

*Successes for Children
and Families:
It's Time to Build on What
Works in Child Welfare*

North American Council on Adoptable Children

November 2007



Since its founding in 1974 by adoptive parents, the North American Council on Adoptable Children (NACAC) has been dedicated to the mission that every child deserves a permanent family. Through education, support, parent leadership capacity building, and advocacy, NACAC promotes and supports permanence for children and youth in foster care in the United States and Canada. Some of NACAC's core activities include empowering parents to support one another as they raise children adopted from foster care; working with policymakers, administrators, and grassroots advocates to reform the foster care system and improve outcomes for children and youth; and disseminating information that will help child welfare professionals and adoptive families better support vulnerable children.

This publication, funded through a grant from The Pew Charitable Trusts, was written for NACAC by Madelyn Freundlich, with assistance from NACAC staff members and consultants Mary Boo, Mary Ford, Janet Jerve, Joe Kroll, Jennifer Miller, Christina Romo, and Gina Russo. The opinions expressed are NACAC's and do not necessarily reflect the views of The Pew Charitable Trusts.

“I have never seen a child fail. It’s the system that fails the child—the parents, social workers, judges, the schools, Congress.”

Tracy King, foster and adoptive parent
and tribal leader, Montana

INTRODUCTION

All children need the stability of a nurturing family, the consistency of caring parents, and the emotional, social, and financial support that family members provide. Families sometimes face challenges in providing their children with what they need. In some cases, those challenges result in child welfare involvement in their lives, and too often, children need to be placed in foster care to ensure their safety. Many children who come into contact with child welfare systems might remain safely with their families with appropriate services and supports. Because those services and supports often are not available, however, they enter foster care.

Some children who enter care safely return home or leave foster care to live with relatives or adoptive families. Far too many, however, continue to wait in foster care and thousands remain in foster care until they “age out.” The experiences of many youth who leave foster care at age 18 graphically show how much a permanent family matters: far too many of them face unemployment, homelessness, imprisonment, significant health problems, and victimization as they attempt to navigate the adult world alone.

“Some of these kids don’t have anywhere to go when they turn 18. They literally go from their last [foster care] placement to a homeless shelter. And these are the kids that are most likely to enter the criminal justice system.”

Carlos Toro, former foster youth, Connecticut

In FY 2005, more than 300,000 children entered foster care. The more than one-half million children currently in foster care—children who have been in care, on average, more than two years—need and deserve permanent families to see them safely through their childhoods and to help them transition to adulthood. Quality services and supports are essential to keep children out of care in the first place, reunite them safely with their parents or members of their extended families, find new families for them through adoption or guardianship, and support their permanent families over time.

Several states and counties have developed and implemented programs designed to achieve these goals. They have re-allocated their own state and local dollars to overcome federal funding limitations, and some have even succeeded at allocating scarce federal dollars under the Temporary Assistance for Needy Families (TANF) to the cause of child welfare.

These states and counties have encountered a range of challenges in implementing and sustaining these efforts, but none has been more difficult than obtaining funding for these critical efforts. Federal dollars are distressingly limited for services to ensure that children can safely remain with their families and that all children have permanent families. The vast majority of federal dollars, under Title IV-E of the Social Security Act, can be used only after children have been placed in foster care. Title IV-E funds cannot be used to support efforts to ensure that children remain safely with their own families or that they leave foster care to safely return home or that their new adoptive or guardian families are properly supported.

The federal programs that give states the greatest flexibility as to how they spend money on services for children and families are funded under Title IV-B of the Social Security Act. These programs, however, are funded significantly less than foster care services under Title IV-E, and, unlike the open-ended entitlement of Title IV-E, Title IV-B programs are subject to discretionary appropriations. Although foster care was never meant to be a long-term place for children, federal funding, as currently structured, inadvertently encourages states to rely on foster care as the main solution to the complex problems facing children and families.

Children in Foster Care: A Statistical Picture (FY 2005)¹

Children in Foster Care

- Children in foster care: 513,000
- Average age of children in foster care: 10 years
- Average length of time in care: 28.6 months

Children Who Entered Foster Care

- Number of children who entered foster care: 311,000
- Average age of children entering foster care: 8.2 years

Children Who Left Foster Care

- Number of children who left foster care: 287,000
- Average age of children leaving care: 9.8 years
- Number and percentage of children leaving for different outcomes:

Reunification	54% (155,608 children)
Living with other relatives/ guardianships	15% (44,243 children)
Adoption	18% (51,323 children)
Emancipation (aging out)	9% (24,407 children)

INNOVATIVE PROGRAMS: IMPROVING OUTCOMES FOR CHILDREN AND FAMILIES THROUGH FLEXIBLE FUNDING

This report highlights some of the innovative approaches that states and counties have developed to better align child welfare funding streams with improved outcomes for children and families. These programs were selected because they represent a range of successful approaches—from preventing foster care in the first place to finding permanent families for children when they cannot return home. Each demonstrates how the flexible use of government dollars, along with other financing innovations, have improved outcomes for children and families.

Common to these programs are:

- Understanding children’s and families’ strengths and needs and tailoring services to meet those needs;
- Maintaining children’s extended family and community ties;
- Developing partnerships with community agencies and other child and family services systems to more effectively meet the needs of children
- Blending and integrating funding sources to provide more flexible use of resources; and
- Use of data to track results and be more accountable for the resources allocated.

“If the state had invested the same money they spent putting us in all those placements into weekly visits with our mother and given her skills lesson, it might not have escalated to us needing to go into permanent foster care.”

Michael Drake, former foster youth, West Virginia

Programs like these must be sustained where they currently exist and must be taken to scale nationally—through flexible federal dollars that support their replication. If the national mandate to ensure safety, permanency, and well-being for all children is to be achieved, a rational federal funding structure that provides states with flexible dollars to better serve children and families is essential.

These programs present a blueprint for future child welfare innovation across the country, and demonstrate that national financing reform can indeed improve the lives of children and youth.



Allegheny County Department of Human Services, Office of Children, Youth and Families

The Allegheny County Department of Human Services (DHS), Office of Children, Youth and Families is committed to nurturing, protecting, and strengthening families to keep them safely together. The county’s philosophy is to place children in out-of-home care only when absolutely necessary. Its programs are designed and funded to ensure that its work with families is aligned as much as possible with this philosophy and its principles are fully implemented. And, as a result of its flexible use of state and local dollars, it has experienced significant success in keeping families together.

Principles of the Allegheny County Office of Children, Youth and Families

- Children are better served when they can remain in their home without worry of abuse or neglect.
- Families should be afforded the highest degree of participation in the process based on their own willingness and ability.
- Family and community involvement is an integral function in keeping children safe at home.

Prevention Services

Family support centers are fundamentally important to Allegheny County’s prevention strategy. The family support centers are community-based, community-driven, and community-designed, ensuring a mix of services and supports needed to raise healthy and happy children. Of the 31 family support centers in Allegheny County, 27 receive funding from DHS.² Each center offers core services plus a range of optional services designed primarily for families with children ages birth to five years. Core services include child development support, prenatal care, parenting education, health insurance support, medical support, and goal planning. Optional services may include referrals or direct assistance for housing, tangible needs such as food and clothing, utility assistance, school readiness programs, employment services, drug abuse treatment, and in-home family counseling services that involve all family members. Preliminary results indicate that more than 7,000 children and youth from more than 3,800 families were served through the family support centers during FY 2006/2007.³

Three other noteworthy examples of DHS-funded prevention programs are: (1) First Steps, a voluntary program that provides a home-visiting mentor for new mothers with children ages birth to five; (2) Beverly Jewel Wall Lovelace Children’s Programs, which provide positive and enriching

summer and after-school programming for children with high levels of need or risk; and (3) Pennsylvania Organization for Women in Early Recovery (P.O.W.E.R.) Connection, which conducts comprehensive assessments for substance abuse, referrals to treatment, service coordination, mentoring, relapse prevention, consultation, and follow-up care.⁴

Allegheny County adheres to the tenet that children are to be removed from their homes only if absolutely necessary. If a removal is being considered, a team meets to explore the maximum number of possible alternatives to placement. Removals occur only when it is determined that no combination of supports or services can assure a child's safety.⁵ The Department uses family group decision-making for some families at risk of having their children removed. In this process, extended family members are formally encouraged to participate in case planning and to take an active role in executing that plan.⁶

To keep families intact whenever possible, Allegheny County provides a wide array of services through the visits from a caseworker and contracted providers. Most families receive in-home services. A crisis worker can provide or arrange for 12 to 24 hours of face-to-face service weekly for up to one month. A meeting is then held to determine what level of service should follow. Most in-home services, provided by one or more of the 15 DHS-contracted community agencies that specialize in preservation and diversion services, are provided for up to three months with aftercare available as needed for six months.⁷ Services may include the provision of family counseling, parenting classes, child abuse prevention training, life skills training, crisis intervention, or family reunification services. Models such as Homebuilders and Parents as Teachers are also available, and provide opportunities for parents to get together in group settings. A strong component of every in-home service is to familiarize family members with community-based services and how to use them. County financial assistance is provided to help meet a family's tangible needs.

Reunification Services

When a child must be removed from his parents because his safety cannot be assured, the family continues to receive intensive, individualized services to facilitate reunification. Every attempt is made to keep siblings together and to place them with relatives or close friends in the community. DHS offers transportation and supervision services for weekend and evening visits between parents and their children in foster care, with the goal of expediting reunification.⁸ The Department also contracts with A Second Chance to provide services to support kinship placements for children who cannot remain safely at home but can live safely with relatives or family friends.⁹

"When I left [foster care], I was unprepared to be on my own. I didn't know anything about finances. I had gone to independent living classes, but I couldn't remember anything."

Jessica Delgado, former foster youth, Pennsylvania

Outcomes

For the first time ever, beginning on July 4, 2003 and continuing for 32 consecutive months, Allegheny County was without a child death as the result of substantiated child abuse or neglect. Furthermore, Allegheny County's prevention efforts have resulted in a decline in the number of children in foster care. In January 1996, 3,318 children were in foster care; as of August 1, 2007, the foster care population was 2,402, a 28 percent decrease. More than 65 percent of the children that DHS serves remain at home with services for the entire time they are involved with the agency.¹⁰

Most children who enter foster care are placed with siblings (over 90 percent of all siblings are placed together) and with kin (over 63 percent are in kinship care).¹¹ Children in foster care are returning home more quickly. For children with a goal of reunification, expediting family reunification has reduced the average length of time that children spend in an out-of-home setting by 33 percent; from almost 21 months in January 1997 to 14 months in August 2007. In 2006, 82 percent of children entering foster care were reunited with their families within 12 months.¹²

Funding

Allegheny County uses mostly state and county dollars with a small and, over time, declining level of federal TANF dollars to fund its prevention and in-home services and programs. It also uses federal Title IV-E for foster care services. In addition, the county draws on funds from other program offices. Its overall budget has increased over recent years as its investment in prevention and in-home services has grown and as a result of increases in salaries, rates, and subsidies.¹³ Total state dollars have increased; total county dollars have remained approximately the same; and Title IV-E dollars, while initially remaining at a consistent level as the county strengthened its claiming practices, have recently begun to decline as a result of fewer children in foster care, coupled with more stringent federal eligibility requirements.¹⁴

Over the past 10 years, Allegheny County has tripled its spending on prevention and intervention services for families involved with the child welfare system.¹⁶ The county currently spends more than half of its child welfare budget on prevention and in-home services. For FY 2007/2008, 50 percent of the budget for services provided to children

through the child welfare system will be spent on in-home and intake services compared to 47 percent for community-based and institutional foster care placements.¹⁶ The county reinvests the state and county dollars saved from the reduced use of foster care into more prevention services. The county calculates that foster care costs \$25,000 annually per child, compared to an annual per family cost for intensive family support of \$10,000 or less.¹⁷

“It’s imperative that the federal financing mechanisms for child welfare be overhauled if we are going to improve safety, permanency, and well-being outcomes for children and families. States must have flexibility and relief from oppressive regulations in order to meet the intent of ASFA and the CFSR benchmarks. There must be accountability and incentives for performance rather than the current system of financial penalties which further reduces the state’s ability to meet the needs of vulnerable children.”

Marc Cherna, Director,
Allegheny County Department of Human Services

Learn More

Karen Blumen, DHS Deputy Director, Office of Community Relations: 412-350-5707 or Karen.Blumen@county.allegheny.pa.us



Strengthening California Families Through Differential Response¹⁸

In 2003, as part of a broader effort, 11 California counties were given modest funds to test the implementation of differential response.¹⁹ Rather than having the same response for all child abuse and neglect reports, differential response enables child protective services to respond differently based on the type and severity of the allegations, any history of previous reports, and the family’s willingness to participate in services.²⁰ A key component of differential response is creating a less adversarial environment for families so that they will be more likely to engage in planning for how to safely parent their children. Another 32 California counties also received technical assistance to implement components of differential response.²¹

The Model

Differential response counties fully investigate reports that indicate immediate, serious safety issues for children, or the potential for criminal charges against the alleged perpetrator. Existing statutory definitions of abuse and neglect

remain in place. In contrast to traditional child protective services, however, differential response communities are able to work directly with many families without bringing them into the juvenile court system. After receiving a report of abuse or neglect and gathering information, participating counties use the Three Paths model (see chart at right).

Differential Response: Fundamental Strategies Guiding Improvement of Child Welfare Outcomes

Seeing Families as Part of the Solution: Agencies promote families’ voluntary participation in community supports and services by engaging them in identifying solutions to their problems. By seeing families as part of the solution, agencies move away from the adversarial ways in which they have traditionally interacted with families.

Community Partnerships: Child welfare agencies expand partnerships with government agencies and community organizations that offer vital services to support families.

Outcomes²²

Preliminary findings of a multi-year evaluation indicate that differential response is helping keep children safe while also avoiding more intrusive child welfare involvement. Findings indicate that families referred to community-based agencies voluntarily engage in services to address and improve their situations: 82 percent of families referred to Family Resource Centers participated in strengths-based family assessment, and of these families, 57 percent participated in ongoing case management. Early findings suggest that in the absence of differential response, between 8 and 12 percent of families would be re-referred and formally enter the child welfare system. Early findings indicate that only 1 percent of families referred to differential response have subsequently entered the child welfare system. Pilot counties also report more partnerships with service providers, serving more families, and a better reputation in the community as they implement preventive, strengths-based approaches.

“All states, including California, need to advocate for the increased flexibility of the use of federal funding in order to fund more services, particularly preventive services.”

Preliminary Highlights from the Evaluation of Child Welfare Pilot Projects in 11 Counties

Funding

Differential response programming is funded primarily with state general fund dollars and with very limited levels of Title IV-B dollars that the state allocates to the counties.

As a result of current federal funding restrictions, the state and the counties must rely heavily on the state general fund and county funds, which may be limited or unavailable as a result of fluctuations in state and county budgets. Because Title IV-E is tied to the removal of children from their families and placement in out-of-home care, counties experience enormous challenges in implementing, developing and sustaining differential response.²³

Furthermore, because counties differ in the extent to which they dedicate funding to child welfare services, where a child lives can often determine whether or not a family receives the help it needs. While California counties have achieved success with their state and county funding, the lack of federal funding for prevention services has hindered the ability of differential response to reach its full potential.

“Complicating the picture is an obsolete federal financing structure that supports out-of-home placement rather than intervention services to reduce families’ need for intensive child welfare services.”

Patricia Schene and Stuart Oppenheim, *Choosing the Path Less Traveled: Strengthening California Counties through Differential Response*


Learn More

Patricia Schene and Stuart Oppenheim, *Choosing the Path Less Traveled: Strengthening California Families Through Differential Response*. <http://www.californiafamilyresource.org/PDFs/Choosing%20the%20Path%20Less%20Traveled%20Strengthening%20CA%20Families%20through%20Differential%20Response.pdf>

Casey Family Programs, *Breakthrough Series Collaborative: Implementing Differential Response in California*. <http://www.casey.org/Resources/Publications/BSCDifferentialResponse.htm>

California’s Three Paths of Differential Response

	When Used	Services Provided
Path One: Community Response	When the county child welfare agency concludes that there is a relatively low risk of harm and that the family is experiencing problems or stresses that could be addressed by community supports or services.	Families are formally referred to community-based agencies that offer services and supports to help strengthen the family without opening a formal child welfare case.
Path Two: Child Welfare and Community Response	When the county child welfare agency concludes that the child is at some risk of harm but that the family is willing to take steps to reduce or eliminate the risk. This path initially attempts to involve the family without formal court intervention, but courts may become involved if necessary to protect the child.	Families work with representatives of county child welfare agencies, other county agencies, and community-based organizations to identify their risks and strengths and to participate in services to improve child and family well-being.
Path Three: Child Welfare Services High-Priority Response	When the county child welfare agency finds that the child is unsafe, risk is moderate to high for continued child abuse/neglect, and actions must be taken with or without the family’s agreement. Criminal charges may be filed against the adults causing harm.	Efforts are made to engage the family, particularly non-offending parents or other protective adults, to preserve the child’s connections with family members. Genuine family engagement—through comprehensive assessments, in-depth case plans, and focused services and supports—provides the best opportunity to protect children from harm.



FAST (Family Assessment and Stabilization Team), Catholic Community Services of Western Washington, Pierce County, Washington²⁴

In 2000, the Pierce County Regional Support Network (RSN), the county's mental health agency, and the Division of Children and Family Services (DCFS), the county's child welfare agency, entered into a partnership to address the needs of children and youth in the community who were experiencing crises. The RSN and DCFS developed plans for a 24/7 service to respond immediately and stabilize these crises, using a strengths-based, collaborative, family-driven, and individualized approach. The goal was to bring immediate safety and stabilization to:

- Youth whose out-of-home care placement had disrupted;
- Youth at risk of immediate psychiatric hospitalization as a result of a risk of imminent harm to themselves or others;
- Youth in crisis as a result of severe family conflict, including youth in adoptive families; and
- Youth in crisis after release from a facility (such as a juvenile corrections institution) with no place to go.

Catholic Community Services of Western Washington (CCS) was selected to develop the program, which was called FAST (Family Assessment and Stabilization Team). FAST began serving children, youth, and their families in Pierce County on October 31, 2000, and since that time, has served more than 2,000 families. In 2005, the program was expanded to Clark County.

FAST Principles and Beliefs

- Youth's mental health and behavior struggles are often related to their feelings of loneliness and intense uncertainty.
- Every child has family waiting to be found.
- Restoration of family relationships will help improve a child's mental health.

Services

FAST is designed to keep children and youth with their own families or extended family whenever possible, providing rapid stabilization and 24/7 in-home supports as necessary to ensure safety. Unlike a typical crisis team offering a very short-term intervention, FAST offers up to 90 days of services to stabilize the child's living situation and reduce the potential for repeat crises.

The FAST team—comprised of therapists, treatment foster families, a psychiatrist, parent partner, youth partner, and paraprofessionals—serves children and youth in out-of-home care and emotionally distressed youth in immediate need of mental health treatment, placement stabilization, and family reunification efforts. Children and youth may be referred by the RSN or DCFS. DCFS-referred children are between the ages of 6 and 17; are no longer living with their birth, relative, foster or adoptive families because of behavioral problems; and often are not enrolled in school for these same reasons.

A FAST team member meets with the youth, generally within an hour of the referral. Social workers, guardians ad litem, probation officers, and others are contacted as quickly as possible. When needed, concrete supports—such as food, housing, transportation, medical and mental health services—are provided without delay. If the child has a significant mental health emergency, a psychiatrist immediately assesses the child. If placement is needed, the FAST team places the child with a FAST treatment foster family who has been fully trained and is well supported by a team of mental health professionals and paraprofessionals who can provide intensive in-home supports.

“The more rapid the response, the easier it is to facilitate a community-based solution to children's and families' needs. This translates directly into cost savings through hospital and long-term placement diversion.”

Doug Crandall, former Children's Services Manager,
Pierce County Mental Health

FAST services are tailored to the needs of the child and family and are primarily provided in the home and in community-based settings, rather than in facilities. FAST provides a range of crisis intervention, mental health treatment, and support services in collaboration with community resources and other child serving systems. Services are provided when youth and families most need them (often evenings and weekends) and where they need them (in a variety of community settings).

Family Connections

Upon referral, FAST staff immediately initiate efforts to contact birth parents and relatives of the child. Many family members are located in other states, some even out of the country. When children and youth have been placed out of the home and are disconnected from family, FAST conducts a rapid assessment and then, in coordination with DCFS, implements family search and engagement activities to work toward family reconnections.

In cooperation with the child welfare agency, FAST staff members find birth parents, even if termination of parental rights has occurred, and seek their help in planning for the child. If a birth parent has died, FAST staff contact surviving family members and ask for their help in involving the rest of the family. Parents who are incarcerated frequently provide valuable information, such as family member names and contact information. FAST focuses on preserving and reunifying families while also involving friends, extended family, and other resources. FAST team members search for and locate as many family members as possible, often finding 40 or more relatives for each child, about 10 of whom may become viable permanent family options. Although FAST primarily focuses on safety and stabilization, permanency is strongly emphasized.

FAST saves county, state, and federal money. A FAST intervention costs, on average, \$4,600 per month for a period of two to three months. Psychiatric hospitalization costs range from \$18,400 to \$30,000 per month. Because FAST diverts children from out-of-home placement or significantly reduces the time required in group or therapeutic out-of-home care, FAST's assessment is that savings also are realized in Title IV-E dollars (although the precise savings are difficult to document).

Learn More

“E.A.S.T.: Family Assessment and Stabilization Team”:
<http://www.ccsww.org/preservation/articles/article7.pdf>

“The Division of Children and Family Services gave child welfare dollars to the Pierce County Regional Support (Mental Health) Network so that we could have greater flexibility and could promote true systems collaboration beyond simply blending funds. Money follows the child no matter their child welfare or mental health needs.”

Mary Stone Smith, Vice President, Catholic Community Services of Western Washington



TANF Children's Initiative, Oregon Department of Human Services, Children, Adults and Families Division

In 2001 as part of major reorganization, the Oregon Department of Human Services (DHS) created the TANF Children's Initiative to decrease the number of TANF-involved families whose children needed foster care placement. The goal of the initiative is to strengthen families so that they are able to provide safe and healthy environments for their children.²⁶

Outcomes

FAST has proven success in stabilizing and achieving permanency for children and youth without having to rely on expensive institutional placements. Clark County, which had the highest rate of youth psychiatric hospitalizations before FAST implementation, now has the lowest rate in the state. Although every child referred for FAST services meets the criteria for hospitalization, only 2 percent of youth actually require psychiatric hospitalization while services are provided or within one year of service completion. The few children and youth who are hospitalized while receiving FAST services stay, on average, three to four days. At the end of FAST services, 86 percent of DCFS-referred children and youth are united or reunited with families or relatives and almost all are enrolled in school.²⁵

Funding

FAST is funded at \$3 million annually through a flexible funding arrangement by the RSN and DCFS. The FAST contract with Catholic Community Services of Western Washington is funded with a combination of Medicaid mental health dollars, state mental health funds, and child welfare dollars. When children are referred by DCFS, are under DCFS custody, and are placed in out-of-home care while a longer-term plan is developed, Title IV-E federal reimbursement is available for placement costs.

The Program

Data gathered during the reorganization revealed that close to one-third of the children in foster care over the preceding two years were from TANF-involved families.²⁷ Despite this interface between TANF and child welfare, the two systems traditionally had functioned as separate and independent entities and had not been set up to leverage services and resources for families served by both systems.

By joining child welfare and TANF, Oregon developed a program in which self-sufficiency services and resources can serve as a front-end prevention opportunity for child welfare. The program was designed to target and serve a population at high risk of foster care entry, and thus keep more children out of foster care. Through screening, assessments, and income supports, the stress of poverty that may lead to abuse and neglect can be prevented.²⁸ At the same time, child welfare can serve in an anti-poverty supporting role by offering services to help families establish safe and stable homes.

The cornerstone of the TANF Children's Initiative is the Family Support and Connections (FS&C) program. Since October 2005, FS&C has provided front-end support and intervention to TANF families statewide to prevent the need for child welfare involvement. From October 2005 through September 2006, FS&C received 2,336 referrals

and 1,144 families participated in at least one face-to-face new client meeting with FS&C staff.

Services

Oregon DHS studied child welfare and TANF data and determined that nine risk factors were associated with the foster placement of children from TANF-involved families:

- Prior child welfare history;
- Caregiver’s mental and physical health;
- Caregiver’s drug or alcohol abuse;
- History of or current domestic violence;
- Caregiver’s criminal history;
- Significant issues with children;
- Family isolation;
- Age of caregiver; and
- Composition of household.

Currently, all new TANF applicants in Oregon complete a strengths-based self-assessment and are screened for alcohol and drug issues, mental health issues, domestic violence, and physical health. TANF case managers review this information to determine the presence of risk factors and refer families to the FS&C program when any of the nine risk factors is identified.

Family Support and Connections Program Principles²⁹

- Every family has strengths and needs.
- The family is the real expert on the family’s strengths and challenges.
- Everyone sometimes needs someone who will listen without judgment.
- FS&C provides a helping hand with the challenges of being a parent in the world today.
- FS&C works with families to develop their own plans to overcome challenges and strengthen the family.

FS&C is a voluntary, client-centered, and client-driven program. A collaborative team, consisting of FS&C contracted staff, DHS self-sufficiency staff, child welfare staff, and other community partners oversee the program. A blend of informal and formal supports help families in need and reduce the risk of child abuse and neglect. Services include:³⁰

- Strengths-based family assessments;
- Joint outcome-driven case planning, which is possible

because child welfare and TANF staff report to the same district manager;;

- Individualized support services based on families’ needs, including in-home, skills-building services such as parenting strategies, budgeting, anger management, and mentoring, advocacy, transportation to appointments, and assistance with navigating school and other systems;
- Home visiting and other face-to-face contacts;
- Information and referrals to community services such as public health care, disability services, mental health counseling, substance abuse treatment, and Head Start; and
- Limited, concrete emergency services such as diapers, car seats, and other child safety items.

“We know that when families are able to meet basic needs like housing, childcare, health care, and food, it reduces the stressors on the family that can, in some instances, lead to child abuse and neglect.”

Dr. Bruce Goldberg, DHS Director

Outcomes

When the program began in October 2005, 27 percent of the children entering foster care were from TANF-involved families. Since that time, the percentage has gradually declined, standing at 24.8 percent for the first quarter of 2007.³¹ It is anticipated that this percentage will continue to decrease. By intervening early, the program seeks to keep more children from this high-risk population from ever needing to enter foster care.

In addition, family satisfaction surveys received from 170 FS&C families indicate the positive impact of the program:³²

- 98 percent reported they were “satisfied with services received from the program.”
- 94 percent reported being “more aware of resources in their community.”
- 86 percent reported that community connections “increased their ability to care for their family.”
- 82 percent reported that services “helped me reduce stress factors for my family and myself.”

Funding³²

The TANF Children’s Initiative is primarily funded by TANF and the CAPTA Community Based Child Abuse Prevention (CBCAP) federal grants. Oregon provides a 20 percent match for the CAPTA funds with its state general funds. In the 2007–2009 biennium, the program is funded with additional TANF federal funds and state general funds. The total

budget is approximately \$4 million, with 13 percent from CBCAP, 62 percent from TANF, and 25 percent from general funds. FS&C county programs are encouraged to seek additional funds from sources such as local Commissions on Children and Families, city housing and community development entities, foundations, and fundraisers.

Learn More

Patricia Feeny, Communications Office, Children, Adults and Families Division, Department of Human Services: 503-945-6955 or patricia.feeny@state.or.us



New York City's Flexible Spending and Reinvestment Strategies

Since the mid-1990s, New York City has used flexible spending and reinvestment to improve permanency outcomes for children in foster care. HomeRebuilders, Safe and Timely Adoptions and Reunification (STAR), and the newly created Improved Outcomes for Children (IOC) illustrate New York City's continuing efforts to change how child welfare dollars flow to private agencies, and as a result, provide a fiscal climate in which outcomes for children and families can be improved.

New York City: Flexible Spending and Reinvestment Strategies

- Reinvesting funds saved from safe reductions in the foster care population into a range of services to meet the needs of children, youth and families;
- Creating flexible spending to expand the ability of agencies to diversify the range of child welfare services that they provide; and
- Creating a link between outcomes and revenue to support the achievement of improved outcomes for children and families.

HomeRebuilders (1993–1995)^{B4}

The Program

Begun in July 1993 as a three-year demonstration, HomeRebuilders focused on reducing the length of children's stays in foster care. The program created a fiscal environment in which six participating agencies had flexibility to increase the mix of services they provided by shifting the payment structure. Instead of paying for each day a child is in foster care (a per diem system), the Administration for Children's Services (ACS) made lump sum payments that allowed private agencies to spend funds to meet children's unique needs.

The change in the payment system was designed to allow agencies to provide services that would reduce children's stays in foster care and speed permanency for children. The demonstration emphasized common themes and used the same fiscal model, but each agency established its own program to achieve permanency in a more timely manner.

Funding

HomeRebuilders was funded with state and local dollars and with Title IV-E funds for allowable expenses. Funds were paid to each agency based on the number of children to be served over the three-year period. Agencies were paid a percentage of the three-year lump sum each year. Funding was front-loaded in the first year to encourage agencies to invest in services that would safely reunify children with their families as soon as possible.

Outcomes

Approximately 3,000 children were selected for participation in the experimental and comparison groups. Evaluation data indicated that the shift in financial incentives achieved the goal of shorter stays in foster care in some agencies, but not all. The data suggested that agencies were more likely to achieve successful outcomes if they also had clear decision-making protocols, triaging strategies, and data systems that could be used for case and program management. The evaluation indicated that flexibility provided agencies with the opportunity to develop creative approaches to service delivery. Permanency outcomes, however, were mixed. These findings reflected differences in the extent to which agencies took advantage of the opportunity to develop and provide a portfolio of services designed to maximize permanency outcomes.

Safe and Timely Adoptions and Reunification (2000–2002)^{B5}

In April 2000, ACS implemented the Safe and Timely Adoptions and Reunification (STAR) program. STAR combined programmatic and fiscal reform by shifting the focus to the relationship between the outcomes that were to be achieved by the private agencies and the financing of services provided by those agencies. STAR was not a demonstration; it brought the financial principles that formed the basis of HomeRebuilders to scale. Initially conceived as a long-term program, STAR was discontinued following the fiscal challenges the city experienced after 9/11.

The Program

STAR focused on the length of time that children remained in foster care and the number of children who enter foster care. At program inception, agencies proposed to ACS how they would take advantage of the flexible spending oppor-

continued on page 12

Program	Page	Description	Key Outcomes
Office of Children, Youth and Families, Allegheny County, Pennsylvania	2	Prevention services in the form of community-based, community-driven family support centers; mentoring of new mothers; programming for children; and substance abuse assessment and treatment services for parents	28% decline in child abuse reports More than 60% of children in foster care 63% of children in foster care Over 90% of children in foster care 33% reduction in foster care
Differential Response, California	4	Pilot project in which 11 counties work directly with families referred for abuse or neglect without bringing them into the juvenile court system	A large percentage of children in foster care Only 1% of children in foster care
Family Assessment and Stabilization Team (FAST), Washington	6	A 24/7 crisis and stabilization service designed to ensure safety, keep children and youth in crisis with their own families and/or extended family whenever possible, and locate and engage family members for youth when youth are not in family settings	Reductions in foster care 86% of children in foster care
TANF Children's Initiative, Oregon	7	Brings together TANF and child welfare to promote safe and health environments for children and reduce foster care entry for children in TANF families	Decline in the number of children in foster care High ratings
HomeRebuilders, STAR, Improved Outcomes for Children, New York City	9	Flexible funding and reinvestment strategies to decrease children's length of stay in foster care and improve permanency outcomes	HomeRebuilders STAR: Significant 230,000 total IOC: In early
Title IV-E Flexible Funding Waivers, Indiana, North Carolina, Ohio, and Oregon	13	Waivers that provided participating states with flexibility in the use of federal Title IV-E dollars to reduce the number of children in foster care, facilitate timely exits from foster care, and decrease the number of children in costly placement settings	Indiana: Increased care; shorter North Carolina Oregon: Reduced Ohio: Increased
Subsidized Guardianship Waiver, Illinois	14	Operating under a Title IV-E waiver, provides services and supports for permanency with relative caregivers through subsidized guardianship	Boost in overall Higher rates Lowest rates Very low rates
Adopt Cuyahoga's Kids, Ohio	15	A public/private partnership to find adoptive families for children in foster care and support children and youth as they transition into adoption or other permanency outcomes	Significant increase in adoptions entire three
Maine Adoption Guides	16	Developed under a Title IV-E waiver and continued with state funding, provides a range of home-based and other family services to support all members of adoptive families	Improved permanency Higher levels Services rates Significantly Significantly

INNOVATIVE PROGRAMS

Successes

Decrease in the number of children in foster care

55% of children served remain at home the entire time the agency serves them

Children who enter foster are placed with kin

80% of all siblings are placed together

Reduction in the time children spend in foster care before being safely reunited with their parents

High percentage of families voluntarily participate in family assessments (82%) and in ongoing case management services (57%)

80% of families referred to differential response subsequently entered the child welfare system

Reduction in psychiatric hospitalizations for youth

80% of children and youth referred by the child welfare agency are united or reunited with parents or relatives

Decrease in the percentage of children from TANF families entering foster care (from 27% to 24.8%)

Increased satisfaction from parents regarding benefits of services and community connections

Outcomes for children: For some children, reduced lengths of stay and improved permanency outcomes

Significant reductions in length of stay to safe permanent families (in the first year of implementation, a decrease of 30% of total foster care days)

Long-term outcomes: 100% of children in foster care; outcomes not available

Increased number of children remaining safely with their families, thereby reducing number of children entering foster care; higher reunification rates

Alabama: Reduced rates of entry into foster care

Reduced rates of entry into foster care

Increased number of children leaving foster care

Overall permanency rate for children in foster care by 6.1%

Increased rates of stability for children in relative homes

Decrease in the number of subsequent substantiated reports of abuse/neglect for children in relative homes

Decrease in the number of disruptions for children placed with relatives

Significant increase in the number of children joining adoptive families (338 children as of December 2006, twice the goal for the first 3 years of the original project)

Improved mental health of children

Increased levels of parental trust in children

Perceived as effective in meeting the range of family needs

Significantly lower physical and behavioral costs for children served

Significantly lower adoption dissolution rate (1% percent compared to state rate of 6%)

tunities that STAR would provide. There were no program restrictions on the services that agencies could provide other than they “serve child welfare purposes.”

STAR created baseline projections for each participating agency by examining that agency’s historical length-of-stay data and reentry rates, as well as characteristics of children served by the agency. If the agency’s actual performance showed fewer care days than the baseline, the agency would be eligible to keep and reinvest the money saved in other child welfare programs. Agencies at or above the baseline would receive reimbursement for the days of foster care they provided. To position agencies to expand upfront services and achieve improved outcomes, ACS issued funding advances to agencies.

Outcomes

Approximately 22,300 children were in foster care with contract agencies when STAR was implemented on April 1, 2000. In the first year, the number of days spent in foster care by these children was reduced by more than 230,000 compared to the baseline, saving the city almost \$9 million. For the approximately 7,800 STAR-eligible children admitted during the first year, agencies reduced foster care days by almost 49,000 compared with the baseline, saving more than \$2 million. Of the 41 agencies that voluntarily participated in STAR in the first year, 83 percent improved beyond their historical baselines in discharging children from foster care safely and permanently. In the second full year of STAR and the nine-month period over which the program operated in its third year, care days were likewise reduced.³⁶

Funding

STAR relied on flexible state dollars and a redirection of New York City’s local resources. Efforts to secure a federal waiver for this approach were unsuccessful because the system-wide implementation precluded random assignment, a federal requirement for waiver evaluation.

The funds that agencies earned by reducing care days below their baseline, minus any advances, were distributed to them for reinvestment in preventive, aftercare, and foster care programs. Funds for reinvestment included the city and state portion of savings and Title IV-E, if reinvestment activities met IV-E funding restrictions. Approximately \$5 million from the first year savings were budgeted for reinvestment in FY 2002. Additional funds from the first year savings were not used because the program was suspended.

Improved Outcomes for Children (IOC)³⁷

Building on the principles that shaped HomeRebuilders and STAR, ACS introduced the new Improved Outcomes for Children (IOC) initiative in March 2007. IOC continues the focus on reducing children’s length of stay in foster

care and reducing the number of children entering foster care; it further aims to reduce foster care costs, principally by reducing the use of group care.³⁸

“I am convinced that the innovations we’re making with IOC will lead to better outcomes for children and families, which is what Children’s Services is all about. I am also convinced that our private agency partners will welcome these new approaches to monitoring and supporting their work.”

John B. Mattingly, Commissioner,
Administration for Children’s Services

The Program

IOC is designed to provide private agencies with flexible spending opportunities that will help them improve outcomes for children and families. With flexible spending, agencies will be able to make upfront program investments in “bundles” of services, and move from predominantly out-of-home care services to services that include in-home and community-based services or services that improve the quality of out-of-home care. IOC’s goals are that:

- Children in foster care experience fewer moves in care;
- Children have the benefit of permanent, safe families in an expedited manner;
- The frequency of children being placed in group care, rather than in family foster care, is reduced;
- Fewer children re-enter foster care within a year of being reunified with their families; and
- Preventive agencies strengthen their work with children and families.

With IOC, ACS’s practice model will change. Teams of child welfare professionals from ACS will participate in key safety decision-making meetings at provider agencies. The teams will interact directly with children and families and will work in partnership with provider agency staff, saving time and reducing the historical duplication of efforts. By working together, public and private agency staff are expected to achieve greater accountability for decisions.

IOC also involves a major investment by ACS in upgrading the quality and intensity of agency oversight. Performance monitors will be assigned to each agency to ensure that it delivers high-quality services. Further, ACS technical assistance teams will troubleshoot specific cases and provide training and consultation to agencies regarding challenging areas of practice.

Funding

IOC will be funded with state and local dollars, with Title IV-E dollars used for allowable costs. Contract agencies will have more dependable and flexible financial resources to address the individual needs of each child while emphasizing the quality of care provided to the children in foster care. Agencies will be given flexibility to make strategic, upfront program investments to rebalance their portfolios of services, and, thus improve the stability of children's placements and expedite reunification or adoption.

Learn More

Sharman Stein, Communications Director, Administration for Children Services: sharman.stein@dfa.state.ny.us or 212-341-2972.



Title IV-E Waiver Demonstrations: Flexible Funding³⁹

Since 1996, four states—Indiana, Ohio, Oregon, and North Carolina—have fully implemented flexible funding waiver demonstrations under Title IV-E.⁴⁰ These waivers offer states flexibility in spending federal Title IV-E funds while also ensuring that the total cost to the federal government does not increase. States have been interested in seeking flexible funding waivers to invest in innovations to help them more effectively meet the outcomes of child safety, permanency, and well-being. The four states with flexible funding waivers have sought to:

- Reduce the number of children entering out-of-home placement;
- Facilitate more timely exits from placement; and
- Decrease the number of children in costly placement settings.

Each state has used a different approach to providing services and controlling expenses—and each state has experienced some important successes.

Services

Indiana focused on providing community-based services and home-based alternatives to restrictive institutional placements by allocating “flexible funding slots” to participating counties based on the size of the county's foster care population. A sum of \$9,000 was assigned to each slot to provide any type of service that would facilitate permanency, including foster care, child and family counseling, parenting and homemaker education, job-related services, and legal assistance. Counties bore the financial risk for costs exceeding the per-slot allocation.

In North Carolina, counties received Title IV-E funds from the state that they could use to provide a flexible array of services and supports to meet the needs of children and families in the child welfare system. Each county was allowed to develop its own initiative, contingent on state approval, to provide a range of new or expanded services, promote organizational changes within child welfare services, or to support court reform activities.

In Oregon, local child welfare agencies developed plans to use flexible funds to develop innovative services, such as enhanced visitation, in-home parenting education, and early childhood assessments; expand existing services, especially family decision meetings; and provide emergency one-time payments to prevent foster care placement.

In Ohio, counties experimented with a diverse array of managed care strategies to improve child welfare outcomes while controlling costs. Ohio provided participating counties with a capped amount of IV-E funds. Each county then developed its own strategy for managing expenditures within this allotment.

“These demonstration projects show that, when coupled with strong leadership and a willingness to deploy new practice tools, flexible funding can be an important catalyst toward achieving better outcomes for children and families.”

U.S. Children's Bureau, 2003⁴¹

Outcomes

Indiana's evaluation of the outcomes for children served through the waiver and children who were not served through the waiver (the control group) demonstrates significant outcomes in preventing foster care, reducing lengths of stay, and promoting reunification:

- Children served through the waiver were significantly more likely than children in the control group to remain safely with their families. Close to half of the children served through the waiver never entered foster care (45.6 percent), compared to 38 percent of children in the control group.
- Children served through the waiver remained in foster care for shorter periods of time—an average of 290 days compared to 316 days for children in the control group.
- The waiver had a significant positive effect on reunification rates. Nearly 77 percent of children in out-of-home care served through the waiver reunified either with their original caregiver or a non-custodial parent, compared to 66 percent of children in the control group.

- Children served through the waiver for whom adoption was the goal spent less time in foster care from the time of removal from their families to adoption than did children in the control group—763 days compared to 798 days.

One of the key outcomes of the waiver in North Carolina related to foster care entry. The likelihood of children's entering foster care with a substantiated report of abuse or neglect declined significantly more in waiver counties than in comparison counties or in other counties not participating in the waiver demonstration.

Oregon also saw a reduction in foster care entry. Children with access to services supported by flexible funds were over three times more likely to remain home as children in comparison sites.

Ohio saw a statistically significant increase in exits of children in foster care in waiver counties to the custody of relatives.

Funding

Title IV-E waivers have a requirement of cost neutrality: a federal requirement that states cannot receive any more reimbursement of Title IV-E funds than they would have received in the absence of a waiver. As a result, the level of federal Title IV-E support for these flexible funding waivers remained the same and the required state match also continued. The significant change that occurred was the ability to use Title IV-E dollars for a wider range of services and supports, and flexibility in how those services were purchased. The results indicate that states were able to achieve better outcomes with this approach, and that broader-based flexibility will help states go even further to achieve results.

Learn More

Profiles of the Child Welfare Demonstration Projects:
http://www.acf.hhs.gov/programs/cb/programs_fund/cwwaiver/2007/profiles_demo2007.pdf

In 1996, Illinois received its first Title IV-E demonstration waiver to offer subsidized guardianship to children in foster care for whom reunification and adoption were not options. Following a highly successful implementation of the project, which allowed the state to flexibly use Title IV-E funds to achieve permanency for children through guardianship, the Illinois guardianship waiver was extended in 2004 for five more years.

The Program

The Illinois subsidized guardianship waiver offers relative caregivers and non-relative foster parents the option of assuming legal guardianship of the children in their care. Under the waiver, the state provides monthly subsidy payments equal to the state's adoption assistance payments. Illinois also offers a range of services for children and their guardians that include pre-guardianship services (home studies, preliminary screenings, and counseling on guardianship), payment of one-time court costs and legal fees, periodic case-work assistance, therapeutic day care, work-related day care for children under three, emergency stabilization, and special services (such as physical therapy) upon approval.

Outcomes

In the first five-year waiver period, the evaluation showed positive outcomes for children served through the demonstration waiver:

- 77.9 percent of the children served through the waiver achieved permanency through reunification, adoption, or guardianship. When children in the waiver group were compared to children in the control group, the waiver was found to boost the combined permanency rate by 6.1 percent. Virtually all of the difference in legal permanence was accounted for by subsidized guardianship—which contributed 16.7 percentage points to the combined permanency rate in the waiver group.
- Children discharged from foster care to legal guardians and adoptive parents had higher rates of stability with their new families than children in foster care.
- Children placed with guardians were found to have the lowest rates of subsequent substantiated reports of abuse or neglect: 3 percent for children discharged to guardians compared to 3.9 for adopted children, 7.7 percent for children who aged out of foster care, and 8.8 percent for children who were reunified with birth parents.
- In only 3.5 percent of the cases in which children were placed with legal guardians did the placement disrupt: for 1 percent of the children, the guardian died or became incapacitated and for 2.2 percent, the caregiver requested or was relieved of legal responsibility for the child.

“The evidence establishes subsidized guardianship as a cost-effective arrangement that supports achievement of permanency, safety, and child well being.”

Leslie Cohen and Dr. Mark Testa, Children and Family Research Center, University of Illinois, Urbana-Champaign⁴³

Funding

As under all Title IV-E waivers, federal law requires that the total federal Title IV-E dollars used to support the waiver program not exceed the total Title IV-E funds that the state would have spent in the absence of the waiver program. Illinois’ analyses of the first five years demonstrated cost neutrality and surpluses in Title IV-E foster care maintenance and administrative costs. With regard to foster care maintenance claims, the waiver showed a surplus of \$113.5 million; on the administrative side, it showed a surplus of approximately \$54.4 million.⁴⁴ By moving children out of foster care and into guardianship homes, the state was able to save on costly foster care arrangements, while also helping children find permanent families.

Learn More

Mark Testa, Leslie Cohen, and Grace Smith. *Illinois Subsidized Guardianship Waiver Demonstration. Final Report* (2003): <http://cfrwww.social.uiuc.edu/pubs/Pdf.files/sgfinalreport.pdf>



Adopt Cuyahoga’s Kids, Ohio⁴⁵

Beginning in 2000, the Cuyahoga County Department of Children and Family Services met with philanthropic leaders to alert them to the growing number of children in foster care for whom adoptive families had not been found. The Cleveland United Way and the Cleveland Foundation formed the Community Vision Council with non-profit, business, government leaders, and others to plan for improved permanency outcomes for these children.

In the summer of 2003, 656 children in the permanent custody of Cuyahoga County had no identified adoptive family. Most were age 10 or older, and many were African American. More than half had been in the permanent custody of the county for more than four years. With the support of the Community Vision Council, the Adopt Cuyahoga’s Kids Initiative was created in January 2004 as a three-year project to find permanent families for older children and youth in foster care.

Adoption Network Cleveland: Principles Guiding Adoptive Family Recruitment

- Every child deserves a safe, nurturing, and permanent family.
- The permanency needs of Ohio’s children are best met through effective recruitment, assessment, selection, and support of adoptive parents.
- No person should be excluded from adopting or fostering a child solely because of race, color, creed, age, marital status, gender, or sexual orientation.
- Barriers to adoption must be removed through legislative advocacy, systemic change, and strategic program development.

The Program

Adopt Cuyahoga’s Kids is a public/private partnership among the Cuyahoga County Department of Children and Family Services and 15 private agencies, overseen and coordinated by Adoption Network Cleveland. Through regular face-to-face meetings between public and private agency staff, strong working relationships have been developed that support the positive outcomes achieved by Adopt Cuyahoga’s Kids.

At the heart of the initiative is child-centered recruitment, in which staff meets frequently with youth, delve into children’s histories to uncover potential permanent family resources, and explore all permanency possibilities. The youth-centered approach incorporates family team meetings with the youth, foster family, and birth family; outreach to potential permanency connections for the youth; strengths-based assessments of the youth; and ongoing discussions to assist youth in expressing and processing their feelings about permanence. For older teens who are returning to their birth families, the initiative focuses on finding connections that can support their transition from foster care. Older teens are paired with permanency champions, responsible adults who actively mentor and support the teens’ transition into adoption, adulthood, or life with their birth families.

The initiative also provides intensive support for prospective adoptive parents through adoption navigators who guide families through the adoption process. All prospective adoptive parents are assigned to a navigator who addresses their concerns from the time of the first inquiry through adoption finalization and beyond. Navigators support families through the home study and training process, help them proactively seek matches with children, host monthly support groups for families to keep them engaged in the adoption process, and provide information and support post-placement and post-finalization.

Outcomes

As of December 2006, 338 children and youth had joined adoptive families—more than twice the goal of 165 for the entire three years of the original project.

“At the beginning of the initiative, everyone told us it was impossible to find adoptive families for teens. The number one predictor of permanency for youth is the attitude of the worker doing the recruitment. By changing those negative beliefs, we’ve changed the whole world for hundreds of kids.”

Tami Lorkovich, Associate Director,
Adopt Cuyahoga’s Kids

Funding

The funding for Adopt Cuyahoga’s Kids is a mix of private, local, and state dollars. The Community Vision Council provided \$300,000 for operational support for each of the initial three years. The Cuyahoga County Commissioners agreed to fund \$3.7 million of the cost over three years, and the state of Ohio dedicated another \$3.9 million to general adoption services, a portion of which supported the partnering agencies. Although the Vision Council no longer funds Adopt Cuyahoga’s Kids, the County Commissioners and local foundations have continued their support. The program has been extended beyond the initial three years.

Learn More

Tami Lorkovitch, Associate Director, Adopt Cuyahoga’s Kids: tami.lorkovitch@adoptionnewtork.org or 216-325-1000



Maine Adoption Guides⁴⁶

The Maine Adoption Guides program, initially developed under a Title IV-E demonstration waiver that ended in December 2004, addresses the needs of adoptive families by pairing them with guides—master’s level social workers who specialize in adoption issues. The program is based on a belief that families need access to formal clinical services as well as less formal educational and consultation services. Services are designed to meet the holistic needs of the entire family, not just the needs of the adopted child or children. Integrated case plans address the needs that families themselves identify.

The Maine Adoption Guides model is family-centered and designed to support family functioning over the long-term to ensure stability in the adoptive family. Interventions

include home-based family services and supports, therapeutic services for the entire family, parent and youth support groups, and advocacy with schools and other service providers. The model recognizes that families are principally responsible for meeting the needs of their adopted children, but provides limited financial help when unusual circumstances require additional supports.

“One-stop shopping—[the Maine Adoption Guides offers] a multitude of clinical, therapeutic services. I think a lot of our families feel scattered, they go in so many directions, everyone [in the family] has a different therapist and so many different needs. . . . Working with us, they can consolidate the number of providers they see . . . they don’t have to start from the beginning and they certainly don’t have to educate us about the dynamics of adoption and we already know their history.”

Maine Adoption Guides social worker

Outcomes

Results from the demonstration waiver (which, as required by federal law, involved random assignment of families to the program or to a control group) showed the effectiveness of Maine Adoption Guides:

- Children served through the program scored better on measures of mental health;
- Parents reported higher levels of trust in their children;
- Services appeared to meet different kinds of families’ needs; and
- Children served through the program had significantly lower physical and behavioral health costs.

The Maine Adoption Guides program demonstrated that families need and want therapeutic support, education, and other services based on their children’s needs and in ways that support the entire family. Flexible, available services based on family’s needs were found to result in better outcomes for children and families, including a substantially lower rate of adoption dissolutions (1 percent compared to the state’s official dissolution estimate of 6 percent).

Funding

The flexible funding provided through the demonstration waiver made it possible to serve families holistically, as opposed to identifying and serving a single family member with identified “problems.” The program’s provision of an integrated case plan and services eliminated the need for multiple case managers that families often experienced, particu-

larly when they adopted more than one child with special needs. The state met the federal requirements for cost neutrality for the demonstration waiver, that is, the total federal Title IV-E dollars used to support the program did not exceed the total Title IV-E funds that the state would have spent in the absence of the program. Fiscal analyses revealed savings under both Title IV-E and Medicaid.

At the conclusion of the waiver, a total of 449 children in a total of 273 families had been served. With the conclusion of the waiver program, Maine Adoption Guides is now provided through Casey Family Services and is limited to 150 families in the state.

Learn More

State of Maine IV-E Child Welfare Demonstration: Maine Adoption Guides Project. http://muskie.usm.maine.edu/Publications/ipsi/maine_adopt_guide_03.pdf

Maine Adoption Guide Special Summary. <http://www.cwti.org/Publications/MAG%20Annual.pdf>

SUPPORTING INNOVATION AND REPLICATION: FEDERAL FINANCING REFORM

Programs like those described in this report demonstrate that when public child welfare dollars are used flexibly and intentionally, children can be safely kept with their families, can be reunified more quickly when they must enter foster care, and can find new, supported families through adoption and guardianship when necessary. These programs' successes demonstrate why federal financing reform is so urgently needed if child welfare systems are to meet the very goals for children and families that the federal government has established. Funding flexibility is one necessary ingredient to achieving safety, well-being, and permanency for all children who come into contact with child welfare systems.

Not all communities have the ability to implement the types of programs described in this report with their own state and local dollars. Some of the programs described in this report were possible only as a result of federal waivers that allowed states to flexibly use federal dollars; others were possible as a result of partnering opportunities with other systems or the philanthropic community; and others were possible because of special state and local funding opportunities (opportunities that are often not available elsewhere). Even those communities that have been able to implement these programs have reached the limit of their ability to achieve better outcomes with the state and local

resources available: federal support is essential as they work to expand and sustain their efforts.

To ensure that children, youth, and families throughout the country have the benefits of the types of programs described in this report, two critical reforms are needed in federal child welfare financing:

1. Flexible use of federal dollars

Currently, the vast majority of federal child welfare dollars, available under Title IV-E, may only be used after a child enters foster care. The federal financing structure needs to give states increased flexibility in how they use federal dollars (whether by increasing the pool of flexible dollars through Title IV-B or making Title IV-E funds more flexible, or both). With greater flexibility in federal child welfare dollars, states can achieve significantly improved outcomes for children, youth, and families—as the programs described in this report clearly illustrate.

More flexible federal child welfare funding would:

- **Help communities broadly implement programs focused on keeping families together.** As the profiles of California, Washington State, Allegheny County, Oregon, and the Title IV-E waiver states demonstrate, investing in families works. With a deeper investment in prevention programs, similar outcomes could be achieved in other states, localities, and tribes with flexible federal child welfare funding.
- **Ensure the replication of programs that reduce the time that children spend in foster care and more quickly achieve permanency for more children.** By investing in a variety of community-based services, Allegheny County, Indiana, Ohio, and New York City also saw reductions in the time children spent in foster care before they returned home or achieved permanence through adoption or guardianship.
- **Improve states' ability to support families for children and youth who cannot return home.** Currently Title IV-E cannot be used for guardianship support, even though the Illinois waiver showed how successful such a program can be at moving children out of care into safe, stable, loving families. Programs that provide intensive post-adoption services are also not funded through IV-E, so that successful models like Maine Adoption Guide cannot be implemented widely.
- **Enhance states' and localities' current efforts and provide the foundation for the development of these programs in other communities that have not had the resources or opportunities to develop similar efforts.** Flexible federal dollars would provide additional resources for programs like the public/private partnership, Adopt Cuyahoga's Kids, with its already proven

record of successfully placing children with adoptive families. Flexible federal dollars would likewise provide additional resources for prevention and early intervention programs like those being implemented in California, Allegheny County, Washington State, and Oregon. With flexible federal dollars, communities that have not yet developed such programs would have a critically needed funding base to implement programs like those described in this report.

- **Allow states to continue to develop and test approaches to serving children and families programs as was possible through the Title IV-E demonstration waiver program.** The authority for the waiver program expired on March 31, 2006, so states can no longer test creative approaches using IV-E funding. One way to encourage innovation is to reinstate the Title IV-E waiver program, which would make it possible for states to test new practices and disseminate successful results.

“My sister and I would not have had to stay in foster care for two years if the state had helped my mother during her illness and provided her with support services like housing for our family.”

Michelle Crowley, former foster youth, Tennessee

2. Reinvestment of savings from safe reductions in the foster care population into services and supports for children and families

Under the current federal child welfare financing structure, when states reduce their foster care caseloads, they “lose” the federal share of savings associated with that reduction. This loss limits their ability to invest in services needed to keep children out of foster care or to provide supportive services after a child leaves foster care. Allowing states to keep the federal share of savings that is currently lost from safe reductions in foster care would provide much needed resources for upfront services to prevent foster care entry, efforts to reunify foster children with their families, and support for children who leave foster care. Providing support to families raising children who have been touched by the child welfare system—whether those families are birth, adopted, or guardianship—ensures that these permanent placements are truly forever.

New York City documented the benefits of reinvestment. Its STAR program safely reduced children’s stays in foster care and ensured that children left care to permanent families through a combination of flexibility and reinvestment strategies. Agencies that safely reduced care days were able to reinvest the saved dollars in preventive, aftercare, and foster care programs—and thus continue to achieve positive outcomes for children and youth.

Allowing states the opportunity to reinvest savings from safe reductions in the number of children in foster care would provide states with critically needed resources to achieve positive results like the programs described in this report. Reinvestment would provide states with funding to support the types of prevention programs being implemented in California, Allegheny County and Oregon; the intensive services provided through Washington State’s FAST; and the reunification, adoption, and guardianship services being provided by Allegheny County, Illinois, Cuyahoga County, Ohio, and Maine.

CONCLUSION

No one wants foster care to tear apart families that could be healed, break a child’s connections to siblings, or leave children feeling hopeless or more victimized by the system than the neglect or abuse that brought them into the system in the first place. Unfortunately, the current system too often does just that. It is time for reform that enhances states’ and localities’ ability to do better for children and families.

This report illustrates the successes that states and localities are achieving through the flexible use of state and local dollars. Through these programs, states and counties are safely keeping children and families together, quickly reuniting children in foster care with their families, and moving children to permanency with adoptive and guardianship families.

These types of proven programs need to be sustained and taken to scale nationally—which can happen only with significant changes in the federal child welfare financing structure. Flexibility and reinvestment are the keystones to federal child welfare financing reform that will help states meet the outcomes of safety, well-being, and permanency. These outcomes are being realized for children in the pioneering states and localities described here. Financing reform will help ensure these outcomes become realities for all children in foster care in this country.

NOTES

- 1 U.S. Department of Health and Human Services. (2007). *The AFCARS Report: Preliminary FY 2005 Estimates as of September 2006*.
- 2 Allegheny County Department of Human Services. (2007). Allegheny County Department of Human Services, Office of Children, Youth and Families. Overview of Key CYF Philosophies, Practices, and Procedures. Available on-line at: http://www.county.allegheny.pa.us/uploadedFiles/DHS/About_DHS/Publications/Resource_Guides/CYFOverview.pdf (accessed August 8, 2007); Allegheny County Department of Human Services. (2007). On-line at: <http://www.county.allegheny.pa.us/dhs/childperm.aspx> (accessed July 5, 2007); National Family Preservation Network. (2006). An effective child welfare system. *National Family Preservation Network News*.
- 3 Allegheny County: Children, Youth and Families and Juvenile Justice. Needs Based Implementation Plan 2006-2007; Needs Based Plan and Budget 2007-2008. Available on-line at: <http://www.alleghenycounty.us/uploadedFiles/DHS/about/2008-2009NBPB.pdf> (accessed August 21, 2007).
- 4 Allegheny County: Children, Youth and Families and Juvenile Justice. Needs Based Implementation Plan 2006-2007; Needs Based Plan and Budget 2007-2008. Available on-line at: <http://www.county.allegheny.pa.us/uploadedFiles/DHS/about/2007-08NBPB.pdf> (accessed July 5, 2007).
- 5 Allegheny County Department of Human Services. (2007). Allegheny County Department of Human Services, Office of Children, Youth and Families. Overview of Key CYF Philosophies, Practices, and Procedures. Available on-line at: http://www.county.allegheny.pa.us/uploadedFiles/DHS/About_DHS/Publications/Resource_Guides/CYFOverview.pdf (accessed August 8, 2007).
- 6 Allegheny County Department of Human Services. A profile of the Office of Children, Youth and Families. Available on-line at: http://www.county.allegheny.pa.us/uploadedFiles/DHS/About_DHS/Publications/Office_Profiles/CYFProfile.pdf (accessed July 5, 2007).
- 7 National Family Preservation Network. (2006). An effective child welfare system. *National Family Preservation Network News*.
- 8 U.S. Department of Health and Human Services. (2002). Op cit.
- 9 Allegheny County: Children, Youth and Families and Juvenile Justice. Needs Based Implementation Plan 2006-2007; Needs Based Plan and Budget 2007-2008. Available on-line at: <http://www.county.allegheny.pa.us/uploadedFiles/DHS/about/2007-08NBPB.pdf> (accessed July 5, 2007).
- 10 Ibid.
- 11 Allegheny County Department of Human Services. A profile of the Office of Children, Youth and Families. Available on-line at: http://www.county.allegheny.pa.us/uploadedFiles/DHS/About_DHS/Publications/Office_Profiles/CYFProfile.pdf (accessed July 5, 2007).
- 12 Personal communication, Marc Cherna, Director, Allegheny County Department of Human Services, August 3, 2007.
- 13 Ibid.
- 14 Ibid.
- 15 Annie E. Casey Foundation. (2007). *Kids Count 2007*. Essay. Baltimore, MD: Author.
- 16 Allegheny County: Children, Youth and Families and Juvenile Justice. Needs Based Implementation Plan 2006–2007; Needs Based Plan and Budget 2007–2008. Available on-line at: <http://www.county.allegheny.pa.us/uploadedFiles/DHS/about/2007-08NBPB.pdf> (accessed July 5, 2007). The total budget for dependent children for FY 2007/2008 totals \$182.2 million. The total is allocated as follows: in-home and intake: \$104,883,965; community based placement: \$66,949,723; and institutional placement: \$11,380,016.
- 17 Ibid.
- 18 Schene, P. & Oppenheim, S. (2005). *Choosing the Path Less Traveled: Strengthening California Families Through Differential Response*. Sacramento, CA: Foundation Consortium for California's Children and Youth.
- 19 The counties are Contra Costa, Glenna, Humboldt, Los Angeles, Placer, Sacramento, San Luis Obispo, San Mateo, Stanislaus, Tehama, and Trinity.
- 20 Schene, P. & Oppenheim, S. (2005). *Choosing the Path Less Traveled: Strengthening California Families Through Differential Response*. Sacramento, CA: Foundation Consortium for California's Children and Youth.
- 21 American Humane Association and Child Welfare League of America. *National Study on Differential Response in Child Welfare: California*. Englewood, CO: American Humane Association.
- 22 The Results Group. (2007). *Preliminary highlights from the evaluation of child welfare pilot projects in 11 counties*. Santa Rosa, CA: The Results Group.
- 23 Ibid.
- 24 FAST: Family Assessment and Stabilization Team (CSS 2-28-04). Available on-line at: <http://www.ccsww.org/preservation/articles/article7.pdf> (accessed July 11, 2007); Catholic Community Services of Western Washington. Available on-line at: <http://www.ccsww.org/preservation/fppierce.php> (accessed July 11, 2007). Louisell, M. J. (2004). *Model programs for youth permanency*. Available on-line at: <http://www.cpy.org/Files/ModelPrograms.pdf> (accessed July 11, 2007); Personal communication, Christine Robinson, Clinical Director, Children's Administration Practice Model, August 1, 2007; Personal communication, Mary Stone Smith, Vice President, Catholic Community Services of Western Washington, August 17, 2007.
- 25 Louisell, M. J. (2004). *Model programs for youth permanency*. Available on-line at: <http://www.cpy.org/Files/ModelPrograms.pdf> (accessed July 11, 2007).
- 26 Ramona Foley, Oregon: *Meeting the Employment and Parenting Needs of Low-Income Families*, PowerPoint Draft Notes, March 27, 2007.
- 27 Personal communication, Ramona Foley, MSW, Assistant Director, Children, Adults and Families Division, Oregon Department of Human Services, August 9, 2007; Ramona Foley, *Meeting the Employment and Parenting Needs of Low-Income Families*, presented March 27, 2007, at Charting A Course: A Child and Family Policy Web Conference sponsored by Chapin Hall Center for Children and the National Conference of State Legislatures, available at <http://www.about.chapinhall.org/conferences/charting/Mar2007/Mar2007Presentations.pdf>

- 28 Personal communication, Ramona Foley, MSW, Assistant Director, Children, Adults and Families Division, Oregon Department of Human Services, August 9, 2007; Ramona Foley, Oregon: *Meeting the Employment and Parenting Needs of Low-Income Families*, PowerPoint Draft Notes, March 27, 2007.
- 29 Oregon Department of Human Services, *Family Support & Connections Brochure*, undated.
- 30 National Resource Center for Community-Based Child Abuse Prevention (CBCAP), *Oregon FY06; Funding 05*, available at <http://www.friendsnrc.org/download/fy06reports/fy06oregon.pdf>; Oregon Department of Human Services, *Family Support and Connections Program Summary*, August 14, 2007; Personal communication, Ramona Foley, MSW, Assistant Director, Children, Adults and Families Division, Oregon Department of Human Services, August 9, 2007; Ramona Foley, Oregon: *Meeting the Employment and Parenting Needs of Low-Income Families*, PowerPoint Draft Notes, March 27, 2007; Ramona Foley, *Meeting the Employment and Parenting Needs of Low-Income Families*, presented March 27, 2007, at Charting A Course: A Child and Family Policy Web Conference sponsored by Chapin Hall Center for Children and the National Conference of State Legislatures, available at <http://www.about.chapinhall.org/conferences/charting/Mar2007/Mar2007Presentations.pdf>
- 31 Oregon Department of Human Services, *Family Support and Connections Program Summary*, August 14, 2007.
- 32 FRIENDS National Resource Center for Community-Based Child Abuse Prevention (CBCAP), *Oregon FY06; Funding 05*, available at <http://www.friendsnrc.org/download/fy06reports/fy06oregon.pdf>; Oregon Department of Human Services, *Family Support and Connections Program Summary*, August 14, 2007.
- 33 Ibid.
- 34 Westat, Inc. and Chapin Hall Center for Children. (1998). *Evaluation of the New York City HomeRebuilders Demonstration. Final Report*. Available on-line: <http://aspe.hhs.gov/HSP/NYC-HomeRebuilders99/index.htm#toc> (accessed August 1, 2007).
- 35 Child Welfare League of America. (2002). *Research Roundup: Family Reunification*. Available on-line at: <http://www.cwla.org/programs/r2p/rnews0203.pdf> (accessed July 11, 2007).
- 36 Personal communication, Britany Orlebeke, Chapin Hall Center for Children, August 10, 2007.
- 37 Administration for Children's Services. (2007). *Improved Outcomes for Children: The Second Phase of ACS' Action Plan for Child Safety*. Available at: http://www.nyc.gov/html/acs/html/pr_archives/pr07_03_22.shtml (accessed August 1, 2007).
- 38 The first phase of IOC, began in July 2007, will involve private agencies serving approximately 25 percent of the foster and 10 percent of the preventive population. Other child welfare service providers will continue to be overseen in the current manner, until entire system is converted to IOC by July 2008. Administration for Children's Services. (2007). *Improved Outcomes for Children: The Second Phase of ACS' Action Plan for Child Safety*. Available at: http://www.nyc.gov/html/acs/html/pr_archives/pr07_03_22.shtml (accessed August 1, 2007).
- 39 U.S. Department of Health and Human Services. (2007). *Child Welfare Demonstration Projects: Executive Summary*. Available on-line at: http://www.acf.hhs.gov/programs/cb/programs_fund/cwwaiver/flexfund/execsum.htm (accessed July 12, 2007); James Bell Associates. (2007). *Profiles of the Child Welfare Demonstration Projects*. Available on-line at: http://www.acf.hhs.gov/programs/cb/programs_fund/cwwaiver/2007/profiles_demo2007.pdf (accessed July 12, 2007).
- 40 Florida and California were approved for flexible funding demonstration waivers on March 31, 2006. James Bell Associates. (2007). *Profiles of the Child Welfare Demonstration Projects*. Available on-line at: http://www.acf.hhs.gov/programs/cb/programs_fund/cwwaiver/2007/profiles_demo2007.pdf (accessed July 12, 2007).
- 41 U.S. Children's Bureau. (2003). *Children's Bureau Express, "Flexible Funding Demonstration Projects Show Promise."* Available on-line at: http://www.cbexpress.acf.hhs.gov/printer_friendly.cfm?issue_id=2003-09&prt_iss=1 (accessed July 12, 2007).
- 42 James Bell Associates. (2007). *Profiles of the Child Welfare Demonstration Projects*. Available on-line at: http://www.acf.hhs.gov/programs/cb/programs_fund/cwwaiver/2007/profiles_demo2007.pdf (accessed July 12, 2007).
- 43 Children and Family Research Center. (2006). *Subsidized guardianship and permanency*. Available on-line at: <http://cfcwww.social.uiuc.edu/briefpdfs/SGBrief.pdf> (accessed July 13, 2007).
- 44 Ibid.
- 45 Riggs, D. (2006). *Adopt Cuyahoga's Kids Covers All Bases. Adoptalk*, Summer, 8-9.
- 46 Lahti, M. (2005). *Maine Adoption Guides: Making the Case for Family-Driven Post Adoption Services. Adoptalk*, Winter, 6-7; Lahti, M. (2006). *Maine Adoption Guides: A study of postlegalization adoption services*. In Dore, M. (Ed.), *The postadoption experience: Adoptive families' service needs and service outcomes* (pp. 111-132). Washington, DC: CWLA Press.



North American Council on Adoptable Children

970 Raymond Avenue, Suite 106

St. Paul, MN 55114-1149

651.644.3036 • www.nacac.org • info@nacac.org

Visit our blog at reformfostercare.blogspot.com.

