

# The Expert

This is a newsletter dedicated to helping individuals and agencies work within a world that the average person can easily view with anxiety, feelings of intimidation and confusion

# News Letter

# Witness

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## Obsolite This!

In the last newsletter we raised the question: “Are Group Homes obsolete”? We examined a number of recent events that indicated that tough times were ahead for these agencies. Today we will look at some actions that are being taken that could well save the day for these programs.

In a planning session of stakeholders it was recognized that there are two basic options: 1. Lead the changes in the field or 2. be lead by the changes. It has been recognized for some time now that group homes (now to be called “Residentially-Based Services”) have been getting squeezed from a number of sources.

### County Departments say, “Group Homes:

1. Cost a lot
2. Don’t have openings
3. Discharge kids
4. Don’t get great outcomes

### Group Homes say:

1. Rates don’t cover costs
2. Must keep occupancy high to make ends meet
3. Have licensing, liability and neighbor pressures
4. Are referred “wrong kids”

### Reviews of the literature are highly critical:

1. Costly overused resource
2. No reliably demonstrated outcomes
3. They consume a large portion of child care costs without commensurate benefit
4. There is weak evidence to support effectiveness
5. There is some evidence of negative impact

**The evidence is that group home usage in the state is on the decline.**

**The question that must be asked is:** If there are poor outcomes, how much of that can be attributed to inadequate funding that in the face of, inflation, increased costs and liability, shrinks a program’s capacity to provide the requisite services that could well improve outcomes? And, there is the reality that there are some children that can only be managed and treated in this environment. If group homes are squeezed out of business, there is no

Inflation



Liability

**Some  
Fragile  
Children  
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Only  
Be  
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In  
A  
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Based  
Services  
Facility.**

## Facing the Issues

### The Fact of the Matter Is:

- California spends 50% of all foster care maintenance funding on the 11% of children placed in group homes
- Yet there is no clear sense of:
  - ✓ Why children are placed there
  - ✓ What services are provided
  - ✓ What outcomes are achieved

### We Can Agree:

Everyone - children and youth served, family members, placing agencies, provider agencies, and child advocates – wants a better system!

Studies, reviews, reports, legislative hearings, workgroups and stakeholder sessions identify a need for improvement in the utilization of group homes.

We need a common ground for a new approach!

**The change needs to be: using group homes Better!**

**Strategy:** The four “R”s

- Reframe the issues. It’s about
  1. Clarify the role of residential care.
  2. Funding for outcomes.
- Redefine group homes as venues for delivery of services to achieve key outcomes.
- Refocus the roles of group homes in terms of target populations.
- (Re) build partnerships with the key stakeholders.

**Key Questions:**

- Under what circumstances is group home placement appropriate for children?
- What services should be provided?
- How should they be funded?
- How can we assure quality services are provided and the best possible outcomes achieved?
- What types of specialized services are needed to meet the needs of a diverse population?

**A Major Re-Definition:**

### Residentially Based Services

The new view is to define group homes as a treatment intervention rather than a placement. When clients overcome barrier behaviors that keep them out of mainstream foster care, they are transitioned to less restrictive levels of care. This requires better assessments and targeted treatment interventions. The goal is to return youth to the community as soon as possible.

## RBS

New role and focus!

- ✓ RBS are an interim resource
- ✓ RBS provide a short term component.
- ✓ RBS are part of a comprehensive intervention
- ✓ Why?

Goal is to return youth to the community ASAP.

\$ saved in shorter length of stay can be used to fund added services and post discharge support.

The entire industry will have to rethink business plans, how funding is determined, true continuum of care, the nature and need for family based services, and the avoidance of institutionalization.

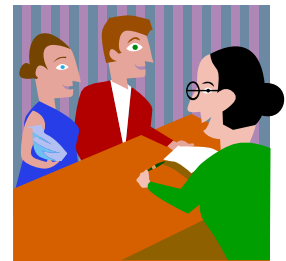
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# Sooner than You Think

## Groundwork Has Been Laid

A surprising amount has been accomplished from diverse sources. You have read about some of it in previous News Letters. Lets review some exciting events of the past few months as well as a most recent lawsuit.

1. The recent federal court order in **Katie A. vs. Bonta**. On March 14<sup>th</sup>, 2006 a judge from the federal district court in Los Angeles ordered the state of California to provide mental health services that will enable tens of thousands of foster children to avoid institutionalization. The judge ruled that that therapeutic foster care and wraparound services were treatment interventions and qualified for EPSDT funding if this treatment is judged to be “medically necessary”. In some states, the Medicaid funding is used fund major aspects of wraparound and TFC.
2. California received a Title IV-E waiver from the federal government. This will allow twenty counties to receive “capped allocation” block grants for foster care funding. In return, the counties will have greater flexibility in the use of those funds to provide services for foster children already in the system and those at risk of entering the system.
3. The California Alliance for Child and Family Services announced that it has filed suit against the state of California, claiming that the RCL system of funding group homes is out of compliance with federal statutes requiring states pay the reasonable costs of care of foster children in group homes.
4. **EMO Children & Family Services** announces that it has changed the name of its Residential Services to “24/7 Intensive Family Services” and has redesigned its approach to residential services by thinking about services as a 24/7 clinical intervention versus an emphasis on a living environment.



### Important

If you would like more information, a training for your staff, or coaching for an upcoming law suit, you may contact me at the contacts below. If you are going to be testifying, talk to your attorney before you call me.

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Just the Beginning!