



CBC Financial Viability Effective Practices

Providing Services that promote, maintain, and strengthen relative/non-relative care placements

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Practice Summary

The statewide average for children in out-of-home relative and non-relative care was 58% in the state fiscal year (SFY) 16/17, while KFF's was 63% (one standard deviation above the mean). KFF has increased the number of children in relative and non-relative care by utilizing supports and services that help maintain and strengthen the placement until the child can achieve permanency.

The Relative Caregiver Support Model is successfully utilized by KFF to safely place and maintain a child in a relative or non-relative placement rather than a licensed family foster home or non-family-foster placement (such as group care, residential treatment home). KFF diligently identifies the needs and then wraps supportive services around the child and caregiver to support and strengthen the placement.

When a child is initially removed from their home, the Department of Children and Families Child Protective Investigator makes every attempt to locate relative and non-relative caregivers who are fit and willing to care for the child. On occasion, due to factors such as parental non-compliance with providing information, relatives are not able to be located immediately. When that occurs, the child will be placed in a foster home. However, the search for relatives and non-relative caregivers will continue even when DCF transfers the case to Kids First of Florida (KFF) for ongoing services. This process begins with the KFF Placement Coordinator and continues throughout the life of the case with the KFF Family Services Counselor (FSC) who has the support of the Administrative Assistant who is responsible for coordinating the diligent search process.

This supportive approach safely reduces the cost and number of children in licensed family foster homes and non-family-foster placements. The 2017 base licensed family foster room and board rates range from \$448 to \$538 per month, depending on the age of the child. The average group home cost per child (excluding APD and treatment placements) was \$3,708 in May 2017. Diverting one child from group could save \$44,496.00 per year.

Besides the cost savings, relative and non-relative placements are more advantageous than licensed placements (particularly when it comes to group care, residential treatment and "other" placements) because the child has a prior relationship with the caregiver which helps to maintain the child's connections in out-of-home care and, if a child cannot be reunified, relative/non-relative placements have a better chance of leading to the child being adopted and achieving permanency.

Substantial social science research indicates that relative placement had advantages for the children. Research reveals that:

- Children in relative care tend to be just as safe as, or safer than, children placed in foster care.
- Relative placements provide more stability than placement with foster families, and if the child has to move, it is likely he or she will move from the home of one relative to another.
- Siblings more often remain together in relative care and are more likely to visit one another even if they reside in separate relative homes.
- Relative caregivers are more likely to continue the ties with the child's birth family.
- Children in relative care are more likely to remain connected to their community, including their school.
- Relative caretakers facilitate parent-child visitation more easily since the caregivers will likely favor reunification and will be less likely than foster parents to compete with the parents for permanent custody of the child.

- Relatives are more likely to invest time and care for a child who shares a blood tie. This includes a willingness to care for the child for as long as needed.
- Placement with relatives will generally be less traumatic than placement in an unfamiliar home because the children will be living with someone they know and trust, particularly if the non-relative differs racially or ethnically from the child.
- Placement with relatives supports the transmission of a child’s family identity, culture, and ethnicity.
- Placement with relatives eliminates the unfortunate stigma that many foster children experience.
- Children fare better in relative care than in foster care along numerous axes.
- The child placed with relatives knows his or her own family, sees family resemblances, and understands how he or she fits into it.

(Hon. Leonard Edwards, Judge-in-Residence, Center for Families, Children and the Courts, California Administrative Office of the Courts, “Examining the Benefits and Challenges of Placing Children with Relatives”)

CBC Context

KFF is the CBC agency for Clay County. Clay County is in Northeast Florida, south of Jacksonville. The county is spread over 604 miles. The county’s population was 208,311 in 2016, with a population of 346.7 per square mile. Clay County is largely a suburban area; however, many parts of the county remain quite rural. In SFY 16/17, KFF served 820 children and young adults.

Practice Detail

Core Elements:

The Relative Caregiver Support Model is utilized by KFF to safely place and maintain a child in a relative or non-relative placement rather than a licensed family foster home or non-family-foster placement (such as group care, residential treatment home).

KFF utilizes the Family Team Conference and multi-disciplinary team processes to identify all needs and then wraps supportive services around the child and caregiver to support and strengthen the placement. The approach incorporates the formal and informal supports of the child, including current and previous caregivers, Guardian Ad Litem, teachers, extended family, friends, etc., KFF staff and community stakeholders.



Through a team approach, the child, the caregiver, the child’s support system, KFF staff, and stakeholders come together and assess and identify the strengths and needs of the child and caregiver and the supports and services that can assist them with meeting objectives, obtaining appropriate supports and services and overcoming placement barriers, mental health issues, or any other identified need. The KFF Family Services Counselor (FSC) ensures that all identified supports and services are provided. KFF currently has 28 primary FSC positions. The primary FSC is responsible for all case coordination and works directly with the biological parents, children, and caregivers. Their average

caseload is approximately 12 families and the primary FSC is responsible for visiting each child every 30 days, as well as ensuring that all supportive services (for parents, child and caregiver) are coordinated.

Supportive Services can include, but are not limited to, the following:

1. Transitional Trauma Therapy (TTT): To reduce the emotional impact related to the child's removal from the home and placement changes, Clay Behavioral Health Center's TTT services (counseling) are provided to the child, caregiver and family at removal, through the adjustment of the child in the out-of-home care setting and during placement changes while in out-of-home care. This service was added in SFY 12/13. A TTT therapist is present with the DCF Child Protective Investigator at every removal and assists the child and family with the emotional aspect of the event. The child's trauma is addressed utilizing Trauma Focused Cognitive Behavioral Therapy. These services help to reduce the likelihood of a placement disruption.
2. Medicaid Funded Services: Medicaid funded services (office as well as home based services) assist in meeting the child's physical, emotional, and developmental needs including physical, dental, audio and visual assessments and services, counseling and therapy, mental health treatment, substance abuse treatment, case management, behavioral analysis and assessments and evaluations used to facilitate treatment. KFF has a unique partnership with Clay Behavioral Health Center, the community mental health and substance abuse counseling and treatment provider in Clay County. The uniqueness, which consists of a shared CEO as well as co-location, assists in efficiency in both access of services and communication regarding compliance, barriers, and progress in clients receiving services.
3. Grants and Aids – Purchase of Therapeutic (Mental Health) Services for Children (aka 100806 Funds): 100806 funds can be used for a child who has a qualifying mental, emotional or behavioral disorder and a functional impairment which interferes with, or limits the child's role or functioning in family, school, or community. These funds provide:
 - A comprehensive array of services and informal supports tailored to the individual needs, strengths and developmental level of the child;
 - Innovative and specialized treatment approaches and support services not funded by Medicaid or other funding sources; and
 - Opportunities to further develop self-regulation and positive relational skills through age appropriate enrichment activities.
4. Resource Support: Resource support is utilized to assist caregivers in meeting the concrete needs of the child and caregiver. Through the assigned KFF FSC, caregiver needs are assessed and identified at each monthly home visit. If added supports are identified, the FSC will coordinate the delivery of the needed resource. KFF is responsible for assisting with securing funding if needed. These supports may include financial/income/employment assistance, housing assistance, household goods, food, clothing, and home furnishings. The supports can be provided by KFF or a community provider.
5. In-Home Parent and Education and Support: Clay Behavioral Health Center's In-Home Parent Education and Support is an in-home program designed to build parenting skills (behavior

management, child development and caregiver-child communication) and locate and access community services and supports. This resource is available for all parents and caregivers (relative/non-relative/licensed caregivers) if needed. Funding will be provided by KFF if parents/caregiver does not have the ability to pay for the service.

6. Childcare and Educational Services: Educational services such as tutoring are utilized to assist the child in improving school performance. Childcare and afterschool care is provided, as needed, through the various daycares and schools in the community.
7. Natural Support System: KFF works with the child and caregiver to strengthen their natural support system as necessary. This assistance includes encouraging the caregiver to be involved in the child’s education and maintaining contact with the child’s family and social connections, when appropriate.

Barriers encountered and methods to address:

A primary barrier is that many relative caregivers do not believe that they need the assistance of a formal program such as KFF. KFF has addressed this barrier by consistently communicating information via a newsletter, through the monthly FSC visits, and involving the relative caregivers in KFF events. Often times, relative/non-relative caregivers do not realize how much of an impact caring for the child will have on their family.

Resources used to implement:

Many of the services associated with the wrap-around approach are paid for through other funding sources such as Medicaid, 100806 funds, etc. and therefore it is more cost effective for the Community Based Care Agency.

Support or Service	Provider	Cost	Est % of children who receive this service
Medicaid Funded Services	Medicaid Providers Within the Community	Medicaid Funded (Sunshine Health Agreement)	100%
Trauma Treatment Services	Clay Behavioral Health Center	\$75.00/hour-1 st Session None to CBC-Additional Sessions (Safe and Stable Families Funding and General Revenue)	100%
Children’s Mental Health Services (100806 Funds)	Providers Within the Community	Various (100806 Contracted funding)	60%
Resource Support	Clothes Closet, Miriam’s Basket, etc.	Community Volunteers	100%
	KFF Finance Department	Various (Prevention, General Revenue)	60%

In-Home Parent and Education and Support	Clay Behavioral Health Center	\$50.00/hour (Safe and Stable Families Funding and General Revenue)	60%
Childcare and Educational Services (including Tutoring)	Episcopal Children's Services, Schools, etc.	Episcopal Funding, General Revenue	50%
	Afterschool Programs	Varies	30%
	First Coast Behavior Solutions-Tutoring	\$40.00/hour, General Revenue	20%
Natural Support System	Caregivers, Guardian Ad Litem, teachers, extended family, friends, etc.	None to CBC	100%

Staff Feedback

KFF staff feels that a supportive approach is helpful and effective because it helps to alleviate the stress that the caregiver is experiencing when the caregiver feels supported. It is especially helpful when the caregiver has not cared for a child previously or the child has behavioral issues. The approach makes for a smoother and organized transition for the caregiver and child.

CBHC staff commented that the approach is effective because TTT services are provided whenever needed. While TTT is designed to establish a relationship with a child and family at the onset of removal, the TTT team assists as part of the ongoing process to strengthen a family system in order to maintain a placement. CBHC also likes the team approach in which the FSC, child, caregiver, service providers and supports work together to meet the child's needs and maintain placement stability.

Practice Example

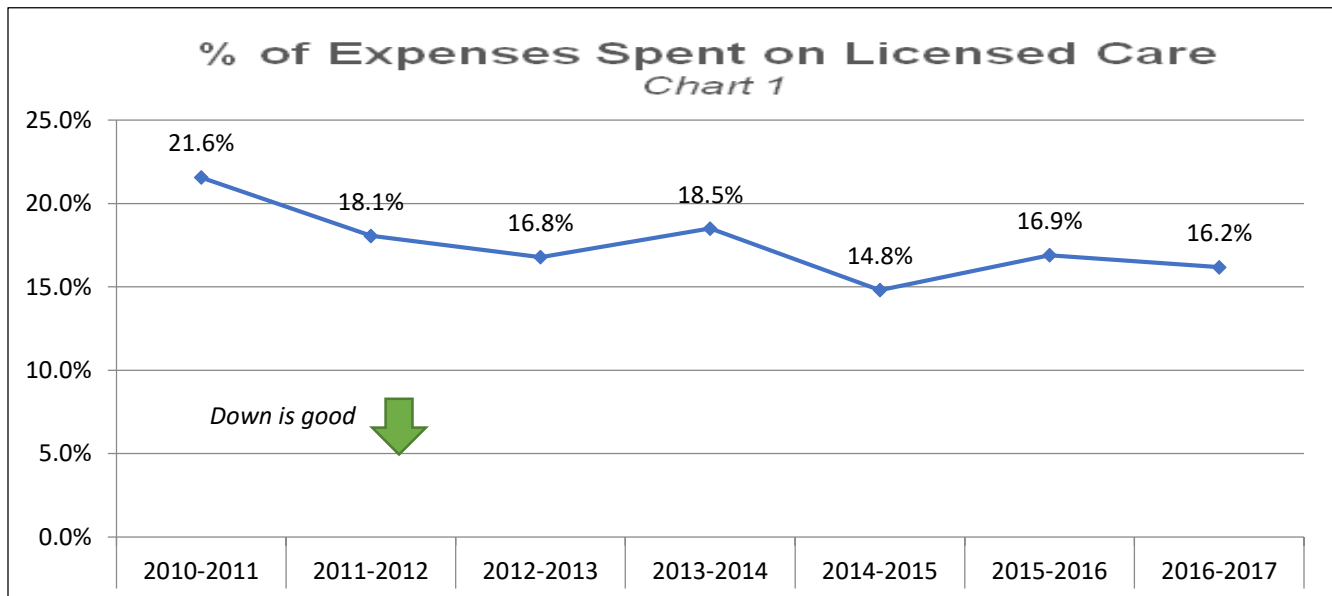
J.D. is an 8-year-old, hearing impaired boy who was removed from his mother's care due to medical neglect and inadequate supervision. Although J.D. was originally placed in a foster home, his grandmother was located and expressed an interest in caring for the child. However, there was concern that she could not manage his behavior. J.D. has tantrums and runs away from others when he gets upset; a behavior that has increased danger due to his hearing impairment.

To assist the grandmother and the child with preparing for the placement, the FSC, foster parent, grandmother and school personnel met to discuss needed supports and services. Arrangements were made to ensure his educational, medical and mental health needs were discussed and that his grandmother had been educated and trained in his care. Additional supports such as after school care and tutoring and an in-home behavior analyst were added to ensure J. D.'s transition and placement would be successful. J. D. is currently scheduled to be placed with his grandmother with the necessary supports in place.

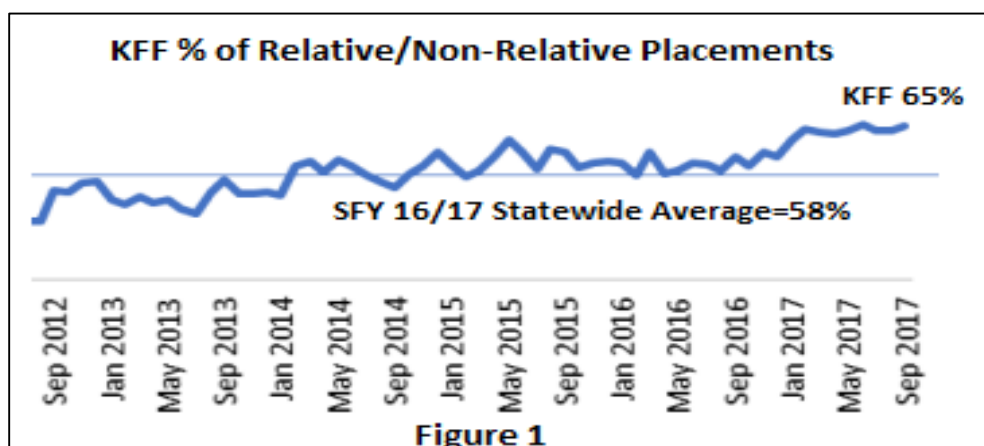
Results

KFF enhanced the supportive approach in SFY 12/13 with the addition of Transitional Trauma Therapy and Florida’s Child Welfare Practice Model (formerly known as the Florida Safety Decision Making Methodology).

The percentage of expenditures spent on licensed care has decreased since SFY 10/11. When comparing the overall expenditures in SFY 16/17, KFF spent 5.39% or \$471,699.75 less on licensed care (including family foster homes, group care, residential treatment and “other”) than in SFY 10/11 (see chart 1).



KFF began approaching the SFY 16/17 statewide average for the % of relative and non-relative placements in 2011 and exceeded the SFY 16/17 statewide average in 2014. As of the end of September 2017, 185 children or 65% of children served in out-of-home care by KFF were placed in relative or non-relative care, rather than licensed care (including family foster homes, group care, residential treatment and “other”), well below the statewide average of 58% (see figure 1).



In September 2017, KFF was 7% above the statewide average for the number of children in relative and non-relative care. That 7% translates to 20 children served through KFF. If those 20 children remained in relative or non-relative care for one year as opposed to a licensed family foster home with a room and board rate of between \$448 to \$538 per month, the savings to KFF would be between \$107,520.00 and \$129,120.00. Based on the average monthly group home cost per child (excluding APD and treatment placements) of \$3,708 in May 2017, diverting one child from group care to relative or non-relative care could save \$44,496.00 per year.

KFF reduced the % of licensed out-of-home placements in non-family foster placements (including group care, residential treatment and “other”) in 2012 and was significantly below the statewide average of 32% in September 2017 (see figure 2). In addition, KFF has the lowest rate of placement moves for children in out-of-home care according to the CBC Scorecard measure “Placement moves per 1,000 days in foster care. Last SFY, KFF’s rate of placement moves was 1.640, while statewide the rate was 4.410.

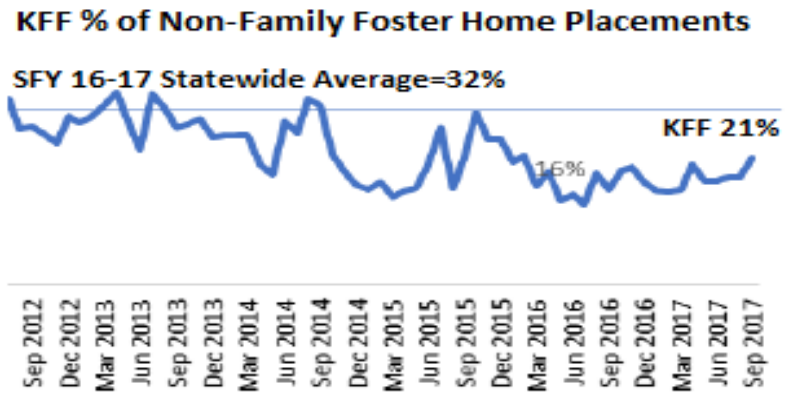


Figure 2

Placement Moves per 1,000 Days in Foster Care For Children Entering Care										
CBC Lead Agency	10/1/14 - 9/30/15	1/1/15 - 12/31/15	4/1/15 - 3/31/16	7/1/15 - 6/30/16	10/1/15 - 9/30/16	1/1/16 - 12/31/16	4/1/16 - 3/1/17	7/1/16 - 6/30/17	10/1/16 - 9/30/17	1/1/17 - 12/31/17
Big Bend CBC	4.07	3.64	3.70	3.38	3.65	3.37	3.63	3.45	3.20	4.04
Families First Network	4.47	4.92	5.02	5.62	5.90	6.10	6.50	6.06	6.19	5.71
Community Partnership for Children	3.21	3.42	3.31	3.14	3.10	3.14	3.48	3.55	3.64	3.39
Family Integrity Program	2.81	2.45	2.28	2.74	2.91	3.02	3.29	3.71	5.49	5.51
Family Support Services of North Fla	2.80	3.38	3.46	3.82	3.77	4.08	4.07	3.94	3.66	3.14
Kids First of Florida, Inc.	2.87	3.04	2.92	2.47	1.79	1.72	1.65	1.40	1.95	2.34
Partnership for Strong Families	3.70	3.79	3.50	3.25	3.64	3.33	3.35	4.10	3.99	3.99
Brevard Family Partnership	3.11	2.97	2.64	3.44	4.18	3.92	3.76	3.24	3.16	2.85
Community Based Care of Central Fla	3.91	3.66	4.16	3.49	3.60	3.89	4.13	4.80	5.03	4.75
Community Based Care of Central Fla (Seminole)	4.13	3.49	3.44	3.63	3.74	3.24	3.73	3.23	3.24	3.78
Heartland for Children	3.37	2.87	2.70	3.05	3.73	3.48	3.13	2.83	2.99	3.14
Kids Central, Inc.	3.98	3.46	3.44	3.65	4.21	4.40	4.14	4.47	3.98	3.84
Childrens Network of SW Florida	5.39	5.02	5.29	5.45	6.39	6.31	6.48	6.40	5.81	5.45
Eckerd Community Alternatives	3.65	3.71	3.48	3.65	3.86	4.03	4.07	4.41	4.36	4.32
Eckerd Community Hillsborough	4.59	4.54	4.91	5.53	5.58	5.55	5.58	5.28	5.70	6.29
Sarasota Y/SAFE Children Coalition	4.20	3.95	4.32	4.27	4.68	4.55	4.48	4.29	4.18	4.23
ChildNet-Broward	3.25	3.14	3.12	3.46	3.46	3.38	3.52	3.34	3.18	2.98
ChildNet-Palm Beach	3.00	2.96	3.10	3.23	3.54	3.58	3.80	3.50	4.02	4.56
Devereux CBC	4.57	3.94	3.93	3.54	4.53	4.11	4.06	3.96	3.79	3.74
Our Kids of Miami-Dade/Monroe, Inc	5.09	4.95	4.88	5.16	5.62	5.63	5.76	5.14	5.13	5.23
Statewide	3.94	3.80	3.83	4.03	4.37	4.38	4.47	4.39	4.36	4.35
National Standard	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12

Source: FSFN OCWDRU Report #1102: "Placement Moves Per 1,000 Days in Foster Care"

KFF: lowest in the state