


The Family Networks Initiative


A collaboration between a state department of family and children's services and a children's mental health center

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DCF-contracted services before Family Networks

- Limited number of contracts (10 contracted services)
- No family involvement (Social Worker decided what family needed)
- Lack of flexibility
- No provider accountability
- No coordination of services
- No evaluation of outcomes



Before Family Networks:

- **Community Support Services**
 - Services to prevent placement were less than 8% of total DCF budget
- **Specialized Foster Care**
 - 25% of children placed in specialized foster care moved at least once
- **Residential Care**
 - 20% of children discharged returned to residential care
 - Of children placed, 34% had 1 placement, 23% had 2 placements, 43% had 3 or more placements
 - Children who entered STARR placement (45 days or less):
 - 33% discharged home
 - 25% placed in specialized foster care
 - 22% placed in residential care
 - 20% went to another short term placement




Redeploying Resources

Because there was no new funding available, redeploying a portion of funds from residential placement was the initial key strategy for creating additional family based and community resources.

Children (FTEs) & Families FY'03	FY'03 Annual Cost	Goal	
Residential: 2,350	\$206/day	\$176.7M	↓
Therapeutic FC: 1,700	\$87/day	\$53.9M	
Departmental FC: 6,700	\$22/day	\$55.5M	
FBS: 7,845 families	\$890/family	\$28.3M	
No Services Purchased: 24,000 families*		\$0	

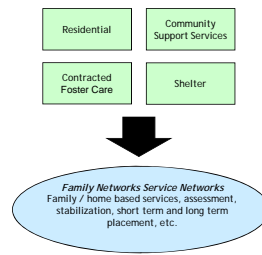
* 64% of all open cases newly opened in FY03 did not receive any purchased services
Please Note: These are not unduplicated counts




Scope of the Family Networks Initiative

The purpose of the project was to redesign, reprocure, and integrate the following services:

- Residential Treatment
- Group Home Services
- Specialized Foster Care
- Community Support Services
- Shelter Services




Family Networks Service Networks
Family / home based services, assessment, stabilization, short term and long term placement, etc.



Guiding Principles and Core Values of the Family Networks Initiative

- **Family is essential**
 - Network of resilient life-long relationships
 - Contributes to positive adult development
 - System must promote permanency of family ties
 - Safety is a necessary condition for permanency
 - Well-being results from, and is a condition for, permanency
- **Family-centered practice helps promote permanency**
 - Family Networks core values:
 - Child-driven
 - Family-centered
 - Community-focused
 - Strengths-based
 - Committed to diversity and cultural competence
 - Committed to continuous learning and innovation



Strategic Focus on Outcomes: Permanency

Fostering permanency means:

- Maximizing a child's tenure in the community
 - Likelihood of reunification diminishes after 3 months of placement
 - Children must be kept as close to home and community as possible
 - Regular school attendance is essential part of community participation
- Minimizing the trauma of out-of-home placement
 - Recovery possibilities diminish with each move
 - Maintaining sibling ties eases trauma of placement

Evaluating the Family Networks Initiative

● Process goals

- Expand available services through public/private collaboration
- Increase family and provider involvement in service planning

● Outcome goals

- Reduce number of children placed in RTCs/other congregate care facilities
- Reduce number of days spent in RTCs/other facilities
- Increase number stepped down to less restrictive community settings from RTCs/other
- Increase number of children in safe & stable homes in the community

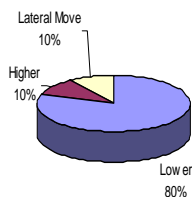
Findings: Process goals

- Expanded community services, particularly substance abuse treatment
- ½ million dollars diverted from residential placement to community services
- 74% participation by families in initial treatment planning & 81% in quarterly review
- 6% of community providers present at initial treatment planning & 68% at quarterly review

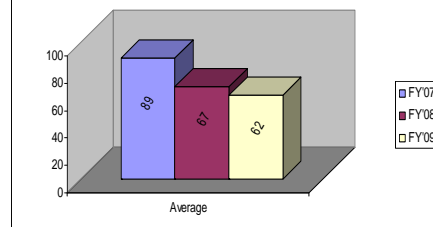
Findings: Outcome goals

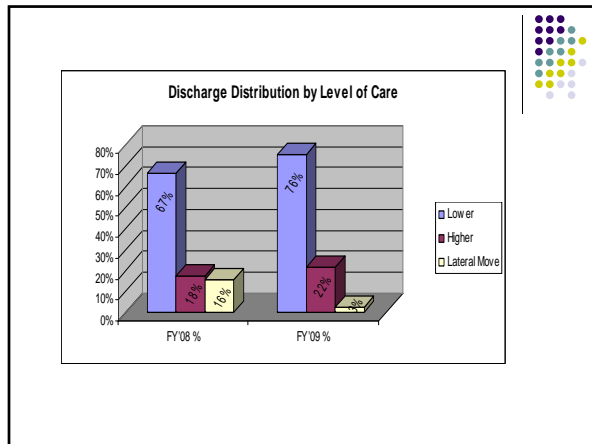
- 21% reduction in use of RTCs/other congregate care from FY'07 to FY'08
- In FY'08 75% of children discharged from RTCs stepped down to less intensive form of community care, 58% returned home
- Average length of stay in RTCs for children discharged in FY'08 was 123 days
- Length of participation in community support & stabilization services (placement prevention) was 92 days
- 80% of discharged children still at home after 12 months

Distribution from STARR by Level of Care - FY'08



Average # of Children in Congregate Care





Family Networks Approach

• Advantages

- Flexibility
- Family participation
- Strengths-based
- Customized services
- Accountability
- Increased capacity

• Challenges

- Weak business model
- Provider insecurity
- Discourages small providers
- Lack of outcomes for children and families