

FAMILY PRESERVATION AND IN – HOME SERVICES TASKFORCE

STATUS REPORT FOR COMMISSIONER B.J. WALKER GEORGIA DEPARTMENT OF HUMAN RESOURCES (DHR)

SEPTEMBER 2, 2008

TASK FORCE MEMBERS: Amy White – Hillside; Jana Glass – CHRIS Kids; Nicole Hart – Transitional Family Services; Mary Esposito – CHRIS Kids; Diane O’Brien – Pro Family; Jane Hudson – Mentor; Renée Bennett – Morningstar CFS; Hugo Mullins – Family Ties; A.J. Norris – Pathways Transitional Services; Cassandra G. Palmes – Family Ties; Debbie Atkins – Georgia Hope; Normer Adams – GAHSC; Yvonne Rogers – DHR; Cliff O’Connor – DHR; Richard O’Neil – DHR; Kenneth Joe – DHR; Monica Beal – DHR; Carol Hall – DHR; Audrey Sumner – DHR; Terence Johnson – Catalyst for Care & Task Force Co-Chair; Barry W. Kerr – GATS/Morningstar CFS, & Task Force Co-Chair.

TASK FORCE MEETINGS: June 26 (10:00 am – 3:00 pm) August 8 (12:00 am – 3:00 pm)
July 29 (10:00 am – 11:30 am) August 22 (1:00 pm – 3:00 pm)
July 18 (10:00 am – 3:00 pm)

Additional sub-committee meetings have occurred between meetings focusing on Assessments, Tiers 1, 2, & 3. Recommendations were presented and approved by the larger taskforce. Detailed minutes are available from both sub-committee and task force meetings upon request.

TASK FORCE CHALLENGE: To review the strengths and weaknesses of the current services (Attachment A) provided by DHR, under the heading of Family Preservation & In Home Services, and to develop a refined model of services which is user friendly and utilizes evidence based practices, managed care principles and performance based outcomes.

VISION STATEMENT: Georgia Home Based Services (GHBS) will include services and programs that include an awareness of, and sensitivity to, the many complex issues confronting families and children in crisis and the agencies charged with their care. Services will offer a departure from the typical “one-size-fits-all” approach of traditional family preservation programs and services. In recognizing that individuals and families make the best adaptation to their circumstances that they know how to make, Georgia Home Based Services (GHBS) will build upon clients’ strengths to improve their ability to make better decisions for themselves and their children. Through performance measures and outcome goals, the Division of Family and Children Services will be able to identify clearly agencies that are meeting the expectations of the Division. All services will include a level of fiscal responsibility in order to ensure the sound use of state, federal and private dollars in serving children and families.

MISSION STATEMENT: The mission of Georgia Home Based Services (GHBS) is to meet the needs of children and families referred for help, by providing services that are assessment driven, strength based, individually tailored, family centered, community based, culturally competent and performance/outcome based.

PROPOSED MODEL: GEORGIA HOME BASED SERVICES (GHBS)

A. GHBS is assessment driven. Because of a lack of an evidence based model to determine the needs of our families and monitor the quality of service provision of our providers, the Assessment subcommittee reviewed three (3) main assessment tools. The tools reviewed are: the current Comprehensive Child and Family Assessment (CCFA), Family Assessment Form (FAF) and The North Carolina Family Assessment Scale (NCFAS-R and the NCFAS-G). The final committee recommendations of the Assessment sub-committee are as follows:

1. The Family part of the CCFA (complete Biopsychosocial) should continue to be completed for the entire family with the addition of the NCFAS-G or NCFAS-R.
2. The Child portion of the CCFA would be referred out to the CORE Service Provider for the Child. This would bring a 3rd party to the MDT. These changes would eliminate the CCFA as we know it, but would allow for family assessment for kids on both sides of the continuum (CPS and Foster Care). The money saved in the child assessment would make funds available for other purposes. Using a comprehensive, user-friendly, validated instrument will provide the appropriate foundation for GHBS. (See Attachment B)

B. Services will be structured by Tiers. A review of our families and their needs resulted in an appropriate division of three tiers of service or intervention:

T-1 Mild Services (Prevention, Early Intervention and Aftercare)

T-2 Moderate Services (at risk of being removed from the home and stabilization of children and families in their current living environment.)

T-3 Intensive Services (imminent risk of out-of-home placement or reunification)

The work completed to date represents a work in progress. Further defining of the Tiers will occur in the definition portion of the proposed standards.

C. Service Delivery Models (SDM) – Only evidence based practices will be recommended in the Service Delivery Model (SDM). Additional work is on-going to identify other SDM's

D. Outcomes – Specific service outcomes shall reflect the desired outcomes of safety, permanency, and well being for Georgia's families, children and communities. Additional work is on-going to apply specific, measurable indicators to further track the outcomes.

E. Cost – Currently we are doing provider cost analyses in order to make recommendations on a fee-for-service structure. We anticipate three (3) comprehensive rates (one per Tier) and providers are expected to *do "Whatever it takes to meet the needs of the child and family,"* within that tier of services.

The CCFA Task Force has justified a reduction in cost for assessments and the result produces a more usable assessment document to guide and plan services for children and families. Additionally, the recommendations for assessments found in the Transition Plan will result in bringing the MRO and third parties to the MDT for planning and implementation of the Plan of Care.

PROPOSED MODEL:

GEORGIA HOME BASED SERVICES (GHS)

TIERS (T)	DESCRIPTION	SERVICE DELIVERY MODELS (SDM)	OUTCOMES	COSTS
INTENSIVE SERVICES (T-3)	<p>Family/Child must have a combination of issues in the following areas:</p> <ul style="list-style-type: none"> • MHDD/DAD Related issues and other exclusionary disorders, (e.g.) Developmental Disabilities, (e.g. Autism) Sex Offending • Multi-agency involvement • Family generational involvement (DFCS/DJJ) • Physical/Sexual/Emotional Abuse • Imminent risk of out-of-home placement • Reunification difficult w/out professional support (includes pre-discharge planning) • Requires crisis stabilization • Requires professional support to remain in community <p>Assessment identifying the need for T-3 services is required.</p> <p>DURATION: 3-15 months / Minimum contact, 35 hrs. monthly</p>	<p>High Fidelity Wrap MRO Services Intensive Family Preservation Services (IFPS) (Additional SDM's TBD)</p>	<p>The Task Force is committed to developing defined outcome measures for each Tier which meet and/or exceed the Georgia CFSR goals of Safety, Permanency and Child and Family Well Being.</p> <p>Committee Work in Process.</p>	<p>T-3</p>
MODERATE SERVICES (T-2)	<p>Families and Children must have a combination of issues in the following areas:</p> <ul style="list-style-type: none"> • Children and families with moderate risk behaviors • Children and families with moderate safety risk(s) • May be in custody of DFCS or supervision of DJJ • Identified behaviors require professional intervention(s) • At risk of being removed from home • Presenting problems in at least one (1) area: <ul style="list-style-type: none"> • Home • School • Community <p>Assessment identifying the need for T-2 services is required.</p> <p>DURATION: 3-6 months / Minimum contact, 20 hrs. monthly</p>	<p>High Fidelity Wrap Intensive Family Preservation Services (IFPS) SAFE CARE (ages 0-5) MRO Services (Additional SDM's TBD)</p>		<p>T-2</p>
MILD SERVICE (T-1) Prevention, Early Intervention, After-Care	<p>Families and Children must have a combination of issues in the following areas:</p> <ul style="list-style-type: none"> • Children remain in the home or are expected to return within 30 days • Families have unsubstantiated investigation for abuse and/or neglect but there are non-maltreatment issues that place the family at risk for referral. • Families have a substantiated investigation yet are at low risk for future abuse and neglect. • Children either have involvement with Juvenile Justice or have been found truant by the school system • Referrals that are diverted from investigation • Children with first time charges for unruly behavior <p>DURATION: 1-2 months / Minimum contact, 10 hrs. monthly</p>	<p>SAFE CARE (ages 0-5) MRO Services (Additional SDM's TBD)</p>		<p>T-1</p>
ASSESSMENT	<p>The North Carolina Family Assessment Scale (NCFAS-G) and the NCPAS-R) with the family part of the CCF/A. The child portion of the CCF/A would be referred to a CORE Service Provider.</p>		<p>*Note: Outcomes apply to Tiers 1-3</p>	<p>TBD</p>

Note: The identification of tiers should not be confused with levels, but only as a way to group services for planning, implementation, tracking and payment. The rates to be defined are captioned and it is expected both verbally and by contract that providers will do "whatever it takes" to prevent family dissolution and unnecessary placement of the individual child(ren).

TRANSITION PLAN – (From Family Preservation / In-Home Services to GEORGIA HOME BASED SERVICES (GHBS))

1. With a commitment to the assessment being the foundation of Georgia Home Based Services, we recommend the following:
 - A. The child portion of the CCFA be referred to MRO providers for completion, with the family portion to be completed by the contracted, private provider.
Effective Date: October 1, 2008.
 - B. Adopt, train and prepare DFCS and Provider staff to implement the North Carolina Family Assessment Scale (NCFAS-R and NCFAS-G). Effective Date: October 1, 2008 with an implementation date of January 1, 2009. During the period of January 1-March 31, 2009, Providers will collect data from the NCFAS-R and G to determine the needs of families and ensure that these needs match the evidence based model under consideration. Additionally, the Task Force will meet with the Budget Office and review data and analyze findings for funding consideration.
 - C. Implement evidence based practices based on the following schedule:
 - 30% of GHBS FY 2010
 - 30% of GHBS FY 2011
 - 40% of GHBS FY 2012
 - D. Reduce the CCFA wraparound-case management program-by narrowing the description of usage. This reduction would decrease simple supervision and monitoring of children in non-home environments (i.e., hotels; shelters, offices, etc.). On a case by case basis, County Directors and Regional Supervisors could override this reduction due to special circumstances. The cost savings from this reduction will be up to \$7500.00 per family. Effective Date: October 1, 2008
2. To assist providers during this transition period, we propose the following:
 - A. Homestead – Increase to \$4500.00 per family per year with an hourly rate of \$80.00 and no mileage or other billing considerations. (current rate \$3500.00 with a \$400.00 cap on mileage) effective October 1, 2008.
 - B. Paraprofessional – Increase to \$3500.00 per family per year with a \$60.00 per hour rate and no mileage or other billing considerations (current rate \$3000.00 with a \$400.00 cap on mileage) effective October 1, 2008.
 - C. Early Intervention – Increase to \$750.00 per family with a \$60.00 per hour rate with no mileage or other billing considerations (currently \$500.00 with a \$150.00 cap on mileage) effective October 1, 2009. During the 30 days that a Provider has an early intervention case, they are to do “whatever it takes.” (This may mean exceeding the 10 contact hours normally understood.)
 - D. Home Evaluations – Increase to \$450.00 per family (currently at \$350.00).
 - E. During the transition period, leave ICSP as is and train DFCS and providers on appropriate access and usage of the service.

3. The Task Force is committed to completing a set of standards for Georgia Home Based Services (GHBS) utilizing the DHR approved Intensive Community Support Program (ICSP) Standards as a model. This task will be completed by November 30, 2008. This will hopefully allow adequate time for DFCS review and training for implementation an date for GHBS on July 1, 2009.

In summary, the Georgia Home Based Services (GHBS) Task Force remains committed to the process of reform, which will better ensure the safety, permanency and well being of families and children of Georgia.

CURRENT SERVICES:

The Taskforce has reviewed each of the services currently provided by DHR, under the heading of Family Preservation & In Home Services, as follows:

1. **Homestead** – Intensive In-Home Therapeutic Services provided by a qualified therapist.
2. **Parent Education** – In-Home Parenting Services provided by a qualified parent educator.
3. **Early Intervention** – In-Home services provided for a maximum of ten (10) hours and thirty (30) days.
4. **Comprehensive Child and Family Assessment (CCFA)** – Comprehensive Assessment conducted by qualified therapists for families who have had their children removed by the Department of Family and Children Services (DFCS) due to safety risks for the children.
5. **Comprehensive Child and Family Assessment Home Evaluation** – An assessment of a relative’s home by a qualified parent educator for the purpose of consideration as an acceptable placement resource for a specific child or sibling group who is in DFCS custody.
6. **Comprehensive Child and Family Assessment Wraparound Services** – The services include Crisis Intervention, Intensive Treatment and Case Management.
 - a. **Crisis Intervention** – Immediate services to stabilize and manage the behavior of a child and/or a volatile family situation where safety of the child is not an issue, but may result in a child’s current foster care/relative placement, adoption placement not finalized, or Aftercare placement being at imminent risk of disruption and/or the child being at risk of re-entering foster care. (Therapist/Parent Educator – 8 months).
 - b. **Intensive Treatment** – The purpose of these services is to provide therapeutic clinical services for a family in preparation for the safe return of a child and/or to maintain and stabilize a child’s current placement. (Therapist – 8 months)
 - c. **Case Management** – The purpose of these services is to provide case management assistance to families in completing the defined goals and steps of their DFCS plan. (Parent Educator – 8 months)
7. **Intensive Community Support Program (ICSP)** – A team approach provides individualized care and supervision to a child within their own home or in a family placement. Two levels of services are available as follows:
 - Level Two** – More Intensive, minimum of 35 direct contact service hours per month
 - Level One** – Less Intensive, minimum of 20 direct contact service hours per month

Services are reviewed each ninety (90) days by a Utilization Review Team through DFCS Provider Relations Unit. Philosophy of ICSP – “**Do whatever it takes to maintain a child in the community.**”

A strength and weakness review of each of the seven (7) service components are available upon request. For the purpose of this report a summary of strengths and weaknesses are as follows:

Strengths

1. Services have evolved since July 1993 in response to identified needs by DFCS and as a result of the 1980 Adoption Assistance and Child Welfare Reform Act (PL 96-272), whose provisions were greatly enhanced by the Family Preservation and Support Act of 1993 (PL 103-66).
2. Services have enhanced the work of the local DFCS office and have provided many excellent examples of public – private partnerships focusing on “reasonable efforts” to prevent family dissolution and child placement.
3. The Intensive Community Support Program (ICSP) provides for cost containment and out-come based services through a capped rate and outcome reviews through external utilization reviews. The family is central in the review process.
4. Services allow for local DFCS control and selection of services.
5. Service Components meet most of the service selections needed for a system of care.

Weaknesses

1. Services are not integrated into a defined “System of Care”.
2. Selection of specific services by DFCS often results in the least expensive verses the most appropriate service being purchased.
3. Services lack a unified set of guiding principles to insure quality care. Services vary based on providers and their commitment to best practices.
4. The billing for services by the private providers is complex and does not promote effectiveness and efficiency.
5. Current rate structure for the seven (7) identified services is inadequate and has not been increased (6 of 7 services) since they were introduced dating back to June 1993.

CCFA Task Force Recommendations First Quarter 2007

Task force members included AJ Norris, Pathways, Hugo Mullins, Family Ties Inc, Debbie Atkins, GA HOPE, and Paige Mervis, Oasis Counseling.

Who is this child and what does he/she need to thrive?

The Comprehensive Child and Family Assessment should first and foremost answer this question. This should be the foundation for case workers to initiate placement and services for any child coming into care and the focus of the case plan.

Problem: The current CCFA format requires a great deal of time and resources spent on obtaining supporting documents used in case planning rather than on developing a comprehensive assessment of the child's placement needs and family's service needs.

Goal:

- (1) Make the child assessment a complete diagnostic assessment that clearly describes the child and spells out his/her specific needs while in placement.
- (2) Incorporate the child assessment into a strengthened and more comprehensive family assessment that outlines the service needs.
- (3) Ensure the CCFA supports and strengthens the current system reform of Mental Health.

Recommendations:

1. Remove the following current CCFA Requirements from the menu of provider services:
 - the collection of medical records and health screening effective for referrals made on or after April 1, 2007
 - the collection of school records effective for all referrals made on or after April 1, 2007
 - the coordination of the psychological assessment effective July 1, 2007
2. Strengthen the child assessment:
 - By using the attached outline of requirements (Attachment 1)
 - Eliminate the automatic ordering of a psychological for all new kids coming into care
3. Strengthen the family assessment:
 - By using the attached outline of requirements (Attachment 2)
 - Making recommendations that are specific, behavioral, tied directly to actual outcomes/results, and possible recommendation for resources that could be utilized to meet the goal.
 - Goals will be divided into what needs to be accomplished prior to reunification and what can be ongoing.
4. Additional recommendations:
 - 419 – eliminate from the provider responsibility

- Genogram – the information a Genogram provides should still be required. However, the Genogram should be considered raw data for the providers use and not be required to be turned in, typed, or computer generated.
5. Additional comments:
- All families should be assessed. Abandoned child may be only exception.
 - All children/adolescents should be assessed.
 - Delineator could be the type of placement – a private placement would be responsible for getting the psychological. In public placement, it would only be ordered as part of the assessment if identified as needed.
 - Adolescent Assessments – keep as needed.
 - Continue Family Team Meetings.
 - Multidisciplinary Team Meetings (MDTs) need strengthening. Placement provider *must* be required to attend (foster parent, child caring institution provider, etc.)

Rationale:

- The overarching reason behind the change is to strengthen the correlation between the CCFA and the service needs of the family and the child and the service recommendations while the child is in placement and once they return home and to strengthen the link between the report and effective case planning.
- A list of premium assessment services are being added to the recommendations because they may enhance the case workers ability to create an individual case plan tied to specific issues the family is encountering. These are services that have been ordered currently at the end of the CCFA or months later. The goal is to identify these things earlier in order to help facilitate the child's returning home earlier, to capture accurate recommendations while the parent's motivation for change is highest, and to ensure the case plan has more accurate goals that will not need to be changed or added to months later.
- Informal survey of DFCS case managers indicate the most useful parts of the CCFA are the family history and social assessment, a list of other possible placement alternatives (relatives, fictive kin, etc.) and the narrative report on the family.
- The removal of the Educational and the Medical from the CCFA is in no manner indicating they are not important to the child, but the collection of these documents is primarily a case management task that absorbs the time and resources that can be better utilized in clinical task. The documents themselves do not add significantly to our ability to make effective recommendations for the child and family.
- Most important is information that comes from the psycho-social interview of the child and the family.

- Psychological (so many kids coming into care get a diagnosis of “adjustment disorders” unspecified.) The child assessment should be used to determine the need for a psychological, rather than a psychological being required on all children. Additionally, Medicaid will only allow 1 psychological per year and if the information is not correct(child in honeymoon period) the child will be locked into that evaluation or the State would have to pay for an additional one once the child’s behavior escalates. This will also be affected by the qualifications of the assessor. The recommendation of whether a psychological is necessary would come after the child assessment is complete or at the Multidisciplinary Team Meeting (MDT).

Proposed Changes:

- Create a comprehensive psychosocial assessment for children with a fee structure based on the age of the child
- Create a separate family assessment that integrates the needs of each child while providing a more comprehensive examination of the needs and concerns necessary for developing attainable case plans.
- Add a list of “premium” assessment services for both the child and family that can be part of the recommendations from the assessments (Attachment 3)
 - These premium services currently routinely already ordered throughout a case. The goal is to identify them earlier as part of the assessment so work on the case plan can begin earlier.

Costs:

	<u>Current</u>	<u>Proposed</u>
▪ Health Screen Check	\$150	\$0
▪ Psychological Assessment	\$300	\$0
▪ Educational Assessment	\$150	\$0
▪ Family Assessment	<u>\$600</u>	<u>\$800</u>
Total	<u>\$1200</u>	<u>\$800</u>
▪ Family Assessment (Addl Child)	\$300	Age Specific (\$200 - \$350)

Proposed Fee Structure:

- Child Assessment
 - Birth – 5 No charge w/family assessment
 - 5 – 8 \$200
 - 8 – 12 \$250
 - 12 and older \$350
- Family Assessment \$800
 - Expanded components to include relative placement options
 - Expanded parent perception component
 - Expanded relationship history of primary caregiver

- Menu of additional assessment components based on specific concerns for the family.

Examples of Savings:

	<u>Current</u>	<u>Proposed</u>
▪ Family with two children age 7 and 9:	\$2100	\$1250
▪ Family (3 children, infant, 8 &13)	\$2500	\$1400
▪ Family with one adolescent	\$1200	\$1150

Attachment 1, Child Assessment Requirements

Who is this child and what does he/she need to thrive?

Age appropriate psychosocial assessment will include the following:

- Child's perception/ version of why he/she came into care. Looking for the child's story! Their version, as long as they are verbal and can communicate.
- Child's perception of parents and family
 - Child's perception of current care giver – What's it like where you are now?
- Child's reaction to removal.
- Behaviors attached to removal.
- History of trauma (from child or others)
- Adjustment to placement
- Peer and interpersonal relationships (a child who has been a loner, may not do well in a foster home with 3 or 4 other children).
 - Sibling relationships
- Legal, substance abuse, or sexual history
- Educational Status – interviews with teachers, others as opposed to gathering of records
 - Includes child's perception of education and attitude toward school
- Medical Status – same for medical status
- Mental Health Status
- Hobbies, Interests, Extracurricular activities
- Community Activities (Boy scouts, girl scouts, etc.)
- Resources and relationships (from child and others). Includes family members, relatives, teachers, friends, etc.
 - Developmental history
- Recommendation of a psychological (The current psycho-social assessment should be comprehensive enough to *clinically* decide whether a child needs a psychological – might require a more specific tool be used to assess whether a psychological is needed.)
- Strengths and Needs
- Recommendations for placement and services (electronic version)
 - Specific with goals and outcomes attached
 - Visitation recommendations

Summary of this within 14 days of referral with recommendations of needs of the child. Example: Johnny is a 14yr old child placed currently placed at and his primary needs are. His current recommendations are:

- Immediate
- Ongoing

Attachment 2, Family Assessment Requirements

Who is this child's family and what is required for the family to be made whole again?

Appropriate psychosocial family assessment will include the current CCFA required family assessment report with the following additions:

- Family/Social/Natural Supports – potential placement recommendations.
- Current and historical relationship information (including marital status, all current or past boyfriends, etc.).
- Other adults involved in the activities of this child. (Might be more proper to put in child assessment).
- Child Abuse Potential Inventory (CAP) is an example of one of many reliable instruments that may be used to back up clinical impressions.
- Parent Assessment
 - Do the parent(s) know what the developmentally appropriate expectations for their child are? What are the parent's abilities to set limits? What is their philosophy of parenting? What is their approach to **disciplining** their child? How were they parented? Needs to be more comprehensive.
- More Specific Behavior Oriented Recommendations
Example: Family needs parenting classes. Too nebulous. Parenting class to accomplish what specifically. What will they learn and what should be the specific outcome? **Recommendations must be tied to the child and family toward a goal of reunifications.**

Attachment 3, Additional Assessment Services

Premium Assessment Services are services that DFCS cannot provide and that are not considered social work. Services can be ordered at intake or any time during the assessment.

Additional Child Assessment Services

- Coordination of Child Psychological (after July 1st)
- Substance Abuse Evaluation
- Drug Screen
- Parent Aid Services
- ESOL (English Speakers of Other Languages) Assessment Services
Different Requirements – Translator vs. Assessor

Additional Family Assessment Services

- Relative Home Evaluation
- Substance Abuse Evaluation
- Drug Screen
- Anger Management Evaluation
- Domestic Violence Evaluation
- Coordination DNA Testing
- Psycho-Sexual Evaluation
- Parent Aid Services
- Parental Fitness Evaluation (includes a psychological of the adult, risk in current parenting, etc.) Needs to be done by a licensed psychologist.
- Coordination of Adult Psychological
- ESOL (English Speakers of Other Languages) Assessment Services
Different Requirements – translator vs. assessor

Examples of when specific premium services may be ordered at intake.

- Substance Abuse Evaluation – if it is the direct result of the child coming into care.
- Relative Home Evaluation – is a specific relative has been identified at intake.
- Drug Screen – case worker has suspicions of substance abuse at intake
- Anger Management – child physically abused linked to a specific incident.
- Domestic Violence Evaluation – direct police involvement where police took kids into custody.

Policy Change Recommendations:

- Fifty-mile Rule (if provider is required to travel beyond 50 miles to interview child and or family).
- Requirement of all RBWO providers to attend the FTM and MDT.