



OLR RESEARCH REPORT

February 17, 2011

2011-R-0104

SAFE HOME PROGRAM

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You asked for information about the Department of Children and Families' (DCF) Safe Home program, particularly the reasons behind the adoption of its new model, a description of those changes, and whether and how a home that was closed in the redesign could be opened.

SUMMARY

The Safe Home program, developed more than 10 years ago, provides temporary congregate care for children ages six to 13, who cannot be cared for in a family setting due to abuse, neglect, or other significant risk factors. The program provides immediate, safe and secure, 24-hour care in a homelike setting with a range of interventions and services for up to 60 days. In February 2010, DCF began a procurement process to (1) update the original service delivery model and (2) meet the goals of a reduction in funding for the program.

The FY 11 budget reflects a reduction in the number of beds for the program based on an analysis of demand. The savings were partially offset by expenditures for clinical service enhancements that more appropriately meet residents' needs. The decrease in net funding for the program and the reallocation of resources necessitated by the refocus in the program model resulted in the anticipated reduction in the program's client capacity. In fact, the number of Safe Home sites was reduced from 17 to 14 and the number of beds for children went from 200 to 142, while the service delivery model was redesigned to enhance clinical

supports. The remodeled Safe Home program includes changes in the target age, the maximum length of stay, more specific staffing and training requirements, and enhanced therapy and care models for children.

Part of the reduction in the number of beds results from the elimination of the Permanency Diagnostic Center (PDC) program that provided services for children with multiple disruptions and placements. PDC was combined with the Safe Home program, which had been intended for children being removed from their homes for the first time. Before the reprourement, two providers provided 22 PDC beds at two sites.

A change in sites currently operating would require renegotiation of existing provider contracts or completion of a new competitive procurement process in anticipation of the current contracts' expiration.

REPROCUREMENT PROCESS

The department issued a request for qualifications (RFQ) on February 26, 2010 with the intent to execute contracts on July 1 of that year. The RFQ indicated that \$15.34 million would be allocated to provide 142 beds for the program and that a contract would be for a minimum two-year period. Continued funding beyond the two years is contingent on the provider's performance and the continued appropriation and availability of department funding.

The reprourement process provided an opportunity for the department to review and refine the Safe Home program in a comprehensive way for the first time since its initial implementation. The RFQ emphasized essential program elements like an assessment of each child, individualized service delivery plans, enhanced clinical support, improved discharge and transition planning, and individualized aftercare services. It also included detailed staffing requirements for the Safe Home program design. For example, each facility must have a full-time program director; a minimum of two full-time direct care staffers on site during all shifts; and a psychiatrist either four or six hours per week, depending on the number of beds at the facility.

PROGRAM CHANGES

In general, the program provides immediate, 24-hour care to children with significant mental or medical health needs and high-risk behavioral management needs. The new model merged Safe Homes with the PDC program, which provided services to children experiencing multiple foster

home disruptions. It put into place DCF’s philosophy that children under the age of six should not be in congregate care by changing the age range of the target population from ages three to 12 to ages six to 13. It increased the maximum allowable length of stay from 45 days to 60 days.

Under the new Safe Home program, the number of total beds available for children is reduced. Not only are there fewer sites, there are fewer beds per site (see Table 1). The new model changed bed capacity limits for therapeutic reasons. (Safe Home sites changed from 16-bed facilities to eight- to 12-bed facilities.) Other changes were based on funding reallocation decisions, according to Sarah Gibson, the DCF program manager for the past three years.

The shift in the service delivery model was incorporated into the procurement request. Among the other changes, grantees were required to provide more direct care; enhance nursing services; improve psychiatric services; and increase staff-to-child ratios within the new budgetary structure.

The RFQ specified the municipalities located in five DCF regions that grantees could serve. According to the RFQ, bed allocations were based on “the projected need of each region to serve this age group based on historical data of utilization of the current service.”

Table 1: Summary of Program Model Changes

	<i>Prior Program</i>	<i>Current Program (since 2010)</i>
Sites	17	14
Providers	13	10
Total Beds	200 -22 PDC -178 Safe Home	142

CURRENT PROGRAM

Five Safe Home regions correspond to DCF regional offices and serve the following municipalities with the number of beds indicated in Table 2 below.

Table 2: Service Areas

Region	Municipalities	Total Bed Allocation
1	Danbury, Bridgeport, Norwalk, and Stamford	20
2	Meriden, Milford, and New Haven	32
3	Middletown, Norwich, and Willimantic	28
4	Hartford and Manchester	33
5	New Britain, Torrington, and Waterbury	29
Total		142

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