

PAY FOR SUCCESS PROJECT DESIGN OPTIONS: PROMOTING STABLE AND HEALTHY FAMILIES

POLICY OBJECTIVE

Improve long-term outcomes for children and families and reduce costly encounters with the child welfare system by reducing: parental substance use, instances of child abuse or neglect, and avoidable out-of-home placements for children



The Centers for Disease Control and Prevention estimates that the lifetime cost associated with one incident of child maltreatment is more than \$210,000 in healthcare, child welfare, criminal justice and special education costs, and productivity losses



According to the Bipartisan Policy Center, every 25 minutes a baby is born in the U.S. with neonatal abstinence syndrome

PFS PROGRAM DESIGN OPTIONS¹

<p>Target Population</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Adolescents with behavioral and/or substance use issues <input type="checkbox"/> Infants; toddlers; and/or school-age children <input type="checkbox"/> Teen parents <input type="checkbox"/> Families with inconsistent housing <input type="checkbox"/> Individual caregivers (guardians or single parents) <input type="checkbox"/> Parents with substance use disorders
<p>Intervention</p>	<ul style="list-style-type: none"> <input type="checkbox"/> In-home individual or family treatment (caregiver or child) <input type="checkbox"/> Parent-child attachment therapy <input type="checkbox"/> Group therapy <input type="checkbox"/> Community-based treatment <input type="checkbox"/> Substance use treatment <input type="checkbox"/> Adolescent-specific treatment <input type="checkbox"/> Parent education <input type="checkbox"/> Case management services <input type="checkbox"/> Family Based Recovery
<p>Outcomes</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Reduction in rates or duration in foster or congregate care <input type="checkbox"/> Reduction in maltreatment allegations (and/or repeat allegations) <input type="checkbox"/> Reduction in days until reunification <input type="checkbox"/> Reduction in re-referrals to child welfare agencies <input type="checkbox"/> Negative toxicology screens <input type="checkbox"/> Program retention rates <input type="checkbox"/> Risk or mental health assessment scores <input type="checkbox"/> Nurse Child Assessment Satellite Training (NCAST) Parent-Child Interaction scores
<p>Measurement</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Validation of administrative data <input type="checkbox"/> Pre-post assessment <input type="checkbox"/> Historical baseline comparison <input type="checkbox"/> Matched comparison (contemporaneous or historical) <input type="checkbox"/> Randomized control trial (RCT)

1. These options represent areas that Social Finance has explored as suitable for Pay for Success; options shown here are not exhaustive.

PAY FOR SUCCESS IN ACTION: CONNECTICUT FAMILY STABILITY PROJECT

This Pay for Success project aims to promote family stability and reduce parental substance use for families involved with the Connecticut Department of Children and Families (DCF) throughout Connecticut. It is a collaboration of DCF, Family-Based Recovery Services at the Yale Child Study Center, and Social Finance. The project will leverage \$11.2 M of philanthropic and private capital to serve approximately 500 families throughout Connecticut over four years.

THE CHALLENGE



In 2013, more than 50% of all cases investigated by the Connecticut DCF had an indication of parental substance use – which, in light of the growing opioid crisis, is expected to continue to increase.



Child abuse and neglect resulting from parental substance use cause long-term detrimental impacts on children and families and create a significant financial burden on government and taxpayers.

THE OPPORTUNITY



Family-Based Recovery (FBR), developed at the Yale Child Study Center, is an intensive, in-home parent-child attachment program for families with young children at risk for abuse or neglect, poor development outcomes, or removal, due to parental substance use.



In-home parent-child attachment programs promote family stability and healthy parent-child relationships that strengthen communities and enable children to fulfill their potential.



Family-Based Recovery program components include: parent-child attachment therapy; substance use treatment; and case management. FBR has shown strong evidence of success – a 2011 evaluation indicated a 37.5% decrease in child removals from the home and a 52.5% decrease in re-referrals to DCF within 12 months.

PROJECT TERMS

PFS Program Terms

- **Target Population:** Families with children aged 0 – 6 that are engaged in the child welfare system in need of caregiver substance use treatment
- **Intervention:** Intensive, in-home attachment therapy and substance use treatment
- **Outcomes:** 1) Reduction in out-of-home placements; 2) Reduction in re-referrals to the Department of Children and Families; 3) Negative toxicology screens; 4) Successful enrollment in FBR
- **Measurement:** Randomized control trial for metrics (1) and (2) and validation of administrative data for metrics (3) and (4)

Financial Terms

- **Scale:** ~500 families
- **Maximum Outcome Payments:** \$14.8 M
- **Outcome Payment Schedule:** Five payments possible, beginning in 7th quarter after project launch, and annually thereafter; contingent on outcomes achieved
- **Term:** 4 years of service delivery, 5.75 year investment term