PARTNERING FOR EXCELLENCE

An innovative model for child and family well-being

Partnering for Excellence (PFE) is a model that seeks to (1) improve the well-being of children and families and (2) reduce the need for higher end behavioral services through a more **trauma-informed community, which can lead to cost savings.**

- Private providers become more trauma-informed through the use of evidence-based programs, which PFE helps bring to the community.
- MCOs become more trauma-informed in authorization and in policy and practices.
- DSSs and the broader community become more trauma-informed through the use of National Child Traumatic Stress Network (NCTSN) trainings regarding trauma.

PFE redesigns the local child welfare/behavioral health system, changing the way DSSs, MCOs, local providers, and the wider community understand trauma and the need for accessible, appropriate mental health services for children, youth and families who have experienced potentially traumatic events. PFE aims to lead communities to an understanding of the importance of trauma-informed and trauma-responsive communities, so they can continue that work on their own.

Partnering For Excellence aims to:

Improve child well-being outcomes

Decrease the number of children entering DSS custody

Decrease Child Protective Services (CPS) re-assessments

Decrease the need for high-intensity behavioral health services

Contain Medicaid, State, and County costs for children in the child welfare system

- **MCO/DSS staff co-location.** Relationships built from co-location help in getting the services in plan in a pro-active manner.
- **Cross-training of DSS and MCO staff.** PFE fosters better understanding of mandates and procedures across systems and agencies, which helps partners work together and streamline services.
- **Cross-agency collaboration.** Private providers, DSS staff, MCO staff and others have regular meetings to share lessons learned, talk over how to move past obstacles, and fine-tune the project pipeline. Across all systems, staff feel mutually invested, which leads to effective problem-solving.

PFE aims to provide cost savings by decreasing entry into DSS custody and reducing the need for high-end behavioral health services for children involved in the child welfare system.

Children in DSS custody are costly, in part because of placement instability. National and North Carolina-specific research shows that children in DSS custody have greater average behavioral health expenditures than non-custody child welfare-involved children – in fact, about twice the cost. Older children – those 12 years and older – tend to have greater behavioral health expenditures than younger children.

Trauma plays a significant role in the behaviors that children exhibit. These behaviors can often lead to disrupted placements. Disrupted placements are shown to increase behavioral health services usage and have the potential to be traumatic for youth. Baseline data from the PFE pilot project demonstrates that placement instability is associated with increased behavioral health costs (see chart). Child health and well-being is dependent on safety and a permanency.

A DSS program manager and an MCO care coordination supervisor participating in the PFE pilot note that children who have gone through the PFE process are no longer moving to an elevated level of care, which was a common occurrence before.

Average Behavioral Health Expenditures and DSS Placement Stability

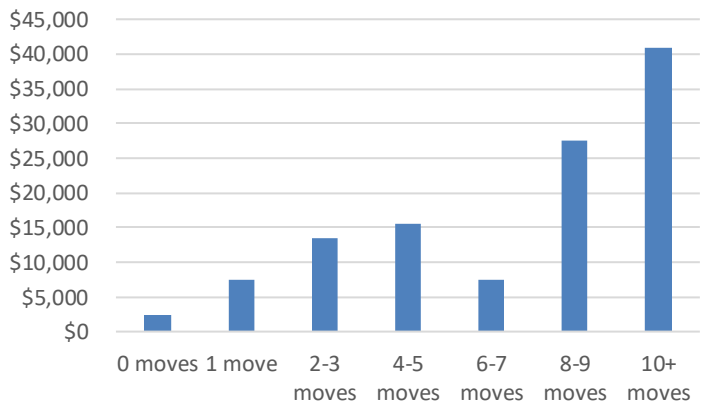

Chart Source: Foosness, Susan Cohen. *Behavioral Health Service Utilization and Cost for North Carolina's Foster Children: A Report for Partnering For Excellence*, May 2014.

Trauma Screening

The Project Broadcast Trauma Screening Tool is a one-page questionnaire that is filled out by the DSS Social Worker after talking with the child, birth parents, other caregivers and other sources containing information about the child.

The screening tool directs the Social Worker to directly ask the youth four standard questions regarding his or her experiences. The Social Worker also notes potentially traumatic events the child has experienced (physical, sexual, or emotional maltreatment, exposure to domestic violence, traumatic death of a loved one, etc.) and behaviors the child exhibits (excessive aggression, chronic sadness, sleeping problems, excessive mood swings, academic decline, etc.).

Between the start of the PFE pilot project in Rowan County in February of 2014 and April 2016, 435 youth involved in child welfare were screened for trauma. These children were either in DSS custody or receiving In-Home/Treatment services. **Early data show that 90 percent of the children overall have screened positive for trauma, and that 100 percent of children in DSS custody have screened positive.**

Children who screen positive for trauma are referred for a **Trauma-Intensive Comprehensive Clinical Assessment (TiCCA)** – an in-depth evaluation by a trained, certified mental health clinician that helps the social worker, mental health professional and others involved in the child's case fully understand what the child has experienced and how those experiences have affected and are continuing to affect the child. The TiCCA:

- Focuses on potentially traumatic events in the child's life and their secondary impacts;
- Includes a review of DSS involvement;
- Uses a complete battery of measures that are age dependent;
- Incorporates information from many sources, including, when possible, involved social workers, birth parents and other family members, school staff, physical health providers, and previously involved professionals;
- Provides holistic, trauma informed recommendations across multiple domains for the youth and his or her family; and
- Highlights physical health, educational strengths and needs, and the current living environment.

An MCO using the PFE model notes that the introduction of the trauma screen and the standardization of the TiCCAs has made it easier for the MCO to authorize services, because now they can see clearly that a child was traumatized and understand why the assessor recommended TF-CBT.

The TiCCA is an enhanced assessment and brings with it enhanced benefits, including:

- **Getting it right the first time.** One strong, comprehensive assessment at the outset of a case can clearly identify the child's needs and serve as the basis for referrals to the right services and the appropriate model of care. Evidence-based models, including Trauma-Focused Cognitive Behavioral Therapy, are used as primary interventions. The TiCCA helps identify behaviors stemming from trauma, creating trauma-informed diagnoses to ensure the best fit of treatment. A comprehensive assessment that leads to appropriate services for a child results in the child recovering and learning coping skills, thereby needing fewer services, rather than providing treatment for an inaccurate diagnosis. The TiCCA seeks to "clean the wound" instead of simply putting on a band aid.

- **Investing in prevention and reducing the cost of intervention.** A comprehensive assessment as soon as a child enters the child welfare system can bring to light needs as well as past history that might not otherwise be noted. Treating these needs with evidence-based models quickly can help the child work through previous traumas and, in turn, decrease externalizing behaviors. Less-intensive treatment needs means Medicaid cost-savings.

- **Informing on family functioning.** The comprehensive assessment measures the wellbeing of the entire family unit. A strong, functioning family unit is critical in ensuring that children are well and successful in their lives. Regardless of the current living situation of the child, PFE works to ensure that parents and children are working together in the treatment setting. The assessment offers suggestions regarding what services might be needed by parents in order to create and maintain a functioning family environment.

A TiCCA provides the MCO with comprehensive information, allowing the MCO to best allocate service dollars. Instead of youth "failing up" to mental health services, comprehensive information allows for the correct placement based on a child's needs.

PFE Works. Early PFE outcome evaluation results indicate that the project is off to a hugely successful start.

Accurate Diagnoses. More children are being accurately diagnosed with PTSD and fewer with psychosis-related disorders (see Figure 1).

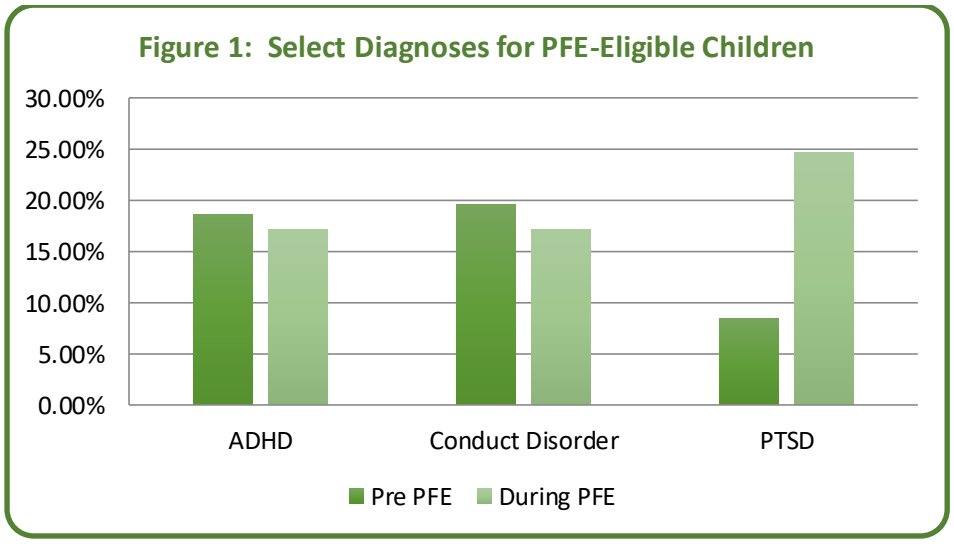

Figure 1: This figure includes only some of the diagnoses of PFE-eligible children; diagnoses with small incidences were suppressed. "During PFE" also includes past diagnoses.

Appropriate Services. The PFE model is reducing the need for expensive, high-end behavioral health services by establishing a relationship with a clinician early on in the process and proactively addressing the youth's trauma, rather than waiting for externalizing behaviors to develop. The result is that children can remain in the community instead of needing higher levels of care. Initial data suggest that more children are being assessed and receiving outpatient therapy (see Figure 2), and fewer children are requiring higher-level services.

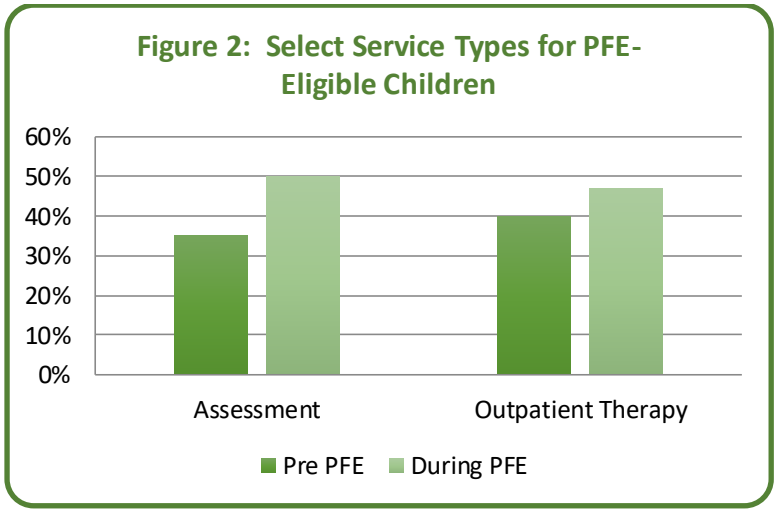

Figure 2: This figure includes only some of the service types for PFE-eligible children; service types with small incidences were suppressed.

Under PFE, more children get properly diagnosed, with a focus on trauma instead of just on behaviors, and they get appropriate services right away. Clear diagnosis and quick treatment means children need less intensive levels of treatment, which saves money. Most importantly, children and families get better, sooner.

PFE will soon be ready to replicate to other counties and other MCO catchment areas. Contact Jenny Cooper at jcooper@benchmarksnc.org for more information.

"PFE has really shown us that when you truly invest in collaboration and partnership … it just works better, not just for the child, but for the entire community."
- PFE participant