

Hidden in Plain Sight

Accessing Funding for Youth Permanency Services

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About This Webinar

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- All participants are muted throughout the presentation.
- If you have questions, please type them in the Questions box at the bottom of the GoToWebinar control panel and click Send. We'll take a few opportunities during the session to ask the questions aloud so everyone can hear the answers.

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Concept: What you see matters

Context: Reinvesting savings achieved through Specialized Youth Permanency Services and Family Finding

Shiny Object: Fiscal crisis got everyone looking at ways to maximize resources and cut costs

Strategy: Incentives, leverage points & other strategies for adoption of methodologies in your jurisdiction

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Solutions are hidden in plain sight

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Fiscal Strategies

Cutting Spending Reduced Costs

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Cutting spending often drives up costs

Cutting spending by closing medical clinics

Drives up costs from increased Emergency Room usage

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Cutting spending for child welfare...

Drives costs ↑ with longer stays, placement instability, poor permanency outcomes




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Reduce Costs by moving children from expensive foster care...

Age 12+ CA Group Home Lvl 12 \$104,571


Age 12+ CA Foster Family Agency \$23,537



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...to permanent families

CA Adoption Subsidy \$9,827



Annual savings

Adoption from Group Home Lvl 12 \$104,571 - \$9,827 = \$94,744

Adoption from Agency Foster Care Home \$23,537 - \$9,827 = \$13,710

saved each year youth would have remained in care

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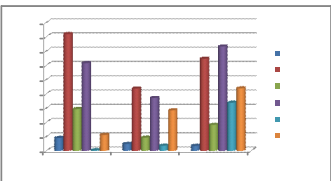
Think Like a Venture Capitalist



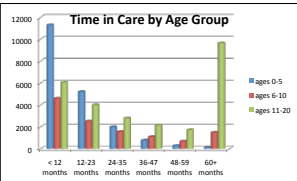
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Cost Components:

- Placement Type
- Age of Child
- Time in Care



Time in Care by Age Group



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Best Outcomes have Lower Costs

Adoption

Reunification

Kin Guardianship



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Who Saves?

CA Adoption from Private Agency Foster Home	Total	County	State	Fed
FC Agency Placement Payment age 12+ (A)	\$23,537	\$ 9,462	\$ 6,308	\$7,767
Adoption Subsidy (100% FFP) (B)	\$ 9,827	\$1,432	\$ 4,297	\$4,098
Annual Cost Savings (A-B)	\$13,710	\$ 8,030	\$2,011	\$3,669

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Destination Family Youth Permanency Mental Health Program (CA)

Real case examples


	Age @ Adoption or Guardianship	County Savings Thru Age 18	State Savings Thru Age 18
Mary	13 yrs 8 mos	\$32,310	\$17,866
Sylinni	16 yrs 8 mos	\$18,954	\$12,636
Alysia	16 yrs 5 mos	\$6,146	\$4,098
Total County and State Savings		\$57,410	\$34,600

See Appendix A

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Think Like a VC

Hmmm, costs a lot to keep kids in FC, maybe I'll invest to get them out



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Enter Youth Permanency Movement



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Challenged prevailing beliefs



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Changed Organizational Culture



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California Rich in Venture Capital for Youth Permanency

7 Youth Permanence Models received a total of \$ 30,000,000 in start-up capital

Remember the VC?



One project's grant proposal included a commitment from the county to seek permission to reinvest savings achieved to allow the project to continue.

- ⇒ 86% of youth served in Sacramento & Nevada Counties achieved permanence.
- ⇒ The project documented savings achieved throughout the 5-year project.

Example: (Based on 2010 Sharing Ratios)

Annual	Total	County Share	State Share	Federal Share
Placement Cost Savings: Average Group Home	\$95,004	\$35,627	\$23,751	\$35,627
Placement Cost for Youth Average Adoption Subsidy (B)	\$12,096	\$1,663	\$4,990	\$5,443
Placement Cost Savings (A-B)	\$107,100	\$37,290	\$28,741	\$41,070

Permission to reinvest was sought and given.

- Savings reverted to the **General Fund**,
- Were leveraged & reinvested
- Project continues 6 yrs. past sunset
- Reinvestment funds have expanded # of youth served and increased savings



Results:

- Reduced costs
- More teens with permanent families
- Services paid for themselves after start-up investment period in the same fiscal year

Considerations for Reinvestment

- Who reinvests? County, State, both?
- Provide start-up funds with a requirement for reinvestment
- Leverage reinvestment using Medicaid EPSDT for clinical components of youth permanency work




What is EPSDT?

- Early Periodic Screening Diagnosis & Treatment
- A required service under Medicaid for categorically needy individuals under age 21
- Includes physical & mental health
- Covers all children in foster care who show medical necessity (diagnosed condition)
- Wide range of diagnosis common in older youth in foster care: depression, oppositional/defiant, anxiety, PTSD, etc.

See Appendix B

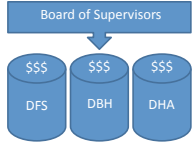
Rehab Model



- Individual/group rehabilitation:
- A service activity that includes, but is not limited to, assistance in improving, maintaining, or restoring a child, or group of children's functional skills, daily living skills, social and leisure skills, and grooming and personal hygiene skills; obtaining support resources; and/or obtaining medication education.

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Challenges to Reinvestment



- Departmental Silos
- Savings may not accrue to department doing the work
- Multiple departments may need to collaborate, both in program and fiscally
- Net savings accrue to the general fund

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Dilemma



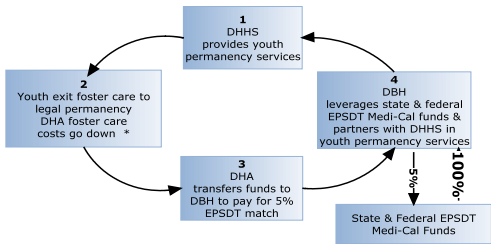
- Savings achieved by DFS reduce costs to Department of Human Assistance (DHA)
- Funds not spent by in DFS revert to County General Fund
- Board of Supervisors controls General Fund

(Hint: get above the fiscal silos)

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Sacramento's Strategy

Budget-Neutral County Reinvestment of Savings Achieved Through Youth Permanency



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How We Did It

Replication strategies:

- Document Savings
- Establish relationships
- Engage leaders at all levels
- Publicize program outcomes and fiscal success
- Actively participate in county budgeting process
- Acknowledge county, give credit
- Develop network to advocate to Board of Sup
- Persevere

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Appendix A

Sample Annual Savings Achieved Through Successful Youth Permanency Programs

Typical North Carolina Savings Per Child / Per Year
Youth Age 13+ years old (July 2012)
by Placement and Permanency Type
(Savings accrue each year the child would have remained in foster care)

	County	State	Fed
Adoption from State Licensed Home	\$445	\$445	(\$889)
Adoption from Private Agency Home	\$4,747	\$4,747	\$2,556
Adoption from Therapeutic Foster Home	\$4,747	\$15,898	\$23,526
Adoption from DSS Group Home	\$14,632	\$14,632	\$12,431
Guardianship / Reunification from State Licensed Home	\$2,716	\$2,716	\$2,175
Guardianship / Reunification from Private Agency Home	\$7,018	\$7,018	\$5,620
Guardianship / Reunification from Therapeutic Foster Home	\$7,018	\$7,018	\$26,588
Guardianship / Reunification from DSS Group Home	\$19,349	\$19,349	\$15,495

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Typical California Savings Per Child / Per Year
Youth Age 11-20 year old (July 2014)
by Placement and Permanency Type
(Savings accrue each year the child would have remained in foster care)

	County General Fund	State Reallocated	Fed
Adoption from Foster Family Agency Home	\$7,276	(\$251)	\$1,512
Adoption from Group Home Level 10	\$38,862	\$20,807	\$24,141
Adoption from Group Home Level 14	\$47,471	\$26,546	\$31,066
Guardianship from Foster Family Agency Home	\$8,299	\$5,409	\$3,406
Guardianship Group Home Level 12	\$42,825	\$28,425	\$28,215
Reunification from Foster Family Agency Home	\$9,462	\$6,308	\$7,767
Reunification from Group Home Level 10	\$38,124	\$25,416	\$28,231

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Typical Minnesota Savings Per Child / Per Year

Youth Age 12-20 year old (October 2013)
by Placement and Permanency Type
(Savings accrue each year the child would have remained in foster care)

	County	State	Fed
Adoption from Basic Rate + 125 DOC pts	\$15,511	(\$4,931)	(\$1,133)
Adoption from Therapeutic Foster Home + 125 DOC pts	\$25,040	(4,932)	\$1,203
Adoption from Residential Foster Care Facilities with Mental Health Certification	\$64,990	(\$4,932)	\$32,537
Relative Custody from Basic + 125 DOC pts - Level III subsidy	\$10,673	(\$3,899)	\$2,614
Reunification from Basic Rate + 125 DOC pts	\$15,511	\$0	\$3,799
Reunification from Therapeutic Foster Home + 125 DOC pts	\$15,511	\$0	\$3,799
Reunification from Residential Foster Care Facilities with Mental Health Certification	\$64,990	\$0	\$37,799

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Typical Oregon Savings Per Child / Per Year

Youth Age 13-20 year old (October 2013)
by Placement and Permanency Type
(Savings accrue each year the child would have remained in foster care)

	State	Fed
Adoption from Basic Rate, CANS Level I	\$1,372	\$332
Adoption from Basic Rate, CANS Level III	\$5,501	\$1,333
Adoption from Therapeutic Foster Care	\$16,584	\$16,951

Typical Kentucky Savings Per Child / Per Year

Youth Age 8-20 year old (June 2013)
by Placement and Permanency Type
(Savings accrue each year the child would have remained in foster care)

	State	Fed
Adoption from PCC Foster Care	\$6,415	(\$6,232)
Adoption from Therapeutic Foster Care Level 1	\$8,488	(\$19,251)
Adoption from Therapeutic Foster Care Level 5	\$29,518	\$3,975
Adoption from PCC Residential Care Level 1	\$8,488	(\$5,316)
Adoption from PCC Residential Care Level 5	\$46,617	\$14,754

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Appendix B

- The Social Security Act requires that any service which you are permitted to cover under Medicaid that is necessary to treat or ameliorate a defect, physical, or mental illness, or a condition identified by a screen, must be provided to EPSDT participants regardless of whether the service or item is otherwise included in your Medicaid plan.

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Medical Necessity

CA Definition

- The child/youth has an included Diagnostic and Statistical Manual and/or (ICD9) diagnosis
- As a result of the included diagnosis, the child/youth must have at least one of the following:
 - A significant impairment in an important area of life functioning
 - A probability of significant deterioration in an important area of live functioning
 - A probability that the child will not progress developmentally as individually appropriate

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- Additionally, the child/youth must meet both of the following criteria:
 - Focus of the proposed intervention is to address the condition identified
 - The proposed intervention will do, at least, one of the following:
 - Significantly diminish the impairment
 - Prevent Significant deterioration in an important area of life functioning, or
 - Allow the child to progress developmentally as individually appropriate

Fundable Mental Health Services

- Assessment: A service activity designed to evaluate the current status of the child/youth's mental, emotional, or behavioral health.
- Plan Development: A service activity that consists of the development of client plan, approval of the client plans, and/or monitoring and recording the client's progress in the plan.

- Individual/group therapy: A service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments.

Rehab Model



- Individual/group rehabilitation:
- A service activity that includes, but is not limited to, assistance in improving, maintaining, or restoring a child, or group of children's functional skills, daily living skills, social and leisure skills, and grooming and personal hygiene skills; obtaining support resources; and/or obtaining medication education.

- Collateral: A service activity
- provided to a *significant support person* in the child's life for the purpose of meeting the needs of the child in terms of achieving the goals of the child's client plan.
- (Note: "a significant support person" is defined as a person who, in the opinion of the child/youth, or the person providing services, has or could have a significant role in the successful outcome of treatment)

