Deciding Not to Wait for the BLUEPRINT

Kerry A. Diaz, President and Trustee, Quantum Foundation

Sometimes the best big ideas and the most dynamic decisive grantmaking are actually quickly drawn solutions that have nothing to do with a formal grant. As we have discussed in multiple Grantmakers In Health gatherings, the power of the foundation goes beyond giving away money. What we may not have discussed in as much detail is the strength that can be found when we, as individuals acting on behalf of a foundation, respond quickly and decisively to issues.

There is a place for long-term planning that can result in systemic solutions, but I would argue that there is an even bigger place for being at the right place, at the right time (not always by accident, often by design), and driving action that leads to immediate relief for some and long-term solutions for many. The kind of grantmaking for these dynamic times is more akin to the catalytic philanthropy described by Mark Kramer than traditional charity. In his *Stanford Social Innovation Review* article, "Catalytic Philanthropy," Kramer distills the practices that comprise catalytic philanthropy into four parts: take responsibility for achieving results, mobilize a campaign for change, use all available tools, and create actionable knowledge. As the situation I am going to relate unfolded, I realized how on point Kramer was when detailing how change happens, and identifying the innumerable puzzle pieces and people that need to interconnect for any complex endeavor to be successful.

I firmly believe in the power of an individual who has passion to move mountains. The skills for catalytic philanthropy embody that power, and a foundation is a great place from which to unleash that passion. I was serving as president of Quantum Foundation when an opportunity to act presented itself.

In November 2011 the Florida Department of Children and Families unveiled a new scorecard to "grade" the local lead agencies that manage the foster care system; all elements were tied to deliverables in the agencies' contracts with the state. The news for Palm Beach County was bad. We were failing our children. In some areas, such as the provision of an initial medical check-up and dental services to foster children, we were getting an F. The percentage of kids getting care within the prescribed timelines (remember, these are kids who may never have had care or have been mistreated) was 77 percent—with dental care at approximately 50 percent, and our local lead agency responsible for their care was ranked 15th out of 20 in the state (Florida Department of Children and Families 2012). Fast forward to the summer of 2012, and the ranking had slipped to 19 out of 20, in large part due to issues surrounding health access for these kids.

The results, especially concerning dental care, were not as surprising as they might have been. According to the Florida Public Health Institute, one-fifth of adults in the state are unable to see a dentist due to cost (Kurth-Harbin 2012). And there are approximately 1.7 million children on Medicaid in Florida. Less than 8 percent of Florida dentists accept Medicaid patients. According to the Pew Center on the States *Children's Dental Health State Fact Card* (2011), Florida was the worst performer with regard to ensuring low-income children's access to care. Less than one in three Medicaid-enrolled kids received any dental services. This situation is costly for Florida. "The impact of Florida Medicaid policy and oral health access issues is felt in the state's collective pocketbook. When every dollar spent on disease-preventive oral health services is estimated to save $8 to $50 in restorative and emergency services, the case for policy change is clear and compelling." Waiting for policy change was not an option, however. There were foster children who needed immediate assistance, and they were some of the neediest in the state.

As a health foundation executive, I was alarmed at the low numbers of children who were given medical and dental care in the timelines prescribed by the state. As a parent and former foster parent, I had an insider's point of view as to the challenges faced by foster parents. I was saddened by the low rate at which children were placed in good foster homes, leaving many to live in group homes without the benefits of a solid family structure and other vital support. This support would include a surrogate parent who would be willing to wade through the bureaucracy and get medical and dental care for their foster child.

During the short period in 2009-2010 when our family was a foster one, we were blessed with three foster children. Each had their challenges, many of which were exacerbated

by the system. When it was time to go to the doctor, it was almost impossible to get the proper Medicaid information (there are special codes for foster children), and to switch a medical or dental provider took an enormous amount of time and effort. We were lucky enough to be able to pay out-of-pocket for medical care for our foster kids, but that was certainly not a systemic solution.

Quantum Foundation has always had a representative on the county's Community Alliance board, which is a legislatively created entity that provides oversight and feedback to the foster care system. It was in this capacity that I learned about the scorecard in March 2012. I immediately set up a meeting with the leadership of our local lead agency and the district office of the State Department of Children and Families (DCF), which oversees the foster care system, to see how we could help. While I became better informed, I also became increasingly frustrated. In the years leading up to 2012, Quantum Foundation, along with other local funders, had been systematically creating a large safety net of primary care clinics and some dental health access points throughout our county. I wondered why it was so hard to connect the two systems, the foster care system and our safety net system, when both had been designed to care for the most vulnerable of our residents.

Similar concerns regarding access to health care for foster children were expressed by the CEO of the local health taxing district, Dr. Ronald Wiewora, and he outlined the issue in a brief he shared with the Community Alliance. With this as background, the chair of the Community Alliance, who is also our local head judge, seized on my passion and appointed me in March 2012 as chair of an ad hoc committee to review access to health and dental issues for foster children. Now I had a specific role and a body to answer to, but I needed to take considered and effective action. What were my role and the foundation's role in solving this community issue? I had met with the parties charged with the issue, and no one had submitted the almighty grant request that normally would have started the foundation's wheels turning, so what tools were available to me? The foundation's fairly new guiding principles, it turned out, led the way.

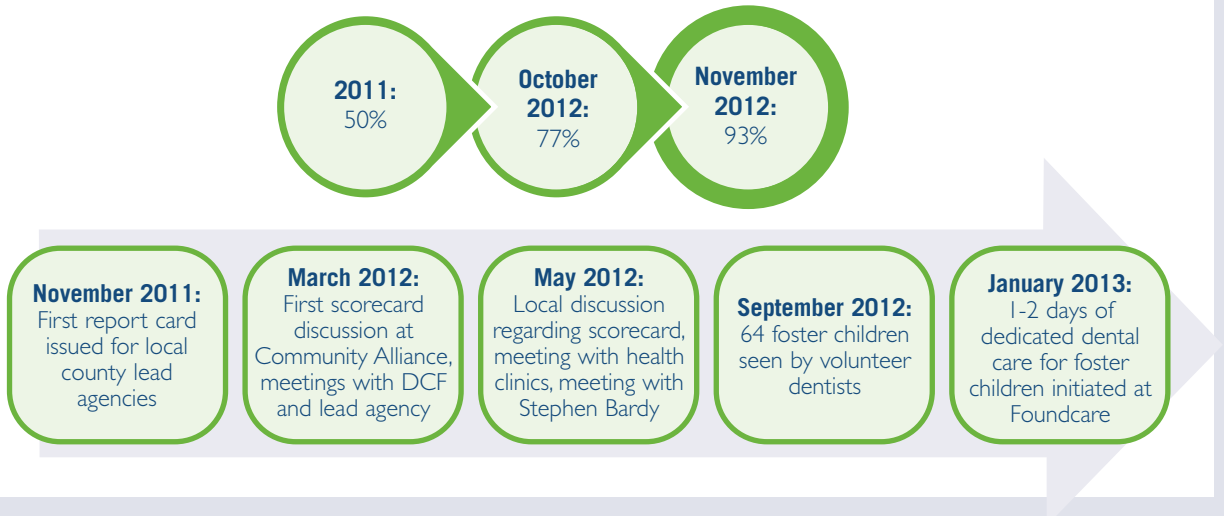
I have set out the Quantum Foundation principles to frame how we approached this local issue. It surprised me in a wonderful way when I realized that many of our in-house principles align so well with those framed by Kramer. I see synergy between our simple, heart-felt values and his guiding principles for catalytic philanthropy.

1. ***We promote change by asking the challenging questions to drive action.*** (As Kramer frames it: Take responsibility for achieving results.)

   I became personally involved in finding a solution for this problem. It had nothing to do with giving a grant and everything to do with working with others to create joint solutions. Why were children not getting the required health check within 72 hours of being placed in care? Why were they not getting the state-required full physical within 30 days? We called a meeting at the foundation of all of the safety net clinics (there are 12, half of which are

PERCENTAGE OF CHILDREN IN PALM BEACH COUNTY RECEIVING STATE-REQUIRED MEDICAL CHECK-UP WITHIN STATE PRESCRIBED TIMELINES

(72 hours of entering the foster care system for check up/30 days for full exam)



operated by our local Department of Health), as well as the lead agency, along with other interested parties. The conversation led to a clear understanding of what was actually required by the state, what the barriers were for medical consent and scheduling, and ultimately to a solution. We asked if the clinics would agree to make the foster children a priority for the 72-hour medical exam—and they ultimately all agreed to see these children within 48 hours. What makes this amazing is that each of these entities operates differently. There were volunteer "free" clinics, health department clinics, federally qualified health centers (FQHCs), and FQHC "look-alikes"—but they all agreed to a common solution simply because we asked. The local division DCF agreed to be clear about the requirements and paperwork for the exam, as well as to work with the foster parents' association (we have a strong one locally) to make sure that these surrogate parents had the appropriate paperwork they needed to authorize the medical exams.

2. ***We do not have all the answers, but we work with others to find solutions.*** (Kramer calls this mobilizing a campaign for change.)

I knew we had to involve the people who would actually provide the care to these children in order to create a systemic solution. A lasting and effective outcome would require the work of both the providers and the advocates. This was really the key to success with access to dental care for foster children as we unleashed the director of a local nonprofit who took on the issue with a vengeance. The foundation's role transitioned to one of cheerleader and provider of insight into local players and possible pitfalls. While we had laid the groundwork for easier access to medical care, the dental access issue was the more egregious one, according to the report card. It so happened that during the preceding four years, Quantum Foundation had become the lead funder on a state-of-the-art clinic that was seeking FQHC status—one which had unused dental facilities. The clinic, Foundcare, was an FQHC look-alike, so any new line of business would provide an enhanced Medicaid reimbursement rate, making the concept of caring for foster children (all of whom qualify for Medicaid in Florida) a viable line of business for the clinic. I believed I had identified a potential site where the dental care of foster children could be managed.

It also so happened that our local Children's Home Society Executive Director Stephen Bardy, who was always in the room at the Community Alliance meetings, was passionate about resolving the issue of dental access for foster children. We began to talk, and he shared with me that he had researched what other regions were doing to address the issue of dental access for foster kids. From him, I learned that in many cases, volunteer dentists were being used to reduce the backlog of kids needing dental care. Perhaps it was not the ideal solution, but it was helping kids who needed that help immediately. As a result of that illuminating conversation, the foundation introduced the concept of a partnership with Foundcare, and their unused dental rooms were stocked with supplies and brought into action. We used Mr. Bardy's idea of volunteer dentists to see 39 foster children at the clinic and another 25 in private offices. The score on our report card went from a D to a C+, with the rate in the October 2012 state report card of 83 percent of foster kids having their dental needs met, versus approximately 50 percent four months earlier. By November, an astounding 93 percent of foster children were being seen by a dentist within the required six-month period. At around the same time, our local lead agency was "taken over" by another one with a more impressive record, which provided some hope that the next steps to solving the dental issue on a more permanent basis would be supported.

3. ***Our grantees are valued partners, and our work is mindful of the ultimate beneficiaries of THEIR work.*** (Kramer would probably call this creating actionable knowledge).

With the information gathered to-date, we have had the opportunity to turn our learnings from this experiment into the power to motivate us and others involved in the care of foster kids. Kids whose dental needs had been neglected were being seen, and the backlog of unseen children was being taken care of, but the work was not done. The immediate need was being met, but we needed a long-term solution. It was not lost on me, the foundation, or the community that there was a larger Medicaid dental care issue in Florida.

In April 2012, ABC produced a special news report on access to dental care for Florida Medicaid recipients, underscoring the bigger issue we were wrestling with in Palm Beach County. The program noted that Florida had some of the lowest Medicaid reimbursement rates in the country and that more than half of Florida's counties do not have a single private pediatric dentist who takes Medicaid. As a foster parent, I knew it was common knowledge amongst other parents that there were only two dentists in our county of 1.3 million people who would see new Medicaid pediatric patients. There was, and continues to be, the need to create more Medicaid dental access points for all kids locally, whether they are foster children or simply underserved. While I was thrilled that Foundcare's dormant dental facilities were being used, I

was also motivated by the possibility that we could develop a sustainable source of income through the Medicaid enhanced rate for children who could be seen by a paid dentist in the facility.

Once again, all it took was putting together the dynamic Stephen Bardy and the Foundcare clinic. The clinic was awarded a state Low-Income Pool grant to provide dental services to foster children once a week, and is slated to see these patients in early 2013. The clinic has been actively fundraising to add another day of dental services and will hopefully introduce additional days for children who are not in the foster care system. That one day of a dentist devoted to the foster kids equals 1,344 visits a year, and at two visits a year that covers 672 kids—about half the foster population in the county. That last part—access to dental care for children who are not in foster care but rely on Medicaid—may be the biggest opportunity and impact in the future.

4. ***We take strategic risks with our resources and make bold decisions in fulfillment of our mission.***
(Kramer would likely call this using all available tools.)

While we as a foundation had the resources to provide immediate monetary solutions, our greatest strengths in solving the medical access issue for foster kids were our knowledge of the players and their trust in us, our passion for creating community solutions, and our ability to know when to act and when to watch. We could have "saved the day" and written a big check to facilitate adding extra days to the dental clinic services. We chose not to—not because the need was not great, but because we had pushed for answers and helped set action in motion, and the community was responding. We know that when the community has ownership and pride in the process, the likelihood of success is that much greater. Sometimes the bold decision calls for a foundation to put its checkbook away, put its thinking cap on, and roll up its sleeves to get the job done.

5. ***We take our work seriously and enjoy doing it.***
(Kramer has no correlating value for this one, but it is part of who we are at Quantum. It is a worthy principle.)

A respected speaker at a state philanthropy conference once said that foundations were not solving problems, they were running experiments. I wholeheartedly agreed with him at the time, and I still do—most of the time. When we work on an issue with passion, and we take responsibility for achieving results, mobilize a campaign for change, use all available tools, and create actionable knowledge, we go beyond running experiments and can create solutions. We ought to be seeking a community solution even though it probably will not end up in our "year in review" report to the board of directors. The story I have just told all happened without a detailed blueprint, but the solution was certainly delivered in a decisive manner.

This grant that was not a grant, but rather an exercise in listening, learning, and sharing, reignited my passion for what I do, or more specifically who I am. I was invigorated by working on the issue of access to health and dental benefits for foster children. It spoke to my heart as a parent and a former foster parent. It spoke to my head as an advocate of access to health care. It spoke to my soul as a member of the community. I took my role as the chair of the ad hoc committee seriously, and I enjoyed doing it. Not because it was part of the foundation's grand grantmaking plan, which I admire and live by day-to-day, but because it was an opportunity to build on what we had already invested in and to drive action for bold changes. It was a great reminder that while we are able to create and bring big plans to action, some of the best solutions are found in the community. All we need to do, as foundations, as people, is ask the right questions…and nudge a little.

REFERENCES

Cuomo, Chris, and Diane Sawyer, "Hidden America: Medicaid's Youngest Face Dental Crisis," *ABC World News*, April 24, 2012.

Kramer, Mark, "Catalytic Philanthropy," *Stanford Social Innovation Review* 30-35, Fall 2009.

Kurth-Harbin, Martha, *Oral Health Florida Report* (Lake Worth, FL: Florida Public Health Institute, June 25, 2012).

Florida Department of Children and Families, *CBC Scorecard*, <www.myflfamilies.com>, data retrieved December 2012.

Pew Center on the States, *The State of Children's Dental Health: Making Coverage Matter* (Washington, DC: May 2011).

A special thank you to Kerry Jamieson, director of communications for Quantum Foundation, for her expert editing skills.