Congregate Care: Data Driven Recommendations

Rhode Island Department of Children, Youth & Families Data and Evaluation

February, 2014



• Increase family involvement for youth in congregate care:

– Family based therapy (25% receive family therapy, 75% receive individual therapy)

-Wraparound supports

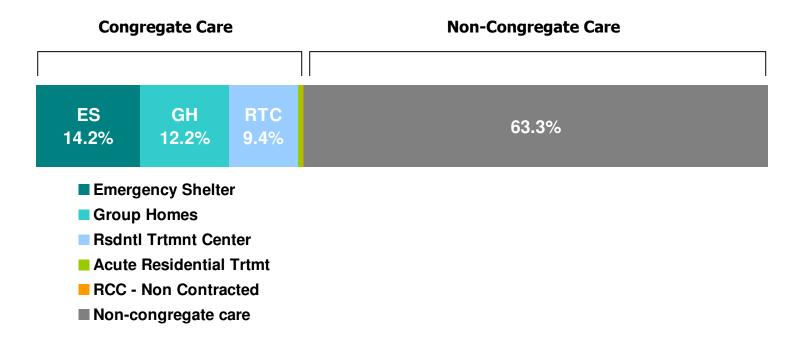
• Keep high-risk youth (discharged from congregate care) open to the network for 5 months after discharge <u>OR</u> formally transition to FCCP

- Gather additional information on service array and quality
- Develop an indicator for services that are at maximum capacity
- Enhancing assessment of congregate care trajectories (level of care report)

Do you agree? Let's take a look.



Percent of children entering into out of home placement, by service types of current removal

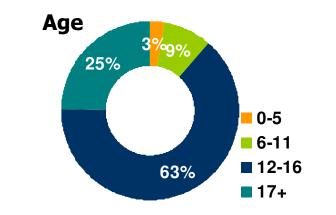


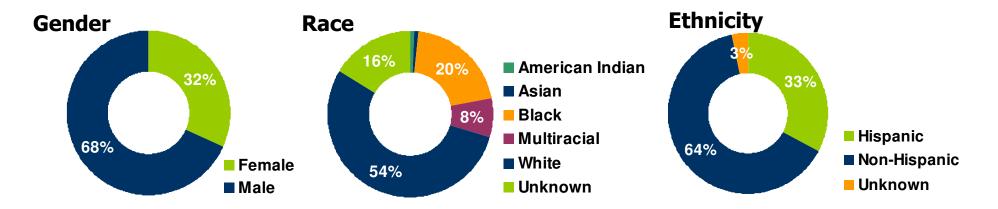
Note: Congregate care does not include semi-indep and indep living. RTC includes substance abuse Data Source: RICHIST 460R 7/1/12 - 2/10/14 (removals)



88% of youth removed into congregate

Care are ages 12-16 and 17+. They represent the largest percentage across all genders, races, and ethnicities.

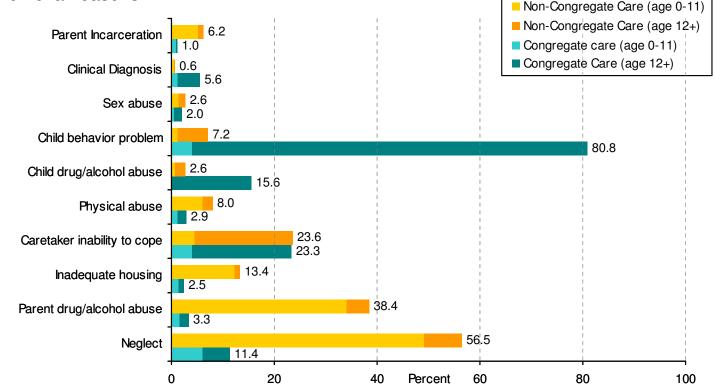




Note: Congregate care does not include semi-indep and indep living. Data Source: RICHIST 460R 7/1/12 - 2/10/14 (removals)



Percent of children entering into out-of-home placement, by placement setting, age, and most frequent removal reasons



Note: Congregate care does not include semi-indep and indep living. Percentages may add up to over 100% because a youth may have multiple removal reasons. Removal reasons not shown include parent death, abandonment, and relinquishment; the percentage for each of these removal reasons is < 6%.

Data Source: RICHIST 460R 7/1/12 - 2/10/14 (removals)

Child and Adolescent Needs & Strengths (CANS)

WHAT IS THE CANS? : Widely-used standardized assessment tool of youth & caregiver needs & strengths. Domains are: • Life Domain Functioning

- Child Strengths
- School
- Caregiver Strengths & Needs
- Child Behaviors/ Emotional Needs
- Child Risk Behaviors

See handout

WHO COMPLETES THE CANS? : Completed by a Network Care Coordinator (NCC) or Network provider who has been certified in the CANS

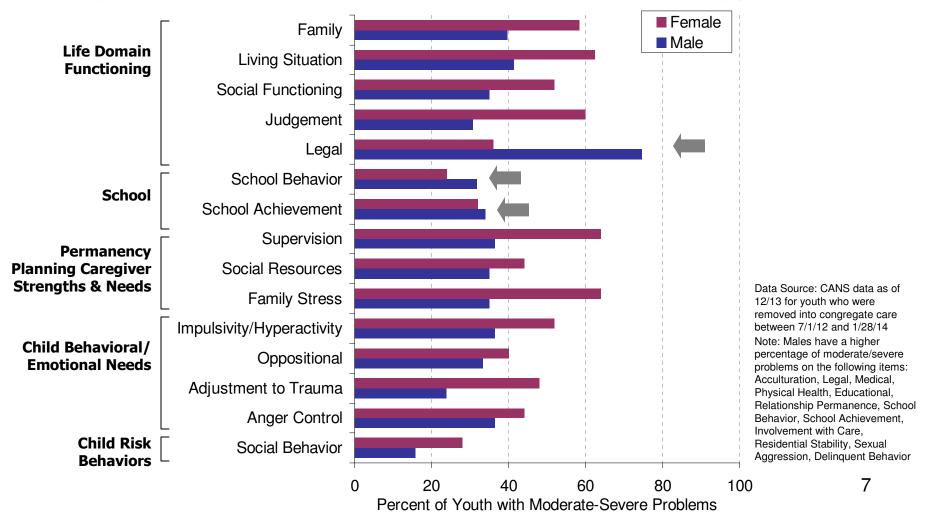
FOR WHOM AND WHEN?: For a child 5-17 years old whose case is open to DCYF and enters or transitions to/from congregate care or specialized foster care. Within 45 days of entry/transition

CANS data were available for 12.7% (88/694) of the youth who were removed into congregate care between 7/1/12 and 2/10/14.

A higher percentage of FEMALES have moderate or severe problems on most CANS needs domains compared to

males (48/58 needs and 9/11 strengths according to Initial CANS Ratings).

Percent of youth with moderate or severe problems on select CANS needs domains, by gender (N=88)



Some Evidence Based or Evidence Promising Practices: Permanency, Reunification

Program	Scientific Rating	Child Welfare Rating		
Homebuilders	2 <i>(provisional)</i> – Research Evidence	1 (provisional) - High		
Project Connect*	3 – Promising Research Evidence	1 - High		
Incredible Years	1 – Well Supported by Research Evidence	1 - High		
Parent-child Interaction Therapy	1 – Well Supported by Research Evidence	2 - Medium		

* Safety, permanency, well-being

Scientific Rating: (1) Well-Supported by Research Evidence, (2) Supported by Research Evidence, (3) Promising Research Evidence, (4) Evidence Fails to Demonstrate Effect, (5) Concerning Practice, (NR) Not able to be Rated

Child Welfare Scale: (1) High, (2) Medium, (3) Low, (4) NR

Some Evidence Based or Evidence Promising Practices: Permanency (Parent Training)

Program	Scientific Rating	Child Welfare Rating
Incredible Years	1 – Well Supported by Research Evidence	1 - High
Triple P Positive Parenting	1 – Well Supported by Research Evidence	2 - Medium
Parent Management Training	1 – Well Supported by Research Evidence	2 - Medium

Scientific Rating: (1) Well-Supported by Research Evidence, (2) Supported by Research Evidence, (3) Promising Research Evidence, (4) Evidence Fails to Demonstrate Effect, (5) Concerning Practice, (NR) Not able to be Rated Child Welfare Scale: (1) High, (2) Medium, (3) Low, (4) NR

Some Evidence Based or Evidence Promising Practices: Placement Stability

Program	Scientific Rating	Child Welfare Rating
Multidimensional Treatment Foster Care Adolescent	1 – Well Supported by Research Evidence	2 - Medium
Multidimensional Treatment Foster Care for preschoolers	2 – Supported by Evidence	1 - High
Wraparound	3 – Promising Research Evidence	1 - High
Keeping Foster and Kin Parents Supported and Trained	3 – Promising Research Evidence	1 - High

Scientific Rating: (1) Well-Supported by Research Evidence, (2) Supported by Research Evidence, (3) Promising Research Evidence, (4) Evidence Fails to Demonstrate Effect, (5) Concerning Practice, (NR) Not able to be Rated 10

Child Welfare Scale: (1) High, (2) Medium, (3) Low, (4) NR

For youth discharged from congregate care, the median length of time in placement was 190.5 days. It varies from 72 days for discharges from emergency shelters to 264 days for discharges

from group homes. This is based on youth discharged 7/1/12–1/29/14.

Service Type	Number of Youth	Median Days InPlcmnt	Median Age
Total (without indep/semi-indep living)	554	190.5	16
Group Homes	243	264	16
Rsdntl Trtmnt (incl Sub Abuse)	152	224.5	16
Emergency Shelter	148	72	16
RCC - Non Contracted	9	333	13
Acute Residential Trtmt	2	84	16.5
Ind/Semi-Indep Living	86	860.5	18

Data Source: RICHIST 460D 7/1/12-1/29/14 (discharges)

See handout

Of youth age 12+ discharged from:

• Group Homes, males 17+ had a longer placement

(higher median number of days in placement compared to males age 12-16 and females)

• Residential Treatment, females had a longer placement

(higher median number of days in placement compared to males)

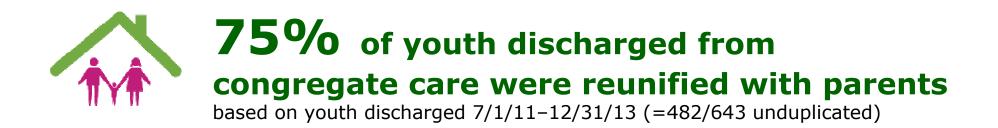
• Emergency Shelters, males had a longer placement

(higher median number of days in placement compared to females)

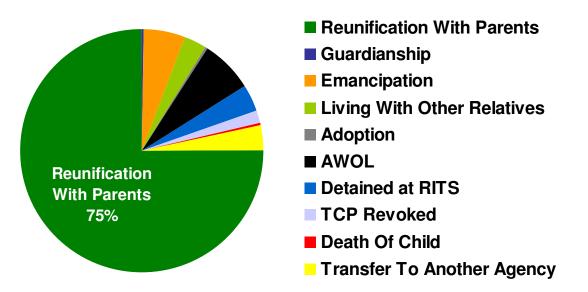
Gender and Age	Group Homes		Residential Treatment Ctr		Emergency Shelter	
Group	I N	Median # Days	N	Median # Days	N	Median # Days
Total, age 12+	226	272	150	221.5	140	79.5
Female, age 12-16	46	230	7	280	46	60.5
Female, age 17+	23	198	5	1266	14	80
Male, age 12-16	80	234	71	229	52	91.5
Male, age 17+	77	325	67	202	28	90

Note: Acute Residential Treatment and RCC Non-Contracted are not shown due to small numbers of 2 and 9, respectively.

Data Source: RICHIST 460D 7/1/12-1/29/14 (discharges)



Percent of youth discharged from congregate care, by discharge reason

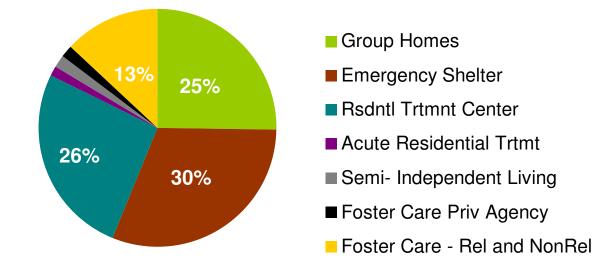


In more recent data (7/1/12-1/29/14), **81%** of youth (all ages) discharged from congregate care were reunified with parents: 100% of youth age 0-11 (N=29) and 79.6% of youth age 12+ (N=525).

Note: Congregate care does not include semi-indep and indep living. Data Source: RICHIST 460D 7/1/11-12/31/12 (discharges) and 460R 7/1/11-12/31/13 (removals)

25.5% of youth discharged from congregate care and reunified with parents RE-ENTERED into placement within a year based on youth discharged 7/1/11-12/31/12 and re-entered 7/1/11-12/31/13 (=123/482 unduplicated)

Percent of youth re-entering placement into congregate care who were discharged from congregate care and reunified with parents within the previous year, by service type

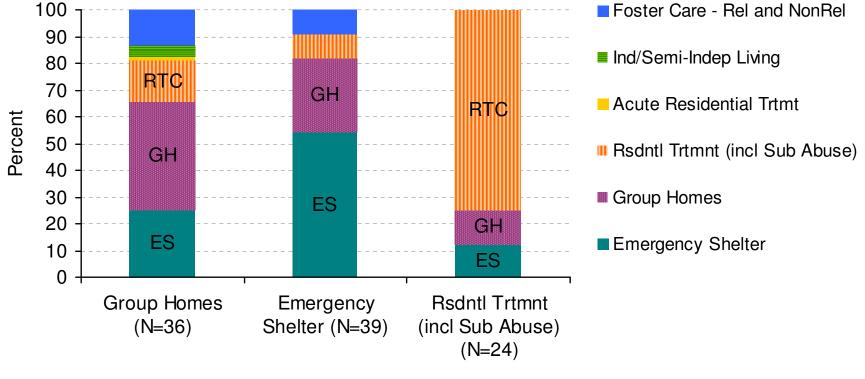


22.2% of youth **discharged from congregate care** (all reasons) re-entered placement within a year (=143/643) **15.3%** of youth **discharged from all placements** (all reasons) re-entered placement within a year (=230/1505)

Note: The RICHIST report utilized for this analysis calcultes slightly differently than the federal calculation. Congregate care does not include semiindep and indep living. RTC includes substance abuse 14 Data Source: RICHIST 460D 7/1/11-12/31/12 (discharges) and 460R 7/1/11-12/31/13 (removals)

88.8% of youth re-entering placement into congregate care were discharged from congregate care and reunified with parents within the past year based on youth discharged 7/1/11-12/31/12 and re-entered placement into congregate care 7/1/11-12/31/13 (=103/116 unduplicated)

Percent of children re-entering placement into congregate care, by placement service type at previous discharge

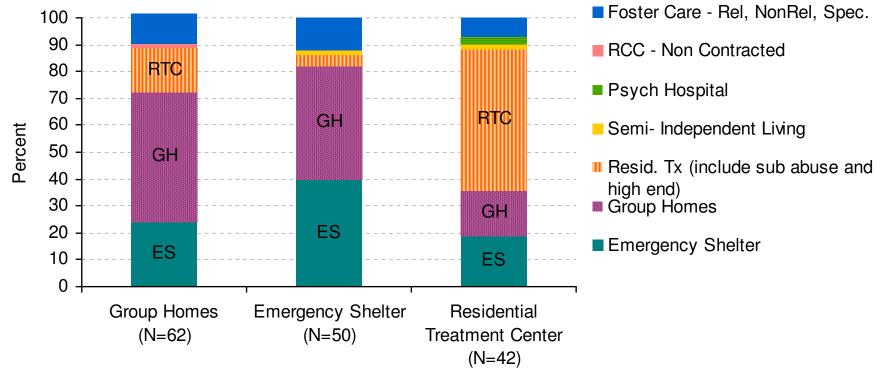


First Placement Type of Re-Entry

Note: Congregate care does not include semi-indep and indep living. RTC includes substance abuse Data Source: RICHIST 460D 7/1/11-12/31/12 (discharges) and 460R 7/1/11-12/31/13 (removals)

88.5% of youth re-entering placement into congregate care were previously discharged from a congregate care placement within the past year based on data from 7/1/12 – 2/10/14 (=139/157 unduplicated).

Percent of children re-entering placement into congregate care, by placement service type at previous discharge

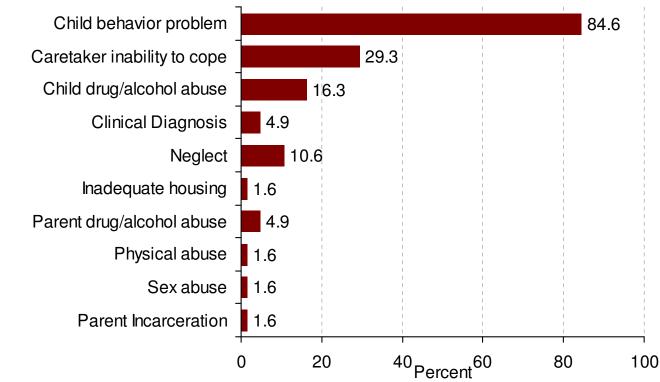


First Placement Type of Re-Entry

Note: Congregate care does not include semi-indep and indep living. RTC includes substance abuse

Child behavior problem was the most frequent removal reason for youth re-entering placement who were discharged from congregate care and reunified with parents within the past year based on discharges 7/1/11-12/31/13 and re-entries 7/1/11-12/31/13 (N=123 unduplicated)

Percent of children re-entering into out-of-home placement, by age group and most frequent removal reasons



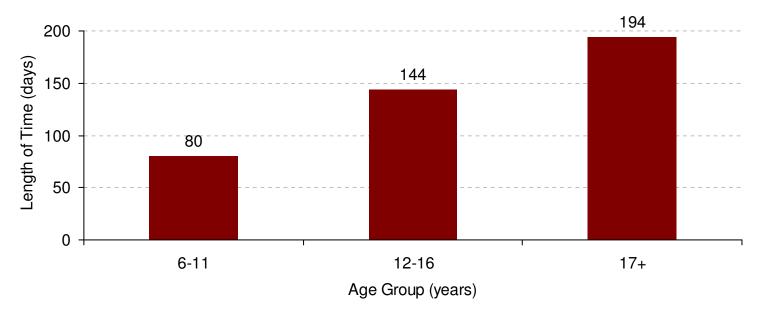
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Data Source: RICHIST 460D 7/1/11-12/31/12 (discharges) and 460R 7/1/11-12/31/13 (removals)

17

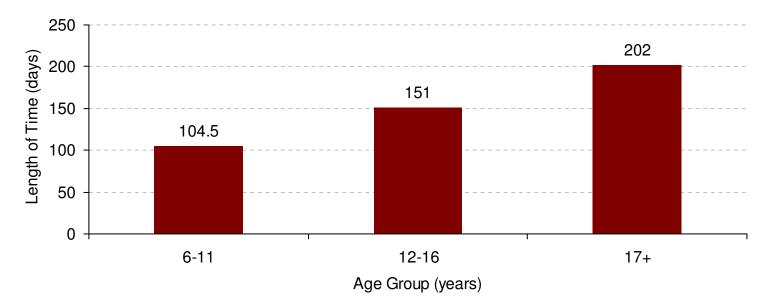
Among youth re-entering placement, the median length of time since a previous discharge from congregate care was 151 days or approximately **5 months (varies by age)**

Median length of time (days) since previous discharge for children re-entering into out-of-home placement, placement is congregate care, by age group (N=166)





Median length of time (days) since previous discharge for children re-entering into out-of-home placement, placement is congregate care, by age group (N=139)





• Increase family involvement for youth in congregate care:

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-Wraparound supports

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