Transforming Congregate Care

A White Paper on Promising Policy and Practice Innovation

LEADERSHIP FOR A NETWORKED WORLD
Technology and Entrepreneurship Center at Harvard

Lutheran Services in America™

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This white paper was developed by Dr . Antonio M . Oftelie, Executive Director of Leadership for a Networked World and Fellow at the Technology and Entrepreneurship Center at Harvard, part of the Harvard John A. Paulson School of Engineering and Applied Sciences. The white paper is developed solely as the basis for learning and discussion and is not intended to serve as endorsements, sources of primary data, or illustrations of effective or ineffective management. This research was funded by The Annie E. Casey Foundation, Inc., and we thank them for their support; however, the findings and conclusions presented in this report are those of the author(s) alone, and do not necessarily reflect the opinions of the foundation.

Transforming Congregate Care

In 2010, Betty Oldenkamp and her colleagues at Lutheran Social Services of South Dakota (LSSSD) were confronting a difficult situation – South Dakota had the highest rate of youth in locked detention in the country.[1], [2] To some stakeholders, this was a sign that South Dakota needed to double down on its existing strategy of harsh punishments as a form of deterrence. Oldenkamp, however, saw the situation differently. From her perspective, the state's high rate of juvenile incarceration did not indicate that South Dakota had more "bad seeds" than the rest of the country; rather, she felt that this was symptomatic of an underlying need that was not being met. Families were looking for more support to prevent children from entering juvenile detention in the first place. Oldenkamp believed that LSSSD could help to improve the situation, but she knew that this would not be easy. Achieving transformation would require altering LSSSD's business model, pursuing systems change, and shifting stakeholders' mindsets, undertakings that would require multi-stakeholder coordination, patience, and an unyielding commitment.

LSSSD partnered with the Juvenile Detention Alternatives Initiative (JDAI), a network led by the Annie E. Casey Foundation that brings together practitioners and other stakeholders nationwide "to build a better and more equitable youth justice system."[3] The collaboration focused on transforming not only LSSSD's programming but also state law and public perception. LSSSD worked with the state Department of Social Services, the Department of Corrections, the Department of Education, the judiciary, law enforcement, and non-profits to change how youth were placed in foster and congregate care and, when possible, prevent youth from entering the system. For example, in the past, youth could only receive residential psychiatric treatment if they were referred by the Department of Social Services or the Department of Corrections. LSSSD and its partners successfully advocated for changes to state law to allow families to send their children to residential facilities for psychiatric care without relinquishing custody and before the youth became involved with the juvenile justice system.

This led to significant, positive changes in LSSSD's work, especially when it came to focusing on the needs of families and decreasing the organization's reliance on congregate care. Previously, LSSSD's residential treatment centers had primarily received referrals from the Department of Corrections and the Department of Social Services; following the partnership with JDAI, the vast majority of placements came from families who were proactively seeking care for their children. This allowed LSSSD to work with families before youth became engaged with the legal system. In addition, where possible, LSSSD's clinicians and social workers recommended that families explore community-based services before sending a child to a residential facility, and staff attempted to connect families to these programs upon discharge. Consequently, over the past decade, LSSSD has admitted fewer youth to its congregate care facilities, which has enabled the organization to convert residential programs in two counties into facilities that provide community-based alternatives.

While LSSSD is just one provider, its metamorphosis is illustrative of the changes that need to occur to eliminate the child welfare system's reliance on congregate care.[4] Achieving this objective is critical because while the nationwide child welfare system is failing to produce the desired outcomes for the population it serves and in some cases perpetuating systemic racism, the outcomes associated with congregate care are particularly troubling. There are more than 400,000 children in foster care, and an excess of 125,000 youth are waiting to be adopted. There are also approximately 23,000 youth who age out of foster care annually and become adults who are more likely not to finish high school or college, have health and mental health challenges, become homeless, engage in substance abuse, or go to jail.[5] What's more, Black children are disproportionately placed in foster care, more frequently experience multiple placements and have longer stays, are more likely to have a substantiated report of maltreatment, and are less likely to exit foster care to permanent family homes.[6] A 2019 report from the American Bar Association "identified five primary factors that explain the evidence of disproportionality and disparity surrounding racial groups and low-income families in the child

welfare system." These factors were "correlation between poverty and maltreatment," "visibility or exposure bias," "limited access to services," "geographic restrictions," and "child welfare professionals knowingly or unknowingly letting personal biases impact their actions or decisions."[7]

These problems are most pronounced in congregate care settings where children are more likely to experience numerous negative outcomes (including delinquency, lower test scores, and emotional and behavioral challenges) and children of color are more likely to be sent. In fact, Black children are 35% more likely than white children to end up in a congregate care facility.[8], [9], [10]

Recognizing the gravity of this situation, Lutheran Services in America, a network of more than 300 Lutheran social ministry organizations, recently established the groundbreaking Congregate Care Elimination Discovery Initiative, which was funded by The Annie E. Casey Foundation.[11] Housed in Lutheran Services in America's Results Innovation Lab, a cutting-edge collaborative learning model, the Congregate Care Initiative convened six providers to identify disparities, develop strategies that improve outcomes for youth of color in congregate care facilities, and identify ways that organizations can redesign their business models and decrease the use of congregate care. In particular, the cohort focused on shortening the length of stay, decreasing the use of seclusion/restraint, increasing discharges to permanent family homes, and expanding community alternatives to reduce the unnecessary use of congregate care. More broadly, the cohort was designed to draw on the providers' experiences to develop a set of techniques that other organizations can employ to decrease the country's use of congregate care; this was part of an effort to answer a vital question: What will it take to transform and eliminate unnecessary uses of congregate care by 2030?[12]

This report distills the Congregate Care Initiative's most-valuable insights. Specifically, after providing background on the history of congregate care in the United States and why a call to action exists, the report traces some of the most important strategies and adaptive capabilities that child welfare providers identified in the Lab for effecting change. The report then concludes by illuminating a "line of sight" for future reform.

Background on Congregate Care

If one were to walk around a major U.S. city in the nineteenth century, it would not be uncommon to find homeless children wearing ragged clothes, sleeping in alleys, and peddling goods or begging in an effort to get by. The situation was so bad that some orphans formed gangs to protect themselves, leading to the incarceration of children as young as five alongside adult criminals.[13] Hoping to ameliorate this situation, an assortment of philanthropic and religious organizations founded the country's first orphanages, and around the same time, the Children's Aid Society established the orphan train movement. This involved the transportation of children from New York City and other nearby cities to the west where they were typically placed with families and worked on farms. Proponents of these programs highlighted how they provided housing and other opportunities for children who had lost parents to (among other hardships) epidemics, wars, and economic difficulties. Critics, however, emphasized that these children sometimes suffered physical abuse, could be separated from their siblings, and in the case of the orphan train movement, were treated as indentured servants. What's more, these institutions were extremely racist and inflicted significant trauma: many orphans were immigrants who had been separated from or lost their parents, and the orphan population included a significant number of Native American children who were removed from their communities.[14]

Since the nineteenth century, U.S. policy and practices have evolved with a shift away from congregate care. Nonetheless, longstanding challenges remain, including the gap between what child welfare experts recommend as best practice and what actually happens in reality. For instance, in 1909, President Theodore Roosevelt convened the first-ever White House Conference on Children, and the primary conclusion from the group was that, "wherever possible, [children] should be placed in foster families and not institutions." Despite this, the number of children in orphanages did not begin to fall for decades, a byproduct of the country's population growth, the disruptive effects of World Wars I and II, and the economic dislocation created by the Great Depression. Eventually, the tide began to shift thanks in part to the passage of the Social Security Act in 1935. This limited the situations in which children can be removed from their homes to cases of abuse or other unsafe circumstances.[15] Still, to this day, when child welfare experts agree that congregate care should only be used in finite circumstances and for limited periods of time, the number of children in congregate care remains staggeringly high, and youth's stays can be unnecessarily long. About 55,000 U.S. children live in these settings (the equivalent of 14 percent of the foster care population), and the average

length of stay is eight months, much longer than experts recommend. Simply put, as the Annie E. Casey Foundation argues, "too many children spend too much time in 'congregate care.'"[16]

Concerns about the U.S. approach to congregate care involve not only the large number of children in the system and the negative experiences they have had but also the fact that children of color—especially Black children—are disproportionately represented. In a recent analysis, 30% of children in congregate care were Black, 40% were white, and nearly 20% were Hispanic.[17] Yet, as previously noted, Black children were 35% more likely to be placed in congregate care than white children—a reflection of long-standing historical biases in the child welfare system that have contributed to Black children being separated from their families at disproportionately high rates.[18]

What's more, once in a congregate care setting, there is at least anecdotal evidence of Black children experiencing horrific mistreatment. Take for instance Cornelius Fredericks who died while under restraint in a congregate care facility in Michigan after throwing a sandwich. Fredericks' last words were the same as those of Eric Garner and George Floyd. He said, "I can't breathe." Cathy Krebs, the director of the America Bar Association's Children's Rights Litigation Committee, wrote about this incident in an essay about racism and the U.S. child welfare system. She concluded, "... we must...work to end policies and practices that harm Black children and families."[19], [20] That includes addressing disproportionality among other problems in congregate care. "We've done enough handwringing over the troubling data – such as the fact that youth of color are up to three times more likely to be placed in foster care than whites, and that Black youth are more likely to age out of foster care without a permanent family than whites," said Sandra Gasca-Gonzalez, vice president of the Annie E. Casey Foundation's Center for Systems Innovation. "We've seen the heartbreaking news coverage of repeated injustices that has helped give rise to a national reckoning with the long history of systemic racism and abuse in social systems. And now, the child welfare field stands at a critical inflection point. With inventive problem-solving solutions such as the Congregate Care Elimination Discovery Initiative, we can create the better, more equitable future that all children, families, and communities deserve."

A Call To Action

The Annie E. Casey Foundation has long been a leader in addressing the unnecessary use of congregate care and recognizing the important role played by public agencies, providers, and the community. This initiative and multi-stakeholder approach is more important than ever because, across the country, policymakers, providers, and other stakeholders are collaborating to expand community-based alternatives to reduce the inappropriate use of foster care and congregate care. In particular, there have been recent changes in federal legislation aimed at strengthening families to reduce the unnecessary removal of children in times of crisis from their families and placement into congregate care and foster homes. For instance, the 2018 Family First Prevention Services Act sought "to curtail the use of congregate or group care for children" by stipulating that, save for "limited exceptions, the federal government will not reimburse states for children placed in group care settings for more than two weeks."[21]

While this legislative progress is significant, it represents just one step on a longer transformation journey that will require the collaborative engagement of policymakers, providers, and other stakeholders to move from regulatory compliance to generative change. One guide for this is the Human Services Value Curve, a transformation framework and system-wide theory of change developed by Dr. Antonio Oftelie and Leadership for a Networked World at Harvard University. The framework equips leaders and policymakers of health and human services organizations, systems, and communities to envision and create a path for achieving better and more equitable outcomes for individuals, families, and communities, as well as improve and accelerate human services social and economic value for society. From the perspective of the Human Services Value Curve, organizations can progress from a "regulative horizon" where they are delivering programs that meet basic contractual requirements/regulatory compliance to a "generative horizon" where they are part of an ecosystem that solves the root causes of challenges and designs solutions for "population-level opportunities and challenges."[22]

In the case of the child welfare system and congregate care, moving up the Human Services Value Curve would entail not just delivering programs and services but also finding ways to foster collaboration among different groups to co-create new solutions for a population's underlying needs and prevent out-of-home placements in the first place. A case in point involves the recent efforts of LSSSD in partnership with JDAI and other stakeholders in South Dakota. Together, they helped move the state from a place where they were merely following regulatory policy and frequently placing youth in locked detention to a more advanced horizon where they were working together to engage families and proactively address their specific challenges. Still, much more work like this is needed in South Dakota and across the country to eliminate the child welfare system's unnecessary reliance on congregate care and progress to a generative horizon. As Charlotte Haberaecker, the President and CEO of Lutheran Services in America, said, "It is imperative that we work together so that all youth have the opportunities to grow to be healthy, productive adults — regardless of where they were born, their parents' income, their gender, the color of their skin, or their ZIP code."

Recognizing the key role that providers have in transforming policy and practice in the child welfare system, the Annie E. Casey Foundation partnered with Lutheran Services in America in August 2020 to work together toward the shared goal of eliminating congregate care by 2030. This initial discovery phase focused on three core objectives:

- Identify disparities and develop strategies that improve outcomes for youth of color in congregate care facilities.
- Identify policies and practices that prevent children from entering foster care, juvenile justice care, or congregate care.
- Explore ways to increase community-based alternatives to congregate care.

Lutheran Services in America utilized its proven Results Innovation Lab, a collaborative learning model that engages leaders from the Lutheran Services in America network in active learning cohorts. In the Lab, participants in the Congregate Care Initiative disaggregated client data by race; shared policies and practices that prevent children from entering foster care, juvenile justice care, or congregate care; examined systemic racism and its impact on child welfare; crafted data-driven strategies for improving outcomes focused on race equity; and identified opportunities for effective partner and stakeholder engagement to bring their strategies to scale. In addition, exemplar peer organizations shared proven tools and approaches, and providers received coaching on developing data-driven strategies to understand disparities and test the effectiveness of transformative hypotheses.

Promising Practices

In the discovery phase, the cohort focused on identifying promising practices in two areas: 1) improving outcomes for youth of color in congregate care as measured by reducing the length of stay, decreasing the use of restraints, and successfully discharging youth to permanency; and 2) increasing home and community-based alternatives to prevent congregate care admissions. The promising practices that participants in the cohort identified showed up in other providers' strategies. This demonstrated that the organizations were assimilating information from one another and implementing those lessons.

Promising Practices to Improve Outcomes in Congregate Care

Through evaluation, data exploration, and the comparison of best practices, the cohort identified three effective policy and practice strategies to shorten the length of stay, decrease use of seclusion/restraints, and address disparities for children of color.

Promising Practice One:

Youth councils empower providers and youth to work toward transformative change.

One promising practice the Lab illustrated was that youth councils empower children in congregate care and can also catalyze provider organizational culture change, increase trust, and bolster staff confidence, which can serve as a catalyst for providers to pursue other reforms. The Annie E. Casey Foundation and other leaders in child welfare have long championed youth partnership as a way to actively engage youth in advocating for program and systems transformation. Youth councils typically refer to bodies of youth currently or previously in foster care who share their perspective on programs, policies, or other topics. This may be at a specific facility or in a geographic area.[23] These groups help to produce a number of benefits, including the following:

- They empower youth and providers to take action and build trust between providers and youth.
- They can lead to beneficial policy shifts (e.g., reducing restraints) and catalyze broader organizational change.

Recognizing the importance of youth councils as a best practice, the Lab highlighted the experience of Upbring, a child welfare organization in Texas that created a youth council at one of its facilities as part of a strategy to dramatically decrease the use of restraints.[24] Specifically, the Lab welcomed Jason Drake, who talked about how he and his team at Upbring's Krause Children's Center partnered with the Building Bridges Initiative (BBI) to implement this approach.[25]

At first, Drake was skeptical about reducing restraints because the Krause Children's Center was designed to serve

youth who were in and out of psychiatric hospitals, and many of the children it served exhibited severe behaviors.[26] What's more, Upbring had identified restraints as a measure of last resort, which led Drake to believe that they were already doing what they needed to do. They set an initial goal of reducing restraints by 20-25% in the first year. The center's partnership with BBI helped Drake and his team exceed that goal, especially by creating a youth council.

BBI's philosophy emphasizes the importance of giving youth a voice, being family driven and culturally appropriate and responsive, and exhibiting excellence in clinical care.[27] Drake and his staff embraced these tenets, beginning with the creation of a youth council, which quickly took on an important role in numerous pivotal tasks. These included attending executive leadership team meetings, interviewing candidates for staff positions, and becoming involved in day-to-day operations. Drake and his team listened to the youth council members and integrated their feedback. For instance, in some cases, they did not hire job candidates because of the council's input. The youth noticed the change, and this—paired with the fact that they shifted the use of restraints to an absolute last resort in which the youth must be an immediate risk of hurting themselves or someone else, relaxed rules for when youth could make phone calls, augmented staff training, and introduced other new strategies—enabled the center to reduce the use of restraints by 99.4%. This highlights how different strategies and rationales can reinforce one another: when organizations stop using a bad practice, youth will exhibit less reactive behavior; and similarly when staff commit to building strong relationships with youth, youth will also exhibit less reactive behavior.[28] What's more, the creation of the youth council, the dramatic reduction in the use of restraints, and other new strategies increased trust, catalyzed culture change, and bolstered staff confidence, which made it easier to pursue other reforms.

Promising Practice Two:

Actively engaging youth and families in their care and case planning from the beginning can increase successful discharges to permanency and reduce length of stay.

Another promising practice involves engaging youth and families in their care and case planning from the beginning to better understand individual situations, challenges, and opportunities, and improve discharge outcomes. This leads to benefits, including:

- There are more successful discharges because families are better prepared and equipped when youth are discharged.
- The practice puts the youth and family at the center of designing solutions tailored to their particular circumstances and facilitates shorter lengths of stay because staff, families, and youth are discussing the discharge date from the beginning and working toward it.

A case in point involves Lutheran Services in Iowa (LSI), which operates a Qualified Residential Treatment Program (QRTP) as well as a Psychiatric Medical Institute for Children. LSI is focusing on improving discharges to permanent family homes for youth in its care, and in the Congregate Care Initiative, the LSI team hypothesized that greater family engagement would improve discharge outcomes. To that end, LSI implemented a new strategy where caseworkers in its QRTP engage families in a service planning conference within five days of each youth's admission. During the conference, the family and youth connect with the treatment team (e.g., the caseworker, referring worker, educators, and attorneys) to identify what services will be offered, the client's strengths and needs, how the family and others will be involved in the youth's treatment (e.g., roles and expectations), and target outcomes. Although LSI is still in the

process of implementing this approach and is waiting on data to assess its efficacy, the logic of the strategy illuminates the value of engaging youth and families early in the treatment process with an eye toward achieving a successful discharge.

Another illustration of the benefits of this practice comes from Lutheran Social Services of South Dakota (LSSSD), which implemented Bridge Weekends at its Canyon Hills Center, a residential psychiatric treatment facility in Spearfish, South Dakota. Bridge Weekends offer families the opportunity to travel to Spearfish, with all expenses paid, to visit the youth receiving treatment and meet with the treatment team, including clinicians, nurses, and psychiatrists. The youth typically stay with their families in a hotel nearby for the weekend, which provides an opportunity for family bonding. Initially, LSSSD offered Bridge Weekends when youth were approaching their discharge date to prepare them to return home. After receiving feedback from families, LSSSD shifted Bridge Weekends earlier in the treatment process so that families were aware of the treatment plan and preparing for discharge sooner. As a result of their work in the Congregate Care Initiative, LSSSD is exploring how to engage families even earlier in treatment (possibly as soon as youth are admitted to a residential facility) and will soon test their strategy. Like LSI, LSSSD is still awaiting data on the efficacy of this approach, but the thinking behind it—particularly given that it builds on their existing Bridge Weekends strategy—reinforces the importance of early family engagement.

Promising Practice Three:

Focusing on holistic outcomes can strengthen youth and families.

Another promising practice is focusing on whole-person outcomes, which enables providers to address social determinants that might be overlooked. This is important because when providers focus solely on standard metrics (e.g., discharge to permanency) without considering the individual factors that enable families to succeed, it reinforces disparities. By contrast, focusing on holistic outcomes results in more appropriately supporting each family's needs and helps to address racial inequities. This leads to benefits, including:

- Families are connected to more solutions and resources and better able to solve the root cause of challenges and leverage opportunities.
- The organization can develop a system-wide view and create better community conditions and connections.

One example of the merits of focusing on holistic outcomes is Lutheran Child and Family Services of Indiana/Kentucky (LCFS), which operates a private secure residential facility for youth in Indianapolis. Over the past two years, the discharge rates at this treatment center stagnated, so the LCFS team in the Congregate Care Initiative aimed to develop strategies to augment support for families and prepare them and youth for discharge. In particular, LCFS began using a "2Gen" model and offering additional family engagement activities that built social capital and addressed issues that can contribute to generational poverty (e.g., housing challenges, which can lead families into the child welfare system).[29] In addition, LCFS is reviewing its racial diversity, equity, and inclusion efforts as related to family engagement to ensure that its efforts are culturally appropriate and effectively addressing racial disparities.

LSSSD is also an exemplary case study of the benefits of focusing on holistic outcomes. When LSSSD staff began disaggregating program data by race, they noticed disparate outcomes for youth and families involved with the court system. The families of color that LSSSD served disproportionately received harsher sentences and court orders, and

youth of color were being detained because their families were not appearing in court. To support families of color, LSSSD created a new staff position called a "Racial and Ethnic Fairness Case Manager," whose role is to work with families involved in the justice system. The position focuses on helping families navigate the courts by connecting them to resources (e.g., transportation, meals, and court-appropriate clothes), helping them to understand the court system, and advocating for important supports (e.g., interpreters). Since establishing this position, LSSSD has seen a reduction in the number of warrants and observed a shift in the mindset among professionals in the court system. In particular, LSSSD staff perceive that judges are more forgiving of families and working to reduce barriers to appearing in court.

Promising Strategies to Increase Community-Based Alternatives and Prevent Congregate Care Admissions

Given that the transition to community-based care will take time, it is imperative to develop strategies to improve outcomes for youth in these settings. However, because of the negative outcomes associated with congregate care, it is also critical to prioritize prevention over intervention and work to strengthen families in communities to ensure they remain intact.

Promising Strategy One:

Empower providers to address systemic racism throughout the system and reduce or eliminate unnecessary out-of-home placement.

One strategy to increase community-based alternatives and prevent congregate care admissions involves empowering providers to address systemic racism throughout the system and reduce or eliminate unnecessary out-of-home placement. The Lab was primed to help participants in the Congregate Care Initiative in this area because, dating to its inception, its curriculum has included having attendees disaggregate data by race and helping leaders craft strategies to address racial disparities. The Lab also encourages participants to be introspective so that they can understand their role in perpetuating racism in the system and identify ways that they can overcome their biases. In the context of congregate care, empowering providers to address systemic racism results in the following concrete benefits:

- There is greater awareness of where inequities exist and how to address them most effectively.
- Participants develop a greater understanding of their role in the system and are better able to effect change.

One case study of the benefits of addressing systemic racism in this space involves Lutheran Child and Family Services of Illinois (LCFS), which serves youth and families across the state and began its work with the Results Innovation Lab in 2018. Beverly Jones, LCFS's Vice President and Chief Operating Officer, led the organization's team at the Lab when they disaggregated data by race for the first time and was shocked to learn that only four percent of children of

color in their care were achieving permanency. After recognizing the stark inequity, LCFS crafted targeted strategies to address the disparate outcomes for Black and Latinx youth, including pursuing internal efforts to become an antiracist organization, listening to families, hiring bilingual staff, and engaging both parents. The permanency rate for Black children increased from four percent in 2018 to 47% in 2020, and the length of stay for Black children decreased by 16% over the same period. Jones remarked that "data is powerful," and that before her team saw the data illuminating racial disparities, they did not recognize the problem with their services.[30]

Jones and her team have continued their data-driven efforts and identified disparities in other areas, such as that there are a disproportionate number of court orders sending youth of color into congregate care. Jones is also sharing her insights about disaggregating data with other leaders across Illinois and co-chairs the Illinois Department of Child and Family Services' Child Welfare Advisory Committee.[31]

Another illustration of the merits of empowering providers to address systemic racism involves Wellspring Lutheran Services, a non-profit serving children and families across Michigan. Wellspring has been involved in the Results Innovation Lab since 2018 and is part of Michigan's Child Welfare Partnership Council, which is helping the state implement the Family First Prevention Services Act (FFPSA). Wellspring has leveraged its experience in the lab to advocate that the state disaggregate data by race to identify disparities so they can appropriately target FFPSA resources. This demonstrates that disaggregating data by race not only enables providers to make an impact in their programs but also positions them to effect broader change by using this capability to influence policy implementation.

Promising Strategy Two:

Expand network of family supports to strengthen families in times of crisis.

Another promising strategy involves expanding the network of family supports to strengthen families in times of crisis. This results in the following tangible benefits:

- More resources are available to families to address their unique needs.
- Families get stronger and avoid separation.

One example of the benefits of expanding the network of family supports involves Lutheran Child and Family Services of Indiana/Kentucky (LCFS), which is committed to strengthening families and preventing removals. LCFS recognized that 75% of child maltreatment cases are due to neglect, not abuse, and strove to address the underlying issues that lead to neglect.[32] Specifically, LCFS created its INSPIRE program, which uses a "2Gen" approach to address holistic family needs, particularly generational poverty. The INSPIRE program partners with local school systems with high rates of student poverty, and the schools refer families to LCFS for preventative services. A life skills case manager assesses each family's needs, and the INSPIRE program helps to meet those needs by working with the families to develop strategies to build social capital, improve health and wellness, and seek employment. The INSPIRE program's collaborative approach ensures that LCFS staff are working alongside families to help them meet their goals. LCFS has successfully connected families to resources, which has enabled them to prevent congregate care admissions and facilitated program expansion.

Promising Strategy Three:

Strengthen partnerships with community stakeholders and advocate for preventative services.

Another promising strategy is to strengthen partnerships with community stakeholders and advocate for preventative services. This yields two advantages:

- It shifts the mental models of other stakeholders in the system (e.g., judges).
- It prevents family separation by offering community-based alternatives.

A case in point involves Lutheran Child and Family Services of Illinois' (LCFS) Regenerations program, which serves youth who are dually involved in foster care and the juvenile justice system and aims to prevent future involvement with both systems. LCFS staff noted that judges are more likely to order youth who are dually involved to residential placement and that this is especially true for youth of color. To combat unnecessary residential placement, LCFS staff began sharing information with judges about the positive outcomes associated with community services. They also advocated for youth and families in the courtroom by suggesting alternatives to residential care. These other options were typically rooted in treatment plans that LCFS staff developed with the youth and families. Although judges sometimes resist these plans, LCFS staff are effective advocates, and the Regenerations team has begun training other LCFS staff to advocate for community-based services.

Building the Capacity for Transformation

The participants in the Congregate Care Initiative also unearthed the potential of adaptive leadership to enhance their pursuit of transformation. Developed by Harvard faculty Ronald Heifetz and Marty Linsky, "adaptive leadership is a practical leadership framework that helps individuals and organizations adapt and thrive in challenging environments." More specifically, it helps leaders navigate "the gradual but meaningful process of change" by identifying what to sustain, what to change, and how to come up with a new equilibrium after performing this assessment and experimenting with new approaches.[33]

As participants reflected on how adaptive leadership could be applied in transforming congregate care, three critical areas arose: sustained exploration and evaluation, the rigorous use of analytics and evidence-based insights, and strengthening the capabilities and mindset of staff.

Sustained exploration and evaluation

One vital dynamic capability is developing a sustained commitment to exploration and evaluation. The challenges with the child welfare system can seem overwhelming, particularly because of the existence of deeply ingrained biases in policy and practice. This means that transformation will not happen overnight. Rather, it will require a sustained commitment to using a data-informed approach that actively engages providers, policymakers, and families. The Lab works with providers to develop hypotheses and test strategies to address inequities. More specifically, Lab participants evaluate the data disaggregated by race, develop strategies, and do rapid-cycle Plan-Do-Study-Act (PDSA) testing to validate hypotheses and adjust, as needed.

A case in point involves Lutheran Services in Iowa (LSI), which conducted a PDSA to test its strategy to engage families within five days of admission through a service planning conference. LSI is in the process of measuring the

impact of this change. The organization is tracking the number of families that participated in the planning conference and the frequency of skill/therapy sessions with those families; LSI is surveying families about the planning conference and their role in the service plan.

This illustrates that, even though pursuing transformation can feel daunting, there is a viable path forward if organizations commit to sustained, data-driven exploration and evaluation. As Beverly Jones, the Vice President and Chief Operating Officer of Lutheran Child and Family Services of Illinois, said, "It's not more work. It's a different way of working."

Rigorous use of analytics and evidence-based insights

Organizations that really want to make transformation happen will harness the power of analytics to change how information is gathered, analyzed, and leveraged for innovation. As seen in the examples earlier in this paper, disaggregating data by race, income, gender, and other characteristics can reveal persistent inequities in child welfare that aggregate data miss and is therefore instrumental in developing targeted strategies to address marginalized populations.[34] As previously noted, youth of color are more likely to be placed in a congregate care facility, and Black children in foster care have lower rates of discharge to permanency and have longer lengths of stay. Unfortunately, states and localities rarely disaggregate data by race. This means that it is critical for providers to share this evidence in their organizations and with external stakeholders. That is why one of the Lab's primary focuses is working with providers to disaggregate data by race and other factors, develop strategies to disseminate this data, and leverage this information to develop collaborative strategies to address systemic bias in the child welfare system.

In the Congregate Care Initiative, participants developed the ability to disaggregate data by race and discovered the following disturbing inequities:

- At a congregate care facility in Indiana, the average length of stay for Black children is 30 days longer than it is for white children.
- In South Dakota, white children were 45% more likely to be discharged from psychiatric treatment to home or a relative when compared to American Indian children.
- In Illinois, Black children make up 15% of the juvenile population, but in a program that serves youth dually involved in the juvenile justice system and foster care, Black children makeup 84% of the population.

Strengthening the capabilities and mindset of staff

Another vital area is augmenting staff capacity. Congregate care staff need specific skills and knowledge, but turnover is high, and professionals in the field tend to burn out quickly. The Lab provided tools for leaders to develop strategies to address their staff's capacity needs. One element of this is providing training in evidence-based practices as well as equipping staff to address racial biases and disparate outcomes. Another aspect involves addressing turnover and burnout through a focus on staff learning, health, and wellness. One example of this comes from Lutheran Child and Family Services in Indiana/Kentucky (LCFS). LCFS has experienced high levels of turnover, and its leaders are concerned about the impact of this inconsistency on the youth they serve as well as the fact that they invested heavily in training staff who left. In the Lab, LCFS crafted a plan to change its onboarding process and implement a 60-day mentorship program for new personnel that it will test with a PDSA.

Conclusion

While there is a tremendous amount of work to be done to transform the child welfare system, there are stories that provide hope. Take for instance the experience of Tyler DeLong, the coordinator of the Life Services Center at Oesterlen Services for Youth, a social services agency in Springfield, Ohio. One day in 2018, DeLong was tending to some plants in the organization's therapy garden when he received concerning news. One of the young men in Oesterlen's residential program had just had a verbal altercation with a staff member, and now the client, as DeLong recalled, was "getting ready to blow up and fight some of his peers." Hoping to deescalate the situation, DeLong went to the residential floor where the conflict was brewing and invited the young man to return to the garden with him. Once there, they spent a few minutes talking and walking and then began planting seeds. Gradually, the client's disposition shifted—a sign of how an alternative treatment and the accompaniment of a caring adult can help a child in need. "Did that radically change every single thing?" DeLong reflected. "No, it didn't, but it gave him one more step toward learning how to process his struggles in a fruitful way."[35]

Just a few years earlier, Oesterlen would not have been equipped to help this young man in such a creative and engaging way. Founded as an orphanage in 1903, Oesterlen, which is part of the Lutheran Services in America (LSA) network, functioned exclusively as a residential program for the bulk of the 20th century.[36] More recently, the organization has reduced its residential capacity and expanded its community-based services. Most notably, in 2015, Oesterlen replaced two of its four residential cottages with a barn and the Life Skills Center, which includes the garden, an art studio, and a woodshop and provides clients a non-traditional atmosphere to process their experiences and build skills and confidence.[37] This helped Oesterlen shrink its residential services threefold (from a maximum of 60 beds to 20) and meant that the organization had a host of novel strategies to reach clients in need. Peri Bonner, a member of Oesterlen's Board of Directors, said, "[I see] the Life Skills Center here…as probably the future foundation for how we will serve children in this community and in the entire community that Oesterlen serves."[38]

Oesterlen's experience illuminates the benefits that can arise when organizations commit to eliminating their reliance on congregate care, and develop a "line of sight" for a better, more equitable future. In particular, Oesterlen demonstrates the merits of focusing on the needs of each youth, developing alternative treatment modalities, and investing in community-based alternatives to decrease the unnecessary use of congregate care. More broadly, it underscores the opportunities that can emerge when organizations are innovative and change their business model and mindset.

These types of stories are especially significant because they come at a time when national policy is incentivizing states, localities, and providers to invest in alternatives to congregate care. The Family First Prevention Services Act (FFPSA)—in addition to limiting federal funding for congregate care—allows states to use federal funds "for prevention services that would allow 'candidates for foster care' to stay with their parents or relatives."[39] While state and local governments and providers are still working through how to implement FFPSA, the legislation's emphasis on funding for preventative measures opens up opportunities for child welfare organizations to invest in alternatives to congregate care. The strategies and dynamic capabilities that surfaced in the Congregate Care Initiative can serve as a guide for the approaches that stakeholders should try to implement as they maximize the impact of this legislation and design the future of congregate care and child welfare.

The Congregate Care Initiative suggests that policymakers, providers, and other stakeholders need to focus on not only legislation and funding mechanisms but also the broader cooperative climate and skillsets they are trying to develop. The most-effective strategies that cohort members developed—whether it was Lutheran Social Services of South Dakota partnering with state agencies or Lutheran Child and Family Services of Illinois sharing disaggregated data with judges—involved collaborative, ecosystem-driven approaches. This suggests that transforming the child welfare system will not occur through providers and policymakers operating in silos; they have to work together so that they can move beyond a regulative horizon and reach the generative plane of the Human Services Value Curve.[40] "The Congregate Care Initiative did an extraordinary job of developing strategies to decrease the unnecessary reliance on congregate care," said Dr. Antonio Oftelie, the Executive Director of Leadership for a Networked World at Harvard University. "The Human Services Value Curve can serve as a guide that helps organizations across the country implement and build on these strategies so that providers, policymakers, and other stakeholders can work together to address population-level opportunities and challenges."

This combination of approaches—transforming programs, leveraging policy changes, fostering ecosystem-driven partnerships, and employing adaptive leadership—helps to create a "line of sight" for imagining the future of child welfare that eliminates the reliance on congregate care. As providers and policymakers move forward, they should remember that, as the work of this cohort demonstrates, there are proven strategies to eliminate the unnecessary reliance on congregate care. In particular, it is imperative to leverage the three key adaptive capabilities that the cohort identified: engaging in sustained exploration and evaluation, making rigorous use of analytics and evidence-based insights, and strengthening the capabilities and mindset of staff. If organizations draw on these strategies, they can succeed in changing their business models, reaching the more advanced stages of the Human Services Value Curve, and eliminating their reliance on congregate care. More broadly, this sense that progress is possible, paired with the recognition that additional change is needed, provides a balance of hope and urgency to motivate providers, policymakers, and other stakeholders to employ the lessons unearthed by the Congregate Care Initiative and create a better tomorrow.

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Endnotes

1. Joe O'Sullivan, "South Dakota leads nation in locking up juveniles, but numbers are going down," Rapid City Journal, December 19, 2013, available at https://rapidcityjournal.com/news/local/south-dakota-leads-nation-in-locking-up-juveniles-but-numbers-are-going-down/article_67aa9826-0c04-5899-be18-b26e150ed0bb.html (accessed on July 23, 2021).
2. Unless noted, the data in this vignette come from an interview conducted by Lutheran Services in America staff with personnel from Lutheran Social Services of South Dakota on July 6, 2021. For additional background, see "Client Outcomes," Lutheran Social Services of South Dakota, available at https://lsssd.org/who-we-are/client-outcomes.html (accessed on July 23, 2021); and "Lutheran Social Services of South Dakota," YouTube, available at https://www.youtube.com/channel/UCysq0W70iOq8w8GWEKdzOEQ (accessed on July 23, 2021).
3. "Juvenile Detention Alternatives Initiative (JDAI)," available at https://www.aecf.org/work/juvenile-justice/jdai (accessed on July 23, 2021).
4. Congregate care refers to "a licensed or approved setting that provides 24 hour care for children in a group home (7-12 children) or an institution (12 or more children). These settings may include a child care institution, a residential treatment facility or a maternity home." "Congregate Care, Residential Treatment and Group Home State Legislative Enactments 2014 – 2019," National Conference of State Legislatures, October 30, 2020, available at https://www.ncsl.org/research/human-services/congregate-care-and-group-home-state-legislative-enactments.aspx (accessed on April 7, 2021).
5. Sheila Weber, "Child Welfare Transformed," Children's Bureau Express, August/September 2020, Vol. 21, No. 6, available at https://cbexpress.acf.hhs.gov/index.cfm?event=website.viewArticles&issueid=218&sectionid=2&articleid=5626 (accessed on August 3, 2021); "Future Savings: The Economic Potential of Successful Transitions From Foster Care to Adulthood," The Annie E. Casey Foundation, 2019, pp. 3 and 7, available at https://assets.aecf.org/m/resourcedoc/aecf-futuresavings-2019.pdf (accessed on July 26, 2021); and "Helping Youth Transition to Adulthood: Guidance for Foster Parents," Child Welfare Information Gateway, Children's Bureau, Administration for Children & Families, available at https://www.childwelfare.gov/pubpdfs/youth_transition.pdf (accessed on August 3, 2021).
6. Weber, "Child Welfare Transformed"; "Disproportionality and Race Equity in Child Welfare," National Conference of State Legislatures, January 26, 2021, available at https://www.ncsl.org/research/human-services/disproportionality-and-race-equity-in-child-welfare.aspx (accessed on April 7, 2021); and Fred Wulczyn, "Panel Paper: Supply-Induced Demand and Black/White Differences in the Use of Congregate Care," Association for Public Policy Analysis & Management Annual Research Conference, November 8, 2019, available at https://appam.confex.com/appam/2019/webprogram/Paper32800.html (accessed on May 19, 2021).
7. "Disproportionality and Race Equity in Child Welfare," National Conference of State Legislatures; and Krista Ellis, "Race and Poverty Bias in the Child Welfare System: Strategies for Child Welfare Practitioners," American Bar Association, December 17, 2019, available at https://www.americanbar.org/groups/public_interest/child_law/resources/child_law_practiceonline/january---december-2019/race-and-poverty-bias-in-the-child-welfare-system---strategies-f/ (accessed on August 18, 2021).
8. "What are the outcomes for youth placed in congregate care settings?" Annie E. Casey Foundation, February 5, 2018, available at https://www.casey.org/what-are-the-outcomes-for-youth-placed-in-congregate-care-settings/ (accessed on July 26, 2021); "Disproportionality and Race Equity in Child Welfare," National Conference of State Legislatures; and Wulczyn, "Panel Paper: Supply-Induced Demand and Black/White Differences in the Use of Congregate Care."
9. If one examines the broader population of youth in juvenile detention, correction, and/or residential facilities, the racial disparity expands dramatically. In 2019, Black youth were four times more likely than white youth to be placed in these settings. It is important to note that even though the "youth confinement rate in the United States is rapidly declining," this disparity remains extremely large. "Youth residing in juvenile detention, correctional and/or residential facilities by race and Hispanic origin in the United States," Kids Count Data Center, The Annie E. Casey Foundation, updated July 2021, available at https://datacenter.kidscount.org/data/line/8391-youth-residing-in-juvenile-detention-correctional-and-or-residential-facilities-by-race-and-hispanic-origin?loc=1&loct=1#1/any/false/1729/asc/4038,4411,1461,1462,1460,4157,1353/17598 (accessed on August 18, 2021).
10. For additional background, see Richard Barth, "Institutions vs. Foster Homes: The Empirical Base for a Century of Action," 2002, Chapel Hill, NC: UNC, School of Social Work, Jordan Institute for Families, available at https://bettercarenetwork.org/sites/default/files/Institutions%20vs%20Foster%20Homes.pdf (accessed on August 3, 2021).
11. "Lutheran Services in America: A Thriving Network," Lutheran Services in America, available at https://www.lutheranservices.org/AboutUs (accessed on April 2, 2021).
12. Here and elsewhere, this paper draws on discussions, presentations, and other content from Lutheran Services in America and the Congregate Care Initiative. Unless noted, the data in this paper come from these sources.

13. Stephen O'Connor, Orphan Trains: The Story of Charles Loring Brace and the Children He Saved and Failed, available at https://archive.nytimes.com/www.nytimes.com/books/first/o/oconnor-01orphan.html (accessed on April 26, 2021); Erin Blakemore, "'Orphan Trains' Brought Homeless NYC Children to Work On Farms Out West," History.Com, April 9, 2019, available at https://www.history.com/news/orphan-trains-childrens-aid-society (accessed on April 21, 2021); and "The Orphan Trains," PBS, November 27, 1995, available at https://www.pbs.org/wgbh/americanexperience/films/orphan/ (accessed on April 21, 2021).
14. Rebecca Webster, Jeremy Wente, Sheri Parris, and Adrian Rus, "Congregate Care Settings in the United States," in Child Maltreatment in Residential Care (Springer International Publishing AG, 2017), pp. 461-462; Anne-Gerard Flynn, "Train ride to servitude," MassLive.Com, October 22, 2010, available at https://www.masslive.com/nie/2010/10/train_ride_to_servitude_area_a.html#:~:text=our%20history%20is-,that%20from%201854%20to%201930%20orphan%20homes%20shipped%20children%20who,family%20placement%20or%20out%20placement (accessed on April 9, 2021); "Orphanages: An Historical Overview—A Discussion of the Role of Orphanages in Child Welfare Policy," Family and Children's Services Division, Minnesota Department of Human Services, March 1995, pp. 1-4, available at https://www.leg.mn.gov/docs/pre2003/other/950265.pdf (accessed on April 5, 2021); and "The Evolution of and Influences on Congregate Care," Voice for Adoption, available at https://voice-for-adoption.org/news/evolution-influences-congregate-care (accessed on April 5, 2021).
15. Webster, Wente, Parris, and Rus, "Congregate Care Settings in the United States," pp. 465-467; and "Orphanages: An Historical Overview—A Discussion of the Role of Orphanages in Child Welfare Policy," pp. 4-5.
16. Mary Dozier et. al., "Consensus Statement on Group Care for Children and Adolescents: A Statement of Policy of the American Orthopsychiatric Association," American Journal of Orthopsychiatry, 2014, Vol. 74, No. 3, pp. 219-225, available at https://www.apa.org/pubs/journals/features/ort-0000005.pdf (accessed on April 5, 2021); "Congregate Care, Residential Treatment and Group Home State Legislative Enactments 2014 – 2019," National Conference of State Legislatures; and "Reducing Congregate Care: Worth the Fight," The Annie E. Casey Foundation, April 4, 2012, available at https://www.aecf.org/blog/reducing-congregate-care-worth-the-fight/ (accessed on April 9, 2021).
17. "Congregate Care, Residential Treatment and Group Home State Legislative Enactments 2014 – 2019," National Conference of State Legislatures.
18. Elisa Minoff, "Entangled Roots: The Role of Race in Policies that Separate Families," Center for the Study of Social Policy, October 2018, pp. 3-4 and 15-19, available at https://cssp.org/wp-content/uploads/2018/11/CSSP-Entangled-Roots.pdf (accessed on April 9. 2021).
19. Sarah Tiano, "Foster Youth Cornelius Fredericks was Killed One Year Ago. His Death Has Caused Sweeping Change Nationwide," The Imprint: Youth & Family News, May 1, 2021, available at https://imprintnews.org/child-welfare-2/foster-youth-cornelius-fredericks-death-change-nationwide/53986 (accessed on July 27, 2021); Cathy Krebs, "It's Not Enough To Mean Well," The Imprint: Youth & Family News, August 12, 2020, available at https://imprintnews.org/race/child-welfare-racism-not-enough-to-mean-well/46360 (accessed on April 9, 2021); and Complaint and Jury Request, filed on behalf of the estate of Cornelius Fredericks in the Circuit Court for the County of Kalamazoo, June 22, 2020, available at https://www.woodtv.com/wp-content/uploads/sites/51/2020/06/Cornelius-Fredericks-Civil-Rights-Complaint.pdf (accessed on August 26, 2021).
20. Fredericks' death triggered serious concern across the field. "For child welfare," wrote Sarah Fathallah and Sarah Sullivan, the authors of a recent report on abuse and other problems in institutional settings, "the death of Cornelius Fredericks sparked a moment of profound reflection about the use of institutional placements in foster care." Sarah Fathallah and Sarah Sullivan, "Away From Home: Youth Experiences of Institutional Placements in Foster Care," Think of Us, July 21, 2021, p. 18 available at https://assets.website-files.com/60a6942819ce8053cefd0947/60f6b1eba474362514093f96_Away%20From%20Home%20-%20Report.pdf (accessed on July 30, 2021).
21. "Family First Prevention Services Act," National Conference of State Legislatures, April 1, 2020, available at https://www.ncsl.org/research/human-services/family-first-prevention-services-act-ffpsa.aspx (accessed on April 26, 2021).
22. "The Human Services Value Curve: A Leadership Framework and Theory of Change for Health and Human Services Outcomes and Value," Leadership for a Networked World, p. 10, available at https://lnwprogram.org/sites/default/files/HSVC_Guide.pdf (accessed on July 27, 2021).
23. 23 "Young People and Child Welfare Leaders Partner in South Carolina," The Annie E. Casey Foundation, March 22, 2021, available at https://www.aecf.org/blog/young-people-and-child-welfare-leaders-partner-in-south-carolina (accessed on July 27, 2021); "Engaging and Involving Youth: Youth Advisory Boards," Child Welfare Information Gateway, Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, available at https://www.childwelfare.gov/topics/systemwide/youth/engagingyouth/advisory/ (accessed on July 27, 2021); and "Realizing the Power of Youth and Young Adult Voice Through Youth Leadership Boards," Jim Casey Youth Opportunities Initiative, available at https://assets.aecf.org/m/resourcedoc/jcyoi-RealizingPowerYouthLeadershipBoards-2014.pdf (accessed on July 27, 2021).

24. "About Us," Upbring, available at https://upbring.org/about-upbring/ (accessed on July 27, 2021).
25. "Building Bridges is a national initiative working to identify and promote best practice and policy that will create strong and closely coordinated partnerships between families, youth, advocates, community and residential service providers, and oversight agencies." "Building Bridges Initiative," available at https://www.buildingbridges4youth.org/ (accessed on July 27, 2021).
26. Drake is the owner and lead clinician at Katy Teen and Family Counseling but previously served at Upbring where he led the organization's initiative to reduce restraints.
27. "Glossary of Key Terms," Building Bridges Initiative: Self-Assessment Resources, available at https://www.buildingbridges4youth.org/sites/default/files/BBI%20SAT%20Glossary%20-%20Updated%20Sept.%202020.pdf (accessed on August 19, 2021).
28. Part of the justification for shifting the definition of when it was acceptable to use a restraint to an absolute last resort was that the Upbring team decided that would it rather have property damaged than traumatize a youth through a restraint; this was especially important because the youth had already experienced complex trauma.
29. "Two-generation (2Gen) approaches build family well-being by intentionally and simultaneously working with children and the adults in their lives together." Emphasis in original. "WHAT IS 2GEN?" ASCEND, The Aspen Institute, available at https://ascend.aspeninstitute.org/two-generation/what-is-2gen/ (accessed on July 27, 2021).
30. Erica Gunderson, "Child Welfare Organization Says Race Equity Practice Works," WWTW News, April 19, 2021, available at https://news.wttw.com/2021/04/19/child-welfare-organization-says-race-equity-practice-works (accessed on July 28, 2021).
31. Emily Gross, "Today's Front Line Hero: Beverly Jones," Lutheran Services in America, November 13, 2020, available at https://www.lutheranservices.org/flh-bev-jones-1113 (accessed on July 28, 2021).
32. "Child Protection," The Annie E. Casey Foundation, available at https://www.aecf.org/topics/child-protection (accessed on July 28, 2021).
33. "What is Adaptive Leadership?" Cambridge Leadership Associates, available at https://cambridge-leadership.com/adaptive-leadership/ (accessed on July 29, 2021).
34. For additional background, see "Why Disaggregating Data by Race is Important for Racial Equity," The Annie E. Casey Foundation, last updated on August 18, 2020, available at https://www.aecf.org/blog/taking-data-apart-why-a-data-driven-approach-matters-to-race-equity (accessed on August 4, 2021).
35. "Life Skills Center Full Version," Oesterlen, YouTube, October 16, 2019, available at https://www.youtube.com/watch?v=tTWoIk5sbjE (accessed on March 31, 2021).
36. "About Oesterlen," Oesterlen Services for Youth, Inc., available at https://oesterlen.org/about-us/ (accessed on March 31, 2021).
37. This points to one of the challenges associated with transitioning away from congregate care. For many providers, the organization's capital is heavily invested in physical facilities and residential programming. Finding creative ways to transform these buildings, as Oesterlen did, can help organizations change their business models and eliminate the unnecessary reliance on congregate care.
38. "Life Skills Center Full Version."
39. "Family First Prevention Services Act," National Conference of State Legislatures.
40. "The Human Services Value Curve: A Leadership Framework and Theory of Change for Health and Human Services Outcomes and Value," p. 10.

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