

# C.A.R.E.S.

## **Safely Diverting Entry Into Foster Care**

*A New Level on the Child Welfare Continuum*



*A Replicable Evidence Based Practice Program*



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***“The Secret of Change Is To Focus All Of Your Energy, Not On Fighting the Old, But On Building The New.”***

*Socrates*



# C.A.R.E.S. Model Program

C.A.R.E.S. is a strength based family driven child abuse prevention and diversion program model designed as a new level of care on the front end of the child welfare continuum.



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# C.A.R.E.S. Model Program

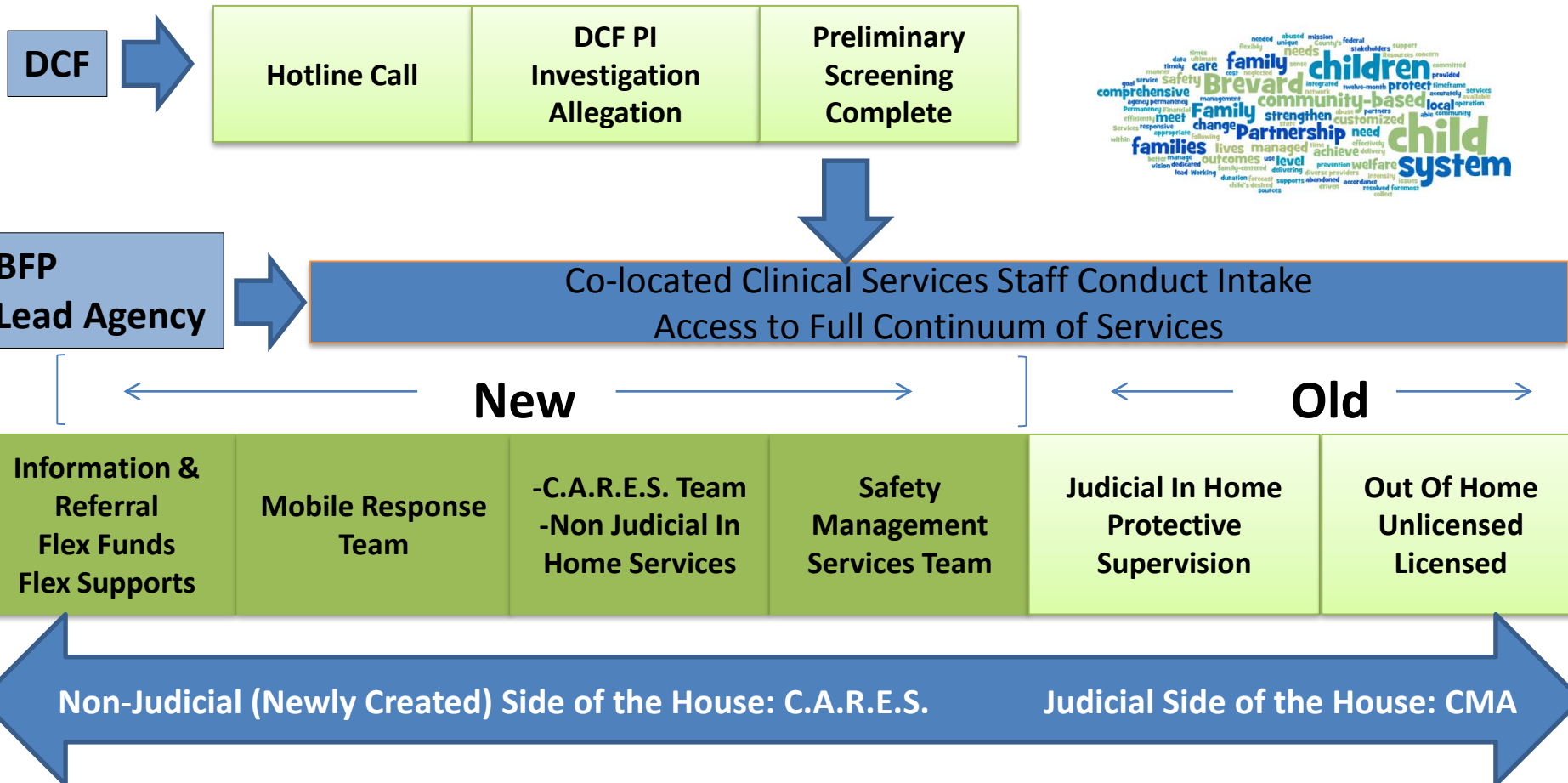
C.A.R.E.S safely diverts entry into the child welfare judicial system by offering:

- High Fidelity Wraparound intensive care coordination as an alternative to traditional case management and;
- Provides access to the same array of services as are available to dependency families.



# System Of Care Model Design

## A New Level on the Front End of the Continuum



# Front End Continuum of Care

Immediate Crisis Mobile Response Team and Safety Management Services Team

Brevard C.A.R.E.S. Diversion & Family Support

Very High Risk

High Risk

Moderate/Low Risk

Immediate Service  
Authorization &  
Safety Planning

Initial Family Visit  
within 24-48 hours

Intensive Care  
Coordination

Family Team  
Conferencing

Strength Based  
Assessment

**Short-Term  
Intensive Case  
Management**

Care Coordination

Broker Services  
Based upon  
Identified Needs

PI Flexible Funding  
(rent, utilities)

Tangible Resources  
(car seat, portable  
crib)

Community  
Linkages

Child Care

Cribs for Kids



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# C.A.R.E.S. History and Evolution

C.A.R.E.S. was designed, piloted, and implemented in 2006 in an effort to safely divert children and their families from entry into the child welfare system.



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# C.A.R.E.S. History and Evolution

The C.A.R.E.S. model has documented evidence of substantial cost reductions while keeping at-risk children safely at home, in their schools and communities with better outcomes.



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# C.A.R.E.S. History and Evolution

C.A.R.E.S. has achieved level 3 Evidence Based Practice status with the California Evidence Based Clearinghouse. <http://www.cebc4cw.org/program/c-a-r-e-s-coordination-advocacy-resources-education-and-support/>



# C.A.R.E.S. History and Evolution

In 2010, C.A.R.E.S. procured an independent research evaluation proving it's effectiveness and was highlighted in the:

- Peer Review Research Publication, The Journal of Families and Society, April 2015: *Reducing Risk: Families in Wraparound Intervention.*



# C.A.R.E.S. History and Evolution

- C.A.R.E.S. addresses a gap that existed on the national child welfare continuum that aligns with the requirements specified in the Family First Prevention Services Act.



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# C.A.R.E.S. History and Evolution

- C.A.R.E.S. is manualized with a toolkit and has a national replication team to assist communities with implementation of the model.



# C.A.R.E.S. History and Evolution

The model shifts the high costs associated with placement in, in-home protective services and out of home care by diverting families from entry into the child welfare system.



Cost savings from the reduction in the number of children entering care are reinvested in the front end of the system to sustain the program and build capacity; enabling communities to serve more children and families for less with better outcomes.



# Cost Comparison: Prevention Vs. Dependency

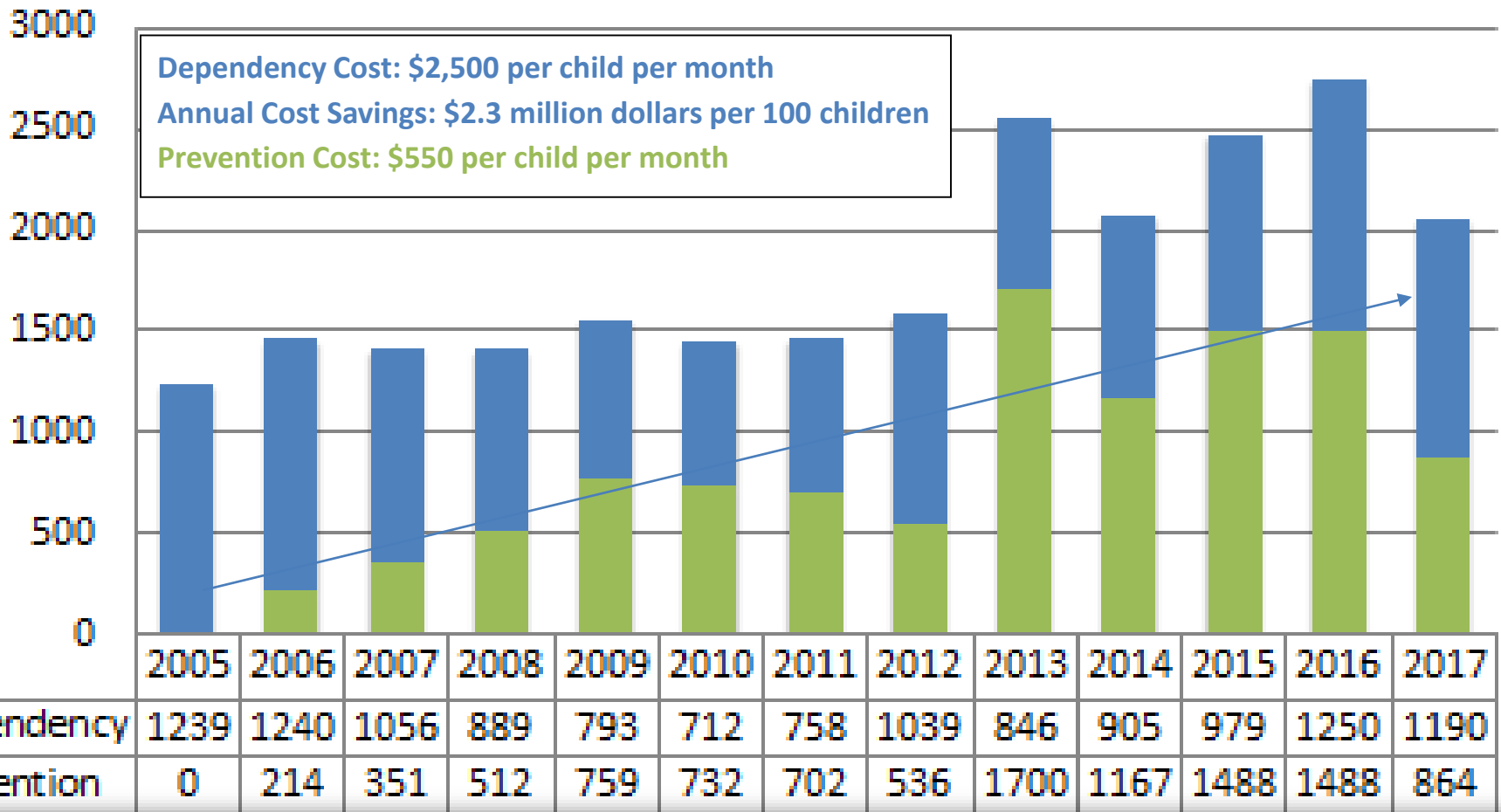
## *A Minimal Investment to Keep Families Together*

- 100 children  
\$550 per month= \$660,000
- 500 children  
\$550 per month= \$3.3 million
- 1000 children  
\$550 per month= \$ 6.6 million

- 100 children  
\$2,500 per month= \$3 million
- 500 children  
\$2,500 per month= \$15 million
- 1000 children  
\$2,500 per month= \$30 million



# Brevard Prevention and Diversion Census: 2005-2017



# Change in Landscape

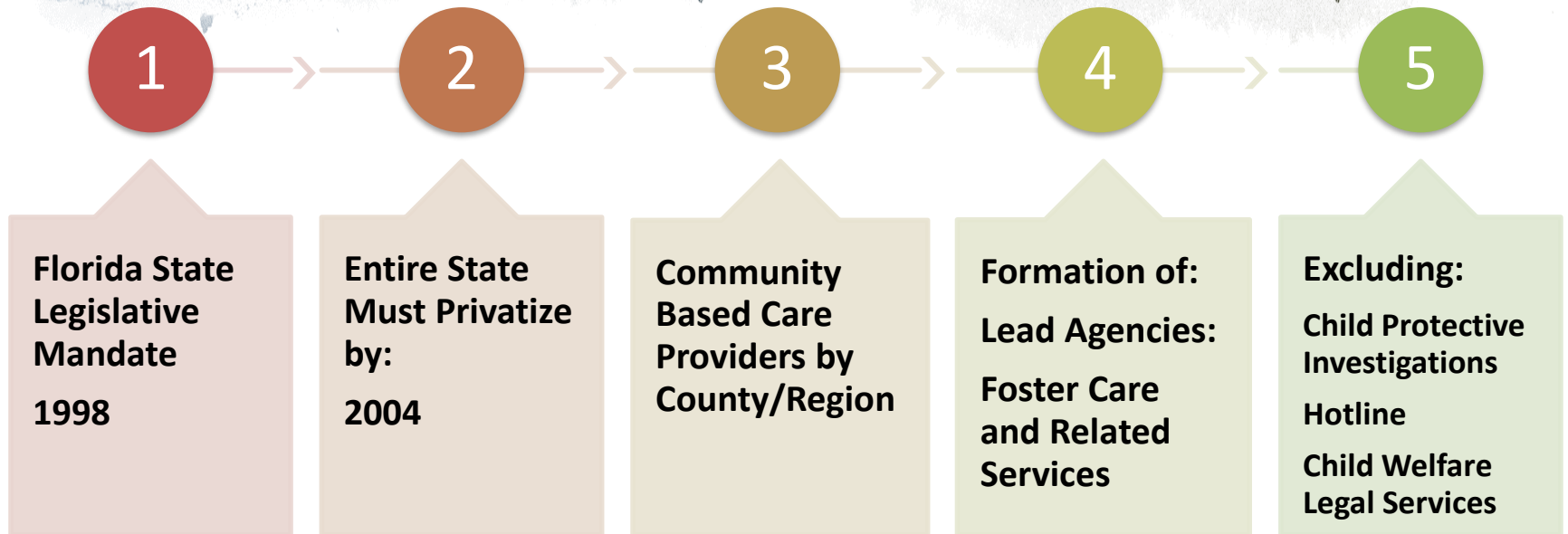
- 2004: Privatization of Child Welfare
  - 2006: Federal IVE Waiver
  - 2015: Replication
  - 2018: FFPSA



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# Florida Privatization



# Privatization Legislative Intent

Customize & Design a System of Care to Reflect the Unique Needs of Local Community

Promote Community Ownership/Involvement  
“It Takes a Village..”

Leverage Public Private Partnerships

Improve Outcomes for Children and Families



# Privatization: Brevard County Child Welfare System of Care Local Priority



**Community Priority:**  
*Implement an aggressive, front-end prevention and diversion program.*



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# Pre Privatization Landscape

- 1,240 children in care;
- No front end continuum of care, centralized tracking or case management of families receiving prevention and diversion services;
- No mechanism for immediate access to needed services;
- Service funds ran out before year-end and;
- The system was operating with a growing deficit.



# Post Privatization Landscape

- Development and implementation of Brevard C.A.R.E.S. program model;
- A new level on the continuum of care:
  - Intensive care coordination, Wraparound, flexible funding, unbundled menu of services;
  - Immediate access to the same array of services are made available to C.A.R.E.S. families as those in dependency.
- Anti-stigma campaign; a strategic effort to destigmatize the child welfare system;



# C.A.R.E.S. Anti- Stigma Campaign

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Promoting a “family centered approach”  
***its okay to ask for help without fear of  
reprisal;***

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Creation of a separate and new identity;

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County wide prevention & diversion  
program;

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Youth driven, family centered with  
former consumers as staff;

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Divert families from deeper system  
involvement in child welfare, juvenile  
justice and mental health systems;



# Post Implementation

- Full front end continuum of care;
- Reduction of children entering care:
- Delinquency youth safely diverted from entry;
- Tertiary support, alumni programs and care management for families exiting the system and;
- Expansion to other at risk populations: Homeless Families, Head Start, Child Welfare Present Danger;
- Relative Caregiver and Post-Adoption Support provided.





Steps to Scale a Traditional Child Welfare System to Include a Full Front End Continuum of Care.



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# LOGIC MODEL



**C**oordination **A**dvocacy **R**esources **E**ducation **S**upport

## Program Components

Safety Planning

Family Engagement:  
Voice  
Choice  
Ownership

Family Assessment

Care Coordination &  
Service Coordination

Wraparound  
FTC'ing

## Activities &

Safety Management Services

Strength & Cultural Discovery

Family Vision Statement

Wraparound Family Team

Natural Supports

Customized Plan of Care

Measurable Outcomes

## Targets & Outcomes

### Short Term:

Youth and Family Empowerment

- Reduced Risk Factors and Community and Natural Support

### Mid Term:

Increased Child & Community Safety

Prevent and Decrease Deeper System Involvement

Sustained Community Support

Family Stabilization

Family Preservation

Improved Protective Capacities

### Long Term:

Safety

Permanency

Well Being

Family Resilience

Decrease Recidivism



# C.A.R.E.S. Replication Site Experience

- Assessment and Planning
- Installation
- Application of Practice
- Sustainability
- Early Data and Outcomes



**FFPSA:** Serve children at imminent risk of placement in foster care and their parents or kinship caregivers...

IVE Waiver Innovation set the stage for FFPSA



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# Crosswalk

## FFPSA

- Serve children at imminent risk of removal that includes a foster care prevention strategy for maintaining the child safely at home or temporarily with a kinship caregiver.

## CARES

- CARES successfully serves children at risk of removal and entry into the foster care system. CARES prevention program model was designed to add a new level of foster care prevention services to the front end of the child welfare system through delivery of in home parent education and skill building and care coordination. CARES works with kin and caregivers to safely maintain the child at home and in the community.



# Crosswalk

## FFPSA

- Services
  - Mental Health treatment services for a maximum of 12 months
  - Substance abuse prevention and treatment services provided by a qualified clinician for a maximum of 12 months
  - In-home parent skill-based programs for a maximum of 12 months that include parenting skills training, parenting education, and individual and family counseling

## CARES

- Through use of intensive care coordination and family team conferencing CARES customizes an array of trauma informed services to meet the unique needs of families. The average length of stay in the program is 5.5 months. Services provided include:
  - Parent education and skill building
  - Substance abuse treatment
  - Individual and family counseling



# Crosswalk

## FFPSA

- Covered services must be:
- Provided under a trauma-informed organizational structure and treatment framework
- Promising, supported or well supported practices, meaning that:
  - o The practice must have a book manual or other writing that specifies the protocol and how to administer the practice
  - o There is not an empirical basis suggesting that the practice has a risk of harm
  - o If multiple studies have been performed, the overall weight of evidence supports the practice
  - o Outcome measures are reliable, valid, and administered consistently;And meets definitions outlined in promising, supported or well supported practice; each of which require study designs of increasing scientific rigor

## CARES

- CARES utilizes trauma informed care principles of practice across the continuum of care. All services are delivered within the local Trauma Informed Care framework.
- CARES has attained Promising Practice status with the California Evidence Based Clearinghouse.
- CARES published research findings are outlined in the Journal of Families and Society, Reducing the Risk: Families in Wraparound Intervention, 2015.
- The CARES program is manualized. Using implementation science CARES has specified the implementation process through the Implementation Strategy Map which includes:
  - Self-Assessment
  - On site Assessment
  - Planning
  - Installation
  - Application of Practice
  - Sustainability





# Crosswalk

## FFPSA

- Has a Training Component

## CARES

- CARES has a robust training and implementation component whereby model developers provide training, technical assistance and consultation along with High Fidelity Wraparound National Certification.



# Crosswalk

## FFPSA

- Proven History of Results

## CARES

- CARES has documented history of proven results to include:
  - Reduced recidivism
  - Decreased length of stay in congregate care and;
  - Safely maintaining children at home and in their communities.



# Crosswalk

## FFPSA

- Data and Outcomes Measurement Tools

## CARES

- The CARES program includes use of the Wraparound Care Management System (WCMS) to track, monitor and report data and outcomes. Participation in the WCMS system also enables CARES replication sites to benchmark performance as compared to peers.



# Crosswalk

## FFPSA

- Implementation Team and Manual Using Implementation Science

## CARES

- CARES uses implementation science with support of the NCFIE training and consultation team to lead, guide and direct the implementation process. Implementation tool templates, and policies and procedures are replicated to ensure fidelity to the practice model.



# Crosswalk

## FFPSA

- Reduction in Costs

## CARES

- The CARES model has a history of substantial cost savings while safely maintaining children at home, in the community and their local schools. The average cost per family is \$550.00 per month over an average of 5.5 months as compared to \$2,500 per month when placed in out of home care.



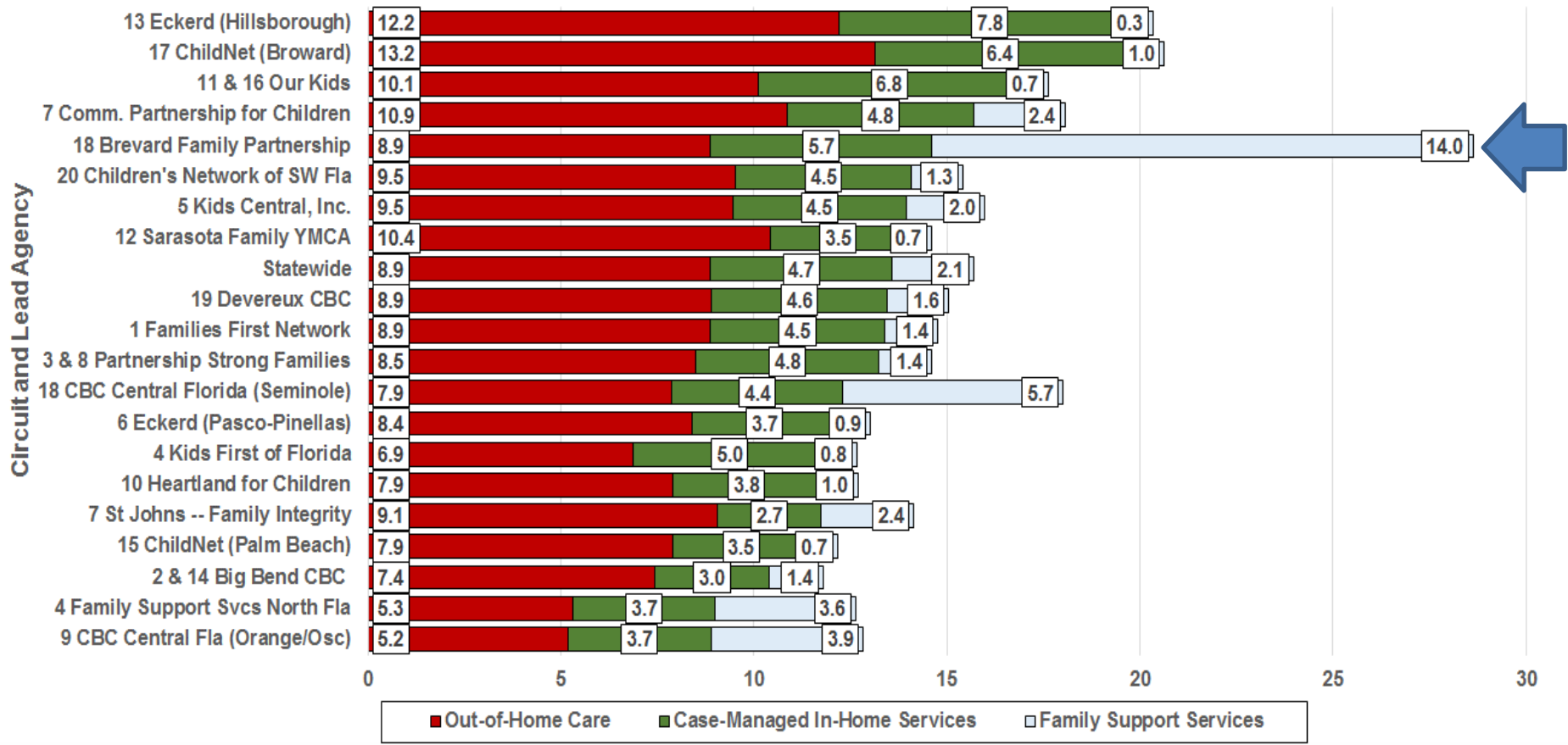
# Positive Outcomes

- Improved child safety and decreased trauma from removal
- Increased family engagement
- High rate of satisfaction
- Reduction in number of children in dependency
- Reduction of costs and reinvestment and capacity-building
- Reduced recidivism



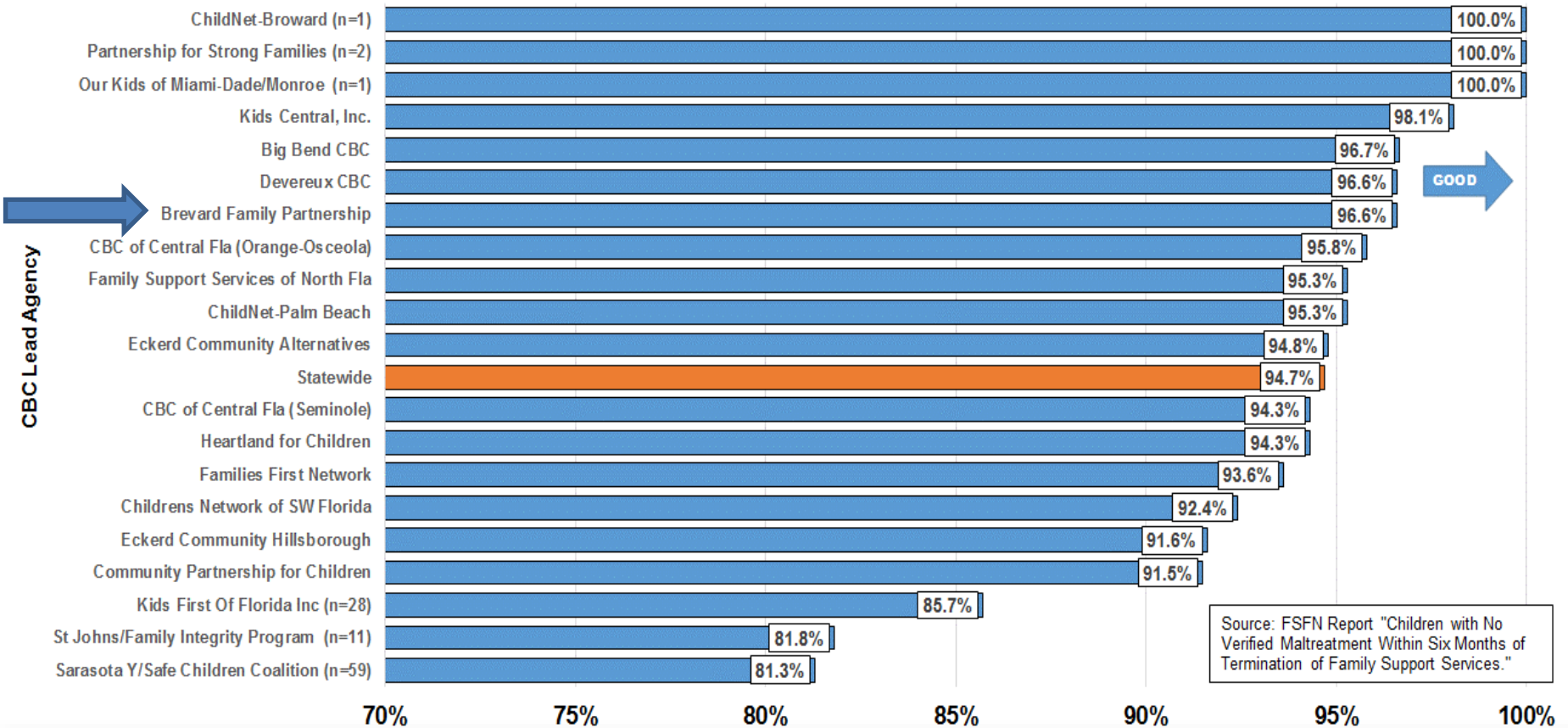
# Brevard Outperforms in Numbers Served in Family Support

Children Receiving Services by Type on 6/30/2016 -- Rates per 100 Children Investigated in CY 2015



# Child Safety After Termination of Family Support –Still Safe After Termination

Percent of Children Terminated from Family Support Services in Quarter Who Were Not Maltreated within Six Months, for Children with Services Terminated October-December 2015





# Brevard Recidivism Data FY: 2017-2018

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## Families Remaining Together:

- 6 month follow up: 92%
- 12 month follow up: 93%
- 18 month follow up: 88%
- 24 month follow up: 87%





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