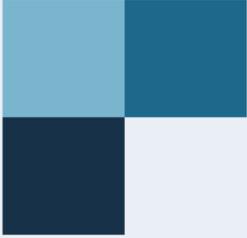
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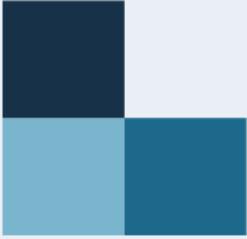
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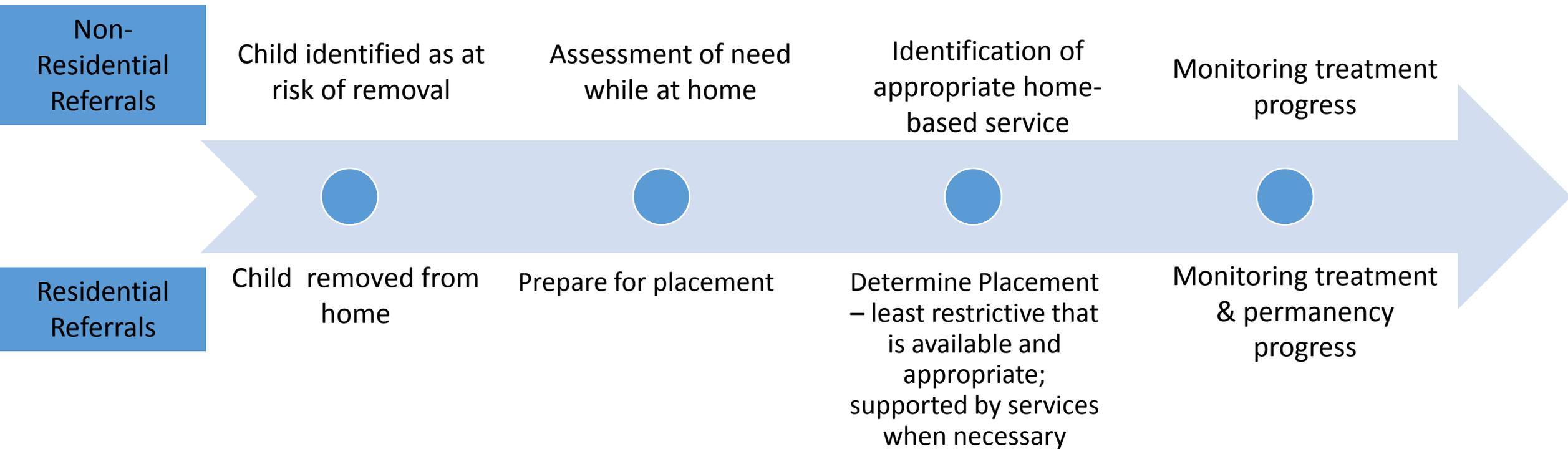
Improving Outcomes for Children and Families

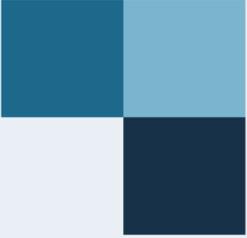
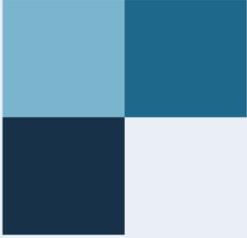
How should DCYF work to refer the right children and families to the right services and supports? What mechanisms should be in place to transition children and families out of DCYF care?

Guiding principles

- Family First
- Least Restrictive Setting
- Congregate Care Minimized
- Promote Well-Being
- Need, not Bed Space

Referral and placement process





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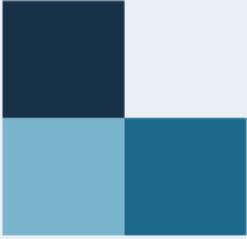
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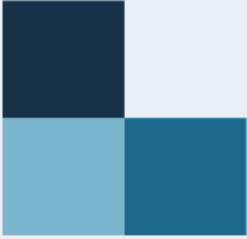
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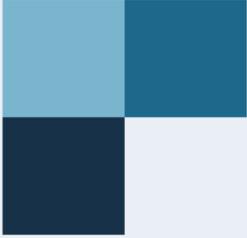
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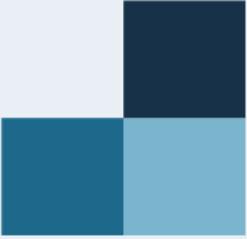
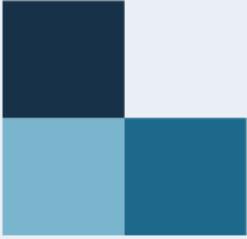
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Question

1. How should we design the placement process to best promote the goal of permanency? **PINK**
2. What is the best way to match children to services? **PURPLE**
3. How do we ensure that children are placed with the most supportive services in the least restrictive setting? **BLUE**

DCYF and providers interact across priorities and programs

Leadership and Strategic

- Sharing strategy, financial updates, educating staff, generating referrals
- Often raising awareness of services or improving collaboration
- Concerns around fairness, transparency, and status

Daily Operations and Case-Level

- Problem-solving, needs identification, maintaining safety and well-being for children and families
- Often between DCYF caseworkers and program staff
- Concerns around confidentiality, authority, and roles and responsibilities

Meaningful communication about service availability and delivery should be attentive to both strategic and case-level practice

Improving Outcomes for Children and Families

How should DCYF and providers work together on outreach and education around service availability and delivery?

Youth in Care

- Current
- Former
 - Adopted
 - Aged Out
 - Case closed

DCYF Stakeholders

- Caseworkers
- Unions
- Supervisors
- Probation
- RITS

Local Stakeholders

- Police
- Schools
- Local Gov.
- Advocacy Groups
- Faith Community

Courts

- CASA
- Public Defenders
- Attorney General
- Judicial Branch
- Office of the Child Advocate

Insurance Companies
(NHP, managed healthcare plans)

Media

DCYF Reform

Governor's Office

- OMB
- RI Children's Cabinet

Elected Officials

- State Legislature
- Senators & Reps

State Agencies

- RIDE
- EOHHS (& its agencies)
- BHDDH
- DOC
- State Police
- Higher Ed Agency
- Fusion Center

Outside Partners & Federal Agencies

- GPL
- AECF
- Pew
- ACF
- Casey Family Programs
- CWLA
- Universities
- FBI
- Philanthropy
- US Sheriff's Office

Service Providers

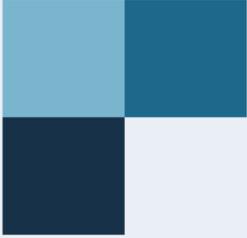
- Community Based
- Residential
- Non-DCYF Provider
- Hospitals (Hasbro, Braldehy)
- Advocacy
- Evidence Based Program HQs

Families

- Adoptive
- Biological
- Kinship Adoptive
- Foster (Treatment, Generic, Kin)

Guiding principles

- Educating providers, DCYF staff, and other stakeholders about changes to the service array or the way the continuum of care functions
- Communicating in a way that is ethical, equitable, and does not subvert the procurement process
- Staying focused on children's safety and stability in the midst of structural change and uncertainty



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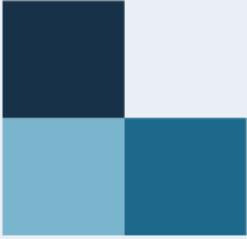
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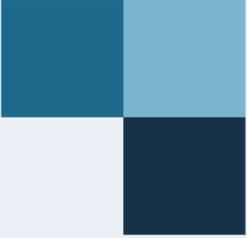
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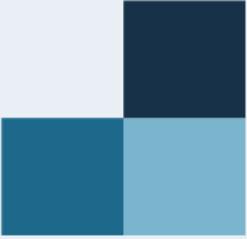
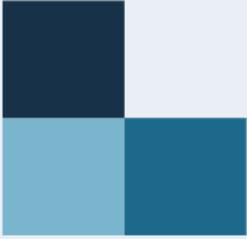
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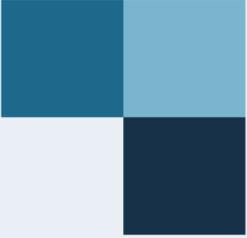
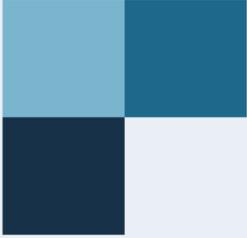
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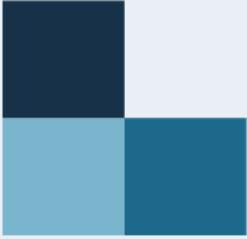
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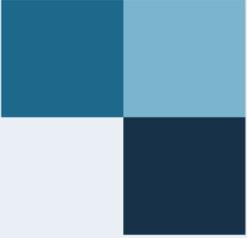
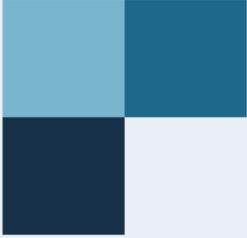
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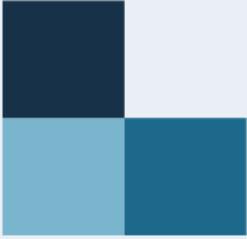
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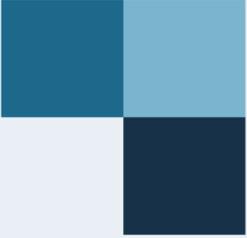
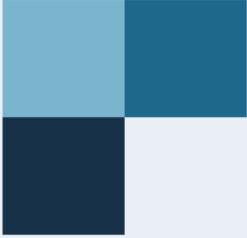
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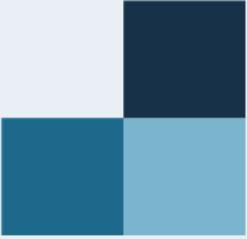
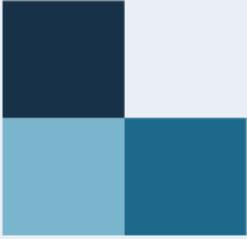
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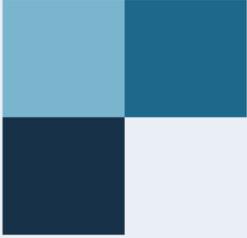
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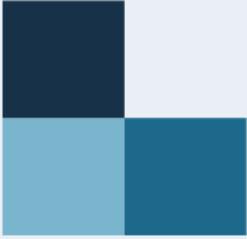
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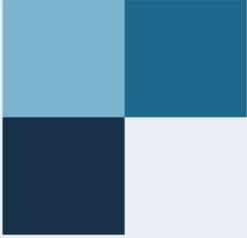
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Question

1. How can the department better support you in the licensing process?



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