



Privatization of Case Management, Adoption, Family Foster Care and Family Preservation in West Virginia

January 2007

Presented by FFTA – WV Chapter Supporting Agencies

Bralley & Thompson, Inc.
Burlington United Methodist Family Services
Children's Home Society of WV
KVC Behavioral HealthCare, Inc.
National Youth Advocate Program
NECCO – WV
Potomac Center, Inc.
Pressley Ridge
REM Community Options, Inc.

I. Overview and National Trends

Since the introduction of the federal reviews, the Child and Family Service Reviews (CFSRs), it seems that weighing privatization options is the next step for West Virginia leadership. The CFRS site visit held in May of 2002 resulted in the State of West Virginia not achieving substantial conformity with any of the seven safety, permanency, or well-being outcomes. In addition, West Virginia did not meet national standards relating to child maltreatment or adoption. In response to its' failure, the state submitted their Program Improvement Plan (PIP), as its' framework for reform efforts.

The opportunity to improve outcomes for children and families and design a child welfare system that is flexible and spends funding more effectively and efficiently is now.

Although there is no single definition of privatization, the term generally has come to refer to a range of strategies that involve the provision of publicly funded services and activities by nongovernmental entities.

II. Background on Current Child Welfare System

As the number of children in foster care continues to rise throughout the country, state child welfare systems are beginning to face a marked increase in caseloads and expenditures. More and more states are re-examining the ways they do business to better serve the children in state custody and taxpayers. State agencies are being called upon to be better stewards of the funds entrusted to those agencies to provide essential services to children who have been removed from their homes. These agencies are beginning to research methods to provide the best possible services for children and youth at a cost that reflects that good stewardship of tax dollars. A growing trend in many state governments to promote those best services and good stewardship is the privatization of foster care services.

West Virginia currently operates its foster care system through a joint effort of government operations and private operations. There are ten private agencies that operate foster care programs in the state. These agencies receive referrals from the state usually after the state cannot find a placement for a child in one of the state's own foster homes.

In recent years, states are turning away from the method used in West Virginia and have turned toward the "contracting out" of services. States are getting out of the business of foster care and paying private agencies to provide these services. More and more states are discovering that the services provided to children and youth have been enhanced while the costs of those services to state governments have fallen. Contracting agencies have been given greater latitude in determining the manner in which funds are used to meet the needs of individual children and youth. Because of this greater flexibility the quality of services has risen while children receive the services they truly need.

Several privatization models exist, but all produce the same basic effects:

- Case management is the responsibility of private agencies;
- Public agencies purchase results instead of services; and
- Funding is based upon performance.

The argument exists that such services are inherently government services and, therefore, should not be contracted out. But increasingly it is being seen over and over in state governments that many areas of service are better handled by the private sector. This very instance has been found to be true in West Virginia, as the state has a more efficient and cost effective system in place for injured workers, since it made the determination that workers' compensation insurance should be handled by a private firm and not the state. In the short period of time that this new private system has been put into place, the state has saved money and premiums private employers pay are beginning to fall.

It is reasonable to expect that the same would hold true in child welfare as the state considers placing the foster care system into the private arena. Overall costs for the state should decrease while those receiving services will be given the treatment options that they truly need. Because the state monitors the performance of the private agencies through a study of outcomes reached, the state insures that children and youth receive the services they need while the cost for the state in providing these essential services decreases.

The West Virginia foster care system is ripe for privatization. The current system is in a state of disrepair. The children and youth of the state are the ones who suffer because they do not receive the services they truly need and many treatment options are not available to them. The private and public sectors of the system are governed by two different sets of rules. The private system seems to receive a higher share of the “difficult” cases than the public system. Public sector placements do not receive the same level of treatment and counseling compared to private sector placements. The referring state worker looks to place a child in a state foster home before considering the level of need a child may have, such as counseling, therapy and case management, regardless of the services available through private agencies. Reimbursable expenses are becoming fewer and fewer for private agencies meaning that it becomes harder and harder for the private agencies to deliver the services that the children and youth of the state really need. Yet, many private agencies still strive to provide needed services even though they realize that such provisions cause them to lose money. Operational losses are becoming the norm in the private sector of the foster care industry.

The privatization of foster care services in West Virginia will provide the cure for the state. In West Virginia, a “band-aid” approach has been used for decades while the disease continues to grow. Symptoms are treated instead of treating the cause the disease. A slight increase in per diem only helps for a little while. Funding for socially necessary services is not adequate for private agencies to provide these services to children and families under a fee for services arrangement. Socially necessary services are better funded under contract or grant systems. Having one set of requirements for state case workers and state foster homes while having more stringent requires for private agency case workers and foster homes breeds distrust and contempt. Allowing the state to compete with private agencies while mandating that the state also police the agencies is like the proverbial fox guarding the henhouse. It just doesn’t work.

West Virginia’s children and youth deserve better. They deserve a proactive system that attacks the root of the problem. They deserve a system that awards agencies that provide good outcomes with preventive services. They deserve a system that follows established quality assurance and improvement models. They deserve a system that doesn’t compete against itself. They deserve a

system that follows best practice standards in all aspects. They deserve a system that is held accountable to them. They deserve a system that works.

It's time West Virginia follows the path that other states with broken foster care systems have taken – privatization. Privatization has been proven to give better services to children and youth while bringing costs for these essential services down. It will most likely be argued that this is not the way that West Virginia has operated when it comes to child welfare and since the state has not acted in this manner before, it should not follow this path now. That argument is best battled in a quote from Charles Kettering, "If you have always done it that way, it is probably wrong." It's time to right the wrong.

III. Guiding Principles for Change

On November 19, 1997, President Clinton signed into law the Adoption and Safe Families Act of 1997, or the ASFA. This legislation includes the following important components: 1) Promote the safety of children; 2) Decrease the time taken to achieve permanency; 3) Promote adoption and other permanent options for children; 4) Enhance accountability of each state's child welfare system.

The Adoption and Safe Families Act represents a national, bi-partisan effort to establish goals of safety, permanency and well being for children all across our country. It is an important landmark in federal child welfare law, as it gives us an opportunity to reform the national child welfare system into one that is more responsive to the needs of children and families.

According to a U.S. Department of Health and Human Services – Administration for Children and Families Program Instruction Report dated January 1998, the Adoption and Safe Families Act looks at the following key principles to implement the law:

- **“The safety of children is the paramount concern that must guide all child welfare services.** The new law requires that child safety be the paramount concern when making service provision, placement and permanency planning decisions. The law reaffirms the importance of making reasonable efforts to preserve and reunify families, but also now exemplifies when States are not required to make efforts to keep children with their parents, when doing so places a child's safety in jeopardy.”
- **“Foster care is a temporary setting and not a place for children to grow up.** To ensure that the system respects a child's developmental needs and sense of time, the laws includes provisions that shorten the timeframe for making permanency planning decisions, and that establish a timeframe for initiating proceedings to terminate parental rights. The law also strongly promotes the timely adoption of children who cannot return safely to their homes.”

- **“Permanency planning efforts for children should begin as soon as a child enters foster care and should be expedited by the provision of services to families.** The enactment of a legal framework requiring permanency decisions to be made more promptly heightens the importance of providing quality services as quickly as possible to enable families in crisis to address problems. It is only when timely and intensive services are provided to families, that agencies and courts can make informed decisions about parents’ ability to protect and care for their children.”
- **“The child welfare system must focus on results and accountability.** The law makes it clear that it is no longer enough to ensure that procedural safeguards are met. It is critical that child welfare services lead to positive results. The law requires numerous tools for focusing attention on results, including an annual report on State performance; the creation of an adoption incentive payment for States designed to support the President’s goal of doubling the annual number of children who are adopted or permanently placed by the year 2002; and a requirement for the Department to study and make recommendations regarding additional performance-based financial incentives in child welfare.”
- **“Innovative approaches are needed to achieve the goals of safety, permanency and well-being.** The law recognizes that we do not yet have all of the solutions to achieve our goals. By expanding the authority for child welfare demonstration waivers, the law provides a mechanism to allow States greater flexibility to develop innovative strategies to achieve positive results for children and families.”

The Adoption and Safe Families Act (ASFA) requires that reasonable efforts be taken to provide prevention and reunification services so that families can stay together, or to make it possible for children to return home safely. However, the ASFA also clarifies that in certain circumstances it is not safe for a child to return home, and that the safety and welfare of the child is the most important consideration when making a decision of reunification. Under Section 101 of the ASFA, a summary of these circumstances may include “when a child or sibling has been severely abused, when a parent has murdered or committed voluntary manslaughter of another sibling of the child, or when the parent has subjected the child to aggravated circumstances as defined by state law which could include, but is not limited to, abandonment, torture, chronic abuse or sexual abuse.”

Previously, many states including West Virginia, were hesitant to terminate parental rights. Children languished in the foster care system for their entire childhood, often being moved from foster home to foster home, while our child welfare agencies worked on efforts to reunify the child with their biological family. The Adoption and Safe Families Act clearly identifies that foster care should be

considered temporary and that permanency planning needs to begin as soon as a child enters foster care. According to the ASFA, hearings must now be held within 12 months of a child's entry into foster care. At this hearing, a concurrent permanency plan for the child must be determined. The plan may include reunification, adoption, or other permanent living arrangements.

The primary goal of concurrent planning is early permanence for the child. Concurrent planning is a child-centered approach that understands the developmental needs of the child, and that a child's needs are best served by living in a permanent family; whether it is their own biological family, an adoptive family or a permanent placement with kin or other important people close to the child.

We have learned after years of working to better the foster care system, that if we do not provide permanence for these children early on in placement, these children often become young adults who are unable to adequately care for themselves and find themselves victimized by others or the perpetrators of crimes. Child welfare experts agree that the importance of permanence in a child's life cannot be overlooked any longer. Permanency gives a child a sense of security and allows them to grow to their fullest potential without worrying where they will sleep, where they will go to school or whether they will be able to keep their friends. It gives them a chance to build trust in the people who care for and love them, and it helps these children grow into productive, working adults.

The Adoption and Safe Families Act clearly indicates that a permanency planning hearing must be held within 12 months of a child's entry into care and a petition to terminate parental rights must be filed for a child who has been in foster care 15 out of the last 22 months, regardless of their age. In addition, the ASFA also ties significant federal incentives for a state's increase in adoptions through the Title IV-E Adoption Assistance Program.

The Adoption and Safe Families Act ensures that accountability is now required for all states. The US Department of Health and Human Services has developed a system of rating each state's performance relative to seven outcome measures. This rating system is tied to funding and each state's performance is indicated in an annual report to Congress. The following are the outcomes used in the Child and Family Service Review for each state:

Safety Outcome 1 – Children are first and foremost protected from abuse & neglect.

Safety Outcome 2 – Children are safely maintained in their homes when possible.

Permanency Outcome 1 – Children have permanency and stability in their living situations.

Permanency Outcome 2 – The continuity of family relationships and connections is preserved.

Well Being Outcome 1 – Families have enhanced capacity to provide for children’s needs.

Well Being Outcome 2 – Children receive services to meet their educational needs.

Well Being Outcome 3 – Children receive services to meet their physical & mental health needs. (See Table 1)

In the past five (5) years, 15 states reported passing legislation relating to privatization (Alaska, Arizona, Connecticut, Illinois, Kentucky, Massachusetts, Nevada, New Jersey, North Carolina, Oklahoma, Oregon, Vermont, Virginia, Washington, Wisconsin).

IV. Shift in National Trends in Child Welfare

Two major problems plague child-welfare agencies across the nation. First, some children are dying because child-welfare systems are over burdened and cannot adequately investigate all child abuse reports. Second, child-welfare agencies continue to intervene in the decisions of too many families without justification. A child-welfare system that focus on too many families means that some of the critical cases are missed and some children die.

Child-welfare privatization is proving a valuable tool for improving the child-protection system by reducing the number of children and families involved with the state and insuring permanency and safety for those children who really need to be protected. There is much to learn from examining how privatization and performance incentives have functioning is the service areas of foster care and adoption.

Foster Care

Foster care privatization programs have shown that private social workers have a much better chance at meeting outcome goals focused on child safety and permanency than their state counterparts. Kansas and Florida are undergoing the most thorough efforts at privatizing state-run foster care programs.

Kansas Foster Care Privatization

In March 1999, three private providers Kansas Children’s Service League, Kaw Valley Center and United Methodist Youthville – began providing foster care for the entire state.

The state paid contractors a fixed amount for each child, which was expected to cover all services provided to the family during the child's time in foster care. Contractors experienced significant cost overruns due to court delays and increases in foster care caseloads.

New contracts are being set on a per child per month rate payment system rather than the one-time case rate paid under the initial contracts.

Florida Foster Care Privatization

In 1996, the Florida legislature mandated that the Department of Children and Families (DCF) establish pilot programs to privatize child protection services through contracts with community-based agencies and move toward privatizing the entire foster care system by 2003.

The DCF focus will shift from providing services to monitoring the performance contractors.

Privatize Adoption Services

Since adoption privatization has been the most successful and the least controversial component of child-welfare privatization, states should begin their child-welfare reform by privatizing the adoption process.

Adoption component of child welfare services is the most fertile and successful one for privatization. Kansas and Michigan have the longest-running adoption privatization program.

Michigan Adoption Privatization

Since 1992 Michigan has contracted with approximately 55 different providers for adoption services. Providers are not paid based on the difficulty of finding a child a home. The harder a child is to place, the higher the payment. All foster care providers under contract, licensed to provide adoption services and all nonprofit licensed adoption agencies without a foster-care program are offered adoption contracts. Payment for adoption is based on an outcome-based reimbursement system. Agencies are rewarded for achieving outcomes related to the timeliness of placement.

Kansas Adoption Privatization

In 1996, Lutheran Social Services won the contract for adoption services for the entire state. For each child in its care, LSS received a fixed rate of \$15, 538. LSS could chose approximately 10% of the children to exempt from the fixed rate because of special conditions (medical fragility). LSS recruit, trained adoptive parents, fund homes for all the children and provided post-adoption services for up to 18 months. During this four year contract Kansas experienced an 81% increase in the number of finalized adoptions. The adoption contract was in 1999 and LSS lost the contract

to Kansas Children's Service League, which submitted a lower bid and had a better proposal.

Barriers to Privatization

Unreliable Data. Lack of reliable data by which to evaluate the system before privatization. (Kansas)

Judicial Constraints. Private providers have no control over how many children enter foster-care system or when they leave.

Cost Overruns. Cost overrun due to cost of care and start up costs.

Foster Children. What is the number of children placed in foster care which are not a result of abuse or neglect cases (Juvenile Justice cases).

Key lessons from Privatized Adoption Programs in Michigan and Kansas

- Impose time limits for adoption placements. Michigan mandated a 12 month time limit before a permanency hearing determined either family reunification or adoption.
- Structure the payment system to reward the expeditious placement of children in appropriate, adoptive homes.
- Establish performance-based contracts with clearly defined outcome goals. Example Kansas: 55% of children shall be placed with adoptive families within 189 days of the receipt of the referral for adoption, 90 percent of adoptive placements shall be finalized within 12 months of the placement date, and 90% of adoptive placements shall continue to be intact 18 months following finalization.

V. New Roles for Case Manager, CPS Intake Worker, and Foster Care Workers

Case Managers from Private Providers Responsibilities:

1. Provision or management of many other services in addition to case management
2. In-home or out-of-home placement services with least restrictive as primary consideration
3. Recruit, train, and support foster and adoptive families
4. Providing pre and post adoption services
5. Work with families to develop and implement the treatment plan
6. Set permanency goals
7. Manage court related processes
8. Make placement and discharge decisions
9. Build collaborative relationships to assist in decision making (i.e., court, Guardian Ad Litem, CASA, behavioral health services, school system, etc.)

10. 24-hour availability for emergency care
11. Complete comprehensive behavioral health assessments with the child and family
12. Develop a time limited individual service plan that addresses child safety, permanency, and well-being issues, including issues related to behavioral health needs
13. Include procedures for re-assessments at transition points in the child's life—including change in placement, plans for unsupervised visitation, reunification with families, or achievement of another permanency option

Purpose:

- Children could be better managed and stepped down or out of the system sooner
- More children could be served for the same or fewer courses

CPS Intake & Foster Care Workers as *Care Managers*

Responsibilities of a Care Manager for children in CPS and Foster Care to retain the responsibility for oversight:

1. Set standards to include rates and rate structures
2. Define the outcomes and performance expectations
3. Monitor performance thorough contract monitoring and quality assurance and improvement activities
4. Provide cross system training

Responsibilities of the Care Manager for the children and families:

1. Gather information by conducting risks assessments
2. Attempt to understand the child's and family's strengths and needs, including any evidence of mental health or substance abuse issues that may affect child safety or family stability
3. Better understand the mental health and substance abuse issues in the family
4. De-escalate the immediate crisis until referral to private provider
5. Develop a safety and treatment plan that could be implemented in the home and community with referring to private provider
6. Attempt to prevent unnecessary out-of-home placement for the child by referring for services to private provider

Purpose:

Coordinated care takes on many different paths depending on the level of care from low-end to deep-end

- Diverting low-risk children from the formal child welfare system
- Deep-end system for complex needs and require placement in therapeutic levels of care

- Identify placement resources that would work collaboratively with the child welfare system to achieve timely reunification or another permanent plan for the child
- Determine eligibility and accommodate access for Medical Necessity or Social Necessity funding

VI. Important Benefits of Improved Data Collection and Use of Comparison

West Virginia's performance with regard to each of the outcomes assessed in the Child and Family Services Review (CFSR) was difficult to assess due to possible data quality issues from prior years.

Good data systems are important for successful management of any organization.

Program goals and desired outcomes must be based on baseline data and performance targets.

One of the most widely reported obstacles in planning for privatization efforts is the lack of accurate data on costs, caseload trends, service utilization and outcomes in current child welfare system. This is true for West Virginia as well. The poor quality of data on performance in Child Welfare and difficulties in defining data indicators, data sources and reporting methods, must be addressed.

The West Virginia leadership must understand and expect to invest resources (of both time and money) into developing good data to guide negotiations on assessing current performance and planning for improvements.

West Virginia Child Welfare data to be gathered and analysis needs to include:

1. Number of child protective service referrals accepted and NOT accepted per capita (under age 18) on a county basis.
2. The rate of children entering care per month per capita by county and by type of petition.
3. Number of children in out-of-state care per capita by county.
4. Number of children in guardianship status.
5. Number of children in adoption placement (trial adoption).
6. Number of foster care placements by type of provider and whether in state or out of state.

VII. Review of Structural Models (Description of Existing Privatization Models)

Introduction

The structural models of the various privatization initiatives varies substantially regarding how many functions are retained by the public agency vs. contracted

out. In all four (4) models, functions of initial intake and child protective services investigations were retained by the public child welfare agency. The models reviewed are: Performance Based Model, Lead Agency Model, Public Agency Model, Mixed Model (private and public).

Performance-Based Model

The District of Columbia has looked to performance-based contracting to settle federal litigation allowing its public agency to leave receivership. Privatization was implemented in the state of Kansas as the result of a lawsuit and pressure from the governor and the legislature. Texas, Michigan, Massachusetts and Florida legislatures envisioned that privatization was the key to providing a higher quality of services to their children and youth. In each case, although brought on for different reasons, these jurisdictions are experiencing greater outcomes and lower costs.

These different jurisdictions do not all operate using the same model. Some have gone to partial privatization while others have privatized completely. For instance, Massachusetts has been successful in its “Commonworks” initiative. In Massachusetts public agency case workers keep the final decision with regard to permanency goals while working with private case managers to develop the appropriate treatment plans. Florida has found success in transitioning to a community-based system. In Florida’s system, the state is broken up into several regions with each region being served by a lead agency. The lead agency works through a provider network to offer appropriate in-home, community-based and out-of-home services. The lead agency further manages all funding and addresses cost overruns, while approving provider claims, designing and implementing individual case management, handling intake and referrals, meeting safety, permanency and well-being outcomes and performance indicators, handling court-related processes and reporting information required for quality and performance oversight. Some states follow models that fall between those in Massachusetts and Florida, but each of these states are finding that getting out of the child welfare business has brought about better outcomes for children and youth served and driven down each state’s bottom line.

The key to performance-based contracting is accountability. Holding all private agencies involved in the system accountable is paramount to the success of the program. Whether that accountability oversight is held by the government in the use of contract and licensing audits or through audits performed by a lead private agency, holding an agency’s “feet to the fire” will drive the quality of services rendered upward. When all the agencies are working off of the same set of standards and all the agencies understand the expectation under the contracts that they hold, performance outcomes are met and quality of services rendered increases. (See Table 2 for Example of Child and Family Outcomes Measures)

Lead Agency Model

In the lead agency model, the public child welfare agency contracts with a private nonprofit or for-profit agency to serve as a lead agency for a county, service area or region. The lead agency then coordinates and provides all necessary services (either directly or by subcontracting with providers). The goals in having a lead agency are to enable or encourage provider networks and provide accountability at the local level. Florida, Kansas, Kentucky, Maryland are a few of the states that use this approach.

Public Agency Model

In a public agency model, traditional management and service-delivery structure is maintained with the public agency. The public agency also incorporates managed care practices or contracts with service providers. Financial incentives may be part of the model, however the key components of this model is that the public agencies closely monitor the private agencies performance and outcomes and financial incentives are based an analysis of data on performance and outcomes. Public agency model initiatives have taken place in Illinois, New York City, Colorado's Boulder County and Oklahoma.

Mixed Model

At times, states initiatives used more than one model. For example, Massachusetts contracted with a lead agency to develop and operate provider networks and a separate vendor to develop and support utilization management. Missouri is another state that utilizes a mixture of model components.

VIII. Planned Implementation

Our plan involves an approach that is phased in over four-year period, which includes broad based community planning and the utilization of pilot projects in counties throughout the State. Research indicates system re-design efforts which include these two (2) elements are most successful. It will be critical for West Virginia to learn from other states (Michigan, Texas and Kansas) and not to repeat their missteps in their efforts.

We are recommending restructuring of the following components of the child welfare system for CPS involved children and family: adoption, family foster care, family preservation and case management. We recommend that Child Protective Services: investigation and determination of child abuse and neglect, and Informal Relative Foster Home Placements activities remain with WVDHHR.

Year 2007 - Planning

Establish and legislatively mandate a Privatization of Child Welfare Planning Act with specific planning and implementation time frames.

Engage all stakeholders in the planning process. Statewide and community-level perspectives are essential for system reform. Input should be an on-going process not a once only-at-the-beginning endeavor.

Identify Stakeholder

Developing a comprehensive articulation of community values requires the input of all types of people. Stakeholders must have an interest in reshaping the Child Welfare System.

Sample list of potential stakeholders include: Foster Parents (private and public sector), Adoptive Parents (private and public sector), Vulnerable Families, Former Foster Children, Courts, Child Welfare Consultants (regional representatives – WVDHHR), Foster Family-Based Treatment Association – West Virginia Chapter members, WVDHHR personnel, other service providers (residential treatment providers), State legislators.

It is important that stakeholders' discussion and planning include participation by administrators of public agencies. Stakeholders will be provided a clear statement of expectations of their participation in the planning process. The expectations will be legislatively mandated and specify the implementation for privatization pilots by July 2008 in selected counties in all four (4) WVDHHR regions in the state.

Stakeholders will be appointed by the Governor.

Year 2008 - Implementation

Implement pilot in four (4) counties per WVDHHR region for the following core Child Welfare Services: Family Preservation, Family Foster Care, Adoption and Case Management. Both rural and urban counties will be selected in the four WVDHHR regions.

Year 2009

Review outcomes, barriers and strengths from year (2008). Adjust and determine benchmarks for performance (safety, permanency, well-being). Design performance based contracts (without penalties) for year 2009. Expand pilot into two (2) more counties per WVDHHR region. Conduct evaluation of system changes and adapt/improve services in response to findings.

Year 2010

Review data based upon benchmarks for performance outcomes (safety, permanency, well-being). Establish performance based contracts with incentives and penalties. Remain in existing counties as demonstrated in 2009 and 2010. Conduct evaluation of system changes and adapt/improve in response to findings.

Year 2011

Implement model statewide for Adoption, Family Foster Care, Family Preservation and Case Management.

IX. Key Components of WV Model for Privatization of Case Management, Adoption, Family Foster Care and Family Preservation

- Case Management and Case Decision – Making is the responsibility of the private agencies.
- WVDHHR purchase results instead of services.
- Funding (incentives, penalties) is based upon performance. Funding is ensured, cost is determined (upfront investment).
- Pilot efforts.
- Accountability – Performance Improvements
- Standardized Service Definitions
- Child Centered / Family Focus (the needs of the child/family should be the driving force behind the types and mix of services provided).
- Community-Based
- Culturally Competent (Agencies, programs, and services should be responsive to the cultural, racial and ethnic differences of the population they service)
- Family Decision Making Model

X. Policy Recommendations

1. Permissive Language for MDT to allow the case decision making to be provided by the Private sector.
2. APS – Managed Care Authorization removed for Social Necessary Services.
3. APS – Authorization for Treatment Services for low end services eliminated.
4. Determine the cost and ensure the funds.

- XI. Resources
Child Welfare Privatization: A Synthesis of Research and Framework for Decision Makers. A Report by McCullough & Associates, Inc. December 2005.
- Child-Welfare Reform and the Role of Privatization. October 2000. Lisa Snell
- States Jump on the Child Welfare Privatization Bandwagon: Performance Based Contracts Results in Improved Outcomes and Decreased Costs. Open Minds, Volume 8, Issue 3, June 2006.
- States Privatization Update Annual Privatization Report 2004 – State Privatization Trends. www.rppi.org/apr2004/stateprivatizationtrends.shtml
- The Annie E. Casey Foundation Managed Care and Children and Family Services.
- Literature Review on the Privatization of Child Welfare Services. Planning and Learning Technologies, Inc. and The University of Kentucky. August 2006.
- Technically Assistance provided by Charlotte McCullough to FFTA – WV Chapter, phone call October 11, 2006.
- Promising Approaches for Behavioral Health Services To Children and Adolescents and Their Families in Managed Care Systems
- A View From The Child Welfare System. Jan McCarthy and Charlotte McCullough. March 2003
- XI. Contact Information – Foster Family Based Treatment Association – WV Chapter Officers
- Barbara Recknagel, Chair
P.O. Box 484
Dunbar, WV 25064
(304) 720-1350
- Renee Ellenberger, Vice Chair
PO Box 982
Fairmont, WV 26555
(304) 363-4237
- Angie Hamilton, Secretary/Treasurer
Box 1202
Crab Orchard, WV 25827
(304) 252-1106

XII. Tables

Table 1

CFSR Outcomes and Indicators

Outcome	Indicator
SAFETY	
1. Children are first and foremost protected from abuse and neglect.	<ul style="list-style-type: none"> • Timelines of initiating investigations on reports of child maltreatment • Recurrence of maltreatment
2. Children are safely maintained in their homes when possible	<ul style="list-style-type: none"> • Services to family to protect children in home and prevent removal • Risk of harm to child
PERMANENCY	
1. Children have permanency and stability in their living situations.	<ul style="list-style-type: none"> • Incidence of foster care re-entries • Stability of foster care placement • Length of time to achieve reunification • Length of time to achieve adoption • Permanency goals for child • Permanency goal of other planned living arrangement
2. The continuity of family relationships and connections is preserved.	<ul style="list-style-type: none"> • Proximity of foster care placement • Placement with siblings • Visiting with parents and siblings in foster care • Preserving connections • Relative placement • Relationship of child in care with parents
WELL-BEING	
1. Families have enhanced capacity to provide for children's needs.	<ul style="list-style-type: none"> • Needs and services of child, parents, foster parents • Child and family involvement in case planning • Worker visits with child • Worker visits with parents
2. Children receive services to meet their educational needs.	<ul style="list-style-type: none"> • Educational needs of the child
3. Children receive services to meet their physical and mental health needs.	<ul style="list-style-type: none"> • Physical health of the child • Mental health of the child

Table 2

Examples of Child and Family Outcome Measures

Category	Outcome	Measure
Safety	Children are safe from maltreatment	<ul style="list-style-type: none"> • Confirmed reports of abuse and neglect in the general population • Recurrence of abuse or neglect while children are receiving in-home services • Reports of abuse or neglect while the children are in out-of-home care • Recurrence of physical abuse, sexual abuse, or neglect after children have left care
Permanency	Children are placed in a permanent home in a timely manner	<ul style="list-style-type: none"> • Children who are returned to their parents or relatives within a specified time • Finalized adoptions • Children who achieve permanency within a specified time • Average length of stay in out-of-home care • Children who are maintained in their home and do not enter out-of-home care
	Children maintain the permanent placement	<ul style="list-style-type: none"> • Children who reenter care within a specified time
Well-being	Children function adequately in their families and communities	<ul style="list-style-type: none"> • Children's emotional and behavior crises that result in hospital use or police calls • Children's behaviors related to sexual misconduct, running away, and suicide • Children's scores on standardized tests of childhood functioning • Children's movement to less restrictive placement settings