WHAT’S BEST FOR KIDS IS ALSO GOOD FOR STATE BUDGETS
NATIONAL GOVERNORS’ ASSOCIATION

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Very few children need to be cared for in group settings

WHAT IS CONGREGATE CARE?

“Congregate care” includes residential treatment centers, psychiatric institutions, children’s institutions, group homes and shelters.

It is characterized by highly structured schedules, and usually, but not always, includes “shift” staff.

- Virtually all children can and should grow up in families.
- Even children and youth with specialized medical and behavioral needs can be well served in families with the right supports.
Congregate care should be used as an intervention, not a destination

WHEN SHOULD CONGREGATE CARE BE USED?

- Youth who need extra supervision and structure due to dangerous behaviors may need the structure and supervision afforded in congregate care.

- These behaviors can usually be de-escalated in 3 – 6 months, when the child can be returned to a family.

- Congregate care programs are highly structured in order to manage youth behaviors, limiting individual development opportunities.
Inappropriate use of congregate care harms children and youth

WHY IS CONGREGATE CARE HARMFUL?

- Considerable research evidence points to the negative developmental impact of these facilities on younger children (<12).

- Child development experts attest to the negative impact on teens as well: Adolescents need more than behavior control (provided by congregate facilities); they need support and guidance geared specifically to their individual developmental levels, allowing them to take on more responsibility over time.

WHY IS CONGREGATE CARE OVERUSED?

Over-reliance on congregate care is usually the result of:
- An under-attended foster parent development and support system
- Poor use of kinship care
- Inadequate home-based therapeutic services and
- Inadequate placement and utilization review processes.
Many states have reduced their over-reliance on congregate care by reinvesting existing resources in family-based services.

- The national average is 15% of kids in the foster care system, but many states still have 25% or more in congregate care.
- Best practice systems have reduced their usage of congregate care to 10% or less of kids in out-of-home care.
- Some local jurisdictions have even reduced their usage to less than 5%.

REDUCTIONS IN USAGE OF CONGREGATE CARE, SELECTED STATES
(Percentage of foster children in congregate care settings)

Source: AFCARS
WHAT IS THE GOAL?

The goal is to work with providers over time to downsize the number of congregate beds, while increasing spending on family-based care, including:

- Home based services to intact families
- Supported kinship care, and
- Supported foster care.

WHAT IS THE MESSAGE?

The state is counting on the provider community to step up – to get off their campuses and into the community to do what’s best for kids and families!

Children and teens belong in families, not in group homes or institutions!!
Shifting business models from fixed assets (congregate care beds) to family-based services (staff intensive) is not cost free

PROVIDERS MUST BE TOLD

Some group care beds will be eliminated:
- These are more likely to be (low end) group homes, rather than RTC beds;
- But RTC length of stay should decrease substantially, reducing RTC bed need as well.

To the extent providers see *re-deployed funding* for:
- New community services to support intact families
- Treatment foster care to meet kids’ therapeutic needs
- More supported kinship funds

The reductions in congregate care will be more palatable to the provider community
The outcome of a rightsizing initiative is more kids will grow up in families, where they belong, and it’s likely that more children can have their needs met in families at a smaller overall cost.