

**Georgia Stakeholder Privatization Survey  
June 4, 2014**

**Results and Analysis**

## SURVEY HIGHLIGHTS

### Respondents

47%	Licensed foster care providers
35%	Members of CASA, EmpowerMEnt, juvenile courts and CAPTA panels
54%	Were in favor of either Senate Bill 350 or the House Substitute from the 2014 legislative session
13%	An additional number were in favor of privatization but wanted more time to review and develop
17%	Were NOT in favor of privatization

### Measure What Matters

63%	Recommended that the model to develop in Georgia measure a decrease in placement moves for children
55%	Recommended that <u>the number of positive discharges from foster care (reunification, adoption, and guardianship be measured</u>

### Model of Contracting for Privatization

33%	Recommended private foster care agencies <u>provide case management</u> over relative placements
42%	Recommended <u>all foster care placements be with private providers, rather than the fully privatized model that exists in Kansas and Florida, or the continuum model of contracting of Tennessee</u>
22%	Recommended a model that was <u>neither fully privatized by geographic region, nor privatized under a continuum model</u>
20%	An additional 20% of respondents recommended a model of privatization that <u>was not the Florida, Kansas or Tennessee model, and wanted more time to learn about the various approaches</u>

### Ideal Outcome Measurements

61%	Want an outcomes-based scorecard shared transparently for each privatized region and lead agency
40%+	Want flexible and fixed contract funding, either on a per child or per region basis for optimal performance towards positive outcomes
41%	Want more funding for the lead agency for improved performance

### Transition from Traditional Medicaid (Fee-for-Service) to Managed Care for Foster Children

1st	Highest priority for respondents was <b>(1) an outcome-focused scorecard for all outpatient behavioral health providers; (2) increased funding to Care Management Organizations (CMOs) to support improved array of behavioral health services and continuity of care across the parent-foster care-parent lifecycle for each child; and (3) a monthly meeting of stakeholders, state agencies and Amerigroup to discuss new services, needed changes to services, and areas to improve services to vulnerable families</b>
2nd	The 2nd highest areas of priority were <b>(1) more transparency desired for claims paid by CMOs and (2) reporting on improved utilization review of psychotropic medications for children in foster care and adoption assistance</b>

### Summary of Questions Regarding Managed Care / Children and Families - In Order of Importance

1st	An outcome-focused scorecard for all outpatient behavioral health providers
2nd	A limited authorization process for outpatient behavioral health to increase appropriately the utilization of services necessary to support families within the home setting, prevent unnecessary entry into foster care systems, improve stability in placement and allow for improved continuity when the child leaves foster care and returns to permanent family
3rd	Transparency in the form of claims paid by the CMOs relative to historical spending for the foster care and adoption assistance population

*All Results are based on the 65 individual and organizational responses encompassing over 1,100 employees and volunteers in the Georgia child welfare system.*

**The purpose of this brief survey was to develop an independent opinion from a broad cross section of child welfare stakeholders relative to privatization in Georgia.**

This questionnaire was developed by members of The Washington Group based on their experiences in both the government and private sectors.

It's said that "it takes a village" to serve children well. Each of you plays a key role in that "village" and we are interested in hearing your ideas, opinions and feedback about the types of child welfare privatization approaches that will work best for Georgia families.

We want to thank each of the respondents for their time and attention to the survey, and for their candor and passion. Your experiences and opinions are valuable to the process of developing a model of privatized contracting in Georgia that supports children and their families prior to entry into the foster care, offers the best change of healing and permanency once in the system, and supports their continued strengthening upon the return to family.

To each of you among the stakeholder groups below, we thank you!

- Young adults and youth transitioning from foster care
- State and private agency social workers
- Foster parents
- CASA
- CAPTA panels and other advocacy groups
- Administrators
- Private providers
- Outpatient behavioral health providers
- School personnel
- Volunteers among local church support groups

For those of you who wish to take the survey and have not had the opportunity to do so, please go to the link below. The survey will remain active until Monday, June 16th.

The link to the survey is: <https://www.surveymonkey.com/s/NLN3FPD>.

Additionally, survey results and feedback from respondents will be posted at this page on our website:  
<http://www.washingtongrp.com/child-welfare-privatization-and-foster-care-privatization/>

Thank you for playing a role in building *Lifelong Family Connections for All Children and Youth*,

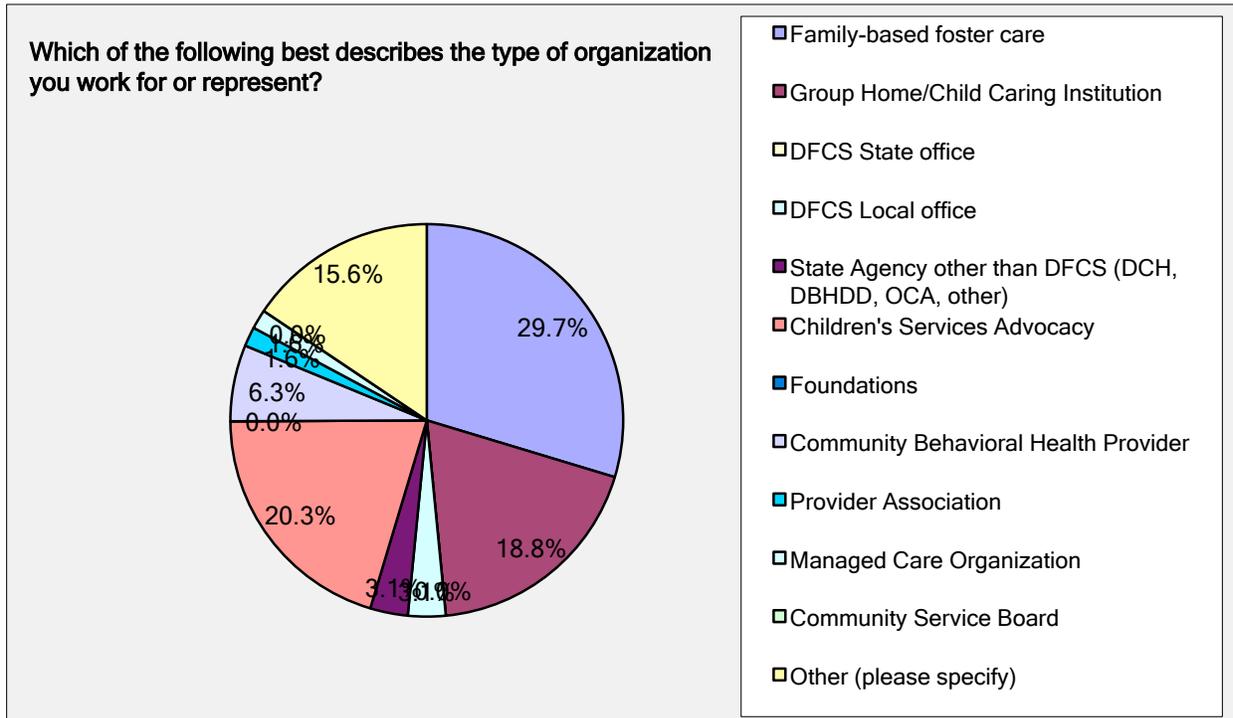


Mark A. Washington  
Managing Partner  
The Washington Group

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## Question 1

Which of the following best describes the type of organization you work for or represent?		
Answer Options	Response Percent	Response Count
Family-based foster care	29.7%	19
Group Home/Child Caring Institution	18.8%	12
DFCS State office	0.0%	0
DFCS Local office	3.1%	2
State Agency other than DFCS (DCH, DBHDD, OCA, other)	3.1%	2
Children's Services Advocacy	20.3%	13
Foundations	0.0%	0
Community Behavioral Health Provider	6.3%	4
Provider Association	1.6%	1
Managed Care Organization	1.6%	1
Community Service Board	0.0%	0
Other (please specify)	15.6%	10
<b>answered question</b>		<b>64</b>
<b>skipped question</b>		<b>1</b>



## Privatization Survey - The Washington Group

### Question 2

Would you like to receive an email that provides the final results of this survey? If so, PLEASE ENTER YOUR EMAIL in the space below:

Answer Options	Response Count
Number of respondents requesting the survey analysis when complete.	43
<i>answered question</i>	<b>43</b>
<i>skipped question</i>	<b>22</b>

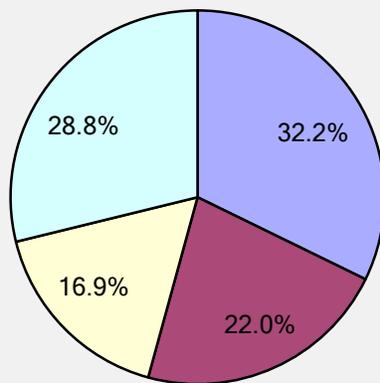
## Privatization Survey - The Washington Group

### Question 3

This past spring, Senate Bill 350 was proposed to move the Georgia child welfare system to a privatized model that included case management, prevention services, foster care placement and aftercare support. Were you in favor of this bill's passage?

Answer Options	Response Percent	Response Count
Yes	32.2%	19
No, I was in favor of the House substitute.	22.0%	13
No, I was not in favor of the Senate or House versions and recommend Georgia not look at child welfare service privatization.	16.9%	10
Other (please specify)	28.8%	17
<i>answered question</i>		<b>59</b>
<i>skipped question</i>		<b>6</b>

This past spring, Senate Bill 350 was proposed to move the Georgia child welfare system to a privatized model that included case management, prevention services, foster care placement and aftercare support. Were you in favor of this bill's passage?



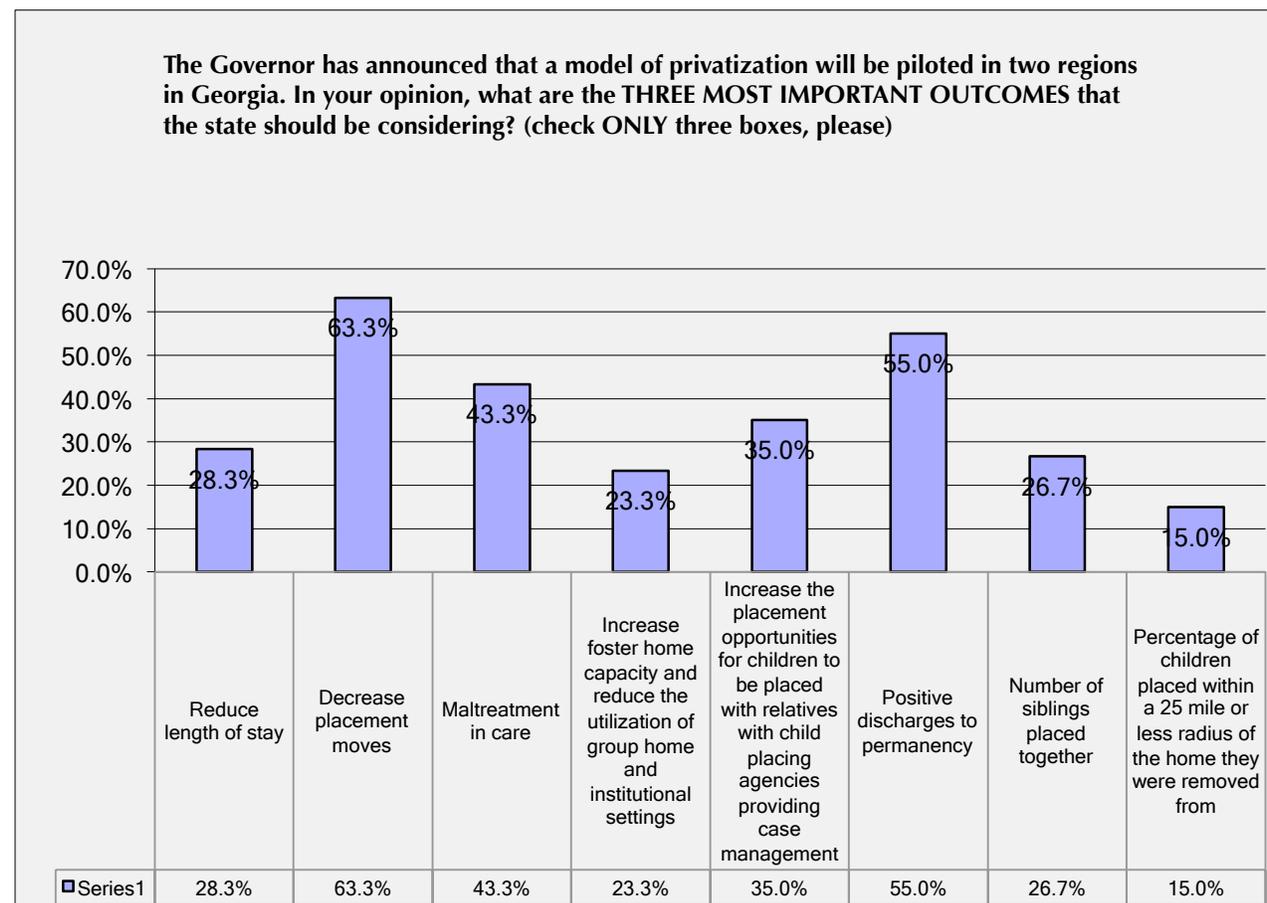
- Yes
- No, I was in favor of the House substitute.
- No, I was not in favor of the Senate or House versions and recommend Georgia not look at child welfare service privatization.
- Other (please specify)

# Privatization Survey - The Washington Group

## Question 4

**The Governor has announced that a model of privatization will be piloted in two regions in Georgia. In your opinion, what are the THREE MOST IMPORTANT OUTCOMES that the state should be considering? (check ONLY three boxes, please)**

Answer Options	Response Percent	Response Count
Reduce length of stay	28.3%	17
Decrease placement moves	63.3%	38
Maltreatment in care	43.3%	26
Increase foster home capacity and reduce the utilization of group home and institutional settings	23.3%	14
Increase the placement opportunities for children to be placed with relatives with child placing agencies providing case management	35.0%	21
Positive discharges to permanency	55.0%	33
Number of siblings placed together	26.7%	16
Percentage of children placed within a 25 mile or less radius of the home they were removed from	15.0%	9
<b>answered question</b>		<b>60</b>
<b>skipped question</b>		<b>5</b>



## Privatization Survey - The Washington Group

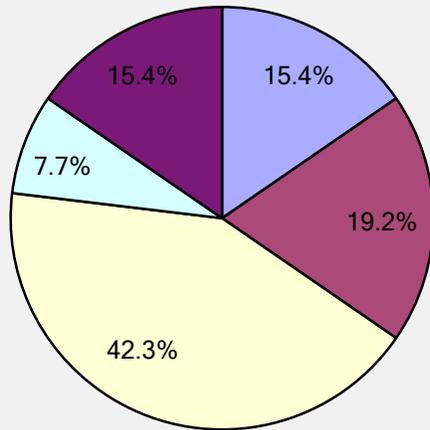
### Question 5

What type of privatized child welfare models are you MOST IN FAVOR OF?		
Answer Options	Response Percent	Response Count
Continuum contracting similar to Tennessee that assigns an acuity level to each child as they enter and assigns a specific rate to that level. The "lead agency" serves the child throughout their foster care episode. Provider is responsible for the provision of all services (home-based through MWO) but not case management. May either provide services directly or sub-contract.	15.4%	8
Regional lead agency model similar to Kansas and Florida that contracts for one community-based organization to "purchase" all non-Medicaid services a child may need prior to entry in foster care. These organizations work in concert with the Child Protective Services to provide an array of home-based services, and must accept all children into placement who require out-of-home care. If the child is removed via a juvenile court order, the lead agency "purchases" placement services from a network of contracted providers. These contracted providers provide case management, relative care placement support, family based foster care, therapeutic foster care, group home and institutional care. The lead agency is governed by a local council or board, and produces an outcome scorecard publicly. Their fixed price contracts allow them flexibility to purchase more than the contracted services, regardless of the service or the child meeting IV-E criteria.	19.2%	10
A basic privatized model in which all children in need of out-of-home care are placed in foster homes, group homes or institutional settings. The state agency does not recruit, train or license family foster homes (this is delegated to the private sector). The state continues to provide Child Protective Services investigations, Intake and referrals for placement, and coordination through their case managers of the children's physical and behavioral health needs.	42.3%	22
I am not in favor of any of the models described above.	7.7%	4
No preference, or am unfamiliar with the models as described above.	15.4%	8
	<b><i>answered question</i></b>	<b>52</b>
	<b><i>skipped question</i></b>	<b>13</b>

**Question 5**

Question from previous page

What type of privatized child welfare models are you MOST IN FAVOR OF?



- Continuum contracting similar to Tennessee that assigns an acuity level to each child as they enter and assigns a specific rate to that level. The "lead agency" serves the child throughout their foster care episode. Provider is responsible for the provisi
- Regional lead agency model similar to Kansas and Florida that contracts for one community-based organization to "purchase" all non-Medicaid services a child may need prior to entry in foster care. These organizations work in concert with the Child Protect
- A basic privatized model in which all children in need of out-of-home care are placed in foster homes, group homes or institutional settings. The state agency does not recruit, train or license family foster homes (this is delegated to the private sector
- I am not in favor of any of the models described above.
- No preference, or am unfamiliar with the models as described above.

## Privatization Survey - The Washington Group

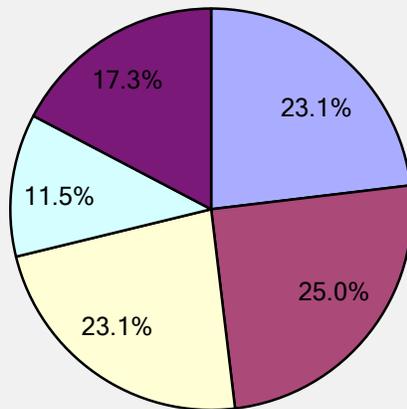
### Question 6

Thank you for selecting your top choice in the question above. Which would be your SECOND choice?		
Answer Options	Response Percent	Response Count
Continuum contracting similar to Tennessee that assigns an acuity level to each child as they enter and assigns a specific rate to that level. The "lead agency" serves the child throughout their foster care episode. Provider is responsible for the provision of all services (home-based through MWO) but not case management. May either provide services directly or sub-contract.	23.1%	12
Regional lead agency model similar to Kansas and Florida that contracts for one community-based organization to "purchase" all non-Medicaid services a child may need prior to entry in foster care. These organizations work in concert with the Child Protective Services to provide an array of home-based services, and must accept all children into placement who require out-of-home care. If the child is removed via a juvenile court order, the lead agency "purchases" placement services from a network of contracted providers. These contracted providers provide case management, relative care placement support, family based foster care, therapeutic foster care, group home and institutional care. The lead agency is governed by a local council or board, and produces an outcome scorecard publicly. Their fixed price contracts allow them flexibility to purchase more than the contracted services, regardless of the service or the child meeting IV-E criteria.	25.0%	13
A basic privatized model in which all children in need of out-of-home care are placed in foster homes, group homes or institutional settings. The state agency does not recruit, train or license family foster homes (this is delegated to the private sector). The state continues to provide Child Protective Services investigations, Intake and referrals for placement, and coordination through their case managers of the children's physical and behavioral health needs.	23.1%	12
I am not in favor of any of the models described above.	11.5%	6
No preference, or am unfamiliar with the models as described above.	17.3%	9
<b>answered question</b>		<b>52</b>
<b>skipped question</b>		<b>13</b>

**Question 6**

Question from previous page

Thank you for selecting your top choice in the question above. Which would be your **SECOND** choice?



- Continuum contracting similar to Tennessee that assigns an acuity level to each child as they enter and assigns a specific rate to that level. The "lead agency" serves the child throughout their foster care episode. Provider is responsible for the provisi
- Regional lead agency model similar to Kansas and Florida that contracts for one community-based organization to "purchase" all non-Medicaid services a child may need prior to entry in foster care. These organizations work in concert with the Child Protect
- A basic privatized model in which all children in need of out-of-home care are placed in foster homes, group homes or institutional settings. The state agency does not recruit, train or license family foster homes (this is delegated to the private sector)
- I am not in favor of any of the models described above.
- No preference, or am unfamiliar with the models as described above.

## Privatization Survey - The Washington Group

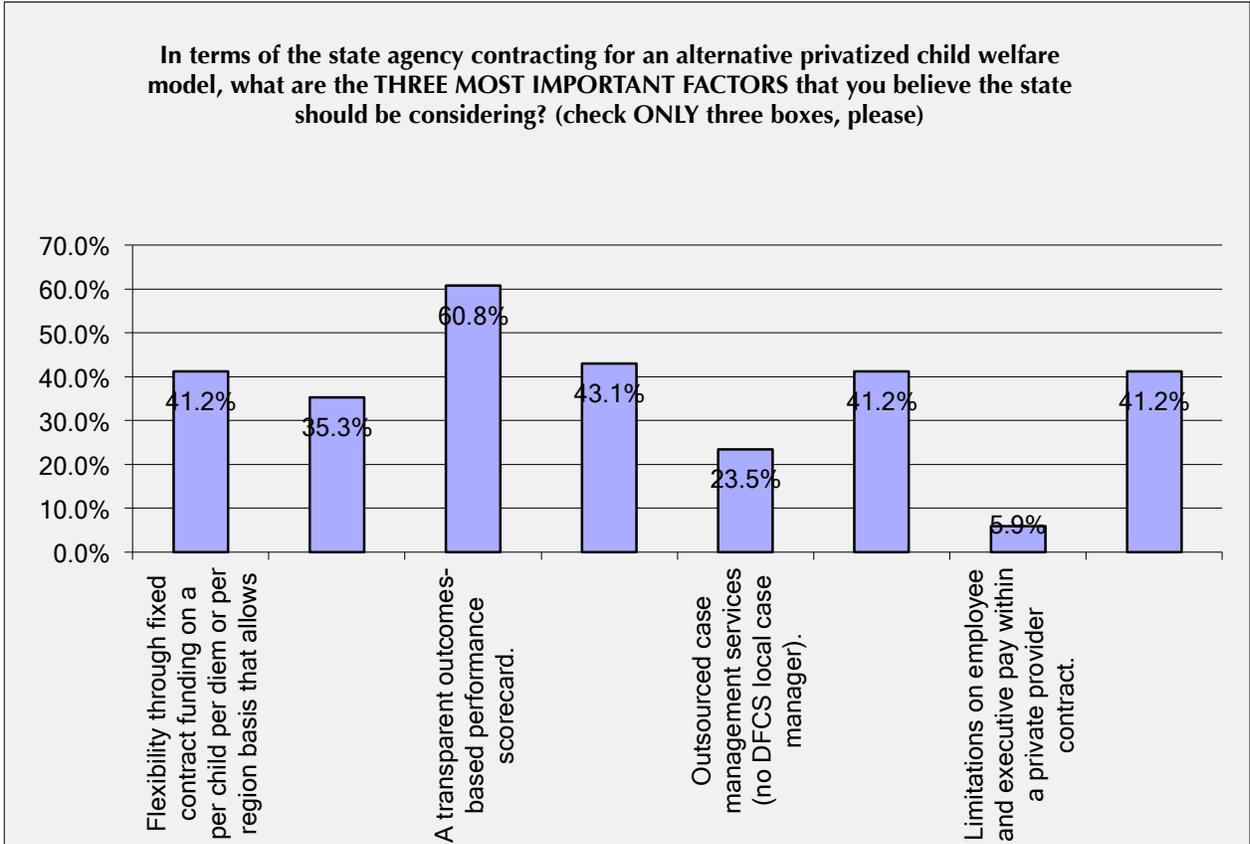
### Question 7

In terms of the state agency contracting for an alternative privatized child welfare model, what are the THREE MOST IMPORTANT FACTORS that you believe the state should be considering? (check ONLY three boxes, please)		
Answer Options	Response Percent	Response Count
Flexibility through fixed contract funding on a per child per diem or per region basis that allows for creativity in least restrictive placement settings.	41.2%	21
Local advisory boards made up of citizens, child welfare stakeholders, young adults who are/were in foster care and others.	35.3%	18
A transparent outcomes-based performance scorecard.	60.8%	31
Incentives for positive outcomes, and penalties for negative outcomes, with flexible funding to drive innovative practices.	43.1%	22
Outsourced case management services (no DFCS local case manager).	23.5%	12
Streamlined policies set by the two state agencies, DFCS and the Office of Residential Child Care, for placement settings across the continuum of services.	41.2%	21
Limitations on employee and executive pay within a private provider contract.	5.9%	3
Additional state budget funding.	41.2%	21
<b><i>answered question</i></b>		<b>51</b>
<b><i>skipped question</i></b>		<b>14</b>

**Question 7**

In terms of the state agency contracting for an alternative privatized child welfare model, what are the THREE MOST IMPORTANT FACTORS that you believe the state should be considering? (check ONLY three boxes, please)

*Question from previous page*



## Privatization Survey - The Washington Group

### Question 8

Although somewhat unrelated to the child welfare services privatization discussion, please tell us what you believe will assist DFCS, Amerigroup and behavioral health providers during the transition from the Fee-For-Service to the Medicaid Managed Care model.

**(The higher the number indicates the respondents selected that option as the higher priority.)**

Answer Options	1st	2nd
Transparency in the form of claims paid by Amerigroup relative to historical spending.	6	9
Reporting and improved utilization management of psychotropic medications by children in foster care or living with an adoptive parent(s).	1	9
An outcome-focused scorecard for all outpatient behavioral health providers.	9	6
A limited authorization process for outpatient behavioral health to increase appropriate utilization, improve stability in placement and allow for continuity of service and care after the child is discharged from out-of-home care.	7	8
Increased funding for Care Management Organizations (CMO) to support a more intensive behavioral health service array for children and youth (CHINS) living in the home of their parent or guardian and at-risk of removal.	9	9
Stakeholders, state agencies and Amerigroup having a monthly public meeting to discuss where changes need to be made (i.e. adding new services that are supported by Medicaid such as intensive in-home, therapeutic foster care, care management entity models).	9	6
More assistance to DFCS on managing the new model.	5	1
More assistance to Amerigroup on managing the new population.	0	1
No recommendations at this time	3	0

## Privatization Survey - The Washington Group

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Although somewhat unrelated to the child welfare services privatization discussion, please tell us what you believe will assist DFCS, Amerigroup and behavioral health providers during the transition from the Fee-For-Service to the Medicaid Managed Care model.

**(The higher the number indicates the respondents selected that option as the higher priority.)**

Answer Options	3rd	4th
Transparency in the form of claims paid by Amerigroup relative to historical spending.	7	9
Reporting and improved utilization management of psychotropic medications by children in foster care or living with an adoptive parent(s).	9	5
An outcome-focused scorecard for all outpatient behavioral health providers.	6	11
A limited authorization process for outpatient behavioral health to increase appropriate utilization, improve stability in placement and allow for continuity of service and care after the child is discharged from out-of-home care.	6	11
Increased funding for Care Management Organizations (CMO) to support a more intensive behavioral health service array for children and youth (CHINS) living in the home of their parent or guardian and at-risk of removal.	6	3
Stakeholders, state agencies and Amerigroup having a monthly public meeting to discuss where changes need to be made (i.e. adding new services that are supported by Medicaid such as intensive in-home, therapeutic foster care, care management entity models).	7	3
More assistance to DFCS on managing the new model.	6	3
More assistance to Amerigroup on managing the new population.	2	4
No recommendations at this time	0	0

## Privatization Survey - The Washington Group

### Question 8

Although somewhat unrelated to the child welfare services privatization discussion, please tell us what you believe will assist DFCS, Amerigroup and behavioral health providers during the transition from the Fee-For-Service to the Medicaid Managed Care model.

**(The higher the number indicates the respondents selected that option as the higher priority.)**

Answer Options	5th	6th
Transparency in the form of claims paid by Amerigroup relative to historical spending.	5	7
Reporting and improved utilization management of psychotropic medications by children in foster care or living with an adoptive parent(s).	10	6
An outcome-focused scorecard for all outpatient behavioral health providers.	6	7
A limited authorization process for outpatient behavioral health to increase appropriate utilization, improve stability in placement and allow for continuity of service and care after the child is discharged from out-of-home care.	7	4
Increased funding for Care Management Organizations (CMO) to support a more intensive behavioral health service array for children and youth (CHINS) living in the home of their parent or guardian and at-risk of removal.	7	7
Stakeholders, state agencies and Amerigroup having a monthly public meeting to discuss where changes need to be made (i.e. adding new services that are supported by Medicaid such as intensive in-home, therapeutic foster care, care management entity models).	3	10
More assistance to DFCS on managing the new model.	5	4
More assistance to Amerigroup on managing the new population.	6	4
No recommendations at this time	0	0

## Privatization Survey - The Washington Group

### Question 8

Although somewhat unrelated to the child welfare services privatization discussion, please tell us what you believe will assist DFCS, Amerigroup and behavioral health providers during the transition from the Fee-For-Service to the Medicaid Managed Care model.

**(The higher the number indicates the respondents selected that option as the higher priority.)**

Answer Options	7th	8th
Transparency in the form of claims paid by Amerigroup relative to historical spending.	4	2
Reporting and improved utilization management of psychotropic medications by children in foster care or living with an adoptive parent(s).	6	3
An outcome-focused scorecard for all outpatient behavioral health providers.	2	2
A limited authorization process for outpatient behavioral health to increase appropriate utilization, improve stability in placement and allow for continuity of service and care after the child is discharged from out-of-home care.	2	4
Increased funding for Care Management Organizations (CMO) to support a more intensive behavioral health service array for children and youth (CHINS) living in the home of their parent or guardian and at-risk of removal.	4	4
Stakeholders, state agencies and Amerigroup having a monthly public meeting to discuss where changes need to be made (i.e. adding new services that are supported by Medicaid such as intensive in-home, therapeutic foster care, care management entity models).	7	4
More assistance to DFCS on managing the new model.	17	8
More assistance to Amerigroup on managing the new population.	7	22
No recommendations at this time	0	0

## Privatization Survey - The Washington Group

### Question 8

Although somewhat unrelated to the child welfare services privatization discussion, please tell us what you believe will assist DFCS, Amerigroup and behavioral health providers during the transition from the Fee-For-Service to the Medicaid Managed Care model.

**(The Rating Average indicates how the respondents on average rated the importance of the options; numbers closer to the value of 1 indicate the highest level of priority for the respondent.)**

Answer Options	Rating Average	Overall Ranking
Transparency in the form of claims paid by Amerigroup relative to historical spending.	3.92	<u>3</u>
Reporting and improved utilization management of psychotropic medications by children in foster care or living with an adoptive parent(s).	4.45	<u>6</u>
An outcome-focused scorecard for all outpatient behavioral health providers.	3.78	<u>1</u>
A limited authorization process for outpatient behavioral health to increase appropriate utilization, improve stability in placement and allow for continuity of service and care after the child is discharged from out-of-home care.	3.88	<u>2</u>
Increased funding for Care Management Organizations (CMO) to support a more intensive behavioral health service array for children and youth (CHINS) living in the home of their parent or guardian and at-risk of removal.	3.96	<u>4</u>
Stakeholders, state agencies and Amerigroup having a monthly public meeting to discuss where changes need to be made (i.e. adding new services that are supported by Medicaid such as intensive in-home, therapeutic foster care, care management entity models).	4.29	<u>5</u>
More assistance to DFCS on managing the new model.	5.49	<u>7</u>
More assistance to Amerigroup on managing the new population.	6.73	<u>8</u>
No recommendations at this time	8.40	<u>9</u>
<b>Total responses</b>		<b>49</b>

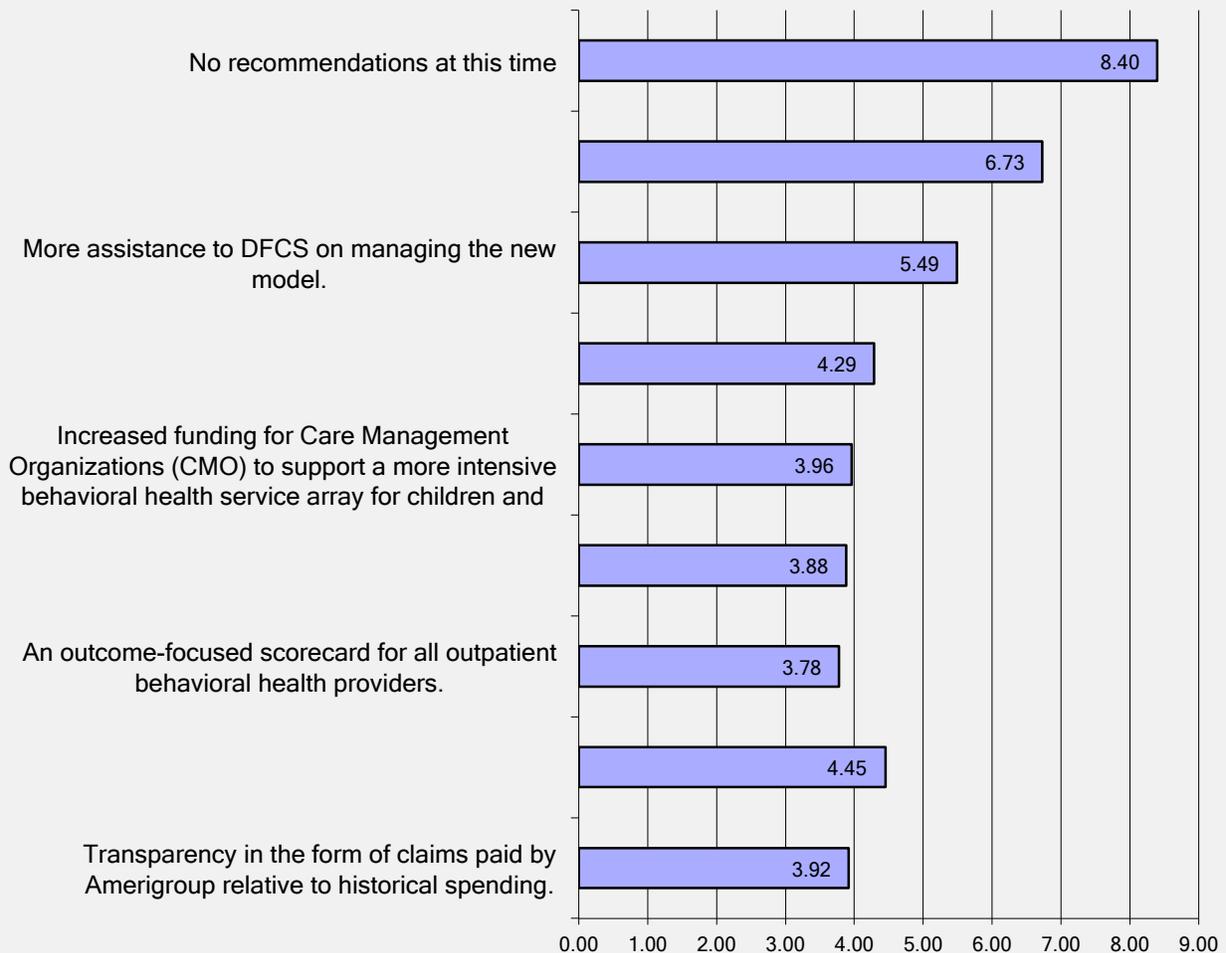
**Question 8**

Although somewhat unrelated to the child welfare services privatization discussion, please tell us what you believe will assist DFCS, Amerigroup and behavioral health providers during the transition from the Fee-For-Service to the Medicaid Managed Care model.

**(The Rating Average indicates how the respondents on average rated the importance of the options; numbers closer to the value of 1 indicate the highest level of priority for the respondent.)**

*Question from previous page*

Although somewhat unrelated to the child welfare services privatization discussion, please tell us what you believe will assist DFCS, Amerigroup and behavioral health providers during the transition from the Fee-For-Service to the new managed care model



**Serving You, So You Can Serve Others**

**Thank You!**