

Kansas Child Welfare Task Force



Kansas Social and Rehabilitation Services
Children and Family Services
Reforms starting in 1996

December 12, 2017

Agenda and Presenters

- Overview and Vision Rochelle Chronister
- Public Perspective Dave Ranney
- Court Perspective Judge Burgess
- Provider Perspective/Partnership Bruce Linhos
- Plans/Design for Reform Teresa Markowitz
- Financing/Cross-System Implications Laura Howard
- Insights and Lessons Learned Rochelle Chronister
- Twenty Years Later – What the Data Tells Us Teresa Markowitz
- Questions and Answers

Social Rehabilitation Services

- Rochelle Chronister - 1995-1999 Secretary of SRS
 - 17 years as legislator
 - 12 years on Appropriations Committee – served as chair, vice-chair, subcommittee chair
 - Degree in microbiology, 3 years as research virologist at KUMC
 - Keen focus on using data driven outcomes throughout career

Overview and Vision of Governor/Secretary

- *“...the success of tomorrow’s century will be determined by the success of today’s children.”* (Governor Graves)
- Class action lawsuit filed locally in 1989, amended to whole State in 1990
Settlement Agreement reached in 1993
 - With a focus on child protection, case planning and adoption

Goals and Vision

- Assure the safety, permanency and well-being of children being served in the child welfare services
- Provide equitable services for all children across the State
- Introduce “outcomes” as a way of measuring achievement, not just process laden reviews (such as found in the Children’s Rights Settlement Agreement)
- Eliminate “old world” incentive to keep beds full

Observations and Opportunities

Legislature

- Many reports, post audits, privatization discussions while in legislature
- Openness to radical solution – partial privatization of services (particularly with the rise of the conservative coalition)
- Legislators' unwillingness to send more money “down the rat hole” required major overhaul of agency

Agency

- Fear of change and technology, especially by social workers – start of computer age
- Need for front end services-prevention, family preservation support, drug and alcohol abuse treatment, mental health issues, anger control, job training, GED's
- In order to insure jobs could be held, decent child care a necessity
- Agency silos, need to share resources – MH/DD, TANF, and Rehab

Public's Perspective

Déjà vu all over again

The landscape

- In 1988, two three-year-boys died while in foster care; one from “loss of blood due to ruptured liver,” the other from multiple head injuries.

“It’s our opinion that when you don’t have enough staff workers to cover the cases, it increases the danger of fatality. I think that it’s true the state has not, over the last five or six years, attempted to seriously confront that issue of case overload.”

James McHenry, ED KS Child Abuse Prevention Council.

Kansas City Star (front page), Jan. 9, 1989

- Unrelated to the boys’ deaths, Rene Netherton, a 31-year-old guardian ad litem attorney from Topeka, files a lawsuit on Jan. 9, 1989, accusing SRS of failing to protect children assigned to their care. At the time, Netherton’s GAL caseload includes 467 children

“I don’t need any more horror stories,” Netherton said.

Topeka Capital-Journal, Jan. 11, 1989

- Much of 1989 legislative session is spent debating how to resolve long-standing concerns that SRS’ child-protection efforts were seriously underfunded, understaffed, under-resourced, and woefully short of placement options. Child advocates lobbied for an additional \$40.7 million; they got \$5 million.

Public's Perspective

The Storm, 1989 - 1996

- Netherton's lawsuit is granted class-action status; ACLU/Children's Rights joins the case; SRS-led efforts to have the case dismissed are unsuccessful; after much legal bickering, a "settlement agreement" is reached, allowing SRS to prove to the court that its child-protection efforts were adequate. SRS fails several quarterly reviews
- Faced with the likelihood of the court appointing a special master to run the state's foster care system, lawmakers, at Gov. Bill Graves' behest, opted to privatize
- SRS Secretary Rochelle Chronister insists the move is all about doing what's best for children and not about saving money

"We're going to be 'outcomes oriented,'" she said. "We're not going to not going to contract with someone just because they can provide a service for less money than we can. They're going to have to prove that they provide the service better than we can."

The Wichita Eagle, 1996

- Chronister also stipulates that SRS will only contract with non-profits. Contracts take effect in 1996

Private Providers Perspective of System

- Lack of timeliness for emergency placement
- SRS contracted with 50 private agencies
- SRS struggled to track children and hold providers accountable
- System driven by residential care
- Difficulty serving children near home
- Foster care (homes) largely provided by SRS (about 1,200 foster homes)
- Juvenile Justice agency separates from SRS

Provider View of Proposed Changes

Creating Opportunity: Building Capacity and Accountability

- Providers support shift to privatization
- Reason for that support
- Networks were established
- “Honeymoon” is over – adapting to outcome-based, accountability-focused system
- Challenges to the contract agencies
- “No eject – no reject” introduced for the first time to providers

Relationship between Providers and SRS

Value of Partnership – Transparency, Communication, Networking

- Creating shared responsibility for improving safety, permanency and well being outcomes for all children served
- Providers equal partners in designing and implementing new system
- Establishing outcomes
- Data on outcomes available – used as a tool for quality improvement
- On a path to a true “public – private partnership” (unheard of in most jurisdictions across the country)

Plans for Reform – Priorities

- Assure all Kansas children have access to equal services – whether living in “Johnson County or Johnson City”
- Create stronger “partnerships” with local child welfare providers; promote innovation
- Free up state workers to focus on protective service
- Increase use of family- based care, including kinship care
- Keep siblings together, closer to home and in the same school
- Strengthen recruitment and retention of foster parents
- Reduce use of congregate care (group care)
- Reduce placement disruptions and moves
- Focus on “outcomes” as an addition to the already process driven compliance model

Design of Plan

- Implementation began in 1996 and included 4-year contracting (6 local providers were selected)
- SRS to retain – investigations, child protection, oversight
- Three Programs: Family Preservation (new cases only), Foster Care (3,466 cases), Adoption (730 cases)
- Five regions across the state
- Lead-Agency model
- Case rate per life of the case
- Outcome focus on safety, permanence, and well-being, rather than just processes
- Generate timely and accurate data to make decisions rather than through anecdotal stories
- Designed to be iterative – making modifications and adjustments with experience

A Look One Year Later on Outcome Achievement

Outcome Goals	Performance Indicator(s)	Year-to-Date Performance
Children are safe from Maltreatment	<ul style="list-style-type: none"> 95% of children will not experience substantiated abuse/neglect while in placement 	99.9%
Children experience minimal number of placements	<ul style="list-style-type: none"> 90% will have no more than three placements 65% of all will children will be placed with at least 1 sibling 	99.6% 74.2%
Children maintain family, community and cultural ties	<ul style="list-style-type: none"> 70% of children are placed within contract boundaries 75% of youth, 16 and older have completed high school/GED, or participated in an educational program 	87.0% 51.3%
Children are united with their families in a timely manner	<ul style="list-style-type: none"> 60% of children placed in out of home care are reintegrated within 6 months of placement 	20.4%

Examples: Outcomes achieved in first three years...

- First state to successfully exit a Settlement Agreement with Children's Rights
- Child Welfare League of America named Kansas best child welfare agency in the nation
- Family preservation available for 100% of Kansas counties compared to 43% in 1996
- Majority of families who participated (voluntary) in family preservation did not disrupt and remained safe at home
- Adoptions increased by 81%, with only a 2.4% dissolution rate
- 92% of children entering care for first time – while only 8% are re-entries (compared to 22% nationally)
- Of all children who exited foster care to a finalized adoption – 14% exited within one year and 36% within 2 years (compared to 5% and 16% nationally)
- Significant increase in foster homes (with decreasing reliance on residential settings)
- The adoption contractor kept 70% of siblings together and limited placement moves to less than two
- 96% of children who achieved re-integration remained safely at home for 6 months
- All safety indicators being met

Financing

- Primary Goals in Financing Design
 - Complement performance-based/outcomes focus in contracts
 - Provide contractors with flexibility for innovation
 - While the model had managed care characteristics, saving money was not the goal
- Initial Case Rate – Fixed Amount Per Child
 - For foster care, case rate covered “life of the case” from time child in custody plus additional twelve months of after care
 - Shared risk corridor was also established (+/- ten percent)
 - Case rate structure was built on incentivizing or aligning payments structure with performance based outcomes
 - No direct link between performance and payments because there were not benchmarks for the outcomes
 - Structure has since shifted to a Per Member Per Month Model
- Case Rate “bundled” State General Fund, federal Title IV-E foster care funds and federal Medicaid funding
 - Claiming for Federal Funds still done on a fee-for-service basis
 - Limitations on use of federal funds meant more state dollars for certain services that contributed to positive outcome measures
- Lack of accurate historical baseline data, lack of start up funding and the high costs of a very small number of children led to initial financial difficulties, resulting in the infusion of new resources through the TANF program

Cross-Systems Implications

- While funding was bundled in case rate, initial lack of clarity in terms of financial responsibilities for certain services across systems – mental health; substance use
- Privatization shifted the thinking and behavior of child welfare contractors towards core outcome measures; other systems were not contracted on the basis of such outcomes
- Priority populations differed across systems (for example, the contract focus of mental health centers was persons with serious and persistent mental illness)
- In many instances this meant that child welfare contractors “built” their own mental health, disability and addiction expertise in-house
- Follow-up work in 2000 – 2002 included contract language in mental health and development disability contracts, as well as focused work groups to clarify expectations, roles and collaborations

Lessons Learned/Observations

- Length of contracts were too short
- Clearer definition of role of SRS case manager and role of provider case manager
- Recognize the learning curve -- new skills and competencies are required for both state staff and lead agency contractors
- Involvement of a broader range of stakeholders at front-end could have alleviated some of the cross-systems confusion and conflict
- Limited availability of data
- Assure better oversight of both the programmatic as well as the financial progress of providers
- More upfront input and training of foster parents and youth
- Development of a universal case management information system
- Decision NOT do a “pilot” was the absolute right decision

After 20 years (2015 data).... examples on the positive side

- Majority of children are placed in family-like setting (Kansas rate above the national median)
- Over the last five years, at least half of the children have been placed in foster homes (above the national median of 44%)
- Kansas places between 25-30% of children with kin (much better than 1996 and is now at the national average)
- Kansas' rate of short stayers (children exiting care in 30 days) is well below the national average (3% versus 11% nationally)
- Kansas utilizes group care at almost half the national median (6% in Kansas vs 11% national)
- Only 18% of teens are placed in group care – significantly lower than the national median

20 years later...examples of more assessment/improvement needed

- In 2015, black children comprised 13% of entries, though their share of the general population is 6% and black children were 90% more likely than white children to enter care
- Children of color in care are more likely than white children to be placed in group settings: black children are 30% more likely and children of all other races are 10% more likely
- In 2015, 61% of children whose parents' rights had been terminated were still in care at the end of the year, higher than the national median of 51%
- The number for entries is almost double the number of children that are substantiated as maltreatment – this is an unusual data point nationally
- Entries are showing an increase since 2010 – particularly with middle-aged (6-12) children (nationally there is an increase in entries but not with this age group)
- Exits have not kept pace with entries, leading to significant increases in the number of children in care
- 22% of 16 and 17 year-old youth age out of the system without a permanent family (slightly above national median of 20%)
- National opioid epidemic increasing entries and delaying exits (with long term treatment needed)

Questions and Answers