

Pivot to Prevention

Presented by:



Rhode Island Department of Children, Youth & Families

Agenda

- **Headlines**
- **System Reactions**
- **Budget Implications**
- **Operational Direction: Pivot to Prevention**
- **Investment Conversion/Future State of Investments**
- **Next Steps**
- **Role of the Council**



Headlines



Rhode Island Department of Children, Youth & Families

Editorial: Children's deaths cry for DCYF reforms

The cases of dire harm to young children described in a scathing new report by the Office of the Child Advocate are a loud call for systemic change in the way Rhode Island protects its young.

Opioid crisis putting strain on foster care system

Scathing report calls for overhaul of RI's child welfare services

A report released Thursday by the Office of the Child Advocate (OCA) suggests the state of Rhode Island is not doing enough to protect at-risk children.

Oversight committee grills officials on state's child welfare system





School principal charged with failing to contact DCYF found guilty

A Providence elementary school principal has been found guilty of failing to contact the R.I. Department of Children, Youth and Families after students complained...

At least 50 Providence school employees placed on leave this year

Owner of 2 R.I. group homes owes state \$182K, audit finds

The state DCYF severed its contract with the company in March, days after the Oversight Committee hearing and two months after the state's Office of the Child Advocate issued a blistering report about the lack of care and services for youths at the company's group homes.

Police calls to Providence schools surged in 2018

Police responded to **1,895 calls** for service at the district's 40 schools between September and June, a surge officials attribute to last year's arrest of an elementary school principal for failing to report multiple students' sexual abuse allegations against a physical education teacher to the R.I. Department of Children, Youth and Families.

Warwick police charge principal with failing to report child abuse



DCYF needs improvements, says Administration for Children and Families

A report compiled by the Administration for Children and Families found the Rhode Island Department of Children, Youth and Families needs to improve on 33 of the 36 areas that were reviewed.

Suicides are at the highest rate in decades, CDC report shows

Report: DCYF Strained by Caseload, Needs Large Improvements

Federal officials have released a scathing report of the Rhode Island Department of Children, Youth and Families.



Public Occurrences forum to focus on Rhode Island's troubled DCYF

Settlement OK'd in decade long lawsuit against DCYF

But some advocates for children are already concerned about the underfunded agency meeting the goals of the agreement.

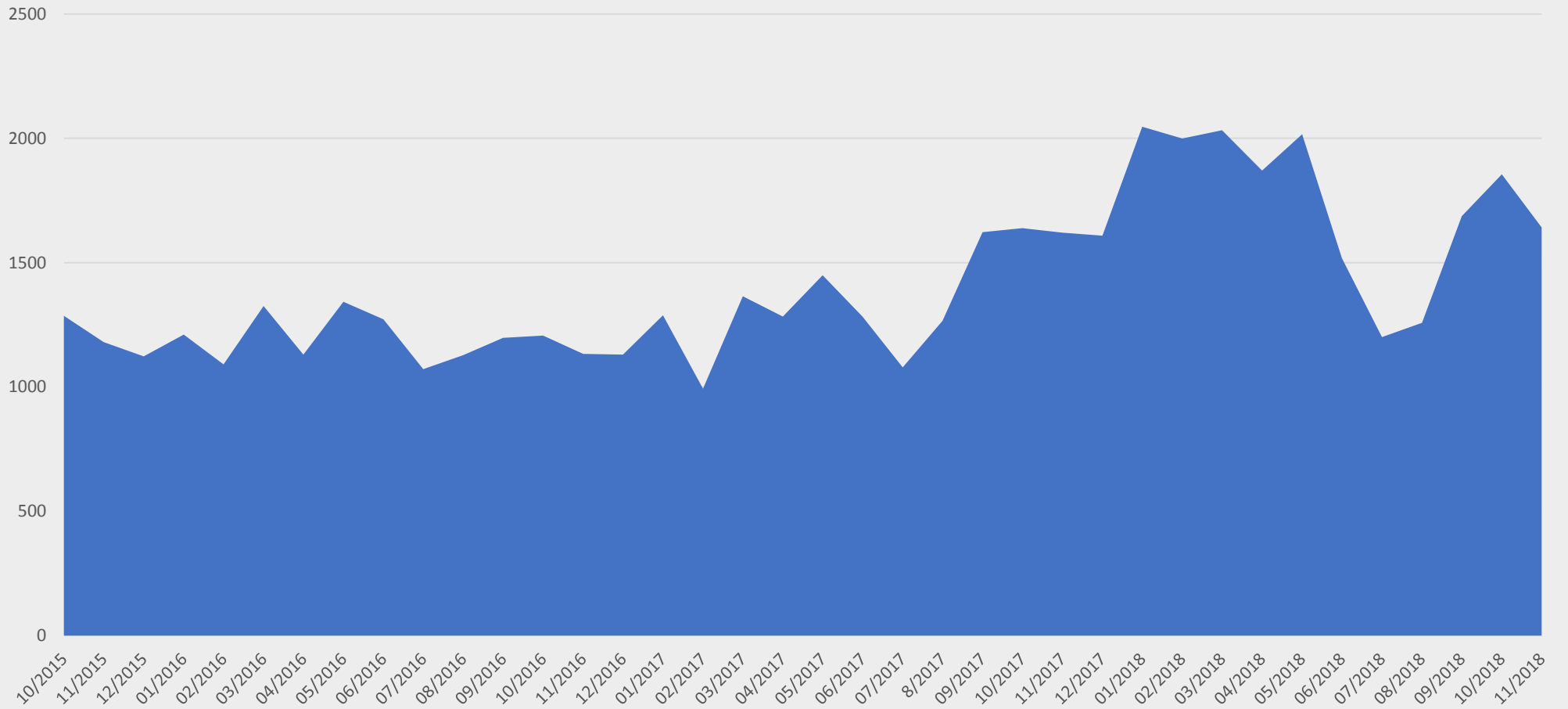
System Reaction



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Reaction: Hotline Calls

CPS Hotline Calls (per month)

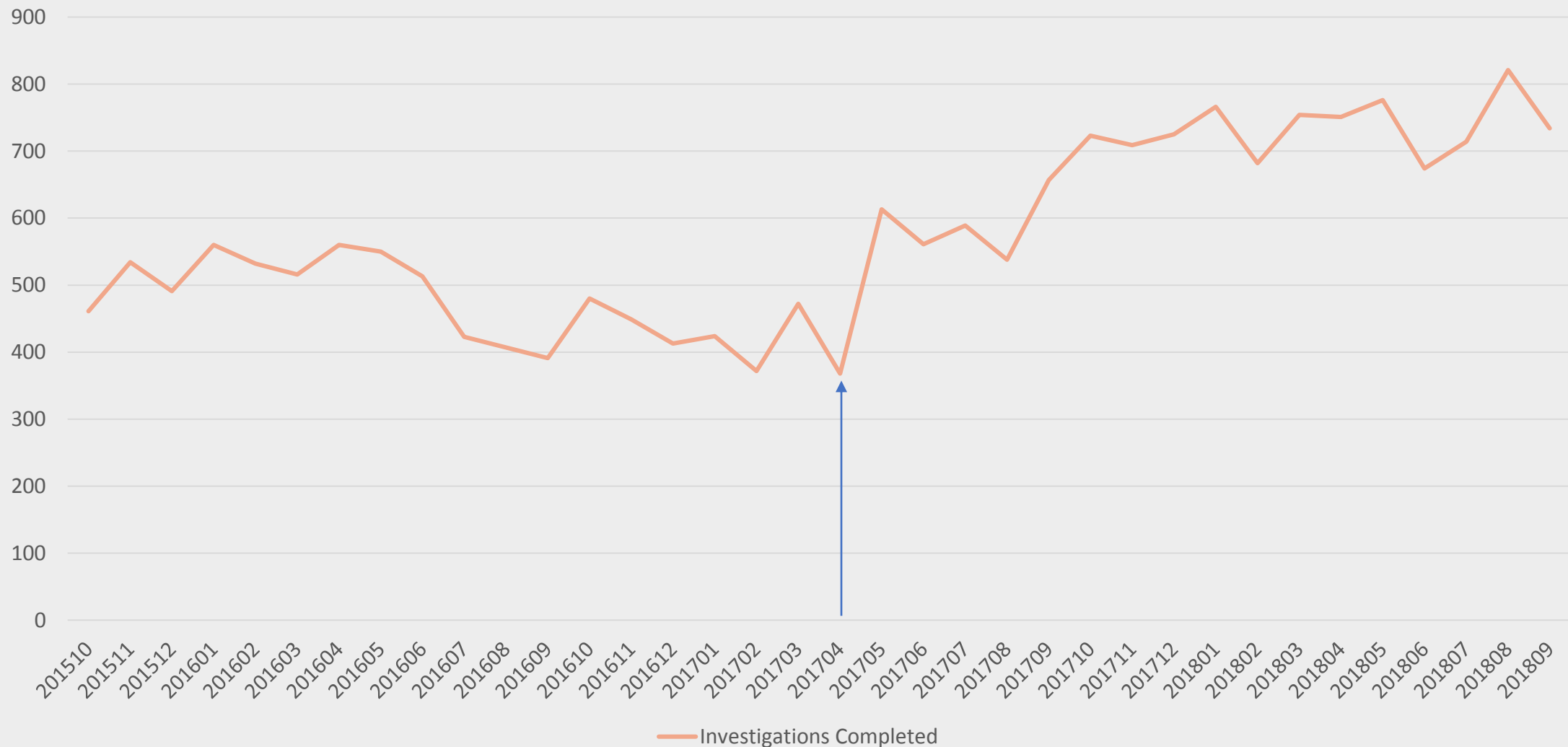


DCYF experienced a 45% increase in calls to the hotline

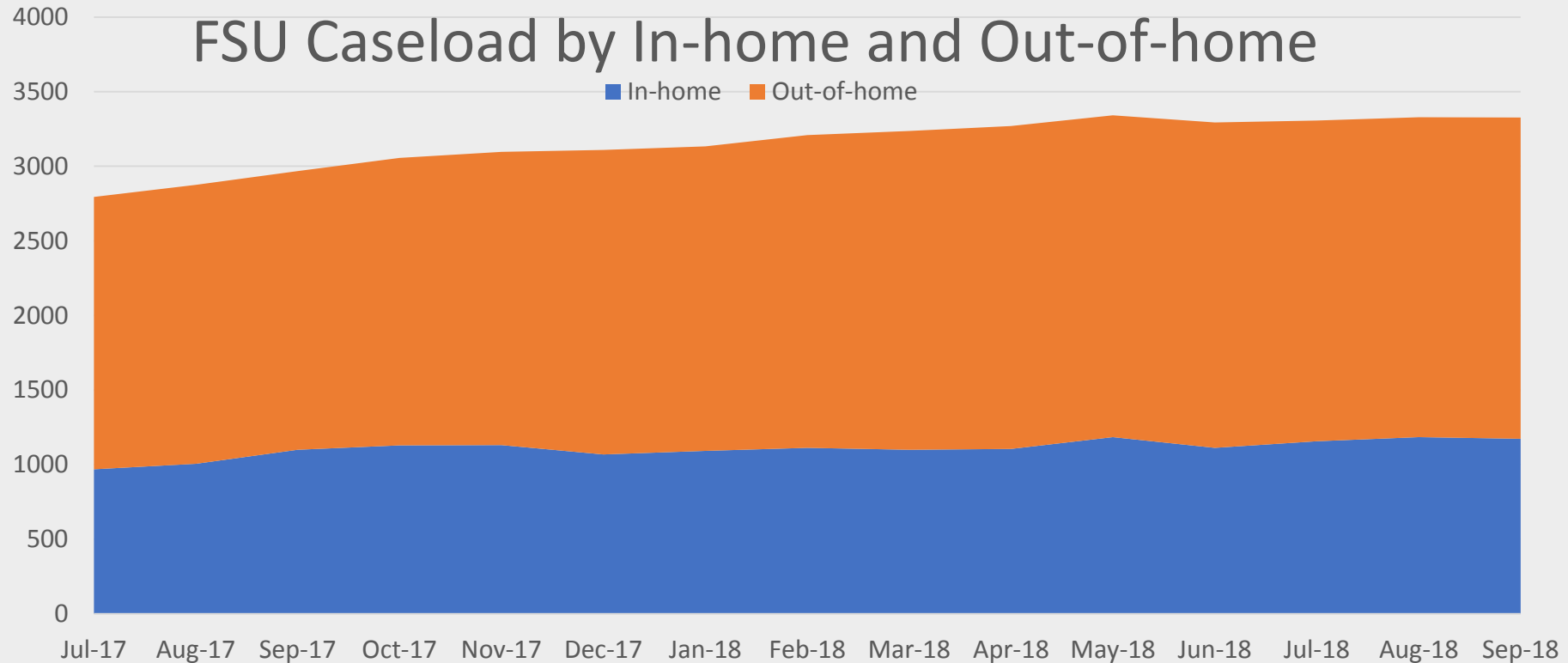


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Reaction: Child Protective Services Investigations Increased by 30%



Reaction: Family Services Unit (FSU) Caseload Increased

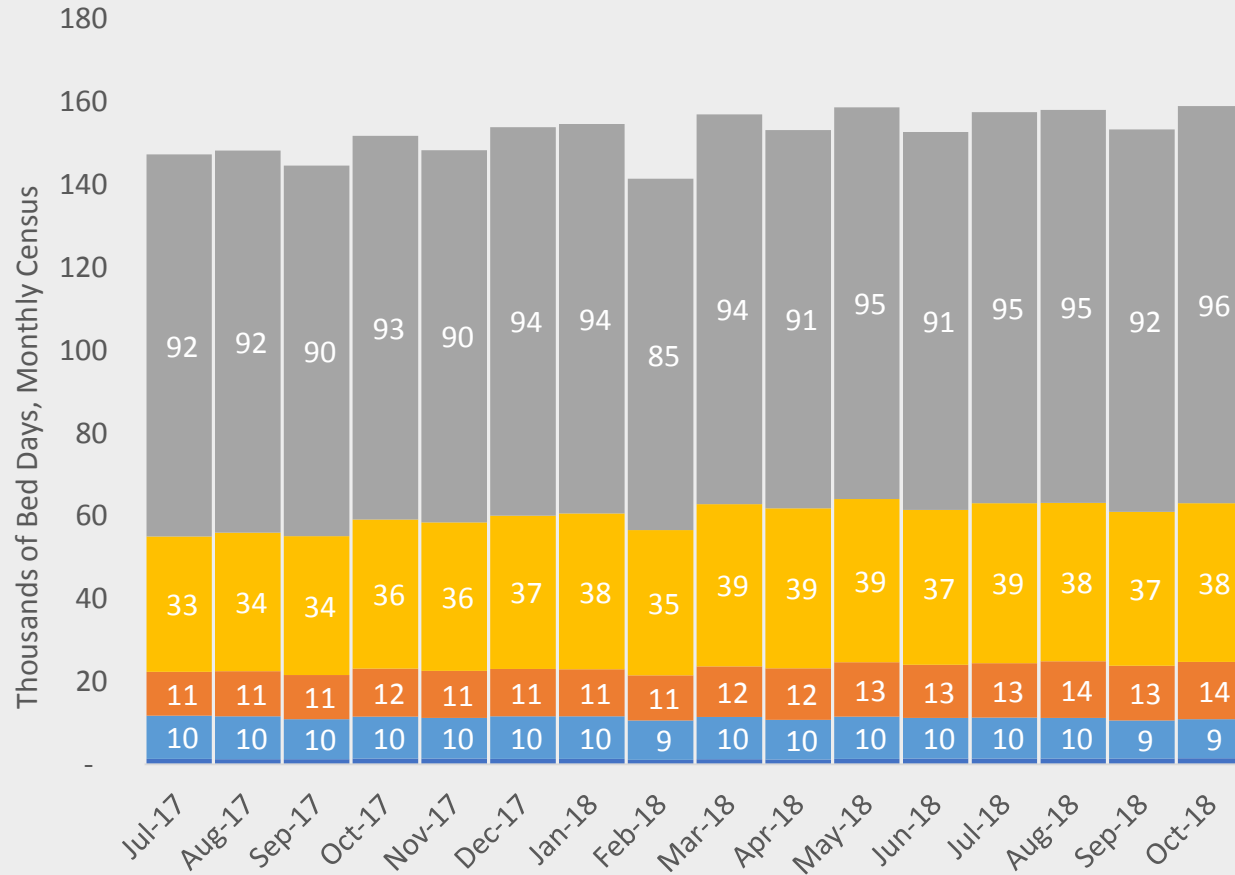


From July 2017 through September 2018, FSU caseload has rose by 19% and the out-of-home caseload increased by 21%.

Reaction: Increase in Placement Days

DCYF Monthly Bed Day Census Change from July 2017

Total Change from 7/2017: 8%



Out of State: +11.5%
 In-State Group Homes: -9.8%
 Private Foster Care: +30.3%
 DCYF Foster Care: +17.6%
 Adoption and Guardianship: +3.9%

- Out of State: 11.5%
- Private Foster Care: 30.3%
- Adoption and Guardianship: 3.9%
- In State Group Homes: -9.8%
- DCYF Foster Care: 17.6%

Other Consequences

- In February 2017 there was a 20% frontline vacancy rate
- Between March 2017 and March 2018 the average caseload grew from 16 to 22 cases per Family Services Unit caseworker
- The average caseload for Child Protective Investigators was 35 investigations
- 45% of youth were misplaced in congregate care because the system had a lack of foster families



Budget Implications

DCYF Budget Overview FY17 to FY20

DCYF	Sum of 2017 Actuals	Sum of 2018 Actuals	Sum of 2019 Enacted Budget	Sum of 2019 Revised Agency Request	Sum of FY 19 Variance	Sum of 2020 Current Service Level	Sum of 2020 Agency Base Budget	Sum of FY 20 Variance
⊕ Salary and benefits	47,727,619	50,611,295	52,550,634	52,549,970	664	54,638,801	53,971,397	667,404
⊕ Contract Professional Services	2,427,476	3,280,677	3,147,068	3,275,052	(127,984)	3,147,068	3,348,634	(201,566)
⊕ Operating supplies and Expenses	7,152,847	10,342,852	10,567,999	10,061,940	506,059	10,567,999	10,065,940	502,059
⊖ Assistance And Grants	102,391,678	109,782,055	95,348,340	110,628,626	(15,280,286)	105,721,863	105,408,587	313,276
Central Management	3,603,260	(98,853)	1,200	1,051	149	1,200	1,051	149
Child Welfare	91,175,164	102,832,388	88,607,713	104,129,805	(15,522,092)	98,751,968	98,945,743	(193,775)
Children's Behavioral Health Services	4,605,632	4,842,701	4,361,480	4,450,092	(88,612)	4,590,748	4,414,115	176,633
Higher Education Incentive Grants	200,000	200,000	200,000	200,000	-	200,000	200,000	-
Juvenile Correctional Services	2,807,623	2,005,819	2,177,947	1,847,678	330,269	2,177,947	1,847,678	330,269
⊕ Capital Purchases And Equipment	69,915	149,814	-	26,020	(26,020)	-	-	-
Grand Total	159,769,535	174,166,693	161,614,041	176,541,608	(14,927,567)	174,075,731	172,794,558	1,281,173

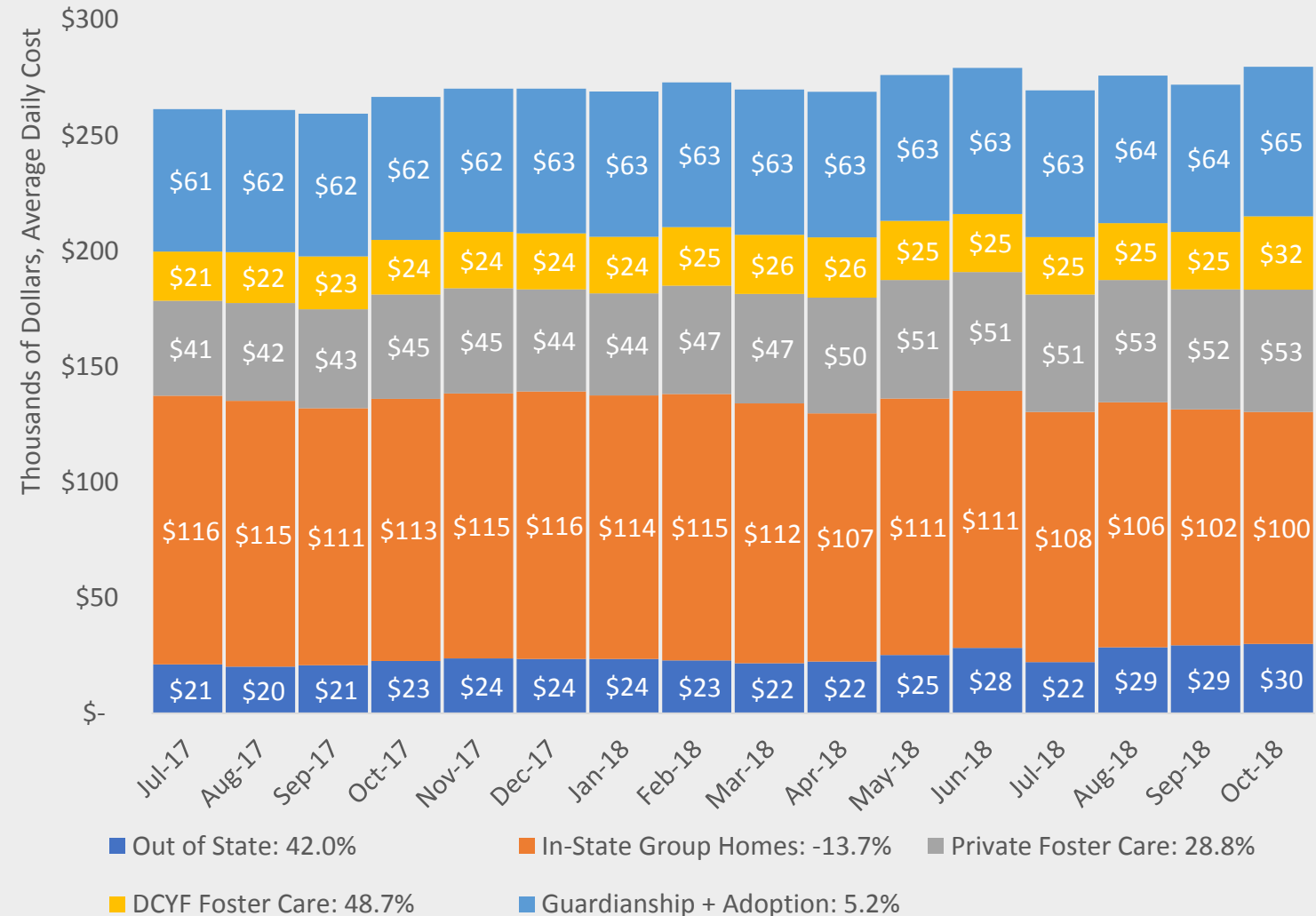


Reaction: Increases in Daily Spend, Placement Days, and Rates

DCYF's daily spend on census-based placements is roughly \$280,000, which is up 7% from July 2017. The average daily spend on out-of-state, DCYF foster care and private foster care placements has increased substantially, and the average daily spend on in-state group home placements dropped dramatically.

DCYF Average Daily Cost with Change from July 2017

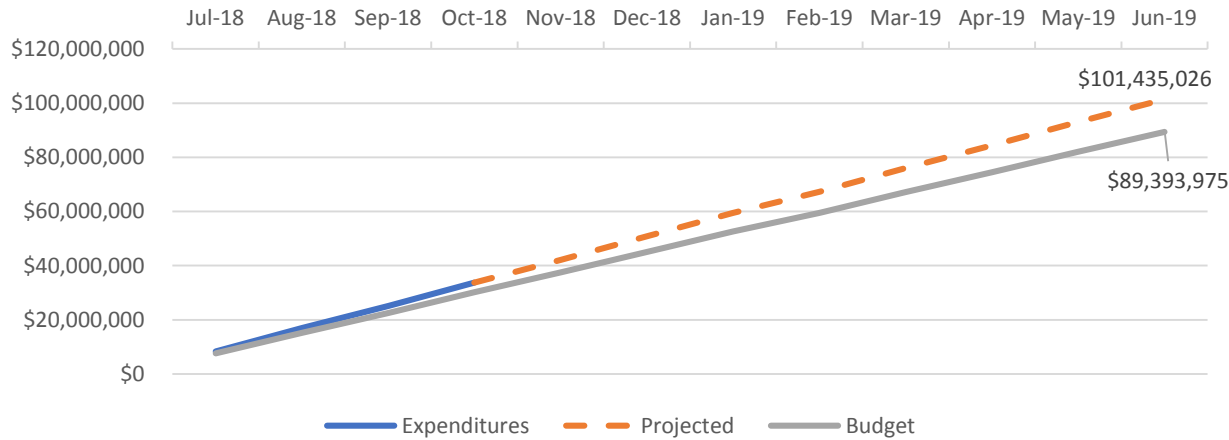
Total Change from 7/2017: +7%



DCYF Budget Projections

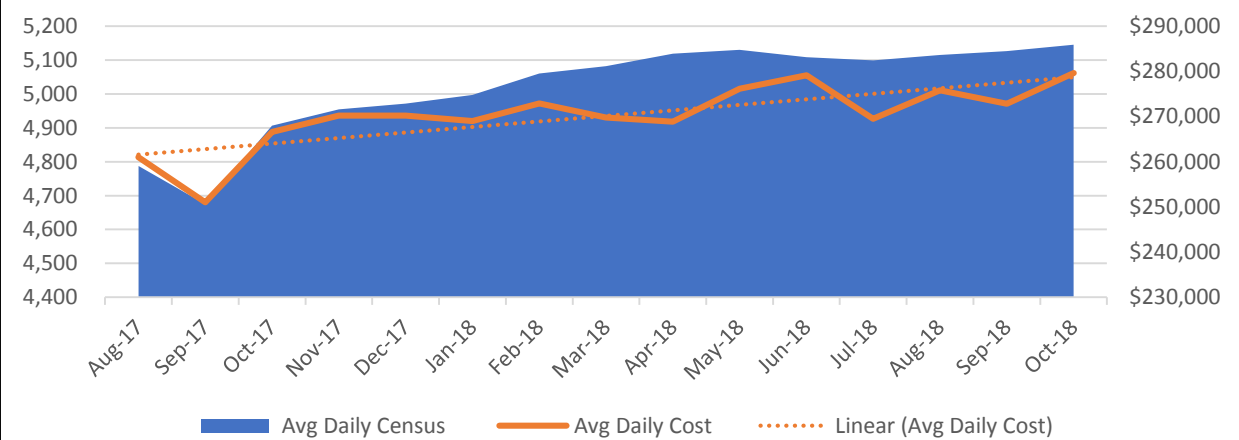
All Census Based Expenditures

(projection uses average last 4 months)



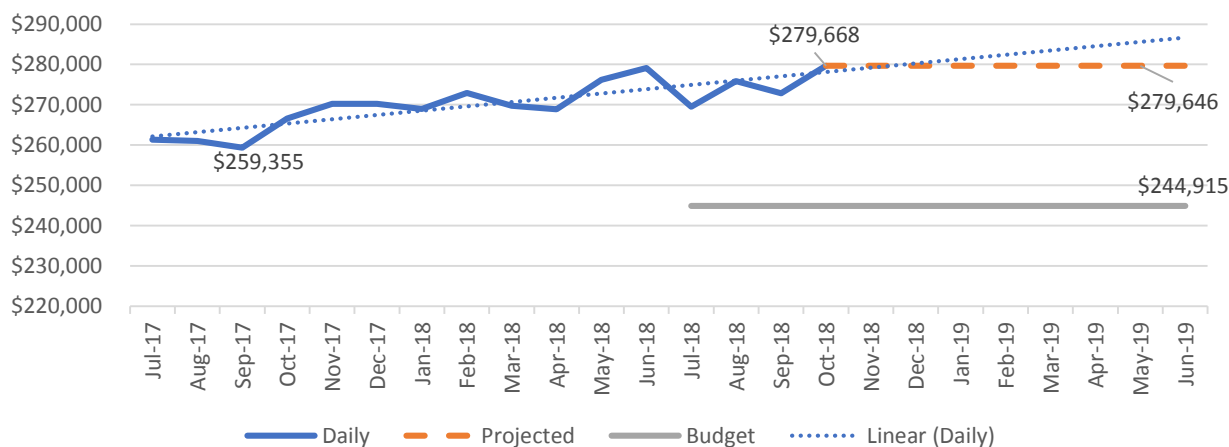
Average Daily Census and Cost

All Census Based Placements



All Census Based Placements - Average Daily Costs

(projection uses average of last 4 months)



Projections show an \$12m variance for census based expenditures. The next slide shows that though we are projecting a \$2.9m surplus in DCYF Foster Care, we show a deficit in Congregate Care (-\$7.3m) and Private Agency Foster Care (-\$6.3m).

Budget Implications

Programmatic trends leading to increase include:

- Home-based and prevention services (\$6.2 million deficit)
- Private agency foster care (\$5.7 million deficit):
- Residential treatment centers (\$4.2 million deficit)
- Adoption and guardianship subsidies (\$1.1 million deficit)



Operational Direction: Pivot to Prevention

DCYF's Vision

- Healthy Children & Youth
- Strong Families
- Diverse, Caring Communities

DCYF's Mission

Partner with families and communities to raise safe and healthy children and youth in a caring environment.

DCYF's Practice Approach

- Child-centered, family- focused, and community inclusive
- Child safety is our number one priority—at home, in schools, in the community
- Children grow best in families
- We accomplish our mission with support of many others in our communities
- A re-emphasis on the importance and value of community



Pivot to Prevention

The operational direction of the Department, Pivot to Prevention launched in April 2018, emphasizes a focus on preventative services and, as such, will continue to support the redirection of resources to preventing out-of-home placement and the misuse of more restrictive levels of care for children and youth who are not in need of those placements and services.

Why Pivot to Prevention?

Over the past few years, the Department has received a great deal of attention including:

- tragedies that have occurred with our very young children;
- concerns around decisions about which families need us the most and how and when to intervene;
- concerns that the system has been ill-equipped to provide the appropriate oversight to youth living in group care, ensuring their safety and mental health needs have been met;
- not enough family options for children and youth who cannot remain safely at home; and
- concerns about whether we've done our best work keeping youth and staff at the Training School safe and ensuring that the youth there, through good programming, have hope and opportunity when they leave.

Pivot to Prevention: 5 Key Areas

Child & Youth Safety as a Public Health Issue

Establishing a Stronger Network of Prevention

Continuing to Ensure a Competent, Stable, Diverse and Accountable Workforce

Fiscal Soundness

Effectiveness of Services

Pivot to Prevention: 3 Phases

Phase I (current):

Rehabilitative communication and strategies that we identified as already working and areas where we needed to strengthen practice and services

Phase II (beginning April 1, 2019):

Expand efforts and investments in secondary prevention opportunities (FCCPs, FAR, etc.). Identify other opportunities to build on this and looking into window of primary prevention to see what other opportunities exist

Phase III (TBD):

Full Investment Conversion Plan



Phase I: Strategies to Address Challenges

- Continued to prioritize hiring and retention of frontline staff
- Invested in technology for workforce (phones for the field and laptops) and advancing RICHIST to be fully web-based (anticipated for June 2019)
- Finalized restructuring of the front door and implemented Family Assessment Response
- Created the Training Unit in CPS to more carefully vet new staff for job fit; expanding this to FSU
- Restructured FSU to increase workload balance across units; hired four Chiefs of Practice Standards to strengthen oversight of practice
- Supported refresh on a more robust Peer Support Team to work across the Department including the RITS
- Added cameras to Friendship St. to support security
- Established Safety and Workload Committees with the Union

Phase I: Strategies to Address Challenges

- Secured new resources (3 attorneys to support the Legal Division)
- Worked closely with DOH on complete review of fatalities and near fatalities to develop shared responsibility/workstreams
- Expanded efforts to reduce child maltreatment through work of the Ecosystem – lead by EOHHS and support by other Directors in the Health Cabinet
- Settled 10+ year lawsuit with Children's Rights and advocated for no federal monitor because of the partnership with the OCA
- Resolved the Training School 40+ year consent decree

Phase I: Strategies to Address Challenges

- Increased access to behavioral health services before crisis occurs
- Conducted targeted community reachbacks with the OCA (Woonsocket, Newport, Central Falls, Narragansett Tribe)
- Piloted a new methodology for licensing foster families
- Established system for better oversight of youth in congregate care
- Expanded FCCPs and the Active Contract Management process to include Group Homes
- Developed a permanency tracker and launched Active Division Management in FSU
- Consolidated youth housed in the Training School and safely reduced the census

Phase I: Results

- For 6 months, cases opening to DCYF following discharge from an FCCP have been **at or below 5%**
- **80%** of FCCP families met their wrap goals at the time of case closure
- Following the implementation of Family Assessment Response in March 2018, DCYF has offered voluntary prevention services to over **700 families**. (outcomes under evaluation)
- Connected **nearly 400 families** not open to DCYF with behavioral health services, via referrals from Family Court with <18% opening to the Department subsequent to the referral (long term progress under evaluation)
- The number of youth at the Training School has remained low, an **average of 55 for over a year**, due to efforts to ensure safe community-based programming and sustaining options for rehabilitative placements outside of the Training School

Phase I: Results

- More children living in families because of improvements made in our family-based foster care work, including piloting a new methodology for licensing families that brought **more than 174 new families** to us. **50% those families became licensed**. Prior recorded success with the traditional method 10%.
- **Increased** the number of licensed foster families by **25%**
- Number of children living in institutional care has continued to **decline** by almost **30%** since fiscal year 2016
- The number of children placed in out-of-state care has remained low.
- Through our concentrated permanency reviews, **over 200 youth** achieved permanency over the course of 6 months.

Restabilization

- Hotline calls have leveled off and removals have declined
- Reduced pending investigations by 40% since August 2018
- Foster care census stable, with a slight decline of about 5%
- <5% vacancy rate in frontline positions at DCYF maintained for more than 8 months
- Family Services Unit (FSU) caseload average is 18 per worker
- Child Protective Services caseload average is 15 per worker
- Probation average caseload is 23
- Rate of inappropriate referrals to congregate care has declined



Pivot to Prevention and the Public Health Framework

Primary Prevention

- General population and attempt to stop or prevent before it occurs
- Universal focus to raise awareness of general public, providers, decision makers

Secondary Prevention

- High-risk focus to populations with one or more risk factors
- Programs may target services for communities or neighborhoods that have a high incidence of any or all of these risk factors

Tertiary Prevention

- Focus on families where condition has already occurred and seek to reduce the negative consequences and to prevent its recurrence



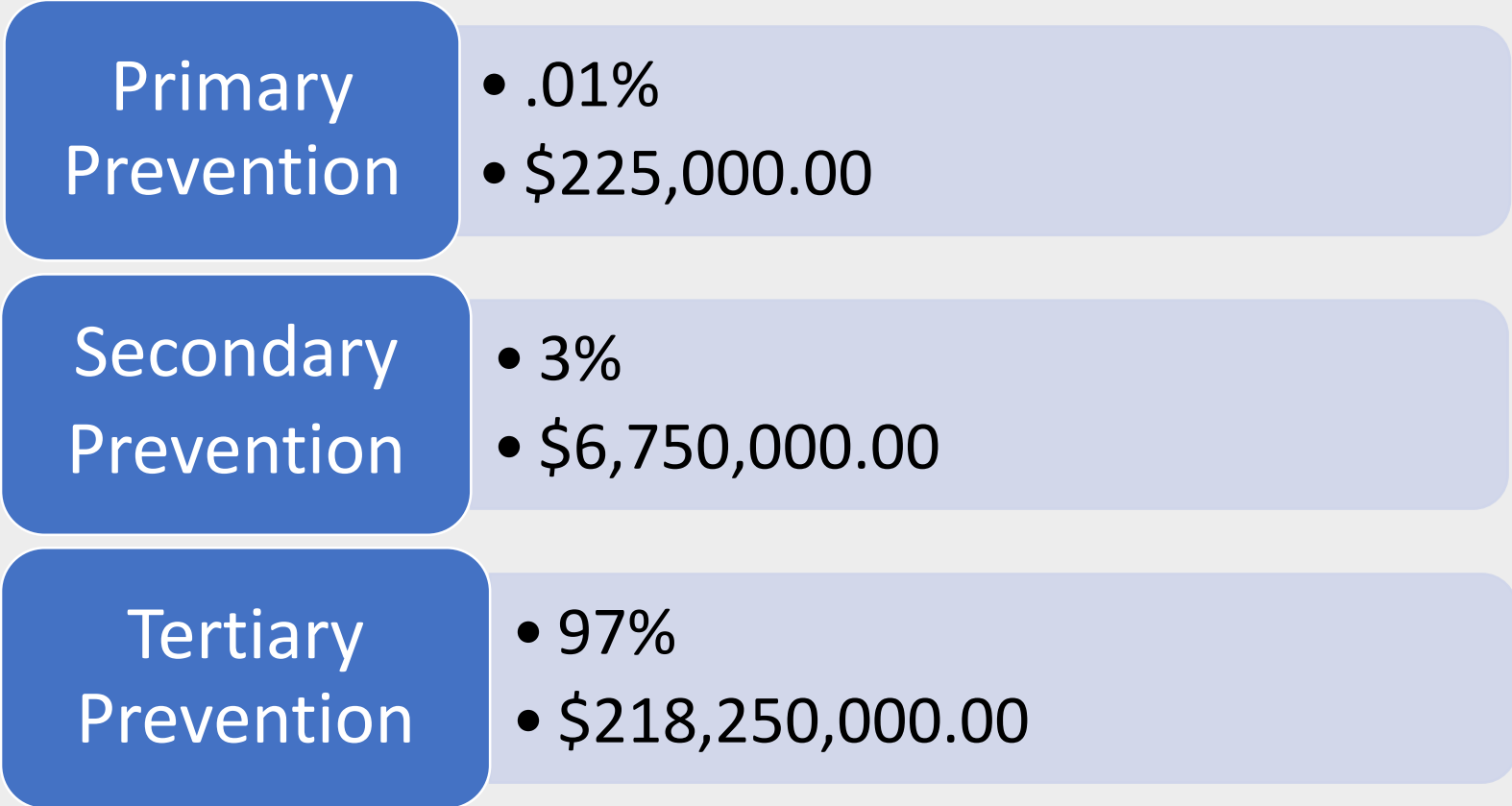
Population Impact



Past State of Investments

Average annual all funds budget across three fiscal years: \$225M million per year

Investment Stratification



Current State of Investments

Average annual budget across three fiscal years: \$225M million per year

Investment Stratification documenting minor shift in investments in FY '18 – (FAR, FCCP access to other home-based services, court pilot, Safe Sleep)

Primary Prevention

- .02%
- \$450,000

Secondary Prevention

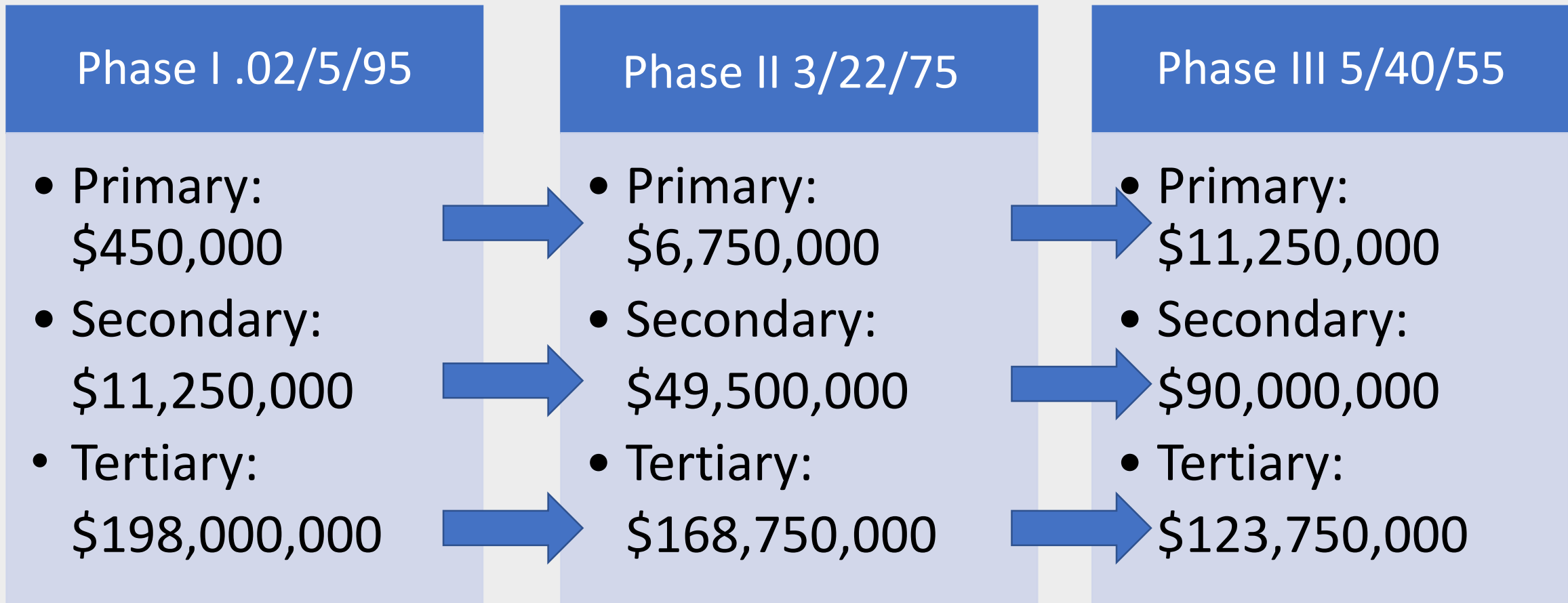
- 5%
- \$11,250,000

Tertiary Prevention

- 95%
- \$213,750,000



Future State of Investments



Why Now?

RI has positioned itself to pivot its child welfare system towards prevention, as several other federal, state, and DCYF initiatives do the same:

- DCYF's Pivot to Prevention
- Federal Family First Prevention Services Act
- Federal Plans of Safe Care
- Children's Rights Settlement
- Child & Family Service Review (CFSR)
- EOHHS's Child Maltreatment Work Group and Ecosystem
- DCYF and RIDOH partnership on child fatalities/near fatalities and safe sleep
- Governor's Mental Health Executive Order
- Governor's Overdose Prevention Task Force
- DCYF's Department of Performance Improvement



Future State of Investments

Options for Future Investments

- Community grants (based on heat map indicators) to address safety in housing; transportation; access to health services including mental health and substance use disorder services
 - Family-based residential treatment for substance use disorders
 - Child care expansion
 - Staff conversion from investigations to assessments
 - Staff conversion in FSU from case management to home-based/clinical services
- Additional investments in FCCPs
- Expanding RIDOH early home visiting programs
 - Expansion of Safe and Secure Baby Court to prevent removal



Contingencies for Successful Conversion

- Resourcing and functioning of other systems (RIDOH, DHS, BHDDH)
- Legislation/Legal
- Administrative policies/procedures to guide future practice
- Communication and socialization to a new model of response and care
- Retraining and development of the workforce
- Finance Model (a clearly articulated rationale for the redistribution of investments)
- Clarity around investment options that offer the best opportunities for success



Next Steps

- Launched Pivot to Prevention Advisory Council
- Create work and communication plans for Phase II
- Expand areas of prevention within reasonable budget limits
- Complete Juvenile Corrections Vision Package
- Complete Children's Behavioral Health Strategic Plan