

## **FRAMEWORK RECOMMENDATIONS FOR THE REFORM OF OUT-OF-HOME CARE**

**Improved Outcomes and Accountability for Children, Youth and Families: the proposed reform of out-of-home care uses existing resources to maximize the expertise of State Child and Family Services Specialists and community service providers to achieve the Federally mandated outcomes of safety, permanency and well-being of children served by the DHHS Division of Children and Family Services.**

### **Why Reform Out-of-Home Care?**

- ◆ **Reduce or Eliminate System Gaps and Breakdowns and Provide Continuity of Services and Stability of Placement:** The current “system” of out-of-home care services is the result of meeting short-term needs on a piecemeal basis. Out-of-home services are provided by multiple entities with inconsistent connections to other services needed by the youth/family. The continuum of care provided to youth/family is routinely interrupted as a result. Children experience multiple placements and providers of services. Duplication of efforts in some areas between providers and between providers and agency staff lends itself to confusion and inefficiency (i.e., foster home recruitment).
- ◆ **Lack of or Misguided Incentives:** Current contracts/agreements with out-of-home providers provide no financial incentive for maintaining a child in the family home or quickly returning the child to the family home. The unintended incentive instead is to maintain the child in out-of-home care.
- ◆ **Role Conflict:** The State’s role in funding, providing, and evaluating services presents an inherent conflict. The State should rely upon service experts in communities across the state for the delivery, and coordination of services and should maintain the funding, critical decision making and evaluation role as the steward of tax dollars.
- ◆ **Staffing:** The challenges of maintaining a stable, trained, long-term staff given current functions interferes with the ability to move children to permanency.

### **How the Out-of-Home Care Reform will Impact Services to Children and Families**

- ◆ It builds a system of care for children and families by requiring contractors to provide and coordinate a continuum of all non-treatment supports, services and care, both in-home and out-of-home.
- ◆ It focuses on the achievement of the outcomes of safety, permanency and well-being, including preservation of the family or timely permanency through adoption, by providing financial incentives or disincentives to contractors.

### **The Framework of Out-of-Home Care Reform**

- ◆ Expands the current Safety and In-Home Services contract concept to include the provision of all non-treatment services for state wards under Juvenile Code and non-court involved children and their families.
- ◆ Requires contractors to assume the day-to-day functions of service planning, acquisition, coordination and delivery. This includes coordination with treatment services.
- ◆ Requires contractors to provide the complete continuum of non-treatment care needs for child/family using Evidence Based or Promising Practices shown to produce outcomes.
- ◆ Provides financial incentives and disincentives to contractors for key outcomes related to safety, permanency and well-being.

### **How the Out-of-Home Care Reform Changes the Division of Children and Family Services’ Work**

- ◆ Reinforces that the Division of Children and Family Services (CFS) staff is the representative responsible for key case decisions and analysis and oversight of service delivery by transferring certain service coordination tasks, such as the urgent need to locate services and providers in crisis situations, which distract from critical case planning assessments and actions.
- ◆ Redefines the role of certain staff from day-to-day tasks to the critical role of contract management and oversight in collaboration with the Department’s Administrative Service Organization (ASO) which will be utilized to gather, collate and analyze data from contractors used by the Division.

### **What the Child and Family Services (CFS) Specialist Will Continue To Do**

- ◆ CFS Specialists will retain case responsibility for initial assessments of child or community safety and responsibility for all key case decision making such as decisions related to safety assessments, case plans and court reports, treatment needs, and recommendations for case closure, including adoptions. CFS Specialists will ensure that service plans are targeted to the child/youth/family needs and provide for continuity in service delivery so that the child/youth/family can achieve outcomes as quickly as possible.
- ◆ For youth adjudicated as delinquent and in custody of DHHS-OJS (Office of Juvenile Services) CFS Specialists, working as Juvenile Service Officers (JSO), will also retain responsibility for key activities and decisions such as conducting the initial Youth Level of Service/Case Management Inventory (YLS/CMI), apprehending and detaining youth, use of mechanical restraints, revoking parole, and discharge of youth from custody.

### **What Service Contractors Will Do**

- ◆ Develop and coordinate service plans for children, youth and families and provide those plans to the CFS Specialist.
- ◆ Under the oversight of the CFS Specialist, the contractor will assume responsibility for gathering information needed to make ongoing safety assessments, and will provide information in draft form to be included in safety assessments, case plans and court reports.
- ◆ Under the oversight of the CFS Specialist, the contractor will assume responsibility for the day-to-day needs of the child and family, such as providing and arranging transportation, arranging for child care, providing and arranging for services such as safety and in-home services or placements, arranging team and family meetings, and arranging and scheduling treatment services.
- ◆ When deemed appropriate by the contractor or upon the request of the CFS Specialist, the contractor will provide information, recommendations, expert opinions, and courtroom testimony to support and assist the CFS Specialist's decision-making responsibility.
- ◆ Under oversight of CFS Specialist, the contractor will provide post-adoption services and 6 months aftercare from date of case closure.

### **Funding and System Coordination**

- ◆ The Reform will be accomplished within existing resources.
- ◆ It is anticipated that Contractors will be paid on a case rate per family and will be provided with both incentives and penalties related to specific performance standards.
- ◆ During development and implementation of the Reform, opportunities for coordination with Divisions of Medicaid and Long-Term Care and Behavioral Health will be identified and pursued.

### **Next Steps**

- ◆ Public input (providers, parents, advocates, etc.). SEPTEMBER/OCTOBER 2008
- ◆ Detailed reform plan announced in OCTOBER, 2008
- ◆ Possible Legislative Interim Study Hearing (LR 355). OCTOBER-NOVEMBER, 2008
- ◆ Contractor selection process. OCTOBER-NOVEMBER, 2008 TO JANUARY, 2009
- ◆ Contractor(s) selected. FEBRUARY, 2009
- ◆ Contracts signed. MARCH 15, 2009
- ◆ Contracts Implemented. JULY 1, 2009
- ◆ Contract Oversight. ONGOING

**NOTE:** Children and Family Services (CFS) Specialist denotes the new position title for Division staff previously known as Protection and Safety Workers (PSW). The term also represents the position title of staff also known as Juvenile Services Officers (JSO). This change, effective September 1, 2008, is a result of final organizational changes forming the Division of Children and Family Services and more accurately reflects the work of these staff