



*Building Bridges:
New Directions for Aligning
Residential and
Community Services
in a System of Care Framework*

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Strategies for Linking Residential and Community Based Services

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Impetus for Change



Monroe County had:

- The most youth placed in congregate care outside of New York City
- An admission rate into foster care nearly twice as high as comparable counties
- An in-care rate of youth in foster care almost 30% higher than comparable counties



Impetus for Change



- Services for children with complex needs and their families were:
 - Fragmented
 - Inflexible – “one size fits all”
 - Focused on deficits rather than strengths
- Residential Care
 - Easy to access
 - Long term (2+ years)
 - Focused on the youth
 - Discharges to unchanged environments

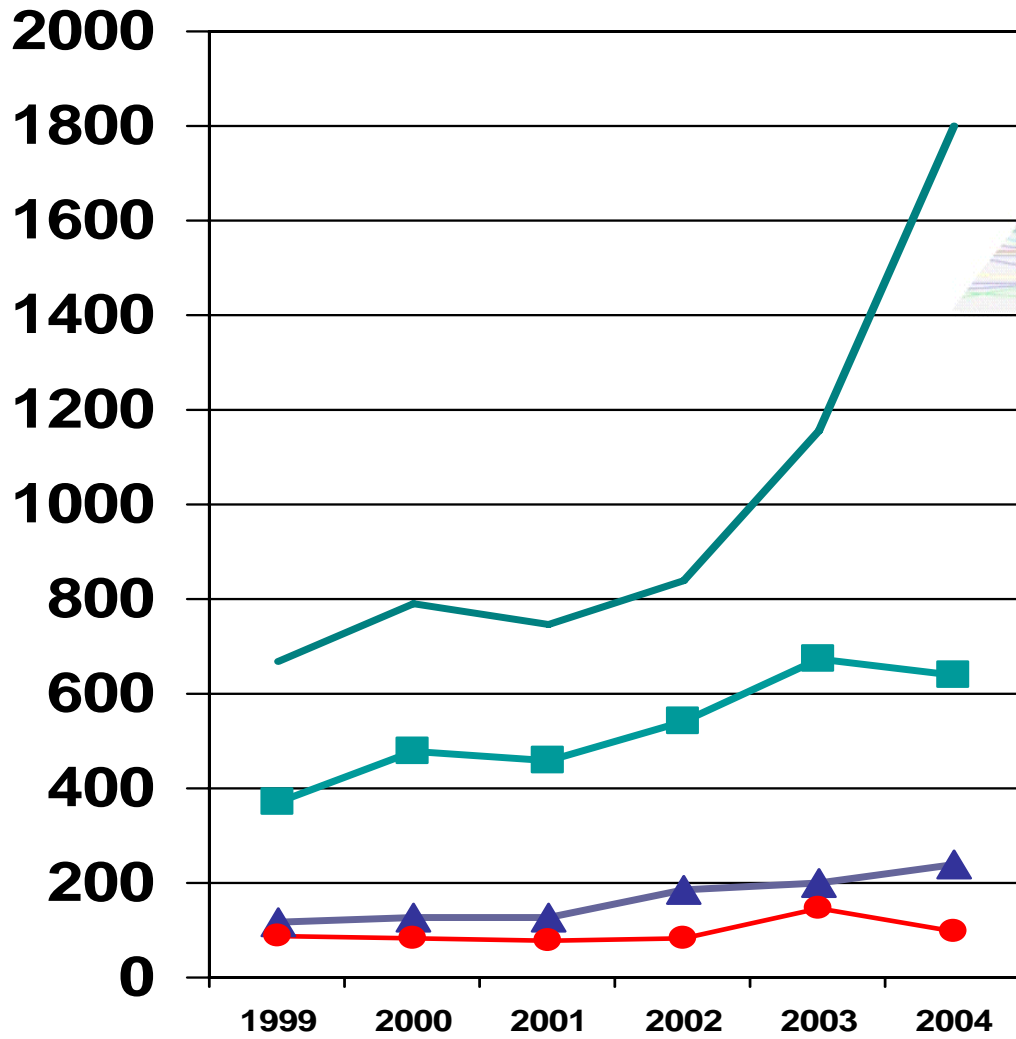


Impetus for Change



- Status offense (PINS) diversion cost slightly more than \$5 million annually
- Despite this investment, petition and placement rates did not substantially change
- New child welfare funding (with no “cap”) available to create alternatives to foster care
- Legislative changes





— Complaints — Petitions — Probation — Placed



Youth & Family Partnership

- Care Coordination project serving 100 families
- Redeployed/hired staff from mental health, child welfare and juvenile justice
- Use of Child and Family Team process (wraparound)
- Population of focus: highest need cross-system youth at imminent risk of residential placement
- Funding from foster care budget



Taking the Initiative

- Leadership Team established including County Probation, Mental Health, Social Services, and Youth Bureau
- Charge:
To propose a new, integrated service delivery and funding approach for children at risk of out of home placement and their families that will improve outcomes at both client and system levels.



Service Development

- YFP Child and Family Teams began to identify gaps in service array
- Created Provider Resource Coordinator position
- Worked collaboratively with local agencies to develop new services
- Primary gap was short-term placement to:
 - Address immediate safety concerns
 - Provide stabilization



Short-term Residential Program

- Collaboration between County and provider
- Developed 30-90 day option to stabilize youth
- Child and family (community-based) team maintained throughout stay
- Provide intensive focused interventions
- Offer aftercare services to ensure successful transitions home



Successes

- Prevented longer term placements
- Integrated system of care values into residential setting
- True collaboration in design and development between County & provider
- Perpetuated the interest within the community to transform services
- Provided opportunity to identify barriers and challenges inherent in transformation



Challenges

- Placement continued to be an “easy fix”
- Intent and focus of residential not explicit
- Length of stay crept up
- No real consensus on what SOC values look like in practice within residential
- Regulatory compliance issues
- Working in a vacuum
- Difficulty effectively using aftercare component for transition home
- Same number of youth continued to come in the front door



So What Now?

- Developed integrated entry point – Family Access and Connection Team (FACT) – to begin to address front door concerns
- Renegotiated contract for short-term residential program
- Develop countywide effort to effectively integrate residential care into system of care – Monroe County Building Bridges (MCBB)



Monroe County Building Bridges

- Part of parallel efforts at national and state levels
- Align residential and community-based services in a system of care framework
- Change process for Monroe County based residential programs across systems
 - Residential Treatment Centers
 - Residential Treatment Facilities
- Change process for child welfare Foster Care Intake and Residential Services Teams



MCBB Rationale



- Current residential models:
 - Remove youth from home and community
 - Have potential to cause additional trauma
 - Are youth focused vs. family focused
 - Result in returns home to an often unchanged situation



Residential in a System of Care

- Intervention not treatment
- Focused
- Short term
- Intensive family involvement
- Flexible
- Individualized



Organizational Structure

- DHS Child & Family Services Internal Team
- Monroe County Building Bridges (MCBB) Stakeholder Group
- MCBB Steering Committee
- MCBB Workgroup



MCBB Workgroup Charge

The Monroe County Building Bridges Workgroup will lead efforts within Monroe County to align residential care service delivery models with system of care values and principles and ensure the effective use of residential care for our community's children and families.

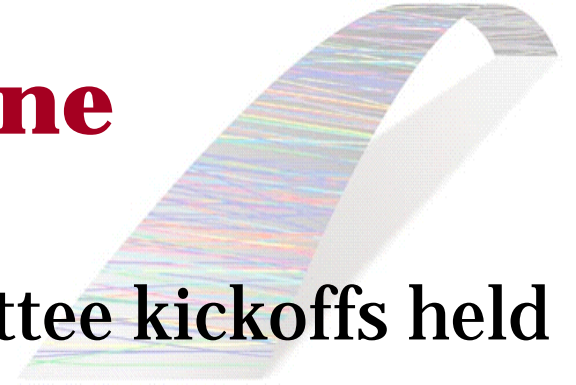


MCBB Workgroup Tasks

1. Review current care models in place
2. Review best practices literature
3. Develop philosophical framework
4. Develop practice standards
5. Create Training/Technical Assistance plan
6. Develop process for continuous quality improvement



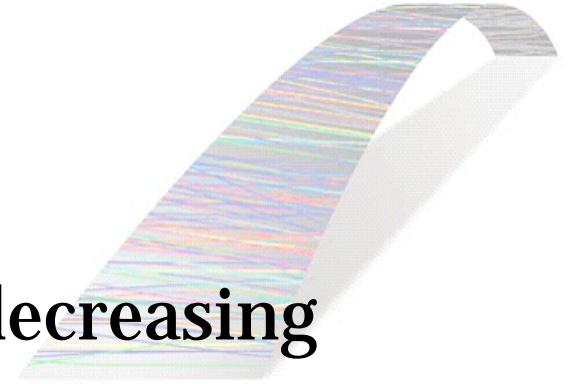
MCBB Timeline



- Stakeholder and Steering Committee kickoffs held 3/08
- Workgroup kickoff held 4/24/08
- Work to progress throughout 2008
- Roll out of new model by 2009



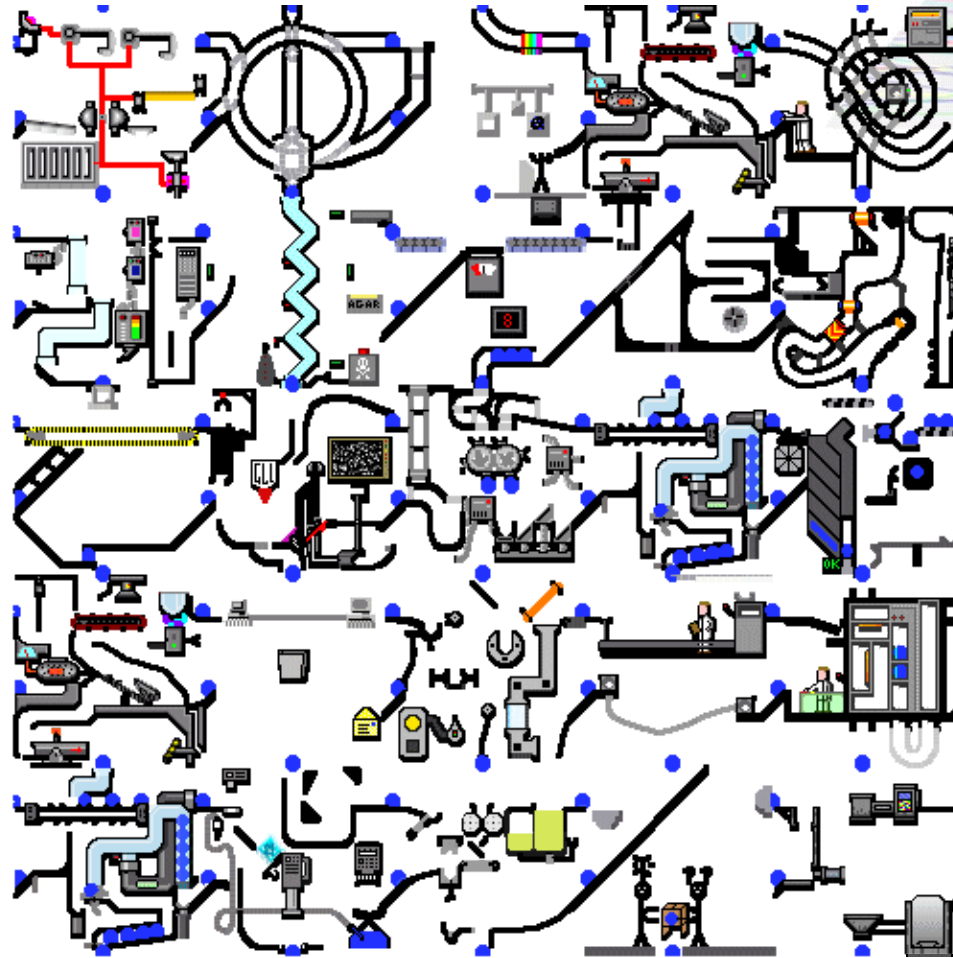
Impact



- Congregate care placements are decreasing
- Tremendous reductions in status offenses (probation, petitions)
- Reduction in use of non-secure detention
- Transformation is the norm and people are talking about it



Lessons Learned



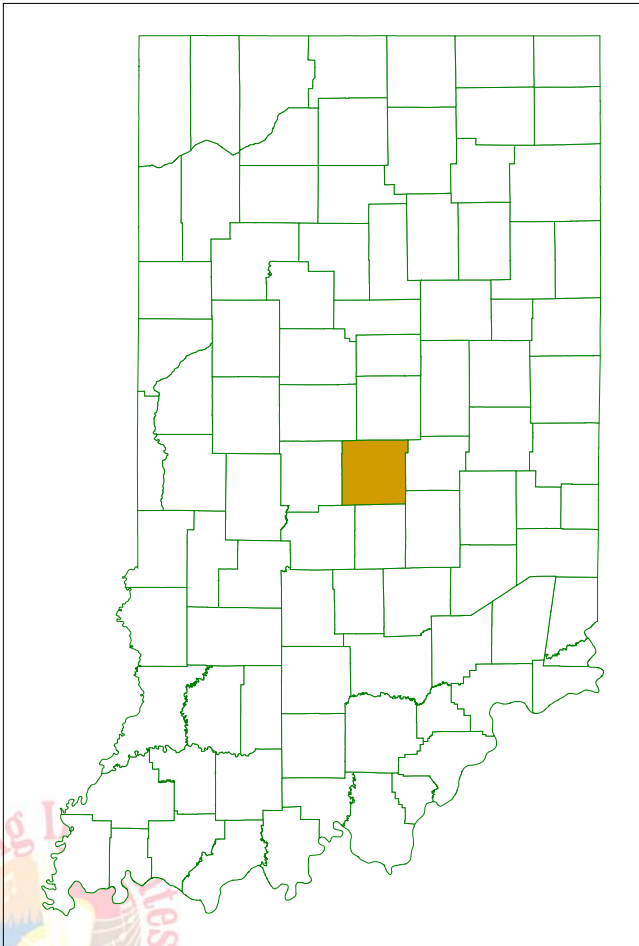
Lessons Learned



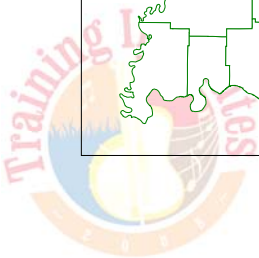
- Change is hard
- Change requires collaboration, partnership and real honesty
- Go slow to go fast
- No attempt is a bad attempt
- Willingness to adapt and be flexible is crucial
- Sharing risk is essential
- It's a parallel process



Marion County, Indiana



- Most populated county in Indiana
- Indianapolis and surrounding area
- Population is 870,000
- Population of youth under 18 is 251,000
- Funded SOC community 1999
- \$100,000,000 Child Welfare Budget
- Over 3,000 youth in care



Impetus for Change



Mid 1990's

- Growing Child Welfare budget
- Fragmented care
- Little family involvement
- Deficit focus



Impetus for Change

- Many residential treatment centers with easy access (20)
- Long lengths of stay
- Little family involvement
- Lack of best practice standards
- High recidivism / “revolving door”
- 83% of budget spent on institutional care



Taking the Initiative

- Community Planning Team established in Marion County: Child Welfare, Juvenile Justice, Department of Mental Health and Addictions, Department of Education
- Goal: To develop an integrated service delivery and braided funding approach for youth placed out of the home or at risk of out of home placement and their families.



The Dawn Project

- Choices, Inc. was established in 1997 to facilitate the Dawn Project, a high fidelity wraparound process
- A braided funding case rate was established
- Began with highest need cross-system youth
- Expanded in 2007 to serve at the prevention, early intervention, and intensive levels
- Over 1,500 families served



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Building Bridges



- Developed cross-system and provider workgroup called “RTC Reform”
 - Local RTC providers
 - Child Welfare
 - Juvenile Justice
 - Marion Superior Court
 - IARCCA (Indiana Association)
 - SOC Community Providers



Building Bridges



- RTC Reform Group
 1. Researched best practice
 2. Identified 11 recidivism variables from research
 3. Focused reform effort to provide care based on best practice and the 11 recidivism variables
 4. Developed and agreed on a definition of recidivism



Building Bridges



- Cross system team from CW, JJ, and the Dawn Project “mentor” RTC agencies to help with agency transformation, barriers, and the integration of residential and community-based services



Building Bridges: Success!

- Six local RTC's have begun to extend their care continuum to community-based services
- Increased focus on best practice and increased accountability
- Increased family involvement
- Decreased average length of stay
- Shifts in organizational culture & values



Marion County, IN: Success!

- Decreased spending on institutional care
 - Mid 1990's: 83% of budget
 - 2005: 46% of budget
 - 2006: 26% of budget
- Increased focus on prevention, early intervention, and community-based care
- Cross-system and cross-provider collaboration and learning

