

Presentation for

Southern Legislative Conference

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Youth Villages' Overview

OUR MISSION

Youth Villages helps children and families live successfully.

OUR VALUES

Kids needs come first...Always.

Children are raised best by their families.

We provide a safe place.

We strive to achieve positive, lasting results.

We are committed to our staff.

We are each responsible for providing the highest level of service to our customers.

We constantly improve our performance to achieve excellence.

We create new programs to meet the needs of children, families and the community.

We do what we say we do.

Youth VILLAGES®

The force for families

Locations

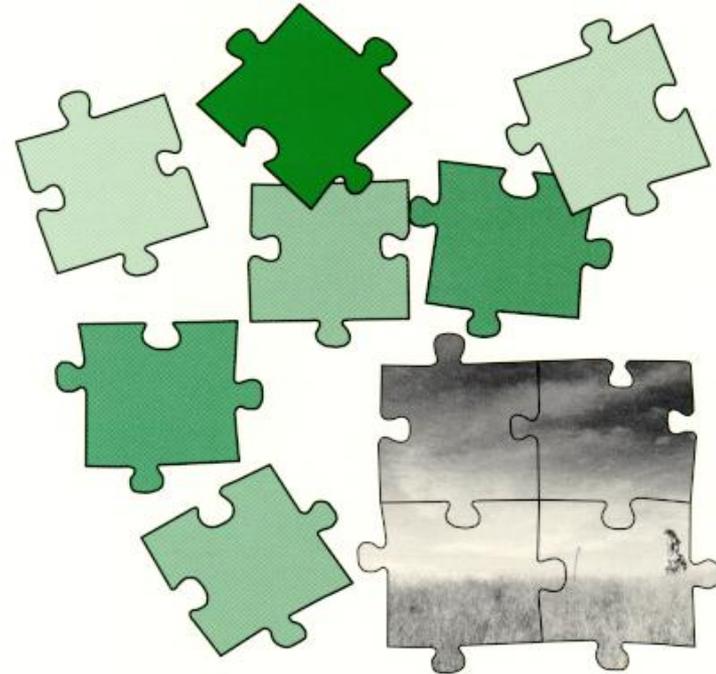


- Over 3,800 young people are served daily at Youth Villages through a variety of programs. Services include:
 - ♦ intensive in-home services
 - ♦ adoption services
 - ♦ residential treatment
 - ♦ statewide mobile crisis program in Tennessee
 - ♦ treatment foster care
 - ♦ group homes
 - ♦ transitional living services
- Youth Villages employs nearly 2,600 staff members in 63 locations serving 11 states and the District of Columbia.

- **Reduce the overall cost of services through reduced overall length of stay per youth and treatment in the least restrictive environment**
 - Decrease number of unnecessary out-of-home placements
 - Prevent disruptions from home-based setting resulting in placement in detention centers, hospitals, residential treatment facilities or foster care
- **Achieve long-term, successful outcomes for youth in the home**
 - Empower families to take responsibility for their children and to resolve problems independently whenever possible
 - Ensure services rendered focus on providing families with the resources needed to address current and future behavior issues
- **Increase the number of youth served by reducing the overall cost per youth**
 - Provide cost effective, successful services to states and localities
 - Increase service capacity to ensure that all children and families have access to the most appropriate level of service they need

Intensive In-Home Services

Research of Tennessee's most needed services conducted by Youth Villages' staff in 1993.



Solving The Puzzle

Addressing the Needs for Children's Services in Rural West Tennessee

- **Natural Environment** - Resolve problems in the natural environment.
- **Present Focused** - Address current behaviors relating to:
Family Peers School Individual Community
- **“Fit”** - Understand the fit.
- **Family Responsibility** - Encourage the family to take responsibility.
- **Generalization** - Develop long-term solutions in the community.
- **Realistic Setting** - Teach youth to function in realistic setting.
- **Effective Treatment** – Treatment based on research is most effective.
- **Research** - Research indicates that restrictive out-of-home placements may do more harm than good.
- **Engage Entire Family** – Need to treat entire family.

Youth Villages' Intensive In-Home Services programs offer the following:

- Extremely high levels of staff training and supervision
- Intensive services conducted in the child's home and community by a single family intervention specialist/ counselor
- Caseloads of only 4-5 youth/families per family intervention specialist/ counselor
- Family sessions conducted 3 times per week; 24/7/365 on call support to families
- Thorough, on-going assessment of each family's strengths, needs, and barriers to progress
- Involvement in all systems affecting youth and family; Assistance with concrete needs such as housing, healthcare, and employment

- Many of the states that we contract with utilize risk/safety assessments to determine level of need, including the **CANS and CALOCUS**, and in some cases to determine placement or service options.
- Prior to admission and immediately after admission, Youth Villages conducts a **safety assessment, a psychosocial assessment, strengths and needs review** and as needed **functional behavioral assessments**.
- Additionally, Youth Villages' Research/Outcome Evaluation Department tracks all youth served at Youth Villages. Surveys are administered at admission and discharge, including the **AAPI, SDQ, PARQ**.

National and State Perspective

Child Welfare

- Over ½ of children who enter child welfare system have mental health problems and a significant portion do not receive treatment
- 700,000 kids are in foster care over the course of the year; 425,000 on any given day
- 3M reports of child abuse and neglect/year, including 6M kids
- \$24B a year is spent on the child welfare system
- More than 20,000 kids age out of the foster care system each year

Juvenile Justice

- 513,000 children and adolescents were in out-of-home care in 2005; 18% were in RTCs and group care settings
- Over 100,000 youth are confined in juvenile institutions on any given day
- High recidivism rates (70% is not unusual)

Mental Health/Medicaid

- In any given year, 14-20% of young people are believed to have a mental, emotional or behavioral disorder
- State Medicaid systems built on facility-based treatments with lack of reforms to focus on community-based interventions
- Barriers with funding streams to ensure access to the appropriate treatment

- **Problem:** Distribution of federal funds does not align with services that are most appropriate or proven to address the behaviors/issues of children in the child welfare and juvenile justice systems.
- **Solution:** Working with Congress and the Administration to reinstate options such as Title IV-E waivers and redefine OJJDP dollars so that they are targeted towards the full continuum of services including community-based, in-home options.
- **Idea for now:** States should marshal all resources needed to do *whatever it takes to resolve family problems* so that children can safely stay or return home if at all possible, and monitor to *ensure that resources are properly used to their fullest extent.*

- **Problem:** Lack of control mechanisms in particular state child welfare systems to prevent removal of children from their homes.
- **Solution:** States should build in a **process to intensely monitor every single child who is entering custody**, to ensure that all appropriate efforts are being made to provide the most appropriate service(s). Before any child is committed to state custody, or if necessary at the moment the child is committed to state custody, **families should be assigned an intensive in-home service provider.**

- **Problem:** Current Medicaid program/codes do not adequately address the unique needs of children or focus on services provided outside of clinic or other out-of-home settings.
- **Solution:** Working with both Congress and the Administration to identify ways in which to get this service approach added as a standalone Medicaid service option.
- **Idea for Now:** State could:
 - Develop Medicaid code language that aligns with in-home services and require outcomes for billing that service
 - Apply for the currently available waiver and demonstration efforts including the 1915i State Plan Amendment option and/or the Money Follows the Person demonstration

In June 2010, Casey Family Programs released the findings of a study conducted to share the examples of states and counties that have been successful in child welfare reform. **The study outlines the way the Tennessee Department of Children's Services has worked with Youth Villages, its largest private provider, to bring about reform, and cites a 34 percent reduction (10,144 to 6,702) in the number of children in the state's foster care system since 2000.**

How has this reduction been accomplished?

- Creation of a Medicaid code to target children and adolescents in the child welfare system and/or at risk of going into the child welfare or mental health systems
- Use of performance-based metrics in its contracts
- Strong leadership willing to implement innovative initiatives

Outcome Data for Intensive In-Home Services

- Over 22,500 families served in intensive in-home services through March 2011
- After discharge, follow-up surveys are conducted at 6, 12 and 24 months to collect data in the following areas:
 - Success (meaning living at home with family or independently)
 - Trouble with the Law
 - Out-of-home Placements
 - School Success
 - Youth in State Custody

- ***At Discharge***
 - *Over 80% of youth are discharged home with family*
- ***At Two Years Post-Discharge***
 - *Over 80% of youth remain at home with family*
 - *Gains made during treatment are sustained*
 - *More than 80% of youth report no trouble with the law*
 - *More than 85% of youth are in school, have graduated from high school, or are in GED classes*
 - *Few youth have experienced an out-of-home placement; 7% have been in residential treatment, 3% in a psychiatric hospital, and 8% in a detention or correctional facility*

Cost & Cost Comparisons



Cost Comparison – In Home vs. Out of Home

	A <i>First scenario Straight Out-of Home Placement (12 Months Residential)</i>	B <i>Second scenario Reunification (combines 3 months residential with Intercept both during transition and after youth's return home)</i>	C <i>Fourth scenario Diversion (involves Intercept only)</i>
	12 months RTC	3 months RTC + 5 mo. Intercept	5 months Intercept only
12 Months RTC (\$150 a day)	\$54,720		
3 Months RTC (\$150 a day) - based on 30.4 days per mo.		\$13,680	
5 Months Intercept (\$100 a day) - based on 30.4 days per mo.		\$15,200	\$15,200
Total Cost Per Child:	\$54,720	\$28,880	\$15,200
Projected <u>Success</u> Rate (12 months post discharge)	50%	70%	70%
Additional costs assuming 50% of non-Intercept youth return to placement	\$27,360		
Additional costs assuming 30% of Intercept youth return to Intercept services		\$8,664	\$4,560
Total Cost Per Youth After Considering Recidivism:	\$82,080	\$37,544	\$19,760
Total Cost for 100 Children:	\$8,208,000	\$3,754,400	\$1,976,000

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Questions?

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