



PUBLIC SECTOR SERVICES

Creating a Coordinated Governance Framework for Strengthening Service Delivery in Residential Programs

Problem Statement

Nationwide, states are navigating fierce complexity in the management of residential programs for youth. Every state has multiple agencies involved in residential program design and oversight, making accountability unclear and performance challenging. Without a defined and coordinated governance model, **states face increasing risks to their goal to ensure the education and well-being of children.**

Service Delivery in an Ever-Evolving Landscape

Multiple state and local government agencies, particularly those within Health and Human Services (HHS) and Education, are charged with three key functions of oversight to protect and strengthen the efficacy of services delivered within residential programs.



Ensure the health, safety and well-being of children served within these programs.



Support the delivery of differentiated, developmentally appropriate academic instruction using evidence-based curriculum and necessary services to provide a federally compliant educational experience for enrolled children, and one that is reflective of the service needs dictated within their Individual Education Program (IEP).



Monitor the compliance, quality and efficacy of services and treatment models by instituting quality assurance standards that articulate the best practices and anticipate long-term impact and outcomes associated with residential care.

What is Governance?

Governance provides a framework for managing various functions of oversight. States can vary in their approach to governance; however, all aim to create systems which enable more efficient coordination and service-delivery.

By establishing good governance – and removing the reliance on interpersonal relationships or uncodified protocols – we can begin to form reliable structures to enable state, local and community-led action, and healthy family engagement.

What are Residential Programs?

Group Homes, Congregate Care, Qualified Residential Treatment Programs (QRTPs), Psychiatric Residential Treatment Facilities (PRTFs) and Residential Schools are all terms used by state and local agencies to refer to residential care provided to children with complex behavioral, mental, intellectual or emotional disabilities who are not safely supported in their homes. Sometimes these models include an educational component for those children who are not able to be served at their community school. For the purposes of this report, the term ‘Residential Programs,’ encompasses all the above program model definitions.

Several federal policies, evidence-based research and national trends have affected how state agencies seek to promote effective oversight of residential programs to achieve these functions. While nationally, states are making concerted efforts to reduce the number of children who are removed from their homes and placed in residential programs, sometimes residential placements are the safest and most effective treatment option for children with the most complex and severe medical, intellectual, behavioral or emotional needs. As such, states have been modifying their residential programs to treatment-focused models, tailoring the placements to be time-limited and appropriate only for those with acute needs.

States should utilize data to build a coordinated framework across HHS and Education agencies for oversight in policy, practices and programming.

Despite large public investments in these services, states struggle to define and monitor performance metrics associated with the service delivery models in residential settings. There is minimal data readily available to inform and streamline state oversight. This includes but is not limited to establishing learning outcomes for youth beyond basic progress reports to adhere to IEP compliance and establishing indicators of provider quality (both mid- and long-term) to determine program model effectiveness.

A Framework for Current State Analysis and Future State Visioning

The proliferation of different models and subsequent focus on varied outcomes and measures of quality (when combined with the presence of different agencies) has resulted in services that are both complex for families to navigate and states to govern. States need a coordinated framework that enables shared oversight across HHS and Education agencies with a commitment to building (and using) data to inform policy, practice and program design. The development of a comprehensive governance model that clearly defines the roles and responsibilities of HHS and Education agencies across these functions is essential to ensuring the appropriate level of subject matter and operational expertise is integrated to residential program oversight.



Informed by our work with several states, we propose a framework comprised of five key strategy areas for agencies to begin codifying their roles, responsibilities and oversight functions. These areas create a functional map for organizing the interconnectivity of the roles, functions and responsibilities of the various state and local agencies charged with oversight to drive improved performance, quality and efficacy.

State and Local Agencies Can Improve Services By Aligning:



Placement

Criteria and process for referrals into residential placement, including but not limited to standardized assessments/screenings, eligibility criteria and case management support to verify the prevention-based care provided prior to referral. Important to note: Each referral source (LEA vs. private pay vs. child welfare) may have differentiated processes and protocols for placement. Many states are managing long waitlists for children eligible for residential placement and this is often defined as “demand management,” as states monitor enrollment trends against licensed capacity.



Education

State education agency approval and monitoring of the educational component of these residential programs is federally required. In addition, state education agencies have a prominent role in defining the certification standards for educators employed in these settings and structuring monitoring systems for local education agencies (LEAs) to enforce IEP compliance within residential school settings.



Residential Care and Service Delivery

Treatment models and the associated funding (Medicaid, Title IV-E, etc.) leveraged for each individual placement. This includes but is not limited to the specialized workforce and service offerings provided within these settings. Furthermore, the connection to prevention-based supports and their efficacy/impact prior to referral in the residential program.



Licensure

State and local authority to approve and/or license the facilities and health and safety protocols established within each residential program. The licensure of the facilities includes state/local determination of capacity and available space to serve children.



Monitoring and Enforcement

State and local monitoring (onsite, unannounced) to assess provider/program compliance with health and safety regulations, IDEA law and quality assurance standards. With a focus on coordinated monitoring to influence implementation of a continuous quality improvement framework, states begin to integrate background record check requirements with higher level competency goals for their workforce. Incidents, investigations and subsequent technical assistance and/or corrective action help to structure and support long-term regulatory compliance and quality improvement.

In the context of this framing, we conducted a 50-state scan to identify current-state as well as leading practices associated with service delivery, with a focus on Licensure and on Monitoring and Enforcement. The complexity in these two areas alone points to the challenges to improving service outcomes across agencies within a state. To illustrate:

- Only 16 states have a single licensing unit for all residential programs.
- Eleven states house licensing functions for residential schools outside of an HHS agency.
- Only 37 states have clear state education agency involvement in the approval of special education in residential programs.
- Twenty-five states leverage their child care/early childhood units for licensure of residential programs; however, not all of these states have dedicated state personnel assigned to licensing and monitoring residential programs.






Our scan also identified bright spots for agencies' clarifying and coordinating governance to drive quality and efficiency in Licensure and Monitoring and Enforcement. Consider these examples of leading practice:

- The majority of licensing, monitoring and enforcement functions related to the oversight of residential programs are centralized in HHS agencies. Residential schools, as a specific model of residential programs, must also be approved by the state's education agency.
- Education agencies oversee the quality standards at residential schools, to ensure that developmentally appropriate, quality instruction in accordance with individual IEPs is being provided.
- The child welfare agency must make a service plan for a child prior to referral to a specific residential program provider, to assist in placing the child in the most appropriate setting.
- State Education agencies conduct annual "LEA determinations" to ensure LEAs are adhering to IDEA correctly.
- Advocacy efforts seek to institute quality assurance standards for various emerging treatment models within residential programs to assess efficacy and influence continuous quality improvement. This facilitates organic intersection between Education and HHS agencies to shift monitoring beyond a purely compliance-focused methodology.

Call To Action for State and Local Government

While the prospect of evaluating and strengthening cross-agency governance can feel daunting and heavily political, state leaders can leverage the framework to take a step back and consider the full scope of functions and roles needed to oversee residential programs. In that context, these initial steps can support the leadership of state and local government agencies in creating stronger outcomes for children and families.

Five Steps to Create Stronger Outcomes

STEP 1	<p>Define the residential program model(s) and create shared definitions of services, supports and oversight for use across all of government.</p> <ul style="list-style-type: none"> • Convene lead stakeholders/change agents in building shared definitions, terminology and understanding of the current system. • Understand the data system(s) used to track both programmatic and individual outcomes. 	
STEP 2	<p>Define the current governance framework for state and local oversight. These layers of oversight functions will inevitably identify areas of duplication/overlap, gaps and opportunity.</p>	
STEP 3	<p>Build a future state governance model reflective of the target behaviors and practices to streamline and improve quality, such as the leading practices and examples and recommendations outlined above.</p>	
STEP 4	<p>Evaluate and resource the change management and project management activities needed to implement redesign. These activities include, but are not limited to, building stakeholder interest, readiness and acceptance of the proposed recommendations by establishing value propositions for each of the impacted stakeholders, with a core focus on supporting stronger outcomes for children and families.</p>	
STEP 5	<p>Institute an agile performance monitoring framework to track efficacy and outcomes near-term.</p>	

States face many fundamental questions and considerations to implement structural change.

Key Questions for States

As states begin to formulate plans for implementing structural change to their governance and oversight functions of residential programs, we encourage state leaders to prioritize the following set of questions.

- What are the success outcomes for youth, including those who then transition to adult services?
- What is the evaluation framework or quality assurance standards needed to demonstrate efficacy of the various treatment models? How can these standards be proactively monitored to ensure that service delivery reflects evidence-based best practices and family need?
- How can state oversight (roles, responsibilities, functions) be streamlined across agencies, and in conjunction with local oversight, to ensure effective governance?
- What are the interpersonal relationships and/or informal protocols your state relies on for oversight of these residential programs? How can these be replaced with structures and systems to operationalize (and standardize) state oversight?
- Providers are already under-resourced to deliver care. How can states remove unintended bureaucratic barriers to enable more seamless and effective service delivery?
- What are the prevention strategies (even within the school day) to mitigate risks and costs associated with residential placement overflow, waitlists and inappropriate referrals? How do community-based services play a role here?
- Pressing workforce challenges for all states in direct healthcare/service roles reflect the level of need and treatment design for youth. How can states build a stronger pipeline of direct service workers (educators, healthcare practitioners, behavioral health clinicians, etc.) to meet the rising demand (compensation, credentials/qualifications, training/PD, etc.)?

Together, we are committed to supporting state and local government prioritize the tools and resources needed to build a future state governance model which prioritizes child and family outcomes within residential program settings.

Authors



Erin Kenny

Managing Director

+1 206 664 9000

ekenny@alvarezandmarsal.com



Caitlin Molina

Senior Director

+ 1 401 585 5499

cmolina@alvarezandmarsal.com

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