



FLORIDA DEPARTMENT
OF CHILDREN AND FAMILIES
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Devereux Community Based Care

CBC Financial Viability Effective Practices

Discharges from care

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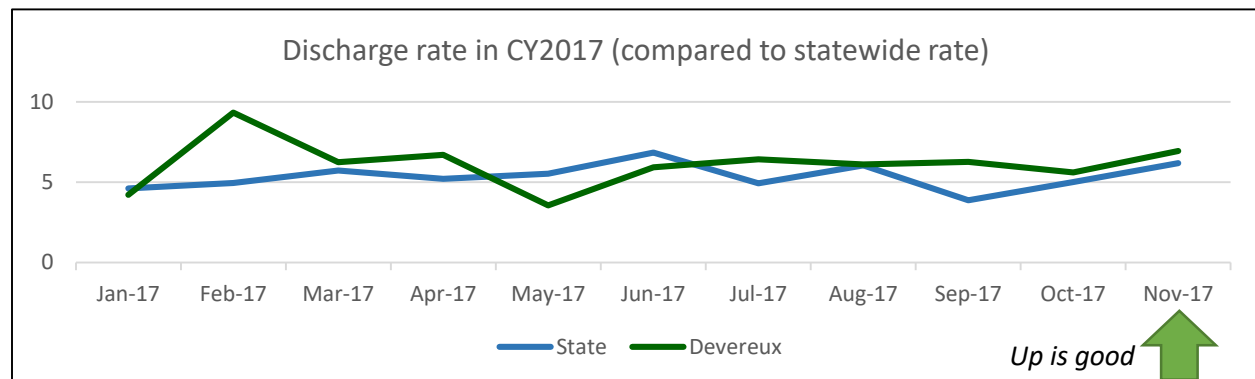
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Practice Summary

Devereux Community Based Care (DCBC) uses a multi-faceted approach to managing the length of stay in out of home care, centered on early engagement with the family and our CLS and GAL partners, and early identification of and removal of barriers to permanency. The length of stay for children in care is a driver of caseload size. Longer lengths of stay also impact the utilization of group and shelters when higher numbers of children are requiring licensed care than available foster homes can accommodate. Increased caseload size and high use of group and shelter are drivers of financial instability.

CBC Context

Devereux Community Based Care (DCBC) covers Circuit 19, a four-county area: Indian River, Martin, Okeechobee, and Saint Lucie Counties. While Okeechobee is very rural, the other three are a mix of urban and rural. Historically, Circuit 19 has exceeded the state average for removals per 100 children. Therefore, maintaining a healthy discharge rate is critical. DCBC serves an average of 786 unduplicated children in out of home care each year.



When DCBC assumed lead agency operations on November 1, 2013, the discharge rate was in its second year of an all-time low and adoptions were practically non-existent in Saint Lucie County, where case management caseloads were approximately 25:1 and turnover was at an all-time high (88%). High court expectations in St Lucie County, which accounts for 50% of our cases, resulted in continued hearings, limited availability of court time and inability to move cases to permanency. Children's Legal Services (CLS) and the Guardian ad Litem (GAL) programs were impacted as well in what could be accomplished. The working relationships between the three was struggling. With a change in the judiciary in Saint Lucie County in January 2014 and a renewed sense of determination among the three groups, we began to work together to plan improvement strategies.

Re-establishing trusting relationships with our CLS and GAL partners as well as the judiciary were key to implementation of several strategies:

1. re-establishing the stipulation process
2. instituting a locally designed process for rapid family engagement
3. redesigning the case transfer process
4. unit-specific monthly out of home care reviews led by the DCBC CEO and COO
5. streamlining the adoption process
6. establishing monthly Permanency Roundtable (PRT) meetings

In additions, we have established a monthly meeting with the leadership from Children's Home Society (CHS), Devereux Community Based Care (DCBC), Childrens Legal Services (CLS), Dept of Children and Families (DCF), Guardian AdLitem (GAL) and Dept of Juvenile Justice (DJJ) to maintain an ongoing dialogue and address barriers or concerns that may arise.

Practice Detail

Core elements

1. Re-established the stipulation process

DCBC implemented partnership meetings with CLS and GAL, and with the support of these partners and the parent's attorneys, was able to implement a stipulation process for motions that streamlined and prioritized which issues needed to go to court for a hearing, and which could be agreed upon through stipulation therefore avoiding the need for hearings. Stipulations involve motions agreed upon by the parties so that a full hearing does not have to be held.

Stipulation was agreed to circuit-wide but had the most impact in Saint Lucie County where the previous judge required that every motion be heard even if all parties agreed. The implementation was planned and implemented from January through March of 2014 and continues today.

2. Implemented Rapid Family Engagement.

The strategy allows for Conditions for Return to be discussed with the family within five days of shelter, provides for early engagement in the case planning process and relationship building between the parent and the Dependency case manager.

Implementation has been county-specific; Saint Lucie in October 2015, Martin and Okeechobee in March 2016, while Indian River County has not yet begun.

3. Implemented county-specific intake and operations case transfer process

Families are invited to participate in the case transfer staffing. Because the initial FFA is completed prior to transfer, this setting lends itself to clear dialogue with the family regarding strengths and stressors, as well as service needs. Standard case transfer staffing processes were established in each county in 2014.

4. Monthly out-of-home care reviews

Each child who is in a licensed care setting is reviewed monthly at a series of county-specific meetings, with the DCBC CEO, COO, County Director, CHS or DCBC program director and case management supervisors in attendance. Barriers to reunification and/or other permanency options are discussed and plans to address are determined at the meetings.

Information is gathered that further assists the team in determining specific factors that are contributing to inability to secure placement in a foster home, if the current placement is in group, and to support our targeted recruitment initiative for foster homes, if indicated. If assistance is

needed from CLS or the GAL program, or barriers such as ICPC which need to be brought the attention of DCF in Tallahassee, or delays in service or treatment delivery, those connections are followed up by the CEO, COO or County staff and tracked for the following month's meeting.

DCBC began these reviews in October 2014. As of November 2017, we have added to these reviews all children in relative or non-relative placement for longer than two years. Recognition must be given to DCF Southeast Region Child Protective Investigations for the excellent job they do in finding relatives and non-relatives, which averages in the mid-50 percentile, for children coming into care.

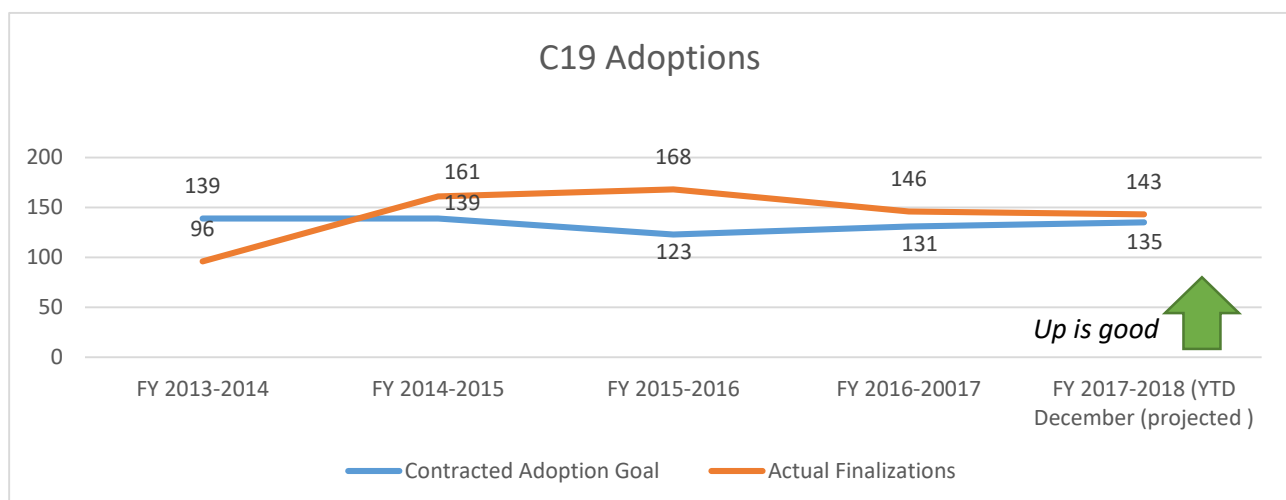
5. Reorganize adoption workload to maintain continuity for children and reduce time to adoption

In previous years the C19 practice had been to transfer primary case responsibility to CHS adoptions at Termination of Parental Rights (TPR). In April 2013 this was changed to allow Adoption specialists to be assigned as secondary, and Dependency case managers remain as primary worker through adoption finalization. In addition to providing case manager continuity for children, this allows adoption case management to focus on the adoption elements of the case rather than the day-to-day case management activities.

In addition, court expectations for casework that was duplicative contributed to limited availability of court time and inability to conduct other required case management tasks. In some cases, these were the key factors delaying permanency. For example, prior to January 2014 the Saint Lucie County court required their own version of the adoption home study be completed; adoption counselors were having to do two versions of the home study, taking up more valuable time. With the support of CLS and the GAL program we were able to change the Court's perspective and complete the one state-required version.

DCBC further enhanced these adoption workload efforts in January 2014 by funding a recruitment specialist so that CHS adoptions could focus on more targeted recruitment efforts for children without identified homes.

These practice changes are believed to have contributed to the substantial increase in adoption finalizations identified in the chart below.



6. Permanency Round Table (PRT) Process

With the oversight of the Casey Foundation and the strong commitment by CLS and the GAL program leadership, DCBC began the Permanency Roundtable Process (PRT) in May 2014. PRT is a process started by the Casey Foundation for children for whom permanency challenges are discussed by all parties involved with their case. Strategies are created to hopefully move them closer to permanency. To date we continue to meet monthly. In attendance are the CLS managing attorney, the GAL supervising attorney, a GAL practicing attorney, and the child's GAL. The GAL program director, the DCBC CEO and COO, along with the unit supervisor and case manager of the child being discussed attend as well as the DCBC clinical staff. The child's therapist and AAL are invited and usually attend usually by phone.

We have had much success with the PRT process due in large part to the continued support and participation of the CLS and GAL programs. Since inception, 97 children who have been in care for higher than average lengths of time have been reviewed through the PRT process, with a 38% success rate in achieving permanency as a result.

It is critical to ensure that any permanency achieved is both safe and sustainable. DCBC contracts for post-reunification safety management services through Boys Town and Behavior Basics. Staff go into the home to ensure the safety plan is being following and to provide in-home services to the family. Devereux also reviews any re-entries at our monthly scorecard meeting down to the unit level and discuss the causes of re-entry (such as the relapse of substance abuse or domestic violence).

Barriers encountered and methods to address

The environment that had been created prior to DCBC beginning operations in November 2013 was unfortunately dysfunctional. In Saint Lucie County (SLC) there was almost a paralysis of discharges or adoptions. Turnover was exceptionally high both for case management and CLS. The initial change was an agreement to work together to create the trusting relationships with our CLS and GAL partners that are needed for a successful system of care. Locally, we established in the first quarter of 2014 a monthly leadership meeting with CLS, DCF and the GAL program. County Directors now attend, and we have added the Circuit 19 Chief Probation Office to the group to address barriers or concerns that may arise across disciplines. The lines of communication are open and planning together to address barriers is the accepted practice.

Resources used to implement

The investment was in terms of human resources in time and commitment. While tracking systems were created for the out-of-home (OHC) reviews (weekly pulls created from FSN and an Excel tracking sheet for notes) there was no financial investment. For the Case Transfer process and the Rapid Family engagement, protocols and a few forms were developed to guide the processes.

Staff feedback

In conversations with staff who have been involved with the changes we have received only positive feedback. RFE and stipulations have allowed us to get to disposition much more quickly and therefore to permanency. Standardized OHC reviews have helped to identify and address barriers to permanency which staff believe have helped case managers in knowing they are helping families. Program Directors like the process as it helps then educate staff but also gives then the ability to assess what case managers and supervisors know about their cases and what issues they may be a struggle and are needing leadership's assistance.

Practice Example

One success story that resulted specifically from the Permanency Round Table process is that of a 16 year old girl who had been in care since the age of eight. Her mother had been sent to prison for the abuse and all parental rights had been terminated. However, all the girl wanted was to go back to her mother. The PRT attendees agreed that they would attempt to locate the mother. When she was found, they found that the mother had turned her life around and was thrilled to learn that her daughter wanted to reunite.

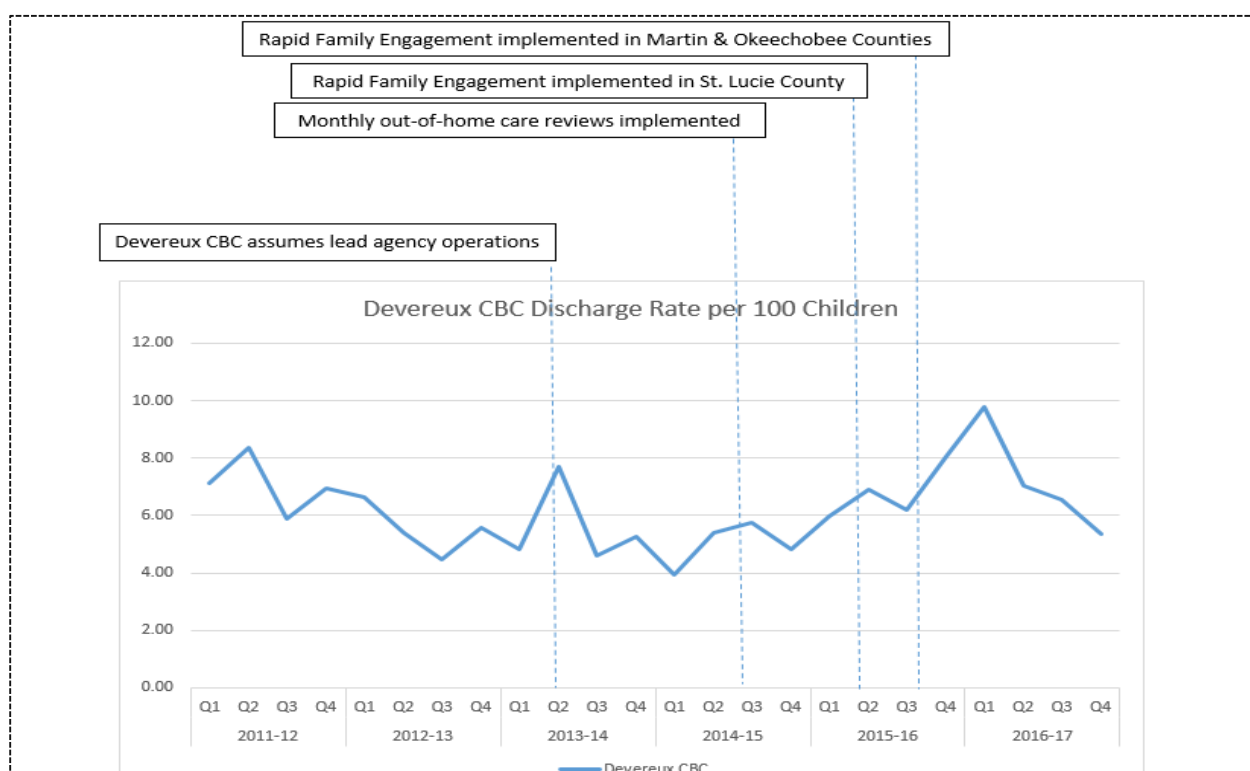
After months of family therapy and visits, the mother and daughter were reunited. Six months later, before the case closed, Devereux had an adoption ceremony to make the reunification permanent. The adoption took place two years ago and things are still going well.

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Results

Attempts to isolate and track the impact of each specific strategy has resulted in the conclusion that all the strategies are inextricably linked. However, we view the combination of strategies that involve executive-level stakeholder commitment to addressing permanency barriers, engagement of relevant court partners in strategies to streamline court processes, and early engagement of parents in case planning to have had a collective impact. The drop in discharge rate from the 2nd quarter of 16/17 to the 4th quarter has much to do with the increase in intakes, but we are still discharging in higher numbers than when we began the six practice changes in 2014.

Below is a depiction of implementation timelines for our core practice elements and other relevant systemic influences. *Note: Januarys are low as we push for discharges at holiday time and again in May as we are waiting for the end of the school year.*



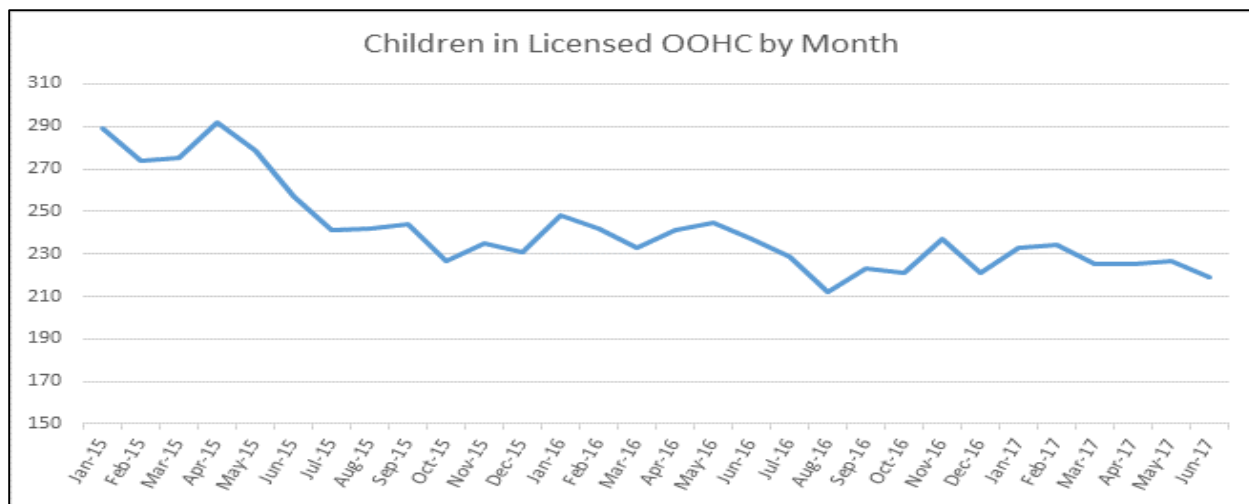
Primary Benefits

The primary benefit is the trust and teamwork that has been created between the partners, allowing for mutual planning and potential disagreement resolution. Despite continued increase in intakes, we have been able, using the processes described above, to maintain a healthy discharge rate, leading to fewer children in the system.

Secondary Benefits

Having fewer children in the system allows for lower caseloads, more ability for case managers to focus on permanency, and finally, it has resulted in fewer children in licensed OHC. The cost of licensed care is

a major factor in any CBC budget, and this reduction has had a positive impact on our financial stability. Every fiscal year since Devereux assumed the lead agency in FY 14-15 we have ended the year in the black; in the last year our carry-forward exceeded \$900,000.



A benefit to the reduction in OHC is the emphasis it allowed us to focus on foster placement versus group placement. The incorporation of discussion regarding reasons for placement in group through our OOHC reviews has fueled another initiative, our Targeted Recruitment List (TRL), in which we identify children in licensed group care who can be potentially matched with available foster families, and present for placement in our monthly meetings with our four child placing agencies. While we continue to be the highest in the state for children in group care and the number varies from month to month, there has been a 23% reduction in use of group care from January 2015 to January of 2018.

The six strategies have, we believe, created a culture shift to focus on the urgency of actions and permanency, and increased the routine use and benefit of Accurint for successful relative searches. An overarching benefit has been our improved partner relationships, which have continued to expand into every area of our system, supporting our efforts to more deeply engage a broader spectrum of community partners in strengthening of our community's ability to meet the needs of children in Circuit 19.