

Commission on Enhancing Agency Outcomes

Proposal to Enhance Community Prevention and Intervention Efforts by DCF

Background. In recent years, the Department of Children and Families (DCF) has made a priority of keeping children with their families whenever safely possible. Available data reviewed by PRI staff in the RBA Pilot Project¹ indicated a shift away from out-of-home placement toward in-home care for DCF-involved children.

Effective family preservation and support programs can prevent removals from home or minimize the time at-risk children spend in out-of-home placements, reduce repeat maltreatment, and improve child and family functioning. Such programs may be less expensive than out-of-home care, and evidence exists that such programs are more effective for the children and families.² During FY 09, DCF contracted with private providers to make available over 20 different preservation and support services to its client families.

Potential cost savings are now examined for two community prevention and intervention programs with the goal of preserving families and maintaining children in the home: the *Intensive Family Preservation program (IFP)*, and the *Intensive In-Home Child & Adolescent Psychiatric Service (IICAPS)* program.

Intensive Family Preservation program (IFP). The purpose of IFP is to reduce immediate safety threats to prevent child out-of-home placement and promote successful reunification for those children who have already been removed. Through contracts with private providers, IFP workers make in-home visits to families with an open DCF abuse/neglect case that are at high risk of child out-of-home placement, that were just reunified, or with upcoming reunification plans.

The length of IFP service is expected to last up to 12 weeks, but can last as long as six months. Beyond CT's IFP program duration standard being long compared to other states' IFP programs, there is a resulting decreased capacity to serve more families. Nearly half the 13 DCF offices, for example, have waitlists all or most of the time, from three weeks to two months. There were 660 families who completed IFP in FY 09.³

Statistics on the number of CT DCF families who were preserved and avoided placement of child(ren) in foster care is **unknown**. Similarly, the number of children who returned home from out-of-home care is unknown. However, anecdotal evidence and statistics from other states suggests a reduction in out-of-home placements of anywhere from 23 percent to 57 percent for IFP program participants.

¹ RBA Pilot Project Study of Selected Human Services Programs (P.A. 09-166), January 12, 2010.

² RBA Pilot Project Study of Selected Human Services Programs (P.A. 09-166), January 12, 2010.

³ RBA Report Card in PRI RBA Pilot Study of Selected Human Services Programs (P.A. 09-166), January 12, 2010.

Apart from the question of total number of families helped, consider the following:

- families purportedly qualify for Intensive Family Preservation services because they are at *imminent risk of disruption*, resulting in out-of-home placement of their child(ren);
- IFP costs approximately \$8,788 per family⁴;
- foster care costs approximately \$47.33 per day, or \$54,720 for 3.2 years; and
- for every family that avoids placement of a child in foster care due to IFP, there is an estimated net **savings of approximately \$45,932 per family.**

Further, there were approximately 1,200 IFP slots funded by DCF in FY 09. **More families could be served without increasing funding.** If 100 more families were helped to reunite or avoid foster care, **savings of approximately \$4,593,200** could be realized.

Intensive In-Home Child & Adolescent Psychiatric Service (IICAPS). IICAPS is an evidence-based practice that provides an intensive, home-based intervention for children and adolescents with serious emotional disturbances who are at risk for psychiatric institutional-based treatment, are unable to be discharged from psychiatric institutional-based treatment due to lack of community and home resources, or are unresponsive to clinic-based services. During FY 10, DCF contracted with 19 private providers (114 teams) to offer IICAPS. Children receiving these intensive in-home behavioral health services are expected to have reduced use of very expensive institutional care, and both children and their families to experience improved functioning.

The funding for IICAPS is complex. Considering the \$1.2 million spent on IICAPS contracts directly from DCF's budget and the \$1.8 million that was transferred from DCF to DSS (for a combined total of \$3 million), IICAPS averaged \$2,437 per case in FY09.

There were 1,231 children in Connecticut who completed the IICAPS program in FY 10 (Figure 1).

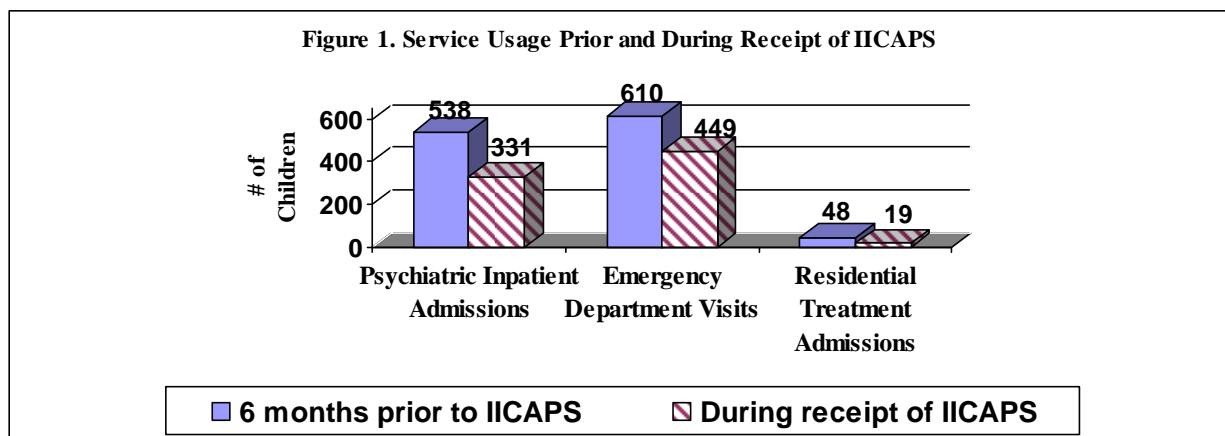


Figure 1 shows the 1,231 children had⁵:

⁴ Based on \$5.8 million budget and 660 families served.

- 38% fewer psychiatric inpatient admissions;
- 26% fewer Emergency Department visits; and
- 60% fewer residential treatment admissions.

For the 1,231 children, the total number of days spent in psychiatric inpatient care during receipt of IICAPS (5,396 days) was 40 percent less than during the six-month period prior to receipt of IICAPS (9,075 days). While the IICAPS waitlist is currently undergoing a careful review and the figure will most likely be updated in December, there may be as many as 177 children and families waiting for IICAPS.

Types of Expenses	Without IICAPS	With IICAPS	Savings
Inpatient hospitalization (\$1,437 per day) ^a	(9,075 days) \$13,040,775	(5,396 days) \$7,754,052	\$5,286,723
Emergency Room Visits (\$1,000 per visit)	(610 visits) \$610,000	(449 visits) \$449,000	\$161,000
Residential Treatment (avg LOS 117) ^b (\$315.60 per day) ^c	(48 admissions) \$1,772,410	(19 admissions) \$701,579	\$1,070,831
Cost of IICAPS program (\$2,437) ^c	\$0	\$3,000,000	(\$3,000,000)
Total	\$15,423,185	\$11,904,631	\$3,518,554
^a 2009 Riverview Hospital Annual Report (on DCF website). ^b February 19, 2010 meeting notes of the Behavioral Health Partnership Oversight Council Quality Management, Access & Safety Subcommittee. ^c Office of Fiscal Analysis.			

Summary. Potential cost savings for two of DCF’s community prevention and intervention programs were estimated. With regard to IFP, additional savings could occur by *increasing the number of families served*, which is currently significantly below contract requirements. If 100 more families were helped to reunite or avoid foster care, **savings of approximately \$4,593,200** could be realized.

Additionally, there are some modest savings that could be realized through expansion of the IICAPS program. With an average savings of \$2,858 per child (\$3,518,554/1,231 children), **approximately \$285,800 could be saved by expanding capacity and reducing the wait list by 100 children.**

⁵ 4th Quarter Fiscal Year 2009-2010 IICAPS Network Quarterly Report, Yale Child Study Center, Yale University, New Haven, CT