

## Codman Awards

# Creating a Continuum of Care for Chronically Underserved Children

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**G**randfather Home for Children, a private agency affiliated with the Presbyterian Church (United States) located in western North Carolina and in operation since 1914, provides child and adolescent mental health services. Its treatment program is defined by two broad components: the residential treatment center (consisting of six cottages on its Banner Elk, North Carolina, campus) and community services for children.

In 2000, the agency embarked on an initiative to create placement resources for children who had been identified as chronically underserved throughout the state of North Carolina. The children are classified through the mental health system as severely emotionally disturbed, exhibiting behaviors that prevent them from living safely in their own homes. These behaviors include sexual aggression and acute physical aggression toward self and others. More than 90% of the children have histories of severe, chronic abuse and carry multiple diagnoses.

The Grandfather Home for Children's chief executive officer (CEO) and board of trustees set the goal of developing at least 10 community-based satellites or "clusters", which were to provide foster care, adoption services, and other appropriate community services, and to increase the daily census of children served to 100 by the year 2010. Step-down placement resources for children with sexual behavior problems and physical aggression were often unavailable when the children made progress in treatment, resulting in the children having a longer than necessary stay in the residential program. Families of many of the children completing treatment were either prohibited by law or simply unprepared for their children's return home.

## Article-at-a-Glance

**Background:** Grandfather Home for Children, a nonprofit residential treatment center in North Carolina, serves children with histories of abuse who exhibit sexual behavior problems and acute physical aggression. In June 2000, it launched an initiative to create placement resources for children who had been identified as chronically underserved—foster care, adoption services, and other appropriate community services.

**Methods:** A total of 638 children served by Grandfather Home for Children were included in this study. The data were collected during a six-year period (October 1999–September 2005). The data to assess the agency's goals was collected through the agency's general performance indicators that are gathered on a quarterly and yearly basis, based on the agency's fiscal year. Performance improvement activities included substantive changes in administrative, staffing, training, and information systems.

**Results:** Between 1999 and 2005 the agency's initiative achieved a 342% increase in the number of children it was able to serve, a 33% decrease in the average length of stay for children in care and a 721% increase in the percentage of children served in their home community, and 100% of the foster children had two or fewer placements.

**Discussion:** The initiative to create a continuum of care has enabled the agency to successfully provide step-down opportunities and serve more children in the least restrictive environment for a shorter period of time with fewer placement changes than observed in comparative statistics at both the federal or state level.

## PI Program Oversight

To ensure the agency remained focused on the prime objectives of the continuum of care initiative, the performance improvement (PI) program—a systematic process to objectively assess the care and services provided and to apply corrective action when areas needing improvement are identified—was used to continually focus on the agency's mission and treatment philosophy. The leadership quality council, which consists of agency leadership and chairpersons of the six function groups (leadership, provision of care, ethics, rights and responsibilities, medication management, management of human resources, and management of environment of care), is responsible for oversight of the PI program, in which all staff, including professional, administrative, paraprofessional, and support staff, participate.

During the initiative's development, the leadership quality council ensured the involvement of all of the agency's key functions of the organization were involved. Quarterly reports were submitted to the board of trustees, and the leadership quality council reviewed performance indicators and led efforts to address issues in systems and processes to ensure the initiative's implementation. The council ensured that the initiative remained focused on performance dimensions such as treatment efficacy, appropriateness of services, client safety, and continuity of care.

To ensure best practices and appropriateness of services, a thorough study of treatment efficacy for severely emotionally disturbed children with sexual behavior problems was conducted. A second study was undertaken to determine the need for services of multiple communities in the state. Goals, anticipated outcomes, and projected resources, including funding and staffing patterns, were researched, documented, and communicated throughout the organization in a PI feedback loop.

## Methods

### PRE-AND POST-INITIATIVE GROUPS

A total of 638 children served by Grandfather Home for Children were included in this study. The data were collected in a six-year period—October 1999 and September 2005 (based on the agency's fiscal year [FY]). Given the fact that the first child was admitted into the continuum of care in 2002, pre-initiative data (for 190 children—101 admissions and 89 discharges) were collected for FYs

1999–2000, 2000–2001, 2001–2002, and postinitiative data (for 448 children, 259 admissions and 189 discharges) for FYs 2002–2003, 2003–2004, and 2004–2005.

## Goals

The agency's goals in creating the continuum of care were as follows:

- Develop at least 10 community-based clusters to provide foster care, adoption services, and other appropriate community services
- Increase the daily census of children served to 100 by the year 2010.
- Address the treatment aspects of developing a continuum:
  - Serve more children in need of placements
  - Serve children effectively closer to their home communities
  - Serve children with as few placement changes as possible
  - Ensure that children receive the appropriate level of services at the appropriate time to allow them to make a smooth transition between placements

## PERFORMANCE MEASURES

Data on these goals were gathered through the agency's general performance indicators that are gathered on a quarterly and yearly basis, based on the agency's FY. The data includes admissions, discharges, transfers, demographics, length of stay, referral sources, and to where the children were discharged. The data were aggregated for a specific time period, allowing comparability of groups in regards to demographic variables such as age, race, sex, and diagnoses. The agency also drew on data collected at a state and national level for comparative purposes.

## DATA DISSEMINATION

The data on the performance indicators were disseminated periodically through the different aspects of the feedback loop in the agency's PI program. For example, as stated, they were presented to the leadership quality council and the board of trustees as part of its strategic plan, and they were also included in the agency's outcome study that is displayed on the Grandfather Home for Children Web site. The current outcome study reviews the children discharged during FY 2004–2005. At six months and a

year after discharge, the agency calls and surveys both parents/custodians and mental health case managers regarding the child's status and behaviors since discharge and satisfaction with the agency's services.<sup>1</sup>

### PI ACTIVITIES

As the initiative was developed, the recognition of the need to make substantive changes in administrative, staffing, training, and information systems became apparent. The following changes were implemented:

- The CEO and board implemented corporate restructuring at every level of the agency, with additional subsidiaries established under a parent/subsidiary model to further the agency's commitment to quality and continuity of service.
- A strategic plan report card was developed to assess on a quarterly basis the restructuring process's ongoing impact. The report card was intended to determine if the new structure provided an adequate platform to support and sustain the expanding organization and ensure quality and continuity of services.
- Recruitment and hiring of multiple new staff positions to serve children as they transition among a broad range of placement options within the agency's expanding continuum of care was accomplished in a period of years.
- Expansion of the management information system to facilitate communication and dissemination of information among multiple off-site locations, including installation of state-of-the-art videoconferencing capabilities, occurred in phases.
- Increased emphasis on competency-based training with supporting documentation was accomplished with the creation of a training coordinator position. This position was intended to increase the frequency of training to provide staff and foster parents with the knowledge, skills, and abilities to work with increasingly challenging children and to ensure consistency of training across the continuum of care.

### Results

Data were collected for the agency's goals associated with the development of the continuum of care. By the year 2005, the agency had established 5 of the 10 planned community-based clusters and exceeded the census goal by 20%. Analysis of the admission and discharge data in

terms of pre-initiative and postinitiative cohorts revealed a 136% increase in the number of clients served and a 33% decrease (from 15.8 to 10.56 months) in the average length of stay. The data showed that the agency was serving more children and that the children in care were staying for a shorter period of time in a given program.

In addition, the agency found a large increase in the number (from 3 to 63) and percentage (3% to 27%) of children being served in their home community between the pre-initiative and postinitiative periods. This goal complemented the state mandate to serve children as close to home as possible.

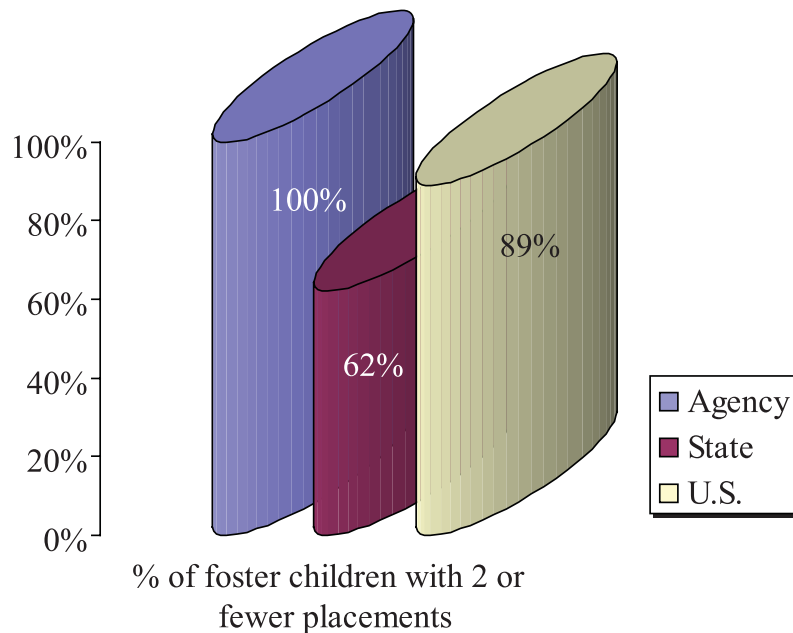
The goal of a minimum of placement changes was intended to ensure that the children receive the appropriate level of services at the appropriate time to facilitate a smooth transition between placements. This goal depended on the accurate identification of the child's needs and specialized training provided to caregivers. The agency collected data regarding placement changes, with a focus on foster care placement change, which had been identified as a problem area statewide and nationwide. As shown in Figure 1 (page 203), the agency met its goal that 100% of the children in foster care have two or fewer placements, and it has continued to meet this goal.

For the final goal, which was to address a smooth transition between placements, the agency set up a continuum of care that would allow children from the residential treatment center to step down to a lower level of care but also for children to enter at the most appropriate level and make the transition based on their particular needs at any given time. Figure 2 (page 203) shows a snapshot of the transitions that occurred through the continuum of care.

### Discussion

Grandfather Home for Children determined that although its residential treatment program addresses the needs of a challenging population of children, it could offer no step-down placements of its own to assist discharged children in making the transition back to their communities. The children's custodians were often unable to find appropriate step-down settings so that the treatment gains made in the residential program could be sustained. The initiative to create a continuum of care filled two distinct needs. First, step-down placements became available through the agency's programs that provided continuity of care for the

### Foster Care Placement, 2002–2005



**Figure 1.** The percentage of foster children with 2 or fewer foster placements exceeded both the state and national standards.

children in environments that shared the same organizational mission and commitment to quality as the residential treatment center. Development of a continuum of care ensured consistency of therapeutic interventions tied to children’s treatment goals and of organizational outcomes.

The agency can more accurately evaluate the long-term success of the residential treatment provided and can plan more effectively for the children to transition into step-down services. Second, children have been placed in less restrictive environments closer to their own homes and communities.

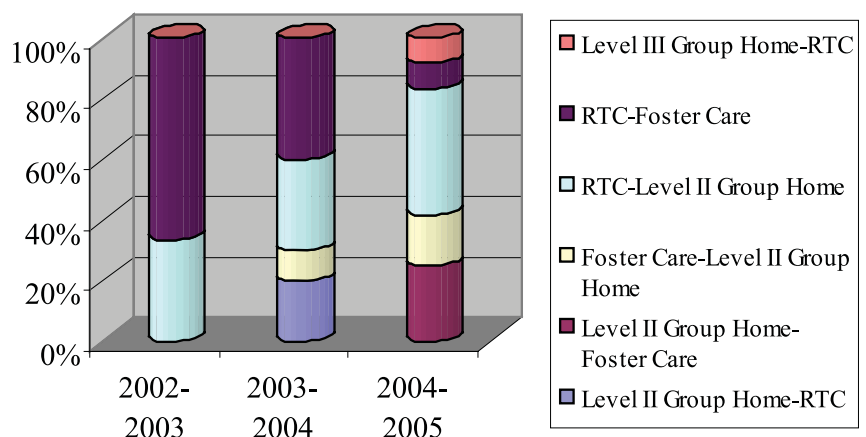
The reduction in lengths of stay enabled the admission of more children per year, boosting daily census and the annual numbers of children served by the agency. The community-based clusters opened new entry

doors through the developing continuum for children who exhibited sexual and physical aggression, and community awareness of the agency’s continuum of services increasingly made the agency a residential treatment placement of choice. Implementing the initiative has enabled the agency to plan more effectively for the transition of children into their next placement and evaluate the quality of services provided and the reintegration of children into their communities and families. In addition to the 5 of the 10 planned community-based clusters that has been established by 2005, 2 more are in progress, and the remaining 3 are expected to be in operation by 2010.

One of the challenges Grandfather Home for Children encountered when developing the initiative related to funding. Medicaid restructuring and significant budget cuts by the state legislature created critical funding issues for this population of children. Through the corporate restructuring process, the agency created a subsidiary to protect and enlarge the endowment and to raise

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### Transfers within the Agency’s Continuum



**Figure 2.** A larger array of transfer options, as apparent from 2002 to 2005, reflects the growth of the agency’s continuum of care. RTC, residential treatment center.

private donations. The initiative's future development will continue to be affected by the availability of funds. In addition, the agency's organizational model allows each of its community-based clusters to focus on its particular function. The model provides a degree of insulation from litigation and the protection of the other subsidiaries from legal action directed against one particular subsidiary.

The model on which this initiative was based has been replicated by child-serving agencies throughout the United States. In teaching other agencies about the model, Grandfather Home for Children emphasizes the need to tailor the model to meet the specific needs of the targeted population. **J**

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## Reference

1. Grandfather Home for Children: *2005 Outcome Study*. [http://www.grandfatherhome.org/Outcome\\_Study](http://www.grandfatherhome.org/Outcome_Study) (last accessed Feb. 6, 2007).