MHEF Community Impact

Organization: Child and Family Services of NW MI

Location: Traverse City, MI

Primary Contact: Melissa Ryba

Signatory Contact: Gina Aranki

Which legislative districts does the organization operate in?

Michigan State Senate District: 37th District

Michigan State House District: 104th District

Annual Operating Budget: 6,539,267

Are you serving as the fiduciary or fiscal sponsor for another agency? No.

Project Information:

Project Title: *There's No Place Like a (Stable) Home – Helping Foster Parents Care for Children.*

-or- ?

Type of Grant Request: Community Health Impact Project

Amount of Request: $100,000

Project Start Date: 6/1/20

Project End Date: 6/1/22

Executive Summary:

A. Brief Description: In three sentences or less, explain why your organization is requesting this grant and the goals of this project/initiative. For example, "The goals of this project is to" This of this as your elevator pitch to the Health Fund's Board.

The goal of this project is to improve outcomes for children in foster care by increasing access to mental health treatment and providing additional supports to families at the outset of a placement. A new position will be created called "Placement Support Specialist," who will work with each child and family to ensure that they receive the support and access to services that they need for successful placement, preventing multiple moves that further traumatize children. Barriers to mental health care will be identified, and increased use of teletherapy, phone consultations, and online resources will be utilized to increase mental health care in this population.

B. Project Focus: Focus Area 1: Health Services for Foster and Adoptive Children
Focus Area 2: Access to Mental Health Services
Target Population: Children

C. Individual Impact: How many individuals do you intend to serve or impact through this initiative?

Child and Family Services of Northwestern Michigan (CFS) is the largest private nonprofit child welfare agency in northern Michigan. CFS was founded in 1937 and provided foster care and adoption to our region before there was a child welfare system and our service area spans 20 counties. In fiscal year 2018, CFS served a total of 167 children in its foster care program. This fiscal year, we have served 112 children, with 83 children currently placed. In FY 2018, 44 foster children were seen in our Behavioral Health department, and 7 biological parents. To date, 19 children and 6 biological parents are utilizing our Behavioral Health department. We hope to increase utilization of behavioral health services by foster care to 50% of children placed and increase parental involvement 100%.

D. Geographic Reach: Please list the specific geographic area this project intends to serve.

It is our goal to make these services available to any CFS foster family that demonstrates need in our 20 county service area.

E. Mission: Provide a brief statement of how this project aligns with your mission and organizational priorities.

The mission of CFS is to support the safety and well-being of children, youth, adults, and families in times of crisis, challenge, and life transition. Our foundational program is foster care, which we have provided northwestern Michigan since 1937, before there was a state foster care system. The proposed project aligns perfectly with our mission as it seeks to create enhanced access and improved outcomes for this population of children. Enhanced outcomes for children in foster care will in turn, create other efficiencies in the systems that touch them and lead to a healthier, more functional community.

F. Tweet About It: Please describe your initiative in 280 characters or less, as if you were going to share it on Twitter. Be creative and have fun with this!

Getting a new foster care placement is a lot like being a first-time parent. No matter how much you think you've prepared, there are always unpredictable curve balls thrown your way. You became a foster parent because you believed in doing something to help our children. "They" all told you in training that it would be hard, but no one told you how many ways there are to clog a toilet, or that some kids can survive on 20 minutes of sleep a day. Our Placement Support Specialist is here to help! With weekly in-home support, advice and mentoring, our

Placement Support Specialist is like your built-in, in-home expert on all things foster care. #curveball #ittakesavillage #dontgiveup #honeymoonisover #instantfamily

Project Narrative:

A. Details of the Initiative: Please provide more detail about the proposed initiative. This is your chance to elaborate on your initial description (2A). What health problem(s), challenge(s), or need(s) do you propose to address and how?

The goal of removal of children from their biological families when there is suspicion of abuse or neglect is to provide a safe, stable environment from which they can begin to heal. Due to the nature of the trauma that children experience, finding foster families that can provide support during the most challenging of behaviors is an ongoing challenge. Many youth that have gone through the child welfare system can recollect frequent moves from foster home to foster home, some too many to count. This trend reflects across systems nationwide, in our state, and in our own program. In 2017, 151,737 children were placed in foster care in the US, and of those, 34% experienced more than two placements (Kids Count Data Book, https://tinyurl.com/sat3yat). In Michigan, 3393 children were placed in care in 2017, and the percentage experiencing more than two placements was only slightly lower, at 28%.

At CFS, of the 167 children placed in FY 2019, 53 had placement changes, or 32%. Primary reasons include: Behavioral problems/caregiver requested move: 42%, Placement with relative: 32%, Reunite siblings: 4%, Temporary/emergency placement: 17%, Other: 5%. As indicated, the most frequent reason was due to the foster parent requesting that the child(ren) be moved, often because the family was unable or no longer willing to handle the behaviors of the child.

There are many repercussions when a placement disruption occurs. For the child, it is yet another loss, and another trauma. Behavior issues often increase and the ability to trust the adults in their life decreases. Frequently, due to a lack of licensed foster homes, a child may be placed out of their community, and removed from their school. It is estimated that for every school change, 3-4 months of reading and math learning time is lost (https://www.edweek.org/ew/issues/student-mobility/index.html). A child may be separated from their siblings, impairing yet another crucial bond. In addition, decreased placement stability (i.e., increased number of foster placements experienced by a child) has been shown to have a negative effect on children achieving certain forms of permanency. https://www.upbring.org/wp-content/uploads/2015/02/Achieving_Permenancy_040417.pdf

For birth families working toward reunification, this increased distance and separation makes it more challenging to attend visitations. Often birth families have vehicles that are older, unreliable, and not fuel efficient. For foster families, the feeling of defeat and grief that they are not equipped to handle children's needs often lead to a decision to no longer foster.

Child welfare staff feel the effects as well. The secondary trauma that child welfare staff experience is well-documented, contributing to burnout and the loss of good workers in this important field. When the child suffers a loss, and another, their caseworker experiences the loss, too. The worker must spend increased time acclimating the child to another new home and complete additional paperwork to document the incident. When a child is having difficulty maintaining a placement, and is going through

home after home, staff feel frustrated that the child's needs are not being met and can feel hopeless about the child's prospects for stability and permanency.

Beyond the emotional trauma that occurs, there are financial repercussions as well. It takes staff on average six months to license a foster family. When a foster family closes their license due to burnout, more staff time is required to license more homes, but still the department experiences the shortage of families. Transportation expenses increase as a child is moved farther away due to lack of homes in their own community. CFS has paid staff whose sole purpose is to drive children from their home to visit their parents, either at our offices or in the community. For example, in October 2019, 270.5 hours were spent in drive time alone. With staff paid at $12 per hour, that is $3,246 in staff time, not including the cost of fuel and the expense of the lease, insurance, and maintenance on the fleet vehicle. The waste of resources when we cannot get placements right the first time is significant.

Support for foster families has been declining as workers struggle with high caseloads, increased documentation, travel, court, reporting, and other requirements of the job. Foster care workers are only allocated enough time to visit each family and child once per month; they feel as though they are not doing social work, but mostly sitting in front of their computers writing reports or uploading information. Family Support Workers, a paraprofessional position, assist with transportation for visits, appointments, and supervising visits. These workers may see foster parents more frequently that the foster care worker, but they are not necessarily trained nor have the time to provide the support that foster parents need. It is our goal with this grant to create a new position called Placement Support Specialist (PSS), whose purpose would be to give that support that is needed to prevent placement disruptions. This 20-hour per week position would receive training in behavior management and assist foster parents with new placements or placements that are at risk of disrupting. They would provide weekly in-home consultation for foster parents to address issues as they arise as well as develop and implement a specific behavior management plan, as well as assist the foster parent in developing a consistent schedule to manage day to day activities in the home.

This PSS would consult with the foster care specialist, therapists, and other members of the child welfare treatment team to identify appropriate services and necessary community supports. The child welfare team has also begun piloting the use of an online communication tool called FosterCare.Team. This new tool gives foster parents a voice and streamlines communication regarding all aspects of the case in one place. Foster parents can journal daily on what they are experiencing at home, and the foster team can all view this and provide input. The tool also has behavior tracking tools which can help identify the patterns and issues that are arising at home. The PSS would train the family on how to use this tool and encourage its use. Currently two foster families are using it with great success, and more foster parents will be educated on its benefits with this added support person.

In addition, the PSS would identify any areas of training that the foster family may benefit from and provide it or link them to resources to obtain it. Ongoing education on trauma and how it affects children is also critical and the need to offer this several times throughout the year for foster parents and our partners is evident.

One of the most important roles of the PSS will be to identify barriers and increase access to mental health care. Due to the nature of the trauma that children have experienced, nearly all the children placed in foster care would benefit from mental health care. Yet, of the 167 children in the CFS foster care program, only 44 participated in mental health services with our behavioral health department. Of

the clients seen through our behavioral health department, children and parents in the child welfare system are a significant portion of "no-show" appointments. In December 2019 alone, 8 out of 10 no-shows were foster care clients. The average of no-shows from the foster care program for fiscal year 2019 was 38%. Foster parents have several challenges in participating in mental health services. One is the distance to providers from their rural communities may require two or more hours in a vehicle. They may be juggling the schedule of several high-needs children as well as their full-time work schedule and finding the time to drive to appointments may feel impossible.

The PSS will work quickly to identify resources that would assist in increased participation in mental health services. To help reduce distance as a barrier we would offer HIPAA-compliant video conferencing as a therapy tool. For families in need of technology, a library will be established where Chromebooks, microphones, and cameras will be available to be checked out. Many of our clients struggle with phone and data services as they buy minutes month by month. It is our goal to have phone cards available to remove that barrier. If remote sessions are not an option, assistance with transportation will be given through gas cards, bus cards, and use of Family Support Workers.

If finances or insurance issues are a barrier, the PSS will work closely with the client and the Behavioral Health department to determine how financial assistance might be possible to help these individuals. A client assistance fund will be established to use as needs arise.

Another barrier that impedes mental health care may be lack of motivation. Some families do not feel that it is helpful, may take too much time, or be unwilling to seek professional help. It will also be a goal of the PSS to create a trusted relationship with families and help them better understand the benefits of mental health care and identify barriers to motivation.

While it may not be possible to eliminate the need to move a child from a placement, it is our intention to do more to support our foster parents for the difficult and important job that they do. This position has been identified as critical and is a part of the child welfare strategic plan. At CFS, we have a long history in the field of child welfare, and we want to ensure that all children that pass through our programs are given the best chance possible.

B. Workplan: Provide a workplan that describes the specific activities you propose to conduct and how these activities will impact the target population. The plan should include measurable objectives and key tasks and activities linked to the objectives with timeframes.

Note: The workplan may be uploaded as a separate document in the Attachments section below. Please note if you are submitting your workplan as an attachment in the text box below.

See document in folder.

C. Collaboration: Describe who you will collaborate with and what their role(s) will be with this specific initiative.

Two main programs within CFS, Behavioral Health and Child Welfare, will continue and strengthen their collaboration in the provision of services. The PSS, as a part of the Child Welfare program, will make referrals and recommendations to Behavioral Health and work with Behavioral Health to identify barriers to mental health care. CFS also works closely with the Department of Health and Human Services (DHHS) to assist with case planning for foster care and adoption, determination of benefits, and

qualification of services. CFS also has contracts with Northern Lakes Community Mental Health (NLCMH) to provide Wraparound Services. The PSS may determine that assistance with NLCMH may be appropriate and will make referrals as needed.

CFS continues to meet the unique needs of foster children through our Child Trauma Assessment Center (CTAC), which focuses on each child with a transdisciplinary team of professionals evaluating many aspects of their developmental, emotional, physical, and psychological profile. The CTAC has been instrumental in maintaining placements. In a recent survey of caregivers, 100% stated that they felt better prepared to respond appropriately to the child's behavior after the assessment. 40% of foster children that were assessed were in a placement at risk of disrupting. After the assessment was completed, 89% of those placements were identified as stabilized. While the CTAC is an important part of stabilizing foster placements, the waiting time to be assessed, along with the completion of a comprehensive report, can take several months. The need for CFS to have a resource that is readily available when a placement is at risk is imperative. The ability of the PSS to coordinate with the CTAC once the assessment is completed will assist the foster family even further by ensuring that recommendations made in the assessment are understood and utilized.

D. Systems Change (optional): How can the project potentially be useful for other organizations or to impact healthcare delivery or policy?

If this question does not apply to your project, please type "N/A" in this field.

Yes-this could be a model that other agencies could adopt to assist with reducing foster home replacements.

E. Sustainability: Describe how the proposed activities will be sustained after the grant period.

The main goals of this project are to improve outcomes for our youth, support foster families in maintaining current placements, and increase efficiency and decrease costs. When we accomplish these goals in tandem, we have the answer to sustainability for the PSS position in the long term.

Several factors were identified in our project summary that describe the difficulties the child welfare system faces in providing positive outcomes for youth in care. When our time is spent hiring new social workers due to burnout, continually licensing new homes while experienced homes close their licenses and trying to stabilize a child experiencing devastating loss from multiple moves, those are dollars spent towards maintaining a poor status quo. It is our goal with this project to turn those lost dollars into ongoing funding for services that work positively to help our most vulnerable. With every professional employee turnover, the cost to our organization is six months of income for that position, a cost that ranges from $15,000 to $25,000. Since the beginning of our fiscal year in October, our child welfare team has already lost three staff.

The increased expense of transportation and case coordination when a child is moved from their community is significant. By placing resources towards measures to preserve that placement, we are becoming more fiscally responsible. It was documented that in one month, 270 hours were spent solely on drive time. With paid salaries plus vehicle expenses, that amounts to an average of $5000 per month, or $60,000 per year. If we were to reduce that by a third by offering tele-counseling and preserving placements in a child's community by offering support to families, we could save $19,800 annually.

In the Behavioral Health department, the additional reimbursements gained from reduced no-show appointments would cover the cost of the technology to provide remote counseling options. Our development and administration teams are continuously advocating at the state and federal levels for increased reimbursements for services. We have seen some improvements in rates in recent years, but we still have a long way to go to adequately fund the work we do with vulnerable people. We continue to build relationships with insurance providers, hoping to educate them on the qualitative and quantitative benefits of providing mental health assessment and treatment, with the goal of facilitating reimbursements that cover the cost of services. This is an unfortunate reality of nonprofit work, and it is relatively slow, unfortunately. In the short term, if we do our best to become more efficient and decrease our costs as outlined above, we will have created a sustainable model that will serve children and their families well.

Budget:

This is a required section of the application. Do not attach a budget without filling out the budget form below. Please list the total Health Fund requested grant expenses for each category below. If there are no expenses for a category, enter "0".

An organization may not apply for a grant larger than 20% of their annual operating budget.

Indirect costs are limited to up to 20% of the total requested grant budget.

Please round to the nearest dollar.

Total Salary: $36,428 total

Total Fringe: $3,224 total

Total Materials and Supplies: $19,000 (technology library) includes:

$6000 per year for Fostercare.Team ($12,00 total)

$1000 for Chromebooks + cameras ($1000 total)

$2000 per year for HIPAA compliant telecounseling software ($4000 total)

Total Communications and Marketing: $1250.00 total

Total Evaluation: $2,736 total

Total Consultant Fees: 0

Total Other Expenses:
Behavior Technician Training $2000 total
Parenting Interventions $9000 total
Mental Health Access Barrier Reduction (phone cards, bus fare, fuel cards) $13,000 total

Total Indirect Costs: $13,361 administrative costs total

Total Amount of Health Fund Request: $100,000

Other Sources of Funding: While revenue sharing is not required, if you will use revenues from other sources to execute this project, please describe them below. Other sources include in-kind contributions from your organization, reimbursement, fee-for-service revenue, and/or other grants. In the detailed budget attachment, clearly note which activities the Health Fund grant dollars would fund versus the activities supported by other sources.

Applicant In-Kind Contributions: N/A

Revenue from other sources: N/A

Please describe the expected in-kind contributions and/or revenues from other sources: N/A

Total Project Cost, including Other Sources of Funding: $100,000