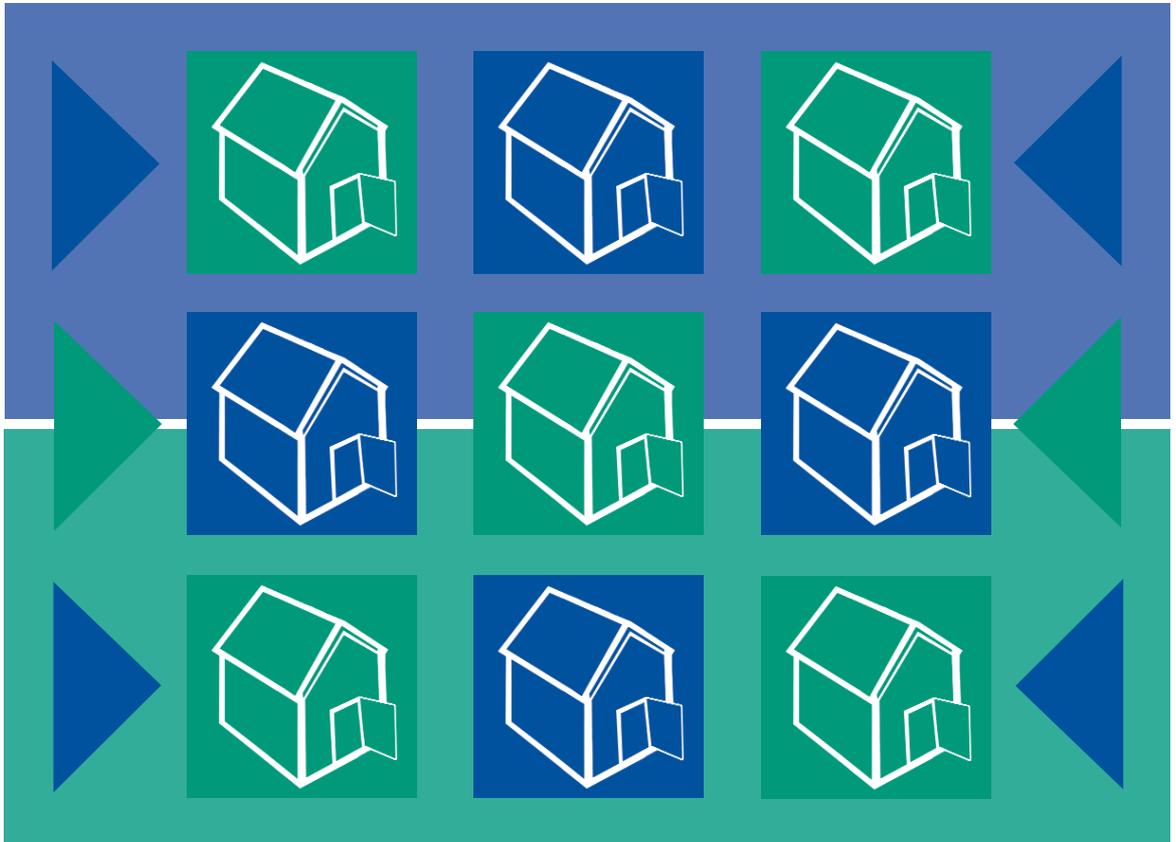


# MODEL PROGRAMS FOR



# YOUTH PERMANENCY

**Mardith J. Louisell**

*CPYP*

California Permanency for Youth Project

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## DEFINITION of PERMANENCE

The definition of permanency for older children and youth includes the emotional, physical/and legal elements that are important to older children and youth. These elements include:

- At least one adult
- A safe, stable and secure parenting relationship
  - Love
  - Unconditional commitment
  - Lifelong support
- Involvement of the youth as a participant, perhaps a leader, in the process
  - Unless the child is not free, a legal arrangement where possible
- The opportunity to maintain contacts with important persons including siblings.

## INTRODUCTION

The California Permanency for Youth Project has collected information on nine model programs of youth permanence. Putting the information in one place not only gives others a “how to” on starting a program, but seeing the programs together shows that youth permanence as a philosophy and practice has matured. One can pick out common elements of best practices, policy development and techniques for changing agency culture. It’s not a mystery how to achieve permanency for youth – it’s laid out in these nine programs.

We asked the programs to answer a series of questions. Telling us how the program worked was only the first question. What intrigued us more was how the program began. Who did the heavy lifting to put youth permanence in place at the agency? Why them? Could anybody have done it? (Probably not, as you’ll see). We didn’t want a glowing report of successes; we wanted to know the difficulties and what, if any, were the solutions. Which intractable problems remain? In short, we wanted to know all the potholes that could stall someone who wanted to start a program.

We think we located nearly all the programs in the country that currently concentrate on finding permanency for youth. (Programs from the past were not included.) No doubt, we missed a few and, as we learn about them, we will add them to this document on the CPYP website ([www.cpyy.org](http://www.cpyy.org)). All the programs except three concentrate on youth over the age of eleven. Two of those cases, IFR, Indianapolis, and Catholic Community Services of Western Washington,,work primarily with teenagers. The third, Family Focus Adoption Services, Little Neck, New York, has a philosophy that fits with the practice of involving teenagers in the process of their own permanence, a key issue.

Several programs had similar stories to tell. The precipitant for developing a program tended to be budgetary – costs for group homes and residential treatment had escalated exponentially. (This was interesting because, when an agency considers implementing youth permanence, one barrier almost always mentioned is budget constraints.) Often the escalation of costs dovetailed with an agency staffperson hearing a crusader for youth permanence. R. G. (Bob) Lewis was mentioned often – he seemed to be traveling like Johnny Appleseed, planting the seeds of permanence across the country.

Difficulties also tended to be similar: no face sheets available for youth connections and contact information – potential resources were buried in the file or absent; strong biases against a youth’s biological family, e.g., a belief that once the social worker and supervisor had dismissed a family as a permanent resource, the family could never be suitable. Social workers worried that searching for a permanent home for a teenager would retraumatize the youth and shied away from raising the issue. Sometimes congregate care facilities insist that a youth completely heal before he or she leaves – our model programs thought this was unrealistic and unnecessary. Finally, even when a program was in place, administrative pressures, changes in social workers, and the plethora of new initiatives meant that balls were dropped at critical junctures, for instance, between finding an aunt who wanted to be a permanent connection and completing her home study.

**These model programs believed that the following strategies contributed to success.**

**Involve youth and former foster youth** to a greater degree than you have ever imagined and realize it will be hard to remember to do that. Put current and former foster youth on your advisory board, use them as speakers for the cause, hire them as trainers.

**Hire great staff.** Don’t waste money and training time on those who aren’t convinced.

**Hire staff who understand the target system.** If you are an organization trying to effect change in a different type of organization, for example, a university working with a county or state, hire people who have worked in the system so you don’t ruffle feathers unnecessarily.

**Spend time on accountability:** Hold staff, supervisors, contracted vendors, and related systems accountable in writing, performance expectations and contracts.

**Use your resources well.** You can do great things with small amounts of money provided you spend your time with youth and potential permanency resources, not on paperwork and mining files

**Keep track of data.** Always. From the beginning. With good data, funding can happen. No data, no credibility, no funding. Broadcast your data successes to everyone.

**Start small.** Don’t overplan for every potential problem. Try one case. Assign one quarter time worker. Pick a limited number of target youth – five is not too small. (When you implement broadly, you must convince everyone and that takes too long.) Success is the best motivator.

**Build connections** with everyone and use them! Have enough connections that you can choose a location for a pilot program and know that it will succeed.

**Do public relations all the time,** e.g., if you are a private agency, celebrate your joint successes with the public agency *publicly*. Give credit to everyone.

**Implement system-wide:** It’s never enough to just train staff. You must develop policy, provide administrative leadership, write requirements in job specifications and vendor contracts. Then follow up. Over time, address policy, practice, training, partnerships and integration with other initiatives.

Beg, borrow and steal from this work, and if you need more information, call the contact person listed at the beginning of the summary. Next time we will list your program!

We thank the staff in the model programs for giving generously of their time and hope that these histories inspire new programs. The information in these summaries shows it is possible to find permanence for youth.

**Mardith J. Louisell, MSW, MA,  
Consultant, California Permanency for Youth Project**

# Adolescent Connections Pilot Project Uplift, A Colorado State/County Program

## Person Responsible for Implementation:

Cheryl Jacobson  
Colorado Recruitment and Retention Specialist for Adoption and Foster Care  
303-866-4306 and cheryl.jacobson@state.co.us

## Brief Description:

Project UPLIFT connected adolescent youth with previously involved adults in order to reestablish supportive and in some cases permanent relationships. Five Adolescent Connection Workers, all of whom had child welfare education, training and experience, were hired at quarter time (or, in one case, half time) on an eight month contract to talk to the youth about who had been important in their lives and follow up with these potential resources to make the connections.

## Numerical Goal and Success to Date:

**Time Period:** 9 months

**Target Youth:** A total of 56 youth were assigned to the project, including 1 Asian/Pacific Islander, 8 African American, 35 Caucasian, 9 Hispanic, and 3 Native American youth. Many of the youth had multiple barriers including diagnosed attachment disorders, criminal charges, felony convictions, and developmental and mental health barriers.

**Connection Results:** 122 connections were made for project youth; 47 had at least one connection; 8 had none (of these, 2 did not wish any.)

### High Level Connection Results:

2 youth reunified with family;

2 youth have an adoption in progress;

7 youth have families who intend to adopt and have signed contract;

3 youth have families who intend to adopt with no contract.

The youths who made high level connections were ages 10- 15; eleven were Caucasian and three, Hispanic; eight were male and six, female. One youth had two failed adoptions and another had one failed adoption.

**Hours Spent:** For one 15 year old male Hispanic who is being adopted by a foster mother, 32.5 hours were logged. For another 6 adolescents, the mean hours were 12.71. For another 15 year old Caucasian male who is being reunified with his mother, 29.5 hours were logged. For another 6 connections, the mean hours logged were 41.

**Contracted Social Worker Results:** One worker had 146% higher average success level than the averages of the three other workers. After the caseload was examined, it was found that this was not an easy caseload but one of the most difficult. This worker spent more time dealing directly with the youth, finding contacts for the youth and reconnecting those contacts with the youth

### Level of Care of Youth at time of pilot project intake:

4 youth in RTC at \$3,900 per month;

4 youth in foster home or group home at \$1423 per month;

6 youth in county foster home at \$1,022 per month.

**Projected savings:** for 4 youth placed permanently, two of whom require adoption subsidies: \$507,600.

**Projected savings** for all 14 youth achieving high level connections, assuming that those individuals who stated a willingness to adopt will do so and a successful placement will be made: \$1,776,000

## Duration of Project:

October, 2002 - June, 2003

**Genesis:**

As a former administrative and foster care reviewer, Jacobson saw youth with no relationships and no connections. In 1997, she had the opportunity to participate in state training by a youth permanence consultant, R.G. Lewis. His presentation challenged her thinking and she kept his ideas in mind over the next several years. When she heard the youth and social worker talk about people who had been involved with them in the past, she believed it was possible to reconnect youth with these persons. When there was a small pocket of money left from an Adoption Opportunities Grant, Jacobson decided to use it for youth permanence.

**Staff on project:**

One .5 time project coordinator; three .25 time social workers.

**Structure:**

**Program:** Multiple changes of individual caseworkers had led to lack of continuity and stability for many youth and a corresponding lack of trust in the social services agency. Because of this, the program manager hired contract workers who had worked in the county system previously. It was important that they know system, but weren't looking for full time jobs currently. Jacobson found it easy to find people who met these requirements.

Jacobson had strong relationships with the counties in Colorado and used her relationship authority to influence the project's success, choosing counties where she had relationships with the program administrators. The project was structured so that Jacobson, a state employee, hired the 4 quarter time contracted social workers. She established clear role boundaries insofar as the contracted workers did not take over the cases. However, they were housed in the county departments and worked alongside the caseworkers. The caseworkers were told that this project would not increase their workload and the contracted were instructed to keep the caseworker informed in whatever way the caseworker wanted.

First the contracted worker reviewed the case file and discussed it with the current caseworker and former caseworkers. In almost every instance, there was at least one and often multiple persons who had broken or discontinued connections who wished to be reconnected with the youth. The youth was able to identify the people available, although not necessarily where they were. The project manager trained the contracted workers in how to make cold calls to the potential connection, instructing them not to use the word family or obligation or placement or commitment. The contracted workers didn't introduce themselves as state workers; instead they said they were working on a contract to help find some relationships for youth.

Jacobson sought tenacity in the contract workers, someone who would go to staff meetings with teachers, for example, and ask if anyone remembered a child who said that no one had loved her since kindergarten. The older the case, the harder it was to find people, but in fact, the contracted worker found that teacher and reestablished the connection.

Once the project achieved just one case that ended in permanent placement, then word was out and work with the county social workers became easier.

**Youth Served:** Any youth who was in the custody of the county and for whom termination of parents rights could be obtained if an adoption connection was established, including youth in RTC, adjudicated youth, and perpetrators.

**Geographic Range:** 1 rural and 4 urban counties.

**Forms Developed:** Initial Intake Review; Contact with Child on Child's Identified Goal; Final Report on Case; Declaration to Maintain Contact; Declaration of Intent to Adopt or Not Adopt; Declaration of Intent to Maintain Contact: This form was developed by Project UPLIFT to formalize the willingness of a person or family to maintain contact with the youth. It was completed and signed by the adult and used to help estimate the relative permanency of the relationship.

The project wanted youth to understand what their new found connections were committing to.

**Case Access:** At first, the project had to beg for social workers to give them cases. The administrator knew the project manager and promised to send some cases to the project; caseworkers were reluctant but they referred. To help the project's success, the contract workers were willing to help the social workers and in one case actually completed the IPCP work to help the connection occur.

Sometimes project workers had to buck the system. In one case, a youth was making no progress in an RTC. The facility, including the fifteen members of the youth's team, were adamantly opposed to letting him see relatives, believing it would upset his progress. However, he was making NO progress. Two project members went to a team meeting and listened. Then they asked who in the room was willing to make a commitment for the rest of his or her life to this youth. No one spoke. "Well," the team answered, "if that relative will come in and start to do some therapy with this adolescent, we will okay it." Since that occurred and the relative participated in the child's treatment plan, the child has left the RTC and is living with the relative. The youth never had a reason to improve his situation until he had hope.

**Examples of Successful Connections:** A youth wanted to reconnect with a mother whose parental rights had been terminated. The GAL adamantly opposed this and a great deal of time was spent on convincing the GAL. The contracted worker found the mother, who had been misdiagnosed and readopted the adolescent.

Another youth was flown to the Midwest, where aunts and uncles had a family reunion and the youth connected to twenty family members.

The project was reluctant to take perpetrator cases at first but one social worker was adamant. She wanted the perpetrator on her caseload served and one of the first successes of the project was finding a relative with no children who was willing to take this youth.

#### **Focus on Youth Permanence:**

The project's goal was to reconnect adolescent youth with previously involved adults in order to reestablish supportive and, if possible, permanent relationships.

#### **Youth Involvement in Finding Permanency:**

The youth was an important source of information. Before any attempt to contact an adult was made, the contracted social worker discussed it with the youth. Anyone whom the youth wanted to find was interviewed if they could be found. All possible connections were explored, using Internet search engines.

#### **Post Placement/Adoption Services:** None

#### **Partnership:** State/County

#### **Problems:**

**Biases:** At times, the biases of the case worker and/or GAL against the relatives hindered the connection process, also the biases of the treatment facilities, as in the above example.

**Agency Communications:** It took time in the large counties for the workers to talk to each other and spread the word. One mistake the project made was insisting that the contract workers spend all their time making connections; this didn't allow them to go to meetings and spread the word. However, with only quarter time available, this wasn't possible.

Information in Case Files: Files lacked clear and succinct information about family and other connections. Youth may know of family or others from their past but lack full names and addresses. Paternity and paternal relative information is much less available than maternal information.

Cases seemed to take on a momentum of their own with little or no consideration to going back to reassess the current status of people in the youth's life.

#### **Reasons for Success:**

**Relationships:** Program manager had done foster care reviews throughout the state, knew everyone in the system and had good relationships with them. Her relationship authority facilitated the project's success. She chose counties where she had relationships with administrators of programs.

**Role of Contracted Social Workers:** Project used independent contractors, who had previously worked for the county but were not working for the county during the project. Because of this separation from the county, parents were often able to move beyond their anger at the system to do what was best for their child. One contracted social worker reported receiving more thanks from a youth and parents during six months of project work than he had received in twenty-two years of casework practice.

**Contractor Characteristics:** Contracted project social workers had tenacity, a belief that people change, the ability to be forthright about issues and to communicate clearly. They could accept people's ambivalence and help them move through it. They saw youth for their positives. Successful workers spent more time with the youth and their connections than did less successful workers, who spent more time reading case files. Contractors were respected by county caseworkers and supervisors, so barriers due to differing philosophies were more readily overcome. Once caseworkers saw results, some changed their own case practice to embrace the project's ideas.

**Tools:**

1. Use of internet tools with historical addresses and phone number of individuals was critical.
2. Use of phone cards to support contact between the new connection and the youth.
3. Use of travel funds to facilitate face to face contact between the youth and relatives/others.

**Formalization of Practice/Sustainability:**

Boulder County and Adams County have implemented pieces of the UPLIFT Program and another county is considering it. Boulder and Adams are not contracting out for the service, but using their staff to provide the service. Jacobson, the former project manager, spend time going to different units and different programs, for example, mental health, speaking about the project and encouraging staff to use its principles.

**ILP:** Project manager has met with ILP people to ask them to consider replicating the project, suggesting that the state provide Merlin access to the ILP staff and perhaps offer youth themselves the chance to find connections through search engines. Once the youth has found a potential connection, ILP could make the first contact with the potential support. The project manager had previously worked as an ILP staff herself and thus has credibility for understanding what the IL difficulties are.

Bob Lewis and his principles have garnered a great deal of respect in Colorado; most social workers have heard of his program and receive his newsletter.

**Recommendations:**

1. **Spend Time with Youth and Potential Resources:** Record reading is not the answer. You must make phone calls and spend time with the youth.
2. **Internet Search Tools:** Gain access to Merlin and other internet search tools.
3. **Face Sheets:** Agencies must collect information when the case opens and record it in a permanent and prominent place in the file. Update it regularly.
4. **Clear, Written Principles:** State the principles of the project clearly to guide day to day decisions so that social workers can keep from slipping back into past casework practices.
5. **Network:** Contracted social workers should attend staff meetings to establish connections and generate trust and belief in the model.
6. **Training:** Provide education on Reactive Attachment Disorder.

**Budget and Funding:**

\$80,000 from an Adoption Opportunities Grant

# **Connected and Cared For Northwest Institute for Children and Families (NWICF) University of Washington School of Social Work with Children's Administration, State of Washington**

## **Persons Responsible for Implementation:**

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Karin Gunderson, Program Manager, Northwest Institute for Children and Families (NWICF),  
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206- 616-7424 and kgund@u.washington.edu  
Judith Wirth, FGC Facilitator, NWICF, 360-651-6953, wirj300@dshs.wa.gov

## **Brief Description:**

"Connected and Cared For" convenes a family group conference (FGC) for high needs youth in group care and other therapeutic settings with the goal of reinvigorating family connections and identifying permanent placements. Family is defined broadly and includes parents, siblings, extended family, fictive kin or anyone who has been important to the youth. Family Group Conferences address issues related to permanence as well as safety and well-being. Families develop plans that include recommendations related to placement, legal status, and the forging of permanent family connections through visits, letters, telephone calls, family reunions, life books etc. Most of the youth served by "Connected and Cared For" have been in the system for many years, are legally free, have experienced many moves and are believed to have lost family connections. At the time of the conference they are in high cost care, exhibit emotional and behavioral problems, are occasionally sexually reactive, have school problems and intensive therapy needs.

## **Numerical Goal and Success to Date:**

The evaluation component of the "Connected and Cared For" project includes two studies:

- 1) The first is a retrospective study of the outcomes of 28 conferences done for youth between the ages of 9 and 17 years.
- 2) The second study, currently underway, will analyze state computer data, family plans, youth and caretaker interviews and case manager surveys. The study will focus on the outcomes of seventy conferences, including post conference placement, family contact, family support and participant satisfaction.

## **Findings of the Retrospective Study:**

Prior to the FGC conference, 89% of the youth had been in foster or group care longer than two years with the maximum being eleven and a half (11.5) years. More than half the youth had experienced more than seven (7) placements and twenty-five percent (25 %) experienced more than fifteen (15) placements. Thirty-nine percent (39%) were youth of color.

## **Outcomes:**

An average of 6 family members attended the 28 conferences. Sixty-eight percent (68%) of the family plans recommended placement with family. Forty-seven percent (47%) of those youth were placed with family. Eighteen (18) youth went home to family or fictive kin. The most common reason given for the twenty-one percent (21%) who did not go to family was that the severity of their needs required more therapeutic care, care that was, however, less restrictive than the pre-conference placement. In fact, ninety-three percent (93%) of the youth involved moved to a less restrictive placement after their conference. In the two years since reunification, there have been no founded CPS referrals on those youth. Eighty-nine percent (89%) of the FGC plans developed by family identified a permanent plan for the youth; reunification, adoption or guardianship. Eight-six percent (86%) of FGC plans included commitments of family support for the child during placement.

## **Duration of Project:**

2001 - 2004

## **Genesis:**

**Funding and Philosophical Background:** Due to rocketing group care costs, confusion as to what group care could and could not do, and the general loss of family connections that youth experienced during placement, management in Administrative Region 3 of the state child welfare agency suggested and supported the use of Family Group Conferences as an intervention. It was hoped that Family Group Conferences would a) help youth move to less restrictive placements, b) facilitate timely discharge from group care, c) help the family better understand what group care could and couldn't do, d) help group care providers understand the youth better by meeting the family and, most importantly e) ensure family connections for these youths with the possibility of placement with a parent or relative.

**Collaboration:** The Northwest Institute for Children and Families (NWICF) at the University of Washington has had a long relationship with the Children's Administration through system change projects and training. From January '97 to June '98, NWICF partnered with the state agency to pilot family group conferencing in five of the agency's six administrative regions. The outcomes of the pilot project were encouraging and four of the six administrative regions subsequently funded FGC facilitator positions.

The Stuart Foundation awarded NWICF a grant in 1998, a portion of which was used to evaluate the long term outcomes of the conferences. Because excellent FGC records were available to analyze in Region 3, the conferences were studied there. In addition, the FGC facilitator who kept those records, had consistently communicated the FGC process, stories and outcomes to regional management resulting in high level support for the project.

A second Stuart grant funded the current three year project "Connected and Cared For" which started in 2001. Again, Region Three was the target of the project because of the history of successful collaboration and because Region 3 had the highest rates of group care expenditures in the state.

**Connections:** Social workers from the state agency work for the Institute in a number of capacities on two year administrative rotations. In the case of "Connected and Cared For", the Region 3 conference facilitator had worked for Region 3 as a social worker, then rotated to Northwest Institute to facilitate FGC, then returned to the Region 3 office; her connection to the region and NWICF was well established. In addition, the program manager of the Northwest Institute FGC project had previously worked in Region 3 and was cognizant of and alert to opportunities to use FGC. The Region agreed to provide office space, computers, costs for family travel to meetings, food and copying.

**Data:** Conference facilitators are key to successful data analysis in that they must keep track of outcomes and report them regularly. Well informed collaboration between the NWICF and the state agency makes it possible for research staff to obtain authorization to interview clients and access state data banks for information.

**Video:** "Let Us Put Our Minds Together." With funding from the Stuart Foundation, the Institute produced a video on Family Group Conferences, in which five different families, a social worker, court commissioner, attorney and some youth talk.

## **Structure:**

**Staff:** 1 Program Manager 1 FGC facilitator, 1 research analyst, 2 data collection specialists, 1 data entry person;

**Advisory Board:** Children's Administration staff including the Regional Administrator, one supervisor, one social worker, the regional group care coordinator, and the deputy administrator; the directors of two group homes; and "Connected and Cared For" project staff. The advisory group meets quarterly.

**Memorandum of Understanding (MOU):** A MOU between the state and NWICF agreed that the project would accept any youth referred between 11 and 18 years old, either in facility-based group care, family based group care or the children's hospital alternative program (CHAP). The project would try to work with as many youth as it could and agreed to provide at least 70 conferences, including follow-up conferences.

**Advance Work:** Both before the project started and throughout the project, project staff trained group care coordinators, DCFS units at staff meetings, supervisors and management team. The project provided catered lunches with invitations to introduce the project to the group care providers and social workers in the Region.

**Case Access/Referrals:** To refer, social workers simply call the FGC facilitator. The facilitator and her MSW intern attend group care reviews regularly and suggest FGC as appropriate. Private state providers may also call the facilitator about possible referrals. Because FGC is a voluntary process, final permission must be obtained from the youth and parents before proceeding.

### **Focus on Youth Permanence:**

Youth was the demographic focus for the project but success was defined as opening a pathway back to the family as permanent place to live or for increased family connections, through, for example, visits and letters.

### **Youth Involvement in Finding Permanency:**

Ninety-five percent (95%) of youth participate in their conferences. Participation is based on the age of the child, the professional opinions of the group care staff, social worker and the family. Depending on age and emotional maturity, a youth might participate in all or only part of the FGC. FGC doesn't proceed without youth participation from the beginning. Youth are asked to sign a release giving permission for the coordinator to set up the meeting and to discuss whom should be invited. Older youth have significant say in their outcomes; younger children are asked to talk about what they would like, but adults make the decisions.

### **Post-Placement Services:**

The same post placement services are provided by Children's Administration social workers as would be provided for non-FGC cases. As is true in many places, formalized foster care providers are provided with more support and funding than non licensed relative providers. However Washington State is taking steps to address this discrepancy.

### **Partnerships:**

Washington State Children's Administration, Region Three Group Care Providers, Stuart Foundation, and the Northwest Institute for Children and Families at the University of Washington, youth and their families.

### **Problems:**

**Initial resistance among group care staff:** Group care staff had no experience with FGC and some were cautious at the beginning of the project. They are now very supportive of this project and of Family Group Conferencing

**Resistance among social workers:** Some social workers, both state and tribal, were reluctant to use FGC because they feared the youth's family would re-victimize the youth or that no family would be found, further traumatizing the youth. There is increasing support of FGC.

**Difficulties in Follow-Through:** Anecdotally, Northwest Institute knows that more often than one would wish, the chores to facilitate permanency that must be done by a social worker after the FGC meeting are difficult to accomplish. For example, in one case, a grandfather and three aunts attended a Family Group Conference for a youth who had been legally free for ten years and was now fourteen. One aunt decided to adopt him. In the meantime, family members decided the youth, who was in high cost group care, should move to his grandfather's while the agency completed the aunt's home study. The grandfather got a foster care license. Three months later, the grandfather called and asked if the state had changed its mind. This delay was the result of a change of social

worker and a failure to closely track this particular case. It required the skill of the FGC facilitator and the state group care coordinator who tactfully started a sequence of events that resulted in the youth being moved to the grandfather's home. As of January, the aunt had completed the home study. A follow-up meeting was held to determine barriers, make sure the youth had a court-appointed attorney and make sure that placement and guardianship with the aunt was still the plan.

Delays such as this are not unusual in the intense world of child welfare; it takes at least one person, in this case two partners inside the agency, to shed light on the problem and get it addressed. Without this, glitches in the system would remain unknown. The unanswered dilemma in this case is why these high functioning family members did not reach out to the system and why the system didn't reach out to them. FGC has shown that this is not an unusual collaboration failure, particularly when, as in this case, the family is a family of color. Additional work must be done to understand the dynamics of these situations and come up with strategies to address them.

### **Solutions:**

**Top Management Support:** To help with case access and social worker resistance to the new program, the Regional Administrator sent a letter to all regional social workers introducing the FGC facilitator and the project and encouraging the staff to refer cases. He then sent a second letter, again saying that he supported this effort.

**Advisory Board:** Because of its composition, the Advisory Board understood what social workers would respond to and so helped craft the administrator's letter to social worker staff. The board helped project staff understand the best way to work with group care providers and which youth should be part of this project; it has made key project decisions on eligibility as well.

**Key Staff Person:** Case access was aided by the FGC facilitator who had high credibility and respect in the agency, a track record in the region and numerous outstanding employee awards. She understood the importance of keeping track of outcomes and reporting them back to the field, creating a feedback loop, which in effect built the project. Her clear understanding of her role kept her from interfering with the social worker's role.

**Key Mediator:** Because the project program manager was originally from Region 3 and currently manages supervisory contracts for the state, she has wide-spread connections in the state social work system and can mediate dilemmas that arise.

**Creating Buy-In:** Northwest Institute and the Children's Administration intentionally designed the first pilot FGC project so that people would learn about it by experiencing it. By and large, this "growing it from the ground up" approach has worked as people have moved from resistance to support after experiencing an FGC conference. The main conversion occurs when staff attend a Family Group Conference and see the number of family who attend on behalf of youth, even youth who have been out of touch with their families for years. Social workers are positively affected when they see how youths respond to their families and when families, even very troubled families, develop effective plans for youth.

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During the past year, NWICF went to the national convening of group care providers in Vancouver British Columbia to present FGC. They encountered a great deal of skepticism from providers at the conference, but when a respected group care provider in Region 3 stood up and gave a testimonial, in effect saying, "I was doubtful but I've seen the difference it has made," group care providers listened. Also group care staff see the youths' behaviors shift in a positive direction after the conference and see youth returning home, placed with family or moved to less restrictive placements.

### **System Barriers:**

**Staff Turnover:** In the above situation with the fourteen year old and in other situations, staff turnover has been a barrier to follow through.

**Plan Ownership:** It is possible that when the FGC plan is the family's plan (as opposed to the social worker's plan), the social worker, and indeed, the professional community may not have the same investment in following through.

**Systems:** Lack of all systems' involvement in FGC. For example, the court is not involved and doesn't have the same sense of urgency around permanence as it does around safety. Its orientation is toward prevention of abuse, rather than the other two child welfare mandates, permanency and well-being.

**Funding Streams:** Funding streams don't support relatives and families, but do support foster families, e.g., funding supports training, clinical help and financial support for licensed foster parents with high needs youth, but not for relatives with high needs youth.

### **Reasons for Success:**

**Previous History:** Family Group Conferencing initiatives had been underway in Washington State for four years prior to "Connected and Cared For" and the outcomes of those efforts had been communicated around the state. As a result there were strong pockets of support for FGC and a certain amount of excitement among Region 3 group care social workers that the model might be an effective way help the youth on their caseloads. State social workers who already had FGC experience were ready to refer at once, partially because the cost of housing youth in group care was appallingly high, but also because so many of these youth were aging out of care with no permanent families.

**Regional Culture:** The regional practice culture has been increasingly supportive of partnerships with family, with projects focusing on this. FGC is only one relative-oriented project in Region Three. The region has the highest relative placement rates in the state. The fact that there has been a growing orientation towards working with family in the practice culture of the region over the last six years cannot be underestimated as an ingredient of success.

**Key Personnel:** A critical element in success is that the program manager and the FGC facilitator have years of experience in child welfare and well established relationships with the state agency. The fact that the facilitator is a well respected practitioner cannot be underestimated. The experience, insight, connections and credibility of the key players is a key element of successful collaboration. A second crucial element of success is the agency group care coordinator who is an enthusiastic supporter of FGC and highly competent practitioner.

**Reliable and Thorough Data:** Throughout this project, every effort has been made to consistently communicate conference outcomes to the field and to management in a way that is interesting and user friendly.

### **Formalization of Practice/Sustainability:**

**Request for Training:** One positive sign is that some group care providers have requested training in Family Group Conferencing from NWICF because they want to provide FGC themselves.. At the same time a dialogue is occurring between the state and group care providers about putting FGC in the group care providers' contract. The controversy is, on the one side, that the group care providers need money for training, and on the state side, that the group care providers already receive money for training and should be expected to implement FGC with current allocations. However, support for the model may result in support for a compromise.

**Practice:** The FGC facilitator raises FGC in group care reviews; the regional group care program managers ask about FGC as a matter of course; increasingly social workers are asking for FGC and the group care coordinator sees FGC as a key element of work with older youth. Also, people are more aware that kin are available and the state agency is formalizing policies for working with relatives.

**Need for Outside Pressure:** In order for a model like FGC to be integrated into practice on a widespread scale, the various systems that interact with the child welfare agency must lobby for it. Those systems include the courts, the schools, the treatment community, legislators, family, youth and community.

**Recommendations:**

1. **Key Staff Person:** It's necessary to have particularly skilled and committed persons, respected by the agency, in key positions both inside the agency and out.
2. **Advisory Board:** Use an advisory board to help the project interface effectively with different stakeholders and to deal with on-going project decisions. Make sure that the roles and responsibilities of all participants are clearly articulated, written down and understood from the beginning.
3. **Human Subjects Review:** If you receive a grant, take a class or find a knowledgeable source to help you understand what Human Subjects Review entails – it is an extraordinarily complex process.
4. **Administrative Support and Data Collection:** Keep track of data and inform leadership of results regularly. This will create support for the project.
5. **Multiple Opportunities:** Provide multiple positive opportunities for staff to hear about the project. Spread the word constantly about successes.

**Budget and Funding:**

- Year 1: \$127,000, included staff person at \$ 37,500 plus \$19,200 benefits  
Year 2: \$152,000, included staff person at \$52,000 plus \$23,000 benefits  
Years 3-4: \$155,000, included staff person at \$54,000 plus \$24,000 benefits

**Each year's costs included:**

- Project Program Manager's salary 30%  
Institute Director and administrator: 5%  
Evaluation staff: Research assistants at 50% time to interview kids  
and a Ph.D. at 10% time to identify tools, data analysis, etc.

**Funding:**

- Stuart Foundation Grant.** Office space, computers, copying costs, food costs for meetings and travel for families paid for by Children's Administration.

# **Empowered Transitions**

## **Family Focus Adoption Services, Little Neck, NY**

### **Persons Responsible for Implementation:**

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Tito del Pilar, Transition Unit Director, Family Focus Adoption Services, [ffastito@aol.com](mailto:ffastito@aol.com),

### **Brief Description:**

As a recruitment agency, Family Focus Adoption Services (FFAS) recruits and studies families and then approaches foster care agencies with its family studies. Should a foster care agency choose one of FFAS's families, the foster children visit the families without committing themselves to a permanent placement in advance. No one sets an end date to the visiting and the child and the family each have the right to go slowly and take whatever time is needed. Either the child or the family can stop visiting at any point. The potential adoptive family and the child each have their own advocate, who watches out for rough spots and models for the child and family how to solve problems. The transition period ends when the family and child both state that they are ready to become a permanent family. That point is considered the true adoption and it is celebrated with an Adoption Ceremony and the signing of "Adoption Covenants," by parent and child. The agency uses this process with children four years old and up.

### **Numerical Goal and Success to Date:**

**Children over ten years old placed:** 136  
**Disruption rate:** 3% of transition cases  
**Agency Adoptions:** 750 placements in seventeen years of work  
**Duration of project:** 1988 to present.

### **Genesis:**

From the beginning of the agency's work, it has used the model of one advocate for the child and one for the family. The model was first suggested to the agency by a senior staff person who had used this model in adopting his own children. As the agency started to put older children and families together, they used the visiting model that institutions use – go slowly and take your time with no commitment up front.

### **Structure:**

**Staff:** Director; 2 part-time advocates for children; 2 part-time advocates for families.  
When a foster care agency chooses a family from Family Focus Adoption Services, the model is explained, e.g., that the child has an absolute choice and that the agency is not able to tell the potential parents how long the process will take. The child and the family advocates talk to each other often, sharing the different perceptions from the family and the child. For instance, a family might say a visit was awful, the child was in front of TV whole time; the child will say that the visit was great. The advocates sort it out and mediate problems. By the time the child moves in, the testing is over and the parent and child have chosen each other as a family.

**Average Length of Time to Permanence:** A child visits approximately one month for every year he or she has lived; children cannot be rushed. This is an insurance policy to be sure that the child wants this permanent home.

**Case Access:** See above.

**How Child Is Assigned to Project: See above.**

FFAS sends its family profiles to the fifty-eight counties of New York State. A responder may be a county social worker or a residential treatment center social worker who believes that a youth can move into permanency from an RTC and sees an FFAS family who might be suitable.

**Family and Child Choices:** There is a twelve step process (see below\*) for joining the child and the family. Once the preliminary visits are completed, the child visits every other weekend, with longer visits on holidays, for however long it takes until everyone is ready to become a family.

After a child has visited for six or seven months, parents and social workers get antsy and start pushing: "How about the end of the school year? The holidays?" etc. That impatience is actually a good sign because the family is starting to see the child as their child.

**Focus on Youth Permanence:**

The project is focused on providing youth with a sense of safety and true choice. A child must be old enough to express him or herself in order to decide about the next steps. Developmentally disabled children have successfully gone through the empowered transition process.

**Youth Involvement in Finding Permanency:**

Youth are involved in every step of the process because they are empowered and have choices about continuing to visit or stopping at any point.

**Post-Placement Adoption Services:**

Family Focus's Transition Team is available to every child and family in the months and even years after placement and finalization.

**Partnerships:**

There are certain agencies, counties, and institutions who come to Family Focus Adoption Services seeking families specifically because they want the agency's transition process for their waiting youngsters.

**Problems:**

After sixteen years, there is less resistance to the open-ended nature of the program from agencies who have traditionally wanted a set move-in date and visiting plan in place at the beginning of the process. However, the public child welfare system often wants adoptions to happen quickly and has difficulty accepting that no particular end-point is guaranteed.

**Distance:** If a family lives more than 100 miles away from where the child is currently placed, ongoing visiting is impossible. Family Focus Adoption Services is currently perfecting an Empowered Transition model for long distance placements and will unveil that process at a conference in May 2004.

**Solutions:**

When families, or agencies, become impatient, FFAS sticks to the original plan. Sometimes negotiations and meetings are necessary to reinforce the bigger picture and the importance and lifetime value of true choice for the youngster.

**System Barriers:**

This work is labor intensive and thus more expensive than traditional visiting plans, especially in the early steps. The savings (in placements that don't disrupt) aren't always seen clearly until later.

**Reasons for Success:**

One major reason for success is that FFAS trains families in this method when they join the agency – in effect, the agency and families choose one another, just as the child and family do. Families who have gone through the process won't do their second adoption any other way. Another reason is the Transition Unit staff's sincerity and total commitment to the process (along with the rest of the agency).

**Formalization of Practice/Sustainability:**

This method has been part of agency practice from the beginning and is integral to its practice. FFAS routinely trains other agencies on the process and the strong theory behind it.

**Recommendations:**

An agency interested in trying the Empowered Transition process can do so even with just one case. What is required is the team approach with separate advocates for child and prospective family, open ended visiting, and true choice for all parties.

**Budget:**

Two full time social workers who carry up to twelve transition cases: \$80,000 (\$40,000 each)

**Funding:**

All Transition cases are funded by contracting in advance with a child's agency for the services.

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**\*THE CHILD'S EXPERIENCE OF TRANSITION: TWELVE STEPS**

- 1: Meet the child's transition worker
  - 2: Meet the "Maybe" parents at a fast food restaurant for one hour
  - 3: Go for three hours with the prospective family
  - 4: A day visit to their house (not an overnight)
  - 5: Overnight visit
  - 6: Double overnight (Weekend)
- 
- 7: Begin regular visiting, every other weekend (only see the worker once a month)
  - 8: Tell the worker you've made your decision to be adopted
  - 9: Go ask each "Maybe" parent if they want to adopt you
  - 10: Begin visiting every weekend
  - 11: Adoption Ceremony
  - 12: Move in with your new family

The steps are in two parts. The first six steps are for the child to see if he or she likes a family and feels safe and comfortable with them. Only when a child starts the second six steps does he or she begin to think about adoption.

# EMQ Children & Family Services Wrap Around with Sacramento County Department of Health and Human Services

## Persons Responsible for Implementation:

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Geri Wilson, Division Manager, Sacramento County DHHS, 916-875-5355 and wilson@SacCounty.net

## Brief Description:

EMQ has a contract with Sacramento County to provide wraparound services to CPS, MH, or Probation youth in or at risk of high level group care. EMQ as a wraparound provider is responsible for achieving and supporting youth stability in a permanent family setting.

In November 2002, EMQ hired Catholic Community Services of Western Washington (CCSWW), Tacoma, Washington, to train EMQ in its extended family reunification model. By June 30, 2002, thirty youth had stepped down from RTCs to family settings.

Sacramento, as a California Title IVE Waiver and SB 163 county, uses foster care funding to support the child at home. Using flexible funding, EMQ developed FFA (foster family) capacity in Sacramento to support a step-down from group care as soon as the behavior that brought the youth into the group home had been addressed. Foster families are trained to be successful with high need youth and to facilitate the relationship between youth and their family connections.

(In a subsequent effort in the summer and fall of 2003, Santa Clara County in partnership with EMQ and with training from Catholic Community Services used a similar model. The Santa Clara County project specifically deals with youth affected as the county closes its shelter; the youth identified for this project were frequent users of the shelter services, considered difficult to place. During a three day training, EMQ and Santa Clara County identified hundreds of relatives for kids thought to have none. Incorporating family finding skills continues both within EMQ and Santa Clara County Social Services practices.)

## Numerical Goal and Success to Date:

**Target Population:** The children referred to EMQ in Sacramento are primarily over age eleven (11), although not exclusively, with a large concentration of youth over age fourteen (14).

**Target:** To move 30 children from high level group home placement to family living between January 1 and June 30, 2003.

**Results:** By June 30, thirty (30) had stepped down from RTCs: nineteen (19) went to parents/kin (10 to single mothers, 1 to a single dad, 4 to two parents, 1 to an aunt and uncle, 1 to an older brother, 2 to their grandmother); and eleven (11) went to foster families who support the continuing search for relative links. Family connections have been identified for some youth who have not yet achieved permanent home placements.

Through searching for unknown family members, EMQ reconnected many family members. Through reconnection, support systems for families have been significantly expanded, thus providing greater stability for the children. By the end of calendar year 2003, 49 children had stepped down from RTCs to family living situations.

## Duration of project:

January 1, 2003, ongoing.

## Genesis:

**2001:** Sacramento County had a significant number of youth placed in RTCs and group homes with lengthy and costly stays because they have no identified family to support their transition to lower levels of care. Catholic Community Services of Western Washington had presented its FAST program to Sacramento County Children's System of Care leadership in 2001 (CPS, Mental Health, Probation and Wraparound provider agencies). In response to the vision, leadership and commitment of Jim Hunt, DHHS director, and the support of Mental Health and CPS directors, EMQ implemented an approach that operates with the belief that all kids have a right to live in families. Director Hunt explicitly stated that the only acceptable positive outcome for wraparound services was that children be successfully living in family situations

**2002:** In November 2002, following a general training for direct service staff in Sacramento County, EMQ engaged Catholic Community Services of Western Washington (CCSWW) to consult with EMQ staff with the hope that the sense of urgency and family connection inherent in the CSS model would enhance EMQ's practices. CCSWW would assist in service development, teaching and coaching once a month for two days over a period of six months at minimal cost.

By sharing and partnering with EMQ, Catholic Community Services of Western Washington believed it could advance systemic change so that all children had an opportunity to grow up with unconditional love and belonging. Coming from a mental health perspective, EMQ staff came to understand that the transformation to success would not be achieved with therapy and medication if the youth didn't have a loving family member committed to them unconditionally. Consultation with CSS a) changed EMQ's understanding of the impact of family on a child, regardless of whether a child could live with his or her biological parents, b) expanded the job expectations for staff at EMQ; and c) changed the process of how the wrap around work would be accomplished.

As changes were implemented within EMQ, the need for closer collaboration with the Sacramento County Child Protective Services became obvious because identification of and connection to family could not happen without the full support and involvement of the CPS workers.

## Structure:

**Staff on Project:** EMQ Wraparound Sacramento staff and (primarily) CPS Long Term Placement Unit workers

**Target Youth:** Kids in or at risk of high level group care

**Step-down Capacity:** Using the flexible funding, EMQ developed foster family capacity in Sacramento to support quick movement from group care. New foster families are recruited who know that permanent relative connections are being sought. EMQ supports foster parents to facilitate positive relationships between youth and their family connections, whether a biological parent, grandparent or fictive kin. Ten new foster parents licensed and ten youth placed.

**Case Access/Referrals:** CPS, Mental Health or Probation Placement workers refer youth to EMQ for wraparound services who are either placed in or at imminent risk for placement in RCL 12-14 RTC facilities. A multi-department, multi-disciplinary team to assure service eligibility screens referrals. EMQ has a no eject, no reject policy and accepts every youth who is referred. CPS requires workers to refer all youth in group settings to wraparound unless there are specific reasons to delay referral.

The initial role of the wraparound service is to facilitate step-down from the group home at the earliest date possible by integrating the CPS, group-home and wraparound plans. Finding a permanent family connection and family placement are primary initial tasks. Having developed a workable partnership over the previous four years with Sacramento County, EMQ has timely access to the children's files, which typically contain significant information about potential family contacts and resources.

**Examples of Success:** In one example, EMQ found that a youth had three generations of family living in a small town in Iowa. An EMQ supervisor and staff went to Iowa to meet the family. This youth is not yet living with the family but two other siblings, who had the same father and had never known the family, are now involved in a placement plan with the father. The father and his current wife and their children have relocated to Sacramento to achieve reunification with his three children. When that is achieved, they intend to move back to Iowa where they have extended family support.

**Focus on Youth Permanence:**

From the beginning, the project focused on youth permanence through reunification with extended family.

**Youth Involvement in Finding Permanency:**

Youth are primary informants in identifying known family and in the completion of a “connectedness diagram” (genogram) that includes fictive kin. Youth voice in determination of placement activities is not yet as strong as we would like.

**Post-Placement Adoption Services:**

Wraparound services continue until the child and family are stable and can be successful using natural and less intensive community and/or professional support resources.

**Partnerships:**

Sacramento County Child Protective Services and EMQ Children & Family Services.

**Problems:**

**Staff:** Initially, EMQ tried to implement too broadly, spending a great deal of time with staff who were resistant; it took a few months for the early innovators to break through. Researching the early records to find the family takes courage. Asking uncomfortable or intrusive questions of a stranger seemed impossible and staff were scared to call up strangers and say, "Do you know this child? Can you help, are you interested?" These calls require entering intimate territory with people. Staff were also scared about violating confidentiality. For example, staff must decide how to approach someone who is allegedly the father, not having any idea what the reaction will be. (to date, reaction has been primarily positive.)

**Fear:** Calls that are envisioned as difficult and awkward when a staff thinks about making them have turned out to be less difficult with a live person on the phone. The conversations have tended to flow and responses have been highly positive. Afterward, staff frequently say, "I don't know why I waited to make the call." The process itself is not demanding. What is, is the courage to do it and get past the stumbling blocks. Staff find that it gets easier over time and feel that the rewards are priceless.

**Resistance:** When staff run into resistance from CPS staff who are leery of family contact, they sometimes let themselves be blocked. Too often such blocks are not addressed as systemic barriers that must be brought to the attention of managers and directors for solving.

**County Staff:** CPS workers have not had the benefit of the same focused training that EMQ staff have experienced. They do not trust that EMQ is as committed to child safety, permanence and well being as they are.

**Concept of Connections:** Both county and EMQ workers have generally focused on identifying family as a placement plan, rather than as a way to generate connections. However, it's from generating connections that youth have any hope of finding permanence.

**Consultation Timing:** CCSWW visited EMQ for two days, left for a month, then returned and checked on EMQ staff progress on reunification. Because of the time gap, the learning experience and commitment were slower and the Aha! breakthrough took three months. Just as it is difficult to keep the sense of urgency, the key factor, paramount in the process, it is hard to transfer urgency to different sites.

**County administrators:** County leadership is very supportive but they are overwhelmed with multiple initiatives, demands and limited resources.

**Culture:** The culture which has grown up around group home use: It has been difficult for social workers and group home providers to let the kids go. Group homes, for their part, develop strong connections and often want the youth to finish the healing process before leaving group care. The social worker often relies on group home clinicians to say when the healing is complete. From a social worker's perspective, group homes are safe and therefore, a good place for kids. Some CPS social workers are resistant to investigating family due to perceptions of risk of harm to children. In addition, sometimes social workers can't tolerate the risk of pain and disappointment for the children if permanency doesn't materialize.

## Solutions:

**Philosophy:** EMQ argues that children shouldn't grow up in group homes and that behavior is often made worse by intense settings; and important goals that can't be accomplished in group homes can be accomplished in families. If the decision is made that a child requires a group home, the length of stay should be limited to the time it takes for the behavior at entrance to be addressed. The youth should be stepped down to a home environment as quickly as possible. Group homes should not be considered long-term places for healing, but short-term intensive treatment modalities.

**County Administrative Support:** The focus on family connection captured the interest of the director of Health and Human Services and that helped EMQ address resistance at the worker level. (See Reasons for Success below.) The partners continue to work jointly to overcome remaining barriers and resistance, but improved clarity of expectations regarding the complementary roles of county and agency staff has improved joint success. Managerial support from all parties has improved relationships between direct service workers.

**Private Agency Administrative Support:** Program Manager continues consultation services and helps supervisors to recognize when staff is on track and when they are resisting. EMQ is integrating family finding in training, position expectations and performance management tools. EMQ holds supervisors responsible for tracking the outcomes of movement of children from group home to family settings and placement location at time of discharge. It would be helpful to also make family finding activities a formal part of county social workers' job expectations and include family finding in basic skill training.

**Consultation:** The monthly Tacoma consultation supported the rapid development of staff and supervisory skills and provided significant practical support in real life problem solving. People learned best working on real situations, so staff consultation concentrated on families on the social workers' caseload.

**Urgency:** Making it a primary and urgent goal to identify relatives and form a plan that supports reconnection or relationship development between the adults and youth has been critical to finding permanent placement options. You need impatient people who will not be stopped when they encounter resistance at both the direct service and supervisory levels.

**Peer Support:** Relationships with peers who are doing similar work are key. The work is hard because it is genuinely difficult work. Success must be recognized and celebrated!

## Systems Barriers:

**Belief:** In counties and agencies, sometimes a girl who doesn't want to move out of a level 12 group home is given a permanency plan of remaining in a level 12 group home. The same issue is true for foster placements that don't become guardianship or adoption. Placements that are not permanent are treated as though they are.

**Data:** EMQ had been providing wraparound with Sacramento County for five years and only in the summer of 2003 was CPS able to produce a complete list of all kids in all levels of group care. It took the integration of three different data bases and even then, it has been difficult to assure accuracy. Data systems are not made for system management.

**Sharing Risk and Responsibility:** Everyone wants a youth to be safe in their family and community. System resistance comes, not because people don't care, but because, overall, the child welfare system and the related regulatory requirements do not provide practice guidance on how to safely share risk and responsibility with other outside agencies. Building partnership relationships between county workers, group homes, and other providers is slowly improving and making the process more productive.

### **Reasons for Success:**

- 1) Sacramento CPS agreed to make the child's file available for EMQ to review within 24 hours of referral or the next business day. A social worker doesn't have time to read the file but EMQ can. Reading the case a) provides EMQ with the child's story from the system perspective and b) gives them the ability to recreate the first 60 days of time in the child welfare system so they can see who was in the child's life at that time.
- 2) Sacramento CPS and EMQ work to share responsibility for the case to the greatest extent possible given regulatory requirements. EMQ is responsible to create a safety plan and a service plan that integrates the wrap, CPS and any other treatment plan with the signatures of all parties and includes specific responsibilities and time frames.
- 3) Persistence and on-going commitment
- 4) Consistent support in problem solving from CPS leadership
- 5) Early successes that made believers out of EMQ and CPS staff
- 6) Budget pressures supporting shorter lengths of stay and the movement of children from group home settings to less expensive placements.
- 7) The excellent consultation from Tacoma staff over time included frequent contact outside of consultation visits. This focus kept attention on the project as staff learned from each other's successes and barriers. CCSWW was consistently generous with data and materials from their experience. It could not have happened without them.

### **Formalization of Practice/Sustainability:**

Practice standards, job descriptions, supervision protocols and management tools are being developed and integrated into ongoing practice at EMQ and the process is supported by the CPS system.

**Partnership:** See Case Access above and Reasons for Success, above.

### **Recommendations:**

- 1) Handpick your early innovators. Pick staff who are comfortable taking risks in innovation and support their early success. Some of the greenest staff have been the most successful because they are problem solvers who don't let obstacles stop them.
- 2) During consultation or training, focus on real cases.
- 3) Develop close relationships with public welfare administrators and supervisors. Be clear on joint outcomes and expectations. Be sure you have the attention and sponsorship of the leadership if you need to impact the culture of the staff organization.
- 4) As a private agency, provide occasions for celebration and appreciation of county support, at which you talk about successes. Use families to share their stories to administrators and staff.
- 5) Define measurements of progress and success and use them in managing the project.

### **Budget:**

EMQ paid CCSWW for consultation out of its Sacramento County contract. Cost of the project was integrated into the cost of service delivery as a practice improvement initiative. Total cost for consultation to date, not including travel, is less than \$100,000.

### **Funding:**

The Sacramento County/EMQ partnership uses a braided funding stream as a participant in the California Wraparound Initiative (California Title IVE Waiver and SB163). The foster care funding is equivalent to the RCL 13 rate minus any out of home placement cost which EMQ pools to flexibly serve the children and families, plus public mental health funding (EPSDT and 26.5 funds) for mental health eligible services provided, billed on a per minute basis. The flexible use of foster care funding allows EMQ to support children with intensive needs and their families at home, at school and in the community, and ensure that they can maintain their gains without wraparound, using natural and community supports and significantly less intensive professional supports, when needed.

## **Families for Teens City of New York**

### **Persons Responsible for Implementation:**

Lisa Parrish, New York City Administration for Children's Services Deputy Commissioner for Foster Care and Preventive Services; Alexandra Lowe, Special Counsel to the ACS Deputy Commissioner for Foster Care and Preventive Services; and other senior managers at ACS.

### **Brief Project Description:**

New York City Administration for Children's Services' (ACF) policy, *Family-Based Concurrent Planning For Youth with Goals of Independent Living* (June 12, 2003), limits the use of independent living (IL) as a permanency goal and is designed to foster a culture shift aimed at ensuring that no child ages out without a life-long connection that is as legally secure as possible to a caring adult committed to functioning in a parental capacity.<sup>1</sup>

In New York City, it is still possible to assign IL as a goal, but if the young person is fifteen (15) years old or younger, the designee of a deputy commissioner from the Administration for Children's Services (ACS, the City's public child welfare agency) must approve the goal change in writing. If the young person is sixteen (16) or over, a senior supervisor at ACS must give written approval. In both situations, a written, concurrent family-based plan must be submitted to ACS with the request for a goal change and must be updated at six-month intervals.

Particularly important is the requirement that for all youth who already have an IL goal, a written, family-based concurrent plan must be developed and regularly updated. Active youth participation in the development of the concurrent plan is required and it is expected that staff will work closely with the young person to identify members of the youth's family of origin or other caring, committed adults with whom they would like to be connected, whether through reunification, adoption, guardianship or custody. This youth participation must be documented as the plan is developed.

The policy requires that steps be taken to actively engage family members and other caring adults and to identify supports needed to enable families to prepare for the discharge and to sustain their commitment to the young person after discharge. To support this policy, training and case consultation were provided to ACS and to private child welfare agencies on how to talk to young people about the array of permanency options (including but not limited to adoption), what might underlie a youth's statement that he or she does not want to be adopted, and how to address the reluctance some potential resources may feel in making a permanent commitment to a young person.

The new policy clarifies that a youth cannot be asked to sign an adoption waiver stating that he or she does not ever want to be adopted. Under the new policy, a youth can say he or she doesn't want to be adopted by a specific parent, but cannot be asked to waive his or her right to adoption across-the-board.

### **Numerical Goal and Success to Date:**

In calendar year 2000, the goals of 1,350 youth in foster care were changed to independent living. By May 2001, 3,568 of approximately 11,600 adolescents in care 12 years of age or older had a permanency planning goal of independent living. As a result of the 2003 policy, ACS expects to see a reduction in the number of goal changes to independent living for children under the age of 16, and an increase in the number of adolescents discharged to their families, their relatives or adoptive families.

### **Duration of project:**

1999- 2004 (ongoing)

## Genesis:

1999: Permanency guidelines issued stating that youth with goals of IL were not exempt from ASFA's mandates regarding permanency.

2001: Permanency guidelines issued which stressed that IL was a disfavored permanency plan.

2001-2003: Training and technical assistance

July 2003: Adolescent concurrent planning policy implemented requiring high-level approval of a proposed plan to change a young person's goal to independent living. There is some evidence that the announcement of this policy had a chilling effect on prospective goal changes, i.e., in some cases, staff seemed less likely to seek a goal change to IL because they needed a high-level sign-off.

January 1, 2004: Policy requiring the development of a concurrent family-based plan was implemented for all youth who already have a goal of IL.

2004: Ongoing "Families for Teens" training and technical assistance.

1999: The Adoption and Safe Families Act ("ASFA"): On February 11, 1999, New York State passed its ASFA implementation law. On March 12, 1999, ACS issued its first set of ASFA guidelines, making it clear that the Congressional mandate to provide permanency applied to all children in care, including youth in group homes and residential treatment centers.

### As noted in those Guidelines:

*"Children with a goal of independent living . . . are NOT exempt from ASFA's mandates regarding permanency. All children need permanent families. It should not be presumed that older children . . . are incapable of being reunited with their birth families or finding permanent families through adoption.*

*"Children placed in residential treatment centers, residential treatment facilities or other group settings are [also] entitled to ASFA's permanency safeguards. A group home setting does not exempt the agency from making concrete efforts to find a permanent family for the child and to provide services to allow the child to either return home or become adoption-ready."*<sup>2</sup>

In its 1999 ASFA guidelines, ACS also made it clear that an exception to ASFA's 15-month TPR requirement could not be invoked on the grounds that the child did not want to be adopted unless the caseworker had first had a meaningful discussion with the teen about the benefits of adoption and the possibility of continued contact with members of the teen's birth family after the adoption.

**2000-2003: Initial Training:** In 2000, ACS secured funding for training to implement the Adoption and Safe Families Act. Robert G. Lewis, a national expert on adolescent permanency, was retained to train staff in youth permanence and to provide technical assistance to individual workers, supervisors and senior managers.

Initially, Lewis offered on-site classroom training for supervisors in different agencies contracted to provide foster care homes for the City. While the classroom training proved valuable in establishing a threshold level of familiarity with the "Families for Teens" initiative, ACS concluded that technical assistance -- working on the case of a specific teenager with a goal of IL and no permanency resources -- was ultimately more engaging and productive than traditional classroom training alone.

Working with Lewis, ACS then developed a technical assistance model in which ACS case managers and caseworkers, supervisors and program directors from contract agencies met jointly with Lewis to brainstorm about permanency plans for youth with goals of independent living. One week a month was set aside for peer-to-peer case consultation between January and June 2003.

Training was a significant component of the project and was delivered in a variety of modes to a diverse audience. Additional details are set forth below in the section on “Training, Technical Assistance and Case Consultation.” \*

**2001:** ACS issued additional ASFA guidelines about choosing a permanency plan and about what kind of reasonable efforts are needed to effectuate that plan. In these guidelines, ACS sought to restrict the use of “another planned permanent living arrangement” (ASFA’s equivalent of “independent living”) as a permanency goal, noting that federal ASFA implementation rules make it clear that this permanency goal was to be used only in compelling cases, such as the case of an older teen who specifically requests emancipation as his/her permanency plan.

In these guidelines, ACS made it clear that it viewed independent living as a highly disfavored permanency goal.<sup>3</sup>

*“As child welfare professionals, we have a continuing obligation to seek a permanent family connection for adolescents – either through revitalization of ties with the child’s parents, adoption, guardianship or custody – before they leave foster care. Allowing adolescents to age out of foster care without an attachment to a caring, committed adult is not permanency planning.”*

**2003: Resistance:** By early 2003, Bob Lewis had provided two years of youth permanence classroom training and case consultation. The training sessions focused on best practices, but ACS case management staff who oversaw the work of the City’s foster care agencies expressed frustration that there were no written guidelines requiring contracted caseworkers and their supervisors to follow the “best practices” described in the training and case consultation sessions. Also, some staff at both ACS and the contract agencies saw youth permanence, not as New York City’s official policy, but as “Bob Lewis’ training,” indicating that they were not fully aware how committed ACS was to the issue.

In response, ACS decided to formalize its “Families for Teens” policy in the form of a set of ASFA implementation guidelines issued by the Commissioner.

#### **Staff on project:**

Lisa Parrish, ACS Deputy Commission for Foster Care and Preventive Services, and Alexandra Lowe, Special Counsel to the Deputy Commission for Foster Care; senior managers at the ACS Office of Contract Agency Case Management (OCACM), Direct Foster Care Services, Direct Congregate Care Services, the Division of Child Protection, and the Division of Legal Services.

#### **Structure:**

A virtually full time administrator was hired to help the project succeed. New York City contracts with private foster care and congregate care agencies to provide foster care services to teens in care. New York City’s case management staff oversees the work of the private agencies.

#### **Focus on Youth Permanence:**

The policy focused on youth permanence from the start.

#### **Youth Involvement in Finding Permanency:**

The Family Based Concurrent Planning For Youth with Goals of Independent Living Policy (June 12, 2003) requires active youth participation in identifying family members or other caring, committed adults with whom they would like to be connected. This youth participation must be documented as the plan is developed. The policy requires that steps be taken to actively engage those adults and to identify supports needed to enable the families to prepare for the discharge and to sustain their commitment to the young person. To support this policy, expert consultation was provided to ACS and to the private child welfare agencies on how to talk to young people about the full range of permanency options as well as about adoption and how to “unpack the ‘No’ ” when a freed youth rejects adoption as an option.

The techniques for working with teens to identify and follow up with permanency resources,

which are outlined in the June 12, 2003, policy have been put into practice as part of ACS' Congregate Care Bed Reduction Project, a major initiative aimed at significantly reducing the number of teens living in congregate settings. A team of social workers from ACS and from the law guardian's office interview teens living in group homes or other congregate settings slated to be closed. The teens are specifically encouraged to identify caring, committed adults with whom they would like to live.

### **Partnerships:**

Because contracted foster care agencies have responsibility for the vast majority of New York City's children in care, the agencies are always in partnership with the City. Partnerships were also formed with several children's rights organizations, including Lawyers for Children and the Juvenile Rights Division of the Legal Aid Society, whose staff represent foster children in Family Court proceedings.

### **Problems:**

A draft of the policy on concurrent family-based plans for youth with goals of independent living was finished in late 2002 and circulated for comment in January 2003. Reaction from the private contract agencies included both support for and skepticism of the underlying goals, as well as concern about how the additional work to implement the policy would be paid for in the new, restricted fiscal environment.

Skeptics voiced a series of philosophical objections, including the view that teens' developmental task was to develop independence, not to attach to a new family. Some agencies mistakenly believed that the policy focused only on adoption, when the actual goal was to promote permanency through a variety of means, including reunification with birth parents or members of the youth's extended family. "No! Not another form!" was the final objection, directed at the paperwork required to set forth a youth's concurrent plan.

### **Solutions:**

#### **Reaction to new policy from outside organizations:**

**1. Collaboration Efforts Begin:** The ACS Commissioner invited contracted agencies to submit written comments on the draft policy and many did so, expressing their concerns in detail. Two children's rights organizations -- Children's Right, Inc., and the Juvenile Rights Division of the Legal Aid Society -- expressed strong support of the direction in which ACS was seeking to move.

**2. Unexpected Partners:** A novel partnership around permanency for teens developed between ACS and two organizations with whom ACS had been engaged, on prior occasions, in litigation: Lawyers for Children (LFC) and the Legal Aid Society's Juvenile Rights Division (JRD). Lowe and Lewis were invited to meet with senior staff from both LFC and JRD to discuss the policy direction in which ACS was moving with its "Families for Teens" initiative. Out of an initial, highly contested meeting, at which several law guardians voiced the concern that the new policy might force the adoption of teens who objected to adoption, a productive working relationship arose.

**3. Compromise:** In March 2003, three months before the final version of the new policy was issued, the ACS Commissioner held a large meeting with executive directors from contract agencies concerned about implementation of the new policy. The give-and-take was frank and open. The Commissioner restated his firm commitment to the underlying goal of permanency for teens, but pledged to find ways to make the policy workable.

Ongoing review of the contract agencies' comments and continued discussions with the law guardians resulted in valuable suggestions for reducing the paperwork burden of the new policy and for restructuring the policy to simplify and clarify its purpose. The requirement that a copy of the youth's concurrent plan and contact information for potential permanency resources be provided to the child's law guardian was designed to allow law guardians to actively assist in the search for a permanent resource for the young person. To allay the contact agencies' concerns about the workload associated with implementation, it was agreed that the requirement to develop a concurrent plan for youth with goals of independent living would be phased in over a six month period.

**4. Enlisting Agency Management:** In 2003, the four borough managers in the ACS Office of Contract Agency Case Management were given the responsibility of organizing, coordinating, and hosting monthly peer case consultation conferences on youth permanence with the contracted agencies and ACS case management staff. (See Training below) The managers held these peer-to-peer permanency case consultation meetings for six months. Over the course of this experience, the managers became increasingly effective and persuasive advocates of the need for youth permanence.

**Reasons for Success:**

- Commitment of Commissioner, Deputy Commissioner, and top-level ACS managers.
- Assignment of a senior staff person virtually full-time to the project.
- Availability of funding for training and technical assistance provided by a highly respected national expert during first two years of the project for two weeks a month, tapering later to three-to-five days a month.
- Techniques outlined in the guidelines to the *Family-based Concurrent Planning for Youth with Goals of Independent Living* policy were applied to ACS's more recent Congregate Care Bed Reduction initiative.

**Formalization of Practice/Sustainability:**

The policy is aimed at formalizing the best practice guidelines in which staff have been trained.

**Recommendations:**

1. To make a substantial change in an agency, provide training – but understand that training alone is not sufficient to change practice. Training must be a) supplemented by technical assistance and b) reinforced by clear, enforceable policy guidelines.
2. Consider all organizations and entities as potential partners, even though they may be found in unconventional places.

**Budget and Funding:**

Salary of in-house staff: approximately \$90,000 per year. Budget for training, technical assistance, training manuals and other materials totaled approximately \$400,000 over a three-and-half year period.

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**\* Training, Technical Assistance and Case Consultation**

In addition to information above, the following training opportunities were provided:

**1. Classroom Training and Technical Assistance**

Lewis assisted residential treatment centers to take a fresh look at their intake processes to ensure that permanency resources are identified for the young person as soon as they enter care. Training and technical assistance has been expanded to include, not only social work staff, but milieu workers and cottage staff at several residential treatment centers (RTC) and campus school district staff at another RTC.

ACS provided training on its policy, *Family-Based Concurrent Planning for Youth with Goals of Independent Living*, to its attorneys and to both legal and social work staff at the Juvenile Rights Division of the Legal Aid Society, which represents foster children in Family Court. ACS has been invited to present an overview of the new policy to judges and private attorneys at meetings of the New York State Bar Association and the New York State Judicial Institute.

**2. Borough-based Peer Case Consultation (2002-2004).**

Lewis began working with social work staff from foster care agencies who were committed to finding permanency for youth in their care. The meetings were designed to provide a non-threatening, non-adversarial environment in which the group as a whole could brainstorm possible permanency avenues to be pursued on behalf of a young person with a goal of independent living.

One such group consists of agencies in Harlem and the Bronx that meet monthly in Upper Manhattan or the Bronx. Similar groups were subsequently launched in Queens and Brooklyn. Meeting sites rotate among different members of the group. The host agency presents a case for discussion and may invite as many of its own staff as possible. Other guest foster care agencies are invited to also present a case and to include, at a minimum, the caseworker and supervisor on the case. Although Lewis no longer leads these meetings, they continue to be held regularly under the leadership of ACS staff in the Division of Direct Foster Care Services and Direct Congregate Care Services.

### **3. Quarterly “Families for Teens” Champions Meetings (2002-2004)**

On a quarterly basis, Lewis and Lowe pulled together a group of people who shared a common commitment to permanency for adolescents: staff from ACS and its contracted foster care agencies, law guardians, and guest speakers. Part support group, part technical assistance, the group served as a forum at which participants encouraged one another with their successes and jointly addressed some of the challenges they had experienced in the quest for families for teens. Guest speakers were invited to bring fresh, innovative practices and resources to the table. An electronic list-serv was created to provide an additional forum for raising issues and concerns between meetings. For example, an upcoming meeting in April 2004 will explore one agency’s innovative use of adolescent permanency specialists and adoption mentors.

### **4. Case Consultation through the ACS Office of Contract Agency Case Management (Jan. – June 2003)**

Four senior managers in the ACS Office of Contract Agency Case Management (OCACM) each held meetings once a month for six months to work with the foster care agencies they supervise. The meetings were held at the central ACS office and were seen as important, serious events. In some cases, contracted foster care agency executive directors participated along with their caseworkers and supervisors. Like the borough-based peer consultation meetings, these groups discussed the cases of several youth with goals of IL. The purpose of the meeting was to identify avenues toward permanence that the agency might subsequently explore with the teen. The youth and their families were not themselves present at the OCACM meetings.

### **5. Training for Child Evaluation Specialists in the ACS Division of Child Protection.**

In October and December 2003, Lewis and Lowe provided an intense mix of training and case consultation for child evaluation specialists in the ACS Division of Child Protection. These child evaluation specialists (CES) work at the front end of the child protective system. They facilitate case conferences involving the parents and youth, either before a youth enters foster care (in the hope of preventing a foster care placement) or shortly after entry into care.

The training's goal was to help CES staff hone their interview skills so that they could work with young people to identify caring, committed adults who might support their family or provide respite that could keep the young person out of foster care. In the event that a placement could not be prevented, the training was designed to help the CES work with the young person to identify a potential foster parent resource from among the youth’s network of “natural helpers” in order to avoid a group home placement. The training included role-playing and peer case consultation work.

# **FAST (Family Assessment and Stabilization Team) Catholic Community Services of Western Washington (CCSWW) with State of Washington DCFS Region 5 and Pierce County Mental Health**

## **Persons Responsible for Implementation:**

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## **Brief Description:**

The Family Preservation System of Catholic Community Services of Western Washington (CCSWW) provides an array of mental health and social services to children, youth and their families, including Wraparound and FAST. The FAST approach (Family Assessment and Stabilization Team), is the subject of this document. It is based on a framework of guiding principles similar to those of Wraparound and was implemented in October of 2000.

Children and youth referred for FAST tend to be between nine and seventeen years old in crisis and at risk of imminent admission to a hospital psychiatric unit or homeless as a result of severe family conflict or ejection from a placement. They tend to have no family connection and frequent changes in caregivers. Children and youth are referred by a regional child welfare worker or county mental health worker. The focus of the FAST intervention is on safety, stabilization/well-being and permanency; the length of the intervention averages 90 days.

When a dependent child is referred for a FAST intervention, the referent often states with certainty that the child has no family, either extended or immediate. CCS staff operate with the belief that every child has a family, every child deserves to be with family, and that every family should be provided the opportunity to safely raise their children. For dependent children separated from family and served in FAST, the single most identified variable contributing to positive outcomes involves meaningful connections with family members. If the child's biological (or adoptive) parents cannot be a resource, CCS staff begin an extensive search for family, broadening the search to all relatives of specified degree and paying equal attention to the often overlooked paternal side of the family.

The approximate cost of each FAST intervention is \$4600 per month. Most interventions take less than 3 months.

## **Target Youth:**

Adolescents represent 68% of the 950 children completing FAST services over the last three years.

Referred children include those with attempted suicides and failed adoptions; registered sex offenders released from an institution without a living arrangement; youth in police protective custody; dependants of Washington State who live in other states and whose placements have disrupted; and troubled adolescents with severe behavioral issues and a parent who refuses to allow the youth to return home.

## **Numerical Goal and Success to Date:**

Total number of children served in FAST in 2003 in Pierce County: 329.

Total number who completed services prior to the end of 2003: 288.

Of the 288, 141 or 49% were at imminent risk of hospitalization at the time of referral. All met criteria for hospitalization, but FAST staff was able to safely divert all of the 141 youth from hospitalization.

One hundred-forty (140) with a history of disruptions and difficult behaviors were referred because of an emergent need for placement stabilization. Each of these were stabilized in their living situation at exit; 75% united or reunited with a parent or extended family member and the remainder

were in foster homes. Thirty-three youth moved to other states to live with extended family. Finally, seven (7) children were referred because of a failing adoption. The situations were stabilized in five of the interventions (86%). Of the total number of children/youth completing services in 2003, 88% were living with family or extended family at exit.

**See pages 32 and 33 for more detailed numerical data.**

#### **Duration of Services:**

Pierce County, Region V: October 2000 to present.

Western Washington counties in Region VI: 2003 to present.

Region II in Central/ Eastern Washington: 2004 to present.

#### **Genesis:**

Since the early nineties, MH and DCFS have a history of working together effectively in Pierce County.

Prior to the implementation of FAST, DCFS and MH had maintained separate but nearly identical intensive crisis stabilization services with multiple and confusing access points. MH and DCFS wanted to centralize the crisis response system. The local state child welfare agency (DCFS Region V) and Pierce County Mental Health, as well as related providers, recognized a significant gap in services for youth who were experiencing acute mental health crises and for adolescent youth who had disrupted from multiple out-of-home care settings. These youth were cycling between hospitals, group/foster homes and juvenile justice facilities with increasingly poor outcomes.

In 1999 a representative work group from DCFS, MH, CCS and another mental health/child welfare provider met for several months to develop a response to the issue. The three organizations recognized that they needed a new approach to partnership to improved outcomes for adolescents in crisis.

As a result of intensive collaboration between DCFS, MH and Catholic Community Services, the FAST Team started in October of 2000. CCS implemented services through an interdependent contract arrangement: child welfare contracted directly with the Pierce County Mental Health, and Mental Health contracted with Catholic Community Services. Initially, this was a challenging experience for child welfare workers because they were no longer directly authorizing payment for services or monitoring the service provider contract.

Since the original Homebuilder Program was created at CCS in Pierce County in 1974, interventions at CCS had been focused on family connections; however the extensive family searches and connections used now have evolved over time and success has further strengthened the philosophy.

Initially, FAST assumed that 50% of the 40 to 60 youth served at any given time would require temporary foster home placement. CSS therefore developed ten FAST homes in which the role of the foster family was to work with CCS staff to return the child to his or her family or extended family and to function as supports and mentors to the child's family members.

Due to minimal resources, placement was seen as a last resort. Staff worked rapidly to access family members and keep placements as brief as possible, sometimes just one night. If no local family member was available for a child who was referred at 11:00 PM, CCS staff were on the phone within two hours, searching for extended family members and treating this crisis as a medical emergency. If necessary, staff called in the middle of the night, explaining, "Your nephew is having a really rough time right now. He's lonely for his family. Is there any way you could come and spend some time with him? If we can get an airline ticket (or bus ticket, gas money, etc.) for you tomorrow?"

CSS staff were surprised at the high percentage of extended family members who said, "Absolutely! I'll be there!" And equally surprised (and saddened) to hear, "I've been searching for my grandson for 10 years. I tried to take him in when his mother went to prison, but the state said he had to go to foster care. I've been here the whole time, wanting him." When family members arrive, a team meeting is held and often a plan is developed for a family/extended family member as caregiver. As a result, placements have remained brief and outcomes have exceeded expectations. It turned out that the limited foster home capacity developed met the need. (Obviously, safety is paramount, and background clearances, home studies (as needed), ICPC agreements, etc., are completed prior to moving a child to a relative home.)

*continued on page34*

Who Received Services	Jan-Jun 03 and %	Jul-Dec 03 and %	TOTAL and %
Consumers Served	187	201	329
Consumers Exiting Services	144	144	288
<u>Age of Consumers</u>			
0-5	2 - 1%	7 - 5%	9 - 3%
6-12	43 - 30%	48 - 33%	91 - 32%
13-17	99 - 69%	88 - 61%	187 - 65%
18+	0 - 0%	1 - 1%	1 - 0%
<u>Medicaid Eligible</u>			
Yes	96 - 67%	91 - 63%	187 - 65%
No	48 - 33%	53 - 37%	101 - 35%
<u>Ethnicity</u>			
African American	10 - 7%	18 - 13%	28 - 10%
Asian/Pacific Islander	4 - 3%	3 - 2%	7 - 2%
Caucasian	98 - 68%	93 - 65%	191 - 55%
Hispanic	4 - 3%	1 - 1%	5 - 2%
Multi-Racial	16 - 11%	26 - 18%	42 - 15%
Native American	12 - 8%	3 - 2%	15 - 5%
<u>DCFS Involvement</u>			
Yes	61 - 4%	74 - 54%	135 - 47%
No	83 - 58%	70 - 49%	153 - 53%
<u>Primary Referent</u>			
DCFS	52 - 36%	64	116 - 40%
RSN	92 - 64%	80	172 - 60%
<u>What They Received</u>			
Average Face-to-Face Response Time	1 hour	1 hour	1 hour
Average Face-to-Face Time	88 hours	134 hours	111 hours
Average Non-Face-to-Face Time	36 hours	52 hours	44 hours
Average Days of Service	79 days	89 days	84 days
Consumers Receiving Medication <u>Management/Psychiatric Evaluation</u>	49 - 34%	67 - 47%	116
Consumers Receiving <u>Formal Respite Services</u>	20 - 14%	28 - 19%	48
Consumers Receiving <u>Active Family Search</u>	46 - 32%	93 - 65%	139
<u>With What Result</u>			
Referral Reason/Service Goal			
Hospital Diversion	84	57	141
Met	84 - 100%	57 - 100%	141 - 100%
Unmet	0	0	0
Stabilized Placement	58 - 100%	82 - 199%	140 - 100%
Met*	58 - 100%	82 - 100%	140
Unmet	0	0	0
Failing Adoption Prevention	2	5	7
Met	2 - 100%	4 - 80%	6 - 86%
Unmet	0	1 - 20%	1 - 14%

\* Jan-Jun '03 - 44 children living in family/relative home; 14 living in a foster home

\* Jul-Dec '03 - 61 children living in family/relative home; 21 living in a foster home

	Jan-Jun 03 and %	Jul-Dec 03 and %	TOTAL and %
<u>School Involvement</u>			
Enrolled			
At Intake	102 - 71%	96 - 67%	198 - 69%
At Exit	137 - 95%	123 - 85%	260 - 90%
<u>Connection With On-Going Supports</u>			
No Formal Systems			
At Intake	60 - 42%	65 - 45%	125 - 43%
At Exit	18 - 13%	28 - 19%	46 - 16%
<u>On-going Mental Health Services</u>			
At Intake	47 - 33%	34 - 24%	81 - 28%
At Exit	68 - 47%	53 - 37%	121 - 42%
<u>Other System Services</u>			
At Intake	37 - 26%	45 - 31%	82 - 28%
At Exit	58 - 40%	63 - 44%	121 - 42%
Consumers Relocated Out-of-State to <u>Live With Family at Exit</u>	9 - 6%	19 - 13%	28 - 10%
Consumers Living With Family or Relatives at Exit	130 - 90%	123 - 85%	253 - 88%

**Philosophy:** First and foremost, staff work to strengthen the parent(s) so that they can provide a home for their child. At times, however, due to termination of parental rights or other legal and safety barriers, this is not possible. Even then, every effort is made to engage parents in the planning.

**Structure:**

FAST is comprised of two teams of seven Care Coordinators and Therapists and one Family Support Specialist. Teams have access to a paraprofessional pool of Community Support Specialists as well as FAST homes (licensed short-term foster homes). FAST teams share one full time child and adolescent psychiatrist (medical director) with two wraparound teams. FAST teams also have access to two Family Partners and a Licenser. FAST teams are supervised by team leaders who report to the Intensive Resources Director, and ultimately the System Director/Vice-President, CCSWW. A total of 50 staff work with families referred to FAST, but, because Family Preservation is an integrated system, many also work with Wraparound families.

**Case Access/Referral Protocol:** A limited number of gatekeepers from the mental health and child welfare agencies refer children and youth on an emergent basis: to avert a hospital admission, a need for an emergency placement, a crisis pertaining to a failing adoption, or a severe crisis in the youth's home.

FAST has a policy of "no eject, no reject." No child is denied access when referred by a gatekeeper and no child has ever been ejected from CCS FAST. The average face to face response time is one hour, though the CSS contract with the state calls for a six hour response.

**Collaborative Contract:** Mental Health DCFS, and Catholic Community Services developed the service framework including target population, access/gatekeeping, service philosophy, parameters and outcomes. Essential elements in the contract were programmatic flexibility; administrative simplicity (a single contract and a minimum of process regulation and monitoring); financial flexibility; and performance based on a small number of selected outcomes. An intergovernmental agreement was made between DCFS and Mental Health that determined the competitive process was not required. They used basic state contract boilerplate requirements and a rate payment for a minimum number of youth served. A framework for performance monitoring was established. Every six months, the following outcomes are measured: was the reason for referral met? Was school participation attained? What was the level of family satisfaction? What is the living situation? What involvement is there with other child-serving systems?

**Philosophy:** Upon referral, FAST staff seek to stabilize the situation with an individualized response. Services are home and community based and provided at times convenient to the youth and family members (generally evenings and weekends). Interventions are approached with a sense of urgency toward stabilization and permanency. Staff look for the "unmet need" that may be related to the child's difficult behaviors or mental health issues. Youth and family voice is critical to the success of the intervention.

Most frequently, that unmet need is related to loneliness. Children and youth who are state dependents often have a need for immediate meaningful family connections. A youth with severe mental health issues may feel loneliness stemming from isolation in school, disconnection in family relationships, drug/alcohol involvement, or severe family conflict. Severe behavioral issues improve dramatically when the child gains or re-gains a meaningful connection with a family member, makes a friend, improves school issues, or when family conflict is successfully addressed.

**Resources Available Immediately:** When a mental health assessment is needed, the CCS psychiatrist is scheduled immediately, if needed, the same day. When a youth is referred to FAST from a community location, for instance, an ER, the CCS staff is available to accompany the youth back home along with other needed supports (i.e. paraprofessionals) and can stay for as long as necessary. If the child and family are in need of immediate rest and relief from one another, staff can access a brief respite for a youth in a FAST home. In addition, natural supports are identified and engaged to help.

**Family Search:** For youth who are struggling in placement and feeling alone (generally, dependent children), CSS immediately researches extended family, paying particular attention to the frequently overlooked father's side of the family. Staff begin with an intensive review of the child welfare files, followed by conversations with family members, even if that family member cannot be a resource for the child. Through conversations with the youth and family members, staff are led to additional family members, "Does the family have reunions? If so, who organizes the events?" Birth certificates, death certificates, and obituary notices provide leads. Internet search sites are used (i.e. Prison Locator Services, etc.). CCS staff locate an average of fifty (50) relatives for each child. Generally, ten relatives turn out to be viable options for the youth.

Family members are contacted, and the engagement process is carefully but immediately initiated. Staff initially collects information in a way that minimizes expectations about reunification so as not to create false hopes for the youth or family members before background information has been researched, state social workers and guardians ad litem are consulted, etc. Background checks are completed prior to introductions. Staff keep key decision-makers informed through the process.

**Partnership and Follow-up:** CCS staff work in tandem with DCFS social workers in order to ensure connections with family members will be supported. Family members come together (by conference call if members reside in different states) to discuss how to support the youth, and several plans are developed to be worked on concurrently. Every plan ultimately leads the child back to family, defined broadly. When youth move in with a family member, CCS staff continue to ensure appropriate services and supports.

#### **An intervention example:**

Eli (15) was referred following threats against his mother with a carving knife. After his mother called law enforcement, Eli locked himself in the bathroom and ingested every pill in the medicine cabinet. Due to assaulting police, Eli was transported in restraints to a local emergency room for treatment. After a medical assessment and treatment, it was determined that Eli met criteria for a psychiatric hospitalization. FAST was called.

Eli's mother tearfully refused involvement insisting that her son return to foster care, where he had lived during her recent stay in prison. Eli initially sat in silence, eventually interacting with FAST staff to talk about frustrations in school, at home and with friends. He said he took pills because he was angry with his mother who had been battling addictions for years. His mother threatened him with foster care, angering Eli further. He said he would never live in a foster home again.

Asking Eli about a time he had fun with friends or family members and about a favorite grandparent, aunt, etc, staff learned his father might be living five hours away and that he had a favorite uncle whom he hadn't seen since age 7 when his dad left. With the exception of one visit from his grandparents, Eli had experienced no contact with his father's side of the family since. Eli's mother agreed that his dad might help but didn't know how to locate him. By 11 p.m., FAST staff had initiated a family search. By 1:00 a.m. they had located the father in central Washington and the grandparents 60 miles east of the father. When FAST staff contacted father asking for his support, he said that he had missed his son every day for eight years.

Upon hearing this, Eli appeared more hopeful and agreed to a short stay in a FAST home. Following background clearances the next day, CCS staff drove across the state to visit Eli's father and grandparents. Eli's father enlisted his own brother to visit Eli the following weekend and the grandparents also became involved. A family meeting, including Eli, Mother, and Dad and his family was held. Following meetings, clearances, and a home study, and with mother's approval, the decision was made that Eli would move to his father's home in central Washington. To help meet Eli's need for structure and supervision, Eli's uncle moved in with Eli's father to supervise him when his father was working. Eli's mother began attending AA meetings, hopeful that she could improve her relationship with her son over time. FAST staff worked with the school to which Eli would transfer and connected him with mental health (and medication monitoring) services in his new neighborhood.

### **Focus on Youth Permanence:**

Fast focuses on connections and reunification with family, based on the belief that; a) every child has a family; b) loneliness is the primary issue many of these children and youth face, with the “unmet need” being meaningful family connections; and c) the single most identified variable contributing to positive outcomes for children involves meaningful connections and lifelong relationships with family members (including fictive kin).

### **Youth Involvement in Finding Permanency:**

CSS obtains information from DCFS files, parents, relatives, social workers, past foster parents, and youth, considering all information potentially relevant. Staff reserves judgment and avoid assumptions based on old or possibly inaccurate historical data.

### **Post Reunification or Unificaton Services and Supports:**

After reunification, CCS staff remain connected with the family and ensure that follow up services and supports are provided as needed. For children who have moved with family out of the area, staff arrange services in that community. Formal supports and connections with natural supports are given equal importance.

### **Partnerships:**

FAST is a partnership between Catholic Community Services, the Pierce County Regional Support Network (Mental Health), and the Division of Children and Family Services Region V.

### **Implementation Challenges, System Barriers, and Solutions:**

**Clear Directives:** As with any new endeavor, the implementation of FAST in Pierce County created some ripples with mental health and child welfare professionals. From the beginning, Region V DCFS and the Pierce County Mental Health sent a message to all stakeholders: our current approach with youth in crisis is not as effective as we need it to be, so we are trying something new. The FAST Team and the family will have the responsibility and authority over intervention decisions and will involve others through family team meetings.

Included in the message to stakeholders was information pertaining to what could be expected during a FAST intervention, as well as intended outcomes. Roles for various professional participants were initially defined and then refined as the approach evolved and matured. In the first year, administrative involvement was needed to facilitate FAST staff’s immediate access to information. The Regional Administrator (DCFS) resolved the issue by directing her staff to make the full case record available for FAST staff within 24-hours of the referral or the next business day.

**System Challenges:** Initially, DCFS social workers, CASAs, and the courts had difficulty accepting any placement other than traditional foster care because of the perception that there is less risk in out-of-home care. Staff in systems working with adolescents had a long-term, distrust of relative placements. DCFS social workers had difficulty because FAST staff were exploring placement with relatives whom DCFS had “written off” years earlier. This issue was resolved for the most part during the initial six months of the FAST contract through strong administrative support.

Social workers had a limited understanding of the managed care approach in the contract. Staff working in child-serving systems initially had a tendency to label youth Mental Health kids and DCFS kids, thus perpetuating the battle over who had responsibility for the youth.

For dependent youth the DCFS social workers had ultimate placement authority, but were expected to make these decisions in the context of a team and maintain an openness to reunification as well as kinship care possibilities.

A few early misunderstandings arose between CCS and DCFS around court order content and dependency court strategies. FAST staff didn’t always receive court orders from DCFS social workers in a timely manner and at times didn’t understand the orders or misunderstood them, creating difficulties for the DCFS social workers in court. FAST staff didn’t always maintain frequent communication with DCFS social workers. Both the court order issue and the communication issue were resolved through additional training.

**Mental Health:** The more traditional mental health centers had difficulty when youth they were serving entered FAST in crisis late at night and on weekends. FAST therapists had to proceed without consulting with the previously involved clinician.

The pace of FAST's involvement was also a struggle for mental health providers. A therapist who has worked for months or years with a youth on issues about her long lost father tends to object to FAST changing the treatment plan. Mental Health administrators clarified and reiterated the role of CCS in the intervention, stating that family members and CCS staff would "drive" the interventions and would team with other professionals and natural supports as appropriate. The FAST Team would not be expected to wait until the current clinician was available for consultation, but would set up a team meeting within a few days of the referral. As the roles were re-clarified, and relationships developed, mental health center staff became increasingly comfortable with the FAST Teams. Difficulties continue but tend to be resolved. On occasion, administrative intervention on individual cases is necessary.

**Communication Conflicts:** CCS services are provided in the home and community. CSS staff carry cell phones and pagers but at times it is difficult to reach them. This was a problem only during the first 6-12 months of the contract; through persistent efforts to maintain clear communication, conflicts of this nature are currently infrequent.

**Staff Boundaries:** Current struggles internal to CCS pertain to ensuring that the work does not negatively impact the quality of life for FAST Staff. Staff say they love the adventure, rewards, excitement and mission. However the work is unpredictable (with regard to scheduling), intense, and involves long evening and weekend hours. CCS leadership and staff are working on strategies that encourage staff to have sufficient personal time.

#### **Reasons for Success:**

##### **System:**

**1. Collaboration:** The most critical element for success is the consistent support and commitment of funders; Pierce County Mental Health and DCFS Region V. Excellent relationships have developed between the Mental Health Children's Services Manager, the DCFS Region V Administrator and CCS leadership and the mutual support, commitment and relationships have allowed open communication, problem solving and continued evolution.

**2. Data:** Outcomes were tracked from the inception, strengthening the likelihood of continued funding and resulting in widespread support for the service.

**3. Bureaucratic Flexibility:** The flexibility and simplicity of the contract was essential, as was the willingness of DCFS and Mental Health to coordinate one contract so that CCS did not have to provide services under two separate (and different) contracts. Because FAST is contracted through the mental health system, payment is electronic and immediate.

**4. Access to FAST by gatekeepers is simple and efficient 24/7.** Gatekeepers make one call to the FAST pager, the call-back is immediate, and the amount of information necessary is minimal. At times, the information consists of "His name is James Williams, he is 15. He has been violent in the foster home and cannot go back and says he has no reason to live. He's in the Triage Center and has been restrained." Staff are dispatched immediately and generally arrive in less than one hour.

### **Provider Specific:**

1. **Sense of Urgency:** CSS communicates a sense of urgency to family and other professionals concerning lifelong family connections.
2. **Staff:** CSS hires staff who are free to work day and night responding immediately to crises and traveling to find family (unfailing flexibility to identify unmet needs and act instantly). CCS looks for mission-driven, adventurous individuals who have little need for predictable schedules.
3. **Absolute Unconditional Care.** CSS takes any youth referred by FAST gatekeepers and never ejects a child/youth from services.
4. **Training:** Staff develop skill sets pertaining to extensive family search, enthusiastic engagement, careful connections, and strong ongoing support. Frequent trainings are held with proficiency measured by testing.
5. **Flexible Funding:** Immediate access to flexible funding as necessary for emergency needs, concrete supports, travel, etc.
6. **Culture:** An informal open culture with on the spot supervision and acceptance of mistakes as part of the process. Noisy celebrations of successes. Optimism and a belief in the strengths of every child, youth and family member.

### **Formalization of Practice/Sustainability:**

FAST is currently funded in Pierce County and is spreading to other counties in Western and Central Washington. Increased formalization of guidelines regarding essential service components is ongoing.

### **Recommendations:**

1. Develop relationships with child-serving system leadership by serving children and families unconditionally – no reject, no eject.
2. Track and report outcomes.  
Provide immediate access to services (for gatekeepers) and immediate response to gatekeepers.
3. Provide face to face response to youth/family within two hours or less.
4. Communicate urgency in identifying and meeting unmet needs.
5. Hire adventurous and innovative staff with excellent skills in engagement.
6. Provide ongoing training and support for staff to improve specific skill sets. Include “think tanks” when staff are stuck. Make trainings entertaining and engaging. Teach non-traditional skill sets (i.e. hire a magician to teach staff magic tricks to use in engaging children, youth and family members).
7. Nurture an open culture where staff feel supported when mistakes are made. Have noisy celebrations of successes. Create a culture of energy and optimism focusing on strengths and gifts of staff, as well as those served. Post banners with mission-driven statements (i.e. “whatever it takes”, “never ever give up”, “color outside the lines – there’s more room there”).
8. Believe passionately and sincerely in the mission and communicate that belief.
9. Create a flexible and uncomplicated contract with as little time as possible needed for administrative activities.
10. Ensure that payment to the provider agency is immediate in order to protect cash flow problems (essential to meeting families’ concrete needs).
11. Design a system with immediate access to flexible funding. Include safeguards to ensure excellent stewardship of the dollars.

### **Budget and Funding:**

The Family Preservation System annual budget is \$12 million annually, including Wraparound, FAST, and other related services provided in 8-10 counties in Washington State. FAST in Pierce County is funded at \$3 million/year. Funding is shared equally by Mental Health and DCFS. The approximate cost of each FAST intervention is \$4600 per month. Most interventions take less than 3 months.

# **Intensive Family Reunification (IFR) Child and Adolescent Placement Project (CAPP) Marion County Juvenile Court, Indianapolis**

## **Person Responsible for Implementation:**

M.B. Lippold, Marion County, Indianapolis, (317) 924-7505 and mblippold@mcjc.net

## **Brief Description:**

Intensive Family Reunification (IFR) at Marion County Superior Court, Juvenile Division, uses a three phase model over a period of fifteen months to reunite adolescents who reside in institutions (both delinquents and abused or neglected children). The goal is to remove all the barriers that would prevent the youth from returning home. Contracted private agencies provide the services.

**Phase 1:** Preparation for return home (up to 42 days). Within one week of referral, services begin with the family, the youth, the residential facility, the young person's home school and others who may be pivotal in the successful reunification process.

**Phase 2:** Intensive Services (3-4 weeks): Services are provided using the Homebuilder's Intensive Family Preservation model for up to 20 hours a week;

**Phase 3:** Increasing Family Independence (up to 12 months): Community-based services are identified while the contracted agency provides case management, advocacy and parent education. Services decrease in intensity throughout the year, although an intensive crisis intervention period of up to four weeks is available if needed (provided in one week increments).

IFR includes both welfare and probation cases and is part of a larger effort of Marion County's Child and Adolescent Placement Project, which includes family preservation, wrap around, intensive home based services and reunification. The Child and Adolescent Placement Project (C&A) is a joint project between the welfare system and the juvenile justice system, based on an agreement between the juvenile court judge and welfare department. The agreement states that the C&A Placement Project will oversee most programming for abused, neglected and delinquent children.

## **Numerical Goals and Success to Date:**

IFR works with thirty-five (35) youth a year. Outcomes have varied somewhat over the last several years but average numbers follow:

Phase 1: 70% of the youth go home within the first 42 days

Phase 2: 85-90% maintain in the home through Phase 2

Phase 3: Approximately 74% remain home for one year following reunification

**General:** Over the last ten years, 250 youth have been referred to IFR. Based on follow-up research completed during the first three years of the program, 130 have been able to remain with their families until they reach adulthood. Approximately fifty (50) youth have been committed to the Department of Corrections and another seventy (70) have needed additional out-of-home placements.

**RTC Length of Stay:** When the project started in 1994, the length of stay was two to three years; now, in 2003, it is 8 months. Occasionally a youth may return to an institution; however, this is not seen as a failure, but as the cycling of mental illness: if a youth has a breakdown, it does not mean he or she can never leave an RTC. The goal is to maintain a youth in the community when the mental health issues are not severe enough that a placement in a structured setting is necessary for safety reasons.

(As an example, a sixteen year old youth had been in institutional care outside Indiana for seven years when IFR started. His mother had been in dire straits and he didn't remember her. After IFR, she pulled her life together and brought him from Wisconsin back to Indiana. When he was seventeen the living arrangement fell apart, but the success is that for one year he was in a home with the mother. When that placement fell apart, she stayed in touch and visited. Although he did not remain out of residential care, he did establish a new, possibly lifelong, connection.

**Cost Savings:**

**1993:** 83% of the county children's budget spent on institutional placements.

**2003:** 50% of budget spent on institutional placements.

**1994:** Marion County spent \$31 million on institutional costs with approximately 500 children removed for abuse and neglect

**2003:** The county spent \$17 million on institutional costs with 1800 children removed for abuse and neglect. In short, triple the number of children were removed but the county has decreased institutional placement costs. (This cost savings is due not just to IFR, but to many programs.)

**Duration of project: 1994 to present****Genesis:**

In 1994, 83% of the county's overall family and children's fund was spent on institutional placements. It had jumped from \$7 million to \$31 million in six years, rising 31% a year because of institutional placement (RTC and group homes, hospitals, and therapeutic foster care). The City-County Council (the funding body) was concerned. Two people were hired to work on this issue, a program manager with an M.B.A. and an M.A. in Clinical Psychology with therapy and court-related experience, and an attorney with court-related experience working with the parents of abused/neglected children.

**Persons Selected:** As in other model programs, hiring the right personnel is critical. In Marion County, the program manager's credentials and experience were important. She not only had experience in therapy, so she knew what could be expected from therapy and treatment, but she had business credibility and could competently consider strategies and costs. Additionally, she firmly believed that having children in institutions was not a good thing unless they were so damaged that they were going to hurt themselves and others constantly. Likewise, the attorney hired had vast experience with the Marion County Court System developing contracts and overseeing programming.

**Structure:**

**Staff on project:** 1 attorney, 1 program manager.

**Start-up:**

**On Site Visits:** The newly hired program manager and attorney visited all facilities in the State of Indiana used by Marion County and asked each facility what would make it possible for each Marion County youth to return home. In each case, the facility said that if more intense services were available at the home and if the facility could work with the family while the youth was in care, it would be possible to send the youth home.

**Work with Family:** The first step for the CAPP Team was to increase bed space capacity within Marion county so that an RTC could work with the family (otherwise, travel considerations made it impractical). Secondly, the county required in the RTC program contracts that the family must be involved in the treatment process.

**Length of Stay:** The RTCs had been providing two year programs. The program manager insisted on a six month stay. Because the program manager had worked in Michigan where discharge planning began the day a child entered a facility, she also insisted on this. The complete backing of the juvenile justice and child welfare system gave her the authority to make these demands.

**Programming:** What must be done to reunify a youth who has been out of his or her home for two to five years was the question. First, everyone must prepare for the homecoming, (Phase I – 42 days). Next, what must be ready when the youth comes home? Strong services must be available to help that family or the youth won't make it (Phase 2). Third, how can you make sure the reunification remains in place after Phase 2? The family must be supported with gradually decreasing resources (Phase 3).

Phase I: The worker meets with the family, with the youth, goes to the family when the child visits, makes sure there is a bed and dresser (often families had sold these), coordinates with the school and the IEP. This last component had been overlooked previously. (Originally Phase I was to last for thirty days, but the school system needed more time for the IEP; without the IEP, reunification ran into trouble).

**Phase 2:** Homebuilders was hired to do an initial training of staff so staff could provide intensive services when the youth returned home (3-4 weeks).

**Phase 3:** Although the IFR program had hoped that services would enter and exit quickly, the families' major issues meant that services had to be decreased gradually. In the end, IFR established a three phase program that totaled fifteen months. At some point after reunification, the youth's behavior may disrupt severely, and IFR may provide a week of intensive services up to four times during a twelve month period. (In actuality, the agencies don't use this remedial week very often.)

**Key Personnel:** An attorney, a program manager and a division manager liaison in child welfare. The project attorney and child welfare legal division do the contracts and the program manager oversees them.

**Networking:** The program manager plays a networking role between the legal system and child welfare systems. Initially, she scheduled multiple meetings with both systems to present her suggestions. When both systems agreed, she was instructed to develop programming that could bring children home and to develop local placements.

**Momentum:** The program manager held meetings, did minutes and assigned everyone a task. Even now, for instance, the judge receives a work plan every month that highlights what must be done by the time of the next meeting.

Despite difficulties, the program evolved and a team coalesced. However, difficulties remain. Permanency planning meetings, where policy decisions concerning children are made, are now scheduled every five to six weeks. These include all CAPP programming (not just IFR). Participants include the director and chief legal person from child welfare, three child welfare division managers, the head of the Guardian ad Litem program, the chief probation officer, the juvenile court judge, the program manager and the attorney. (In the past the Mayor's office also participated, but not in the current administration).

**Continued On-Site Visits:** The program manager, attorney and three division managers visit each facility every three months. If the youth has been in care more than one month, they ask specific questions about the steps necessary for the child to achieve permanence. If any system barriers are identified, specific action is taken to address those barriers. (For example a foster care licensing issue was recently identified and steps have since been taken to expedite this licensing process.)

**Home Visits Required:** The program manager insists that the therapist or case manager from the placement facility conduct one home visit before making any recommendations for reunification, believing that it is impossible to work with a youth without having seen his or her bedroom; seeing a youth's bedroom and how the family is laid out gives you more information than ten sessions.

**IFR Contracted agencies:** When contracting with private agencies for the IFR program, Marion County chose private agencies who focused on counseling programs. Together, the county and private agencies developed the referral criteria and outcomes in the first three months of the project. The program manager meets regularly with the contracted private agencies who provide IFR services.

**Resources:** Discretionary funds of up to \$600 are available to the family with appropriate documentation and without demanding jumping through special hoops.

**Case Access/Referrals:** Youth are referred in three ways: 1) by a worker who thinks the youth may be ready to return home. The social worker schedules a staffing with a division manager from the welfare system and a representative of CAPP; 2) by the CAPP Team visiting a facility, who believes the youth is ready for discharge. The team asks the worker responsible to schedule a staffing; or 3) by a facility that says the youth is ready to return home. The facility makes that recommendation to the assigned worker who schedules a staffing.

**How a Youth Is Assigned to the Project:** After a staffing has occurred, the assigned worker prepares an affidavit for the Court and a Motion is Filed with the Court (in child welfare cases) or a memo is sent to Court (in probation cases). A referral packet is sent to the Child & Adolescent Placement Project and it is held until the court order is complete. The program manager personally reviews each child put into the program. This process can be time-consuming and cumbersome with its requirements for a court order, a separate referral form and a different referral process. The county is working on simplifying the process.

**Focus on Youth Permanence:** The project is not geared specifically to teens – there are younger children in IFR. However, because the project focuses on RTCs, which primarily house youth over ten, most IFR youth are over ten years old.

**Youth Involvement in Finding Permanency:** There was no youth involvement during the development of the process other than interviews with youth about going home. The CAPP team always asks professional staff during audits where the youth would like to live, but they are not part of the formal staffing process. Ideally, youth and their families should be involved, but the logistics of that are overwhelming. The program has reunified youth with natural parents, aunts, uncles, grandmothers, and others.

### **Post-Placement/Adoption Services:**

See Phase III of the IFR Project above.

### **Partnerships:**

Juvenile Courts, Child Welfare, Congregate Care Facilities, and IFR contracted services agencies.

### **Problems:**

**Congregate Care Facilities:** At the beginning, there was a great deal of resistance from congregate care facilities. If a youth was an ex-offender, no one considered returning him or her home – the youth had to be completely cured before he could be released from a facility.

As the county continued its focus on IFR and community-based programming, one 72 bed institution didn't receive enough placements and so didn't break even. It closed. Thirty youth had to be moved. The county lost the facility and some excellent home-based programming. This scared everyone but the county is now at a point where capacity and need are balanced. In fact, because the youth referred now are tougher and younger, institutional placements are rising and costs are going back up.

**Turf Issues:** Some local child welfare directors have had concerns with the project's program manager (not a state child welfare employee) writing proposals and overseeing programs which state employees administer and refer to. This is probably because the juvenile court judge has been a vocal critic of the state over the years. However, the judge can remain critical and the program manager mediate, the two taking equally important but differentiated roles. There has never been a problem on this issue with probation.

**Staff resistance:** Welfare Case Managers were reluctant to make referrals in the beginning. Several new programs were developed at the same time and there was some confusion about what services were appropriate for which youth.

### **Solutions:**

**Training Facilities' Staff:** After ten years and a great deal of training at the RTCs and group homes, the staff from these facilities now recommend youth to the program.

**Training Social Workers:** In the beginning, the program brought Homebuilders to do training with providers and with workers. The program also sent social workers out to Washington State to observe the family preservation program.

**Meetings, Networking:** Multiple meetings were held to discuss the project and develop guidelines for referral and outcomes. Program personnel provided constant education and reeducation as new administrators and new therapists entered the systems.

**Success:** When a social worker saw a youth return and do well and when the case could be closed, the social worker became less suspicious.

**Congregate Care Facilities:** Some facilities embraced IFR and became provider agencies.

### **Political and Systems Barriers:**

The frequent changes in administrative leadership are a huge challenge to maintaining communication, as well as the structure and balance between the systems. Whereas the former mayor was actively involved in child welfare issues, the new mayor does not have this as high a priority. As a counterbalance the City-County Council that allocates funds has been supportive.

### **Reasons for Success:**

**Luck:** The timing was good and everyone was in the right place at the right time. During the 1980s, juvenile court and child welfare had disagreements about various issues. By the mid-nineties when the program began, both sides were willing to start working together anew.

**Follow-through:** The program's structure makes it difficult for cases to fall through the cracks because of the regular visits to facilities by the program administrators and the quarterly meetings with providers of all services. CAPP staff also regularly trains child welfare and probation staff about all community-based programming available, including IFR.

### **Formalization of Practice (Sustainability):**

Through several changes in administration and the seventh welfare director in ten years, the program has remained in place. However, each time a new administration arrives, the program must find out if the new welfare director wants to continue. Sometimes a welfare director feels that the court is too involved in welfare's business and the situation becomes strained.

Presently the program is person dependent. It is hoped that it will be integrated thoroughly into the fabric of agency practice and policy so that it will survive current personnel and achieve long-term sustainability.

### **Recommendations:**

1. Dedicated personnel must be assigned to develop and implement new programming.
2. Training must be continual and cross systems.
3. The right provider agencies must be chosen, those willing to "do what it takes" to maintain children within the community
4. Outcomes must be closely monitored to identify any challenges and address them before serious issues develop.

### **Budget and Funding:**

1994: Program Manager: \$40,000 per year (contract without benefits)

Lawyer: \$50,000 per year (contract without benefits).

Total: \$90,000 to start up.

In 2004, the cost has increased because the above two staff persons receive benefits. However, the two persons and the project are responsible not only for IRE, but for several programs related to child welfare as well as for programming specific to the delinquent population (including psychological evaluations).

**Cost of Services from the Contracted Agency:** \$1000 a month for each child, available up to fifteen months, less if the case doesn't remain open that long. (The \$600 of discretionary funds is included in the per month fee.) An average case is open approximately seven or eight months. If more than one child from a family is involved, a rate is negotiated. Continuation of services and payment is kept in place even when the case has been closed in the system. This is unusual but was put in place to help families maintain youth in their homes as much as possible so that further court intervention is not necessary.

**Funding:** Indiana has a state administered system with state employees through the Division of Family and Children, but dollars for the vast majority of services for abused/ neglected/delinquent children come from local county tax levies. The State of Indiana has obtained a IV-E waiver, which is being used for cases enrolled in IFR, but no other State funding is available for this project.

# **Life Long Family Connections (LFC) Massachusetts Families for Kids with State of Massachusetts**

## **Persons Responsible for Implementation:**

Kim Stevens and Mary LeBeau, Co-Directors, Massachusetts Families for Kids, Children's Services of Roxbury, 520 Dudley St, Roxbury, 02119, 617-989-9446 (Kim), 413-586-2303 (Mary) [kstevens@csrox.org](mailto:kstevens@csrox.org); and [mlebeau@csrox.org](mailto:mlebeau@csrox.org)

## **Brief Description:**

Lifelong Family Connections for Adolescents (LFC) is a statewide initiative that uses seven components to develop life-long family relationships for adolescents in the foster care system. All components are youth-driven, strengths-based, and culturally competent. Working in partnership with youth and the significant adults in their lives, a youth-specific permanency plan is created that affords the youth the most legally, emotionally, and physically secure family relationship possible upon exiting foster care.

The seven components are: 1) Family Consultation Team (FCT); 2) Community of Care Review; 3) Specialized recruitment; 4) Family Bound Youth Training (adapted from Lewis and Heffernan); 5) PATH adult training (adapted from Spaulding for Children); 6) Speak Out Team (youth advocacy/peer support group) and 7) Post-connection supports.

Under the 2001 state contract, three area DSS offices referred cases. Currently in the federal Adoption Opportunity Grant, six DSS area offices, one in each state region, will refer cases.

## **Numerical Goal and Success to Date:**

Since 1998, a total of 406 agreements have been achieved on behalf of children and youth, including the following outcomes specific to the adolescent permanency model:

A. In 2001, a pilot project (named Family Works West) referred thirty-three (33) youths. Twenty-four (24) received services, twenty-four (24) were matched with connections.

B. In 2003, a State of Massachusetts contract referred twenty-seven (27) youth; twenty (20) received services. To date, six (6) youth have been placed with connections; nine (9) youth have identified connections and are in the Family Consultation Team process; the remaining five (5) receive services but a connection has not yet been identified.

C. From October 2003 to September 2008, a federal Adoption Opportunities Grant envisions 125 referrals with 100 youth receiving services. MFFK will provide training, supervision and support for six regional Massachusetts child welfare offices. Direct services will begin in spring, 2004.

## **Duration of project:**

- Pilot Project: February 1, 2000 to February 28, 2001. Funding received from the regional discretionary budget of the State of Massachusetts Department of Social Services.
- State Contract: March 1, 2003 to present
- Federal Adoption Opportunities Grant: October 1, 2003 to September 30, 2008:

## **Genesis:**

MFFK was originally a Kellogg project focused on ensuring that all children and youth in foster care found their way to a permanent, stable family in a timely fashion. The former director and one current co-director have a personal interest and commitment to adolescent permanency issues,

having themselves adopted youths. Both the former director and the other co-director have extensive professional experience in placing older children and youth in adoptive families. This is a critical point insofar as nearly all innovative model programs have champions who are often personally involved.

### **Staff on Project**

Two Co-directors and 4 staff on LFC Program supported by Adoption Opportunities Grant.  
3.5 FTEs, including clerical on non-federal grant work with adolescents

### **Structure:**

MFFK works under the auspices of Children's Services of Roxbury. All MFFK staff, including co-directors, performs direct service with youth. Additionally, all staff provides training in the model.

MFFK uses the following seven components in the LFC program: 1) Community of Care Review: reviewing his or her life with a young person as to whom they felt safe with, whom they want to be connected with, etc.; 2) Specialized recruitment; 3) Family Consultation Team (FCT-similar to Family Group Conferences): All interested parties gather in a permanency planning team, including social workers, lawyers, counselors, possibly teachers and family connections, etc., for one or more meetings to devise a group collaborative plan and a contingency plan; 4) Family Bound Youth Training (adapted from Lewis and Heffernan); 5) ) PATH adult training (adapted from Spaulding for Children) for families who will become permanent connections; 6) Speak Out Team youth advocacy/peer support group \* 7) Post-connection supports as needed.(See Post-Adoption Supports below.)

Family Consultation Team (FCT) is a permanency planning practice model developed by Massachusetts Families for Kids in 1995 and has provided the foundation for all its permanency planning work, including this project. Through participatory planning on behalf of the child, the FCT© model empowers a child's immediate and extended family. Deliberations focus on issues of safety, support, continuity of relationships and permanency specific to the child's needs and best interests. Permanency can be achieved through reunification, adoption, guardianship, kinship guardianship, kinship adoption and other arrangements that are legally secure. Youth are central to the process (in a way that younger children are not developmentally prepared for) and are in the driver's seat when it comes to planning and making decisions about their lives.

**Case Access/Referrals:** Individual state social workers refer youth through their supervisor and through word-of-mouth. Those that have not come in through the supervisor are screened for appropriateness and approved by DSS. For the federal Adoption Opportunities Grant, the child welfare department conducted an inventory of youth in the system, including length of stay, age, current goals, and current placement, to identify the area offices with the greatest need. The department will also examine youths with an original goal of adoption that was subsequently changed to ILP or long term substitute care.

At this point, referrals are plentiful and exceed both state and federal obligations.

**Speak Out Team:** The MFFK Speak Out Team, comprised of teens and young adults, ages 12 to 35, who are adopted and/or have experienced the foster care system, talks to social workers, teachers, other youth, the legislature, and others about their need for a permanent family and other child welfare issues. Hearing from a youth's perspective is a crucial tool in helping further the issue of youth permanence with policymakers and practitioners. Speak Out Team youth are also significant role models and sources of information for youth in the foster care system. Speak Out team members have partnered with staff to advocate and train on behalf of permanency planning for older youth.

**Cost of Speak Out Team:** \$50,000 to \$65,000 annually

*Includes:*

1 full-time FTE, salary range \$30,000-\$40,000K

Publications including a newsletter (6,000/annually) and monograph (5,000/bi-annually)

Annual Retreat: \$2,000

Stipends: \$7,500/annually

Travel and Expenses: \$4,500/annually

### **Focus on Youth Permanence:**

From the beginning, the project focused on youth and their need for permanent homes and/or adult family relationships.

### **Youth Involvement in Finding Permanency**

Youth are in charge of the process from start to finish. They are in the program voluntarily and can opt out (and back in) whenever they wish. They identify the people or type of people they want to be connected to. MFFK follows all requests and leads, even when it seems evident they may not be successful. Youth are encouraged to make more than one connection and in more than area of interest. They are also encouraged to think in terms of their careers, education, and other future goals when considering possible connections.

Many of the youth have no goals beyond getting out of state care, turning eighteen and being on their own. MFFK probes to learn about a youth's career interests and sometimes finds a permanent connection in its own network.

It is essential to the success of the model that residential, educational, therapeutic and DSS staff are considered as potential connections, because often these are the most consistent and "connected" adults in the youths' lives. Considering professional staff as possible connections requires that all involved systems reexamine policies and procedures and develop avenues to permit this as it serves the best interests of the youth.

Youth Speak Out Team engagements are another resource for connections.

### **Post Placement Adoption Services:**

In Massachusetts, a legislative line item funds post-permanency support through Adoption Crossroads at Child and Family Services of New Bedford; they provide family based clinical intervention, respite care, support group services, I & R and supportive training. MFFK staff maintains contact with youth and adult connection(s) for a period of at least three to six months following placement through telephone and in person contact. Additionally, MFFK staff work with the youth and family to identify community resources including educational/vocational/career, therapeutic, support group, intervention, etc. that may be needed. LFC youth are connected to Speak Out Team for life.

### **Partnerships:**

MFFK has support in the Massachusetts State Legislature and the backing of the DSS administration. MFFK collaborates with the system of adoption/foster care agencies, courts, and other child welfare concerns in Massachusetts, doing advocacy and attending planning meetings and any adoption/foster care related events, as well as hosting events, and inviting other potential collaborators to join.

### **Problems**

**Finding Funding:** To encourage interest in the LFC model at the beginning, staff hosted and attended State House of Representative events, trained state-wide on the concepts, and developed a pilot model (Family Works West), hoping that the pilot model would show the value of the project. Although some saw the benefits of the model, these efforts were initially unsuccessful in obtaining funding. Grants were then submitted for federal and private funding and MFFK continued working with its Speak Out Team. In 2003, due to a reduced state budget, the legislature and child welfare department decided that every private contract agency receiving state money must provide direct services with measurable outcomes. The timing was right for MFFK to approach the state child welfare department to propose its direct service model for adolescents at risk of aging out of the foster care system without a family.

The entire process was years long, time consuming and required constant networking, but it paid off in 2003 with the commitment of the commissioner of child welfare to the program.

**Social Worker Reactions:** During the pilot project (2001), state social workers supported the LFC model, but because program staff at residential programs did not, that state contract was not renewed.

With the 2003 state contract, MFFK and the state developed a memorandum of understanding on what the MFFK would do and what the state would do. DSS selected three target offices and MFFK held day and a half buy-in sessions at each site. Even with the administrative directive and the resultant lip service given to the project, resistance, suspicion, and control issues remained significant at area office sites. Convincing people that youths can be involved in their own lives and decision-making continues to be a major barrier.

**The following problems have also been encountered:**

- Resistance to birth families: staff make judgments on whether or not family members should have contact with youth, even though youth invariably seek out family members upon emancipation.
- Lack of attention to what the reality of the youth's circumstances will be after leaving foster care.
- Program staff and social worker are reluctant to think beyond their roles and work with the youth on positive outcomes beyond the immediate future, e.g., "S/he is doing well in the group home (or in the foster home), we completed our goals. That's enough."
- Reluctance or refusal to consider non-traditional connections for youth, especially current or former staff workers
- Staff's reluctance or refusal to allow youth in group care or hospitals to participate in MFFK program components. Staff uses relationships as a reward or punishment for level of care and as a consequence for behavior.
- Quickness to label and pathologize teen behavior.
- Facility and state social worker staff do not always communicate with MFFK about a youth's transfer to a different placement.
- Inability to stay strengths-focused.
- Incomplete or poor miscommunication along and across programs and providers.

**Solutions:**

With the federal grant (2003), MFFK plans to address the above problems up front. Referrals are now plentiful due to worker overload and a paucity of answers about how to help youths who are aging out. However, state social workers have difficulty with the autonomy which the MFFK model gives young people.

To alleviate the problems, MFFK plans the following:

- Engage the youth in staff buy-in sessions and trainings – youth have the greatest impact on changing attitudes.
- Engage supportive DSS workers and residential staff in the training/buy-in events
- Take over some of the ongoing tasks of the state social workers to relieve work and purchase good will.
- Prior to beginning the work with youth, meet with all responsible parties to identify in writing potential safety issues as well as how they will be addressed.
- Remain neutral, non-judgmental and youth-focused at all times
- Find pockets of support and nurture them
- Invite directors and staff to attend all meetings and training.

MFFK's greatest asset is its staff's ability to be patient, persistent and positive. Continually redirecting the conversation to "how does this work for or against 'Johnny's' best interest?" helps focus on the issue. It's useful to ask a worker what must happen for him or her to feel that the next step in the youth's permanency plan can take place, as is asking what he or she might be worried will happen and how it can be addressed. Sometimes, bringing people together in a room is a tremendous step forward – often the people involved in a youth's life have never met each other. DSS and other staff who have embraced the model have begun partnering with MFFK as trainers and peer advisors, which has been positive.

Engaging the Speak Out Team is key; the members act as peer supports and role models to youth. Finally, the success of the model on behalf of the youth engaged in the process is the greatest selling point. As more and more youth achieve permanency and improve their outlook and outcomes, they become the solution.

### Systems Barriers:

- Belief that youth do not want and/or need families
- Fear of trying to do something that might not work, so nothing is done
- Concern that there is not enough time to do the work
- Money for adequate staffing, training, respite, follow-up supports to families and youth and education/vocational training for youth.

### Reasons for Success:

1. **Personnel:** When MFFK started, the people hired were known for the work they had accomplished in the field and were hand-picked by the current or former executive director, who knew which people had the youth permanency vision and would not be frightened by the resistance they encountered.
2. **Belief:** MFFK staff believes completely in the premise that every child and youth deserves to have a family.
3. **Agency Culture:** Staff has been together for years, building a model and a culture that is supportive, fun and energizing.
4. **Youth Involvement:** MFFK engages the youth in the work.
5. **Partnerships:** With the state, adoption networks and group care facilities

### Formalization of Practice (Sustainability):

MFFK educates stakeholders about the model's benefits, hoping to garner support and continued funding for the model. Throughout the state contract and federal grant related work, ongoing peer and group supervision, professional development training, individual consultation and advisory group meetings are held with LFC staff, DSS and other collaterals. This model of sustainability has proven successful throughout the history of the Family Consultation Team. Two products of the federal grant will be a program curriculum and a social worker practice tools handbook.

### Recommendations:

Prior to starting a project, make sure to seek as much buy-in, to provide as much education, and to anticipate as many barriers as possible.

### Budget and Funding:

**2001 Pilot:** \$184,000 paid for 2 full time staff, a portion of an administrative assistant, a portion of a director, plus administrative overhead, travel, expenses and training costs. Twenty-four (24) youth were matched. Funding came out of a regional discretionary budget of the MA DSS.

**Current Grant, Adoption Opportunities:** \$350,000 per year supporting 4.5 FTEs.

MFFK will also use this money to:

- 1) Support Speak Out Team activities
- 2) Conduct a conference to curry buy in from social workers across the state.
- 3) Provide a \$10,000 voucher program for youth who may not find adoption or guardianship.

This is a flexible funding stream used to remove barriers to permanency such as payment for beds and dressers, renovations to a house, legal services, or travel money for preplacement visits. (Funds are currently available for such items in a different state contract with MFFK, but only if the goal is adoption or guardianship.)

#### Budget for MFFK:

Staff:	12 persons and fee for service mediators.
\$295,000:	State line item for Speak Out Team, lifelong family connections, education and training, and a small piece of vouchers.
\$450,000	State line item for permanency mediation
\$150,000	Raised through fundraising, training and consultation with group homes, private agencies and other states who request training.

# You Gotta Believe Brooklyn, New York

## Person Responsible for Implementation:

Pat O'Brien, Director, You Gotta Believe, 1220 Neptune Ave. Suite 166. Brooklyn, NY 11224;  
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## Brief Description:

You Gotta Believe (YGB) is a homeless prevention program for youth. It finds permanent homes for youths who would otherwise be discharged from foster care to no one but themselves. YGB identifies and finds people who know the youths, provides training for the adults, and certifies the adults' home. At YGB, permanence is totally in the mind of the parent/adult. When YGB certifies families, they certify them for adoption. Families do not take the youth unless they understand they are taking them forever. It could be that the youth, for whatever reasons, refuses to be legally adopted or that or he or she isn't freed for adoption yet, but that doesn't mean YGB doesn't find him or her a permanent home.

YGB was started because so many analyses about homelessness determined that between 40-50% of the homeless population come directly from foster care. Hence, despite being an agency that is licensed by the State of New York to "board out" children for foster care and "place out" children for adoption, YGB first and foremost considers itself a homelessness prevention program.

## Numerical Goal and Success to Date:

From 1995 – 2001, YGB placed eighteen (18) youths. Since 2001, when YGB started receiving major funding from the City of New York, sixty (60) youths have placed. It is YGB's goal to place 25% more children each year than the year before.

For the New York City grant, the goal was to place twelve (12) youth in calendar year 2003. The eighteenth youth was placed in December. YGB made a conscious decision to exceed its goal for NYC every year of their three year contract in hopes that this evidence would compel the City to offer YGB a larger contract in the future.

For the Federal Adoption Opportunity Grant, received in 2001, the goal was to place twenty-three youths in the first two years. YGB placed twenty-two (22) children during the first two years of the federal contract.

## Duration of project:

1995: You Gotta Believe Agency formed.

2001: Funding from New York City received; also federal Adoption Opportunity Grant .

## Genesis:

Director Pat O'Brien founded YGB, along with the Board of Directors, among whom are colleagues from his previous adoption agency jobs, adoptive parents and young people who grew up in foster care.

For several years, O'Brien had worked for an adoption agency that placed older kids. His previous place of employment had an adoption contract where they only placed children who had been freed for adoption. O'Brien noticed that, system-wide, for every teen who was freed and wanted to be placed, there were two or three other teens who were not freed, but also not returning home. O'Brien did not want to limit himself to doing adoptions with the legally free, believing that youths discharged to no one also needed permanent homes. Until O'Brien began this work, no one had worked with youths who were not legally free.

YGB has been licensed by the state since 1995. For its first six years, YGB used volunteers working primarily at night. Even with such limited resources, the City made referrals to YGB because of its service. During that initial six years, YGB did all the pre-placement work *gratis*, only receiving pay once they actually placed a child.

In 2001, O'Brien was awarded a three-year recruitment contract by New York City for full-time staff to find and develop families and do the related work that leads to placement. YGB now receives payment for both their pre-placement and post-placement work.

In October 2001, based on the project's unique method of recruiting homes for kids, YGB was also awarded a four-year federal Adoption Opportunity Grant. In a collaboration with Suffolk County, teens, whether free for adoption or not, are referred to YGB, which then tries to find constructive adults for them. Twenty-five (25) children had been placed as of February 04.

### **Staff on Project:**

7 full-time staff and 7-8 part-time staff. No clerical staff.

**Recruiters:** Recruiters are funded by the Dave Thomas Foundation. Instead of funding one full-time staff person, which would cost \$30,000 plus benefits for a total of \$40,000, YGB asked Dave Thomas to fund the \$40,000 and YGB pays several part-time recruiters to go into neighborhoods and talk about YGB, in effect helping the agency run a campaign. Recruiters, who generally work in the evening, show up to community board meetings, churches, flea markets, and anywhere else families might be found.

For recruiters, YGB hires its own adoptive families and youth, people who are former foster children, and sometimes persons from the communities in which the two agency sites are located. YGB's only requirement is that a recruiter take the nine week training class prior to being hired. The time at the training class is volunteer. Hiring experienced adoptive parents is an outstanding role model for potential adopters because these recruiters can talk honestly about the difficult times with adopting youth.

### **Structure:**

**Offices:** There are two offices, one in New York City and one in Long Island. The New York City office has three full-time people, a few part-time staff who help in the office, and three per diem shadow post-placement workers who help the families. In the Long Island office, an Assistant Director runs the daily operation with three full-time staff and four part-time staff.

**Management:** O'Brien directs the project, does the bookkeeping, writes grant proposals, supervises all home studies and ensures that services are being provided. The assistant director handles intake and referrals, conducts training, makes family matches, and interacts with both the families and teens when necessary. Each office has an assistant director.

**Finding Families:** Sometimes YGB presents the youth to families during training sessions; other times, families are found through the youth's connection or perhaps a teacher's idea of a permanent connection, etc. No advertising is done unless it is donated because, while advertising generates phone calls, it does little to get families for these youth.

In 2001, *You Gotta Believe!* began producing a weekly television show for Brooklyn families with cable, "The Adopting Teens & 'Tweens" Cable Access Television Show on Brooklyn Community Access Television (BCAT)\*. The show features teenagers discussing their opinions about family life and permanency for teenagers. Nine teenagers have been placed in New York City as a result of this show – not with people who were watching, but with people in the live audience, which consists of *You Gotta Believe!* families actively looking to adopt children and prospective families going through parenting classes. The teens who were placed became acquainted with prospective and waiting families in the studio audience by sharing the same time and space with them during the taping of the show.

\*The show airs every Thursday at noon and again at 8 pm. You can watch a live stream of this show at [www.bcat.tv/bcat](http://www.bcat.tv/bcat) at the noted times.

**Training for Placement Homes:** YGB offers four classes every week, one at each of four sites. The classes meet three hours once a week for nine weeks. Classes are ongoing and never stop. People are invited to join in the middle of a class.

**Case Access/Referrals:** Youth Referrals are received from city foster care agencies, Suffolk County, and any other municipality with which YGB has a contract. YGB has no kids in care, so it educates others about the excellent resources it provides that a foster care agency might want.

In one case, a youth was referred by a foster care agency. When the youth said that he wasn't interested in being adopted, the agency took back the case referral. O'Brien called the foster care agency and said that wasn't a good solution. He then asked them to give YGB some constructive leads that the youth might be willing to work with. A name popped into their heads at once, it was pursued and eventually the youth was adopted by the cook at his school.

The new (2003) policy in New York City that restricts use of ILP as a permanent goal for youths has resulted in more requests to YGB. Foster care agencies that used to provide only ILP services to the youth are now seeking homes for their children.

Those foster care agency workers who are motivated give YGB access to their children and let them participate in feature videos and other activities. YGB is not currently seeking additional referrals from New York City because there is no extra funding. The current contract with New York City expired March 2004. O'Brien hopes for more funding. If there is additional funding, YGB will seek more referrals and solicit interest from more agencies.

**YGB's Families:** Of the families who come to YGB's training, sixty-five percent (65%) are unattached to a specific child and instead come from the general public. YGB tends to attract people who are dissatisfied with the foster care agency with which they are working. Because O'Brien attends multiple meetings, families receive the impression from his affect and from staff's affect that this is a good place to work and a good organization to work with, that parents will be treated well. People like the down-to-earth approach: no real hierarchy, everyone represents the agency, no formulas, no hard and fast rules. Some foster care agencies put up obstacles with rules and regulations. For instance, YGB doesn't say it's got to be done "our" way on pre placement visits. YGB says let's see what makes sense for this child. The only issue is that the families must accept kids over ten years old.

#### **Focus on Youth Permanence:**

From the beginning the project has focused on youth and their need for permanent, not temporary, homes.

#### **Youth Involvement in Finding Permanency:**

Youth are involved in identifying possible permanent families and parents. Also youths who may have aged out, been adopted, or still need families are invited to provide training to YGB's families. The youth tell families about their needs and what people should know about raising teens. For their time and expertise, youth are paid \$25 for each appearance as a consultant. Youth are happy about the honoraria but are equally excited that someone asks their opinions and recognizes they have something to teach. The urge to be recognized as a valuable resource is also satisfied by youths' presentations on the Cable Access Show

If a youth doesn't want to help train or if it is counter-indicated for the youth's health, a staff person might do a private video with the youth and present it to a waiting family. Or a youth might come to a training session as an observer, become comfortable with the group and meet a family that way.

#### **Post Placement/Adoption Services:**

After finalization, the parents get an adoption subsidy through the foster care agency, to which YGB must transfer the case after a placement is made. YGB does not provide post-adoption services formally, but it does, in fact, follow up with ongoing group services, crisis intervention, and social activities. These services are provided to all YGB families, whether the adoption is finalized or not. For its New York City contract YGB assigns a staff person to follow the case weekly and pays the staff on hourly basis. This person is called a shadow post-placement worker.

Hiring a shadow post-placement worker was a solution to the problem of how to supervise a case without supervising a case. The foster care agencies to whom the case is assigned after placement are excellent at getting the adoption subsidy money and taking the steps to finalize the adoption. However, because a foster care agency mentality pervades their work, they tend to abandon the youth when the going gets rough, as it always does. At this point, the case is out of YGB's control – it has no enforcement capacity. Instead, YGB assigns a shadow worker, i.e., not the real worker, but in fact the only one who checks in on a weekly basis and tries to catch problems when they are small. Having a shadow worker accustoms families to calling YGB when problems arise.

Shadow post-placement workers are seasoned adoptive parents of older kids who have experienced their own traumas with their adoptees. Shadow workers are required to make weekly contact, to meet with the director once a month and to attend YGB's parents support group and let their families know that they will attend.

As stated before, families are not certified to take a youth unless they understand that the youth will not be turned out unless it is for therapeutic reasons, in which case O'Brien works with the family on how to do that. As an example, one youth who was violent, had stopped going to school and stopped getting out of bed in the morning, beat up his future adoptive father before the adoption finalization. The youth had never stayed longer than one year in anyone's house and had never received any significant treatment. Rather than obtaining the necessary treatment, all his former foster parents had abandoned him. He required hospitalization and then an RTC placement. Fortunately, he now had a parent who functioned parentally and orchestrated not only the hospitalization but also the best RTC the system could pay for and the youth stabilized. When he came home from RTC on his first visit, he saw his room and said, "Everything is where I left it." Even though the future adoptive father had visited regularly and arranged for all his care, the youth didn't believe that the home was permanent. The day he came home and saw everything where he left it – that was the day he believed he had a father.

### **Partnerships:**

YGB collaborates with agencies that have responded positively to YGB's philosophy. YGB partners with all types of congregate care facilities and also with two cable access stations.

### **Problems:**

As far as resistance to the idea of permanence for youth., O'Brien avoids agencies likely to be a problem and works with agencies who are not. If an agency asks for a speaker to talk about YGB, O'Brien will spend time there, but he does not try to convince an agency unless it asks.

### **Systems Barriers:**

The major barrier is that people simply do not believe that these youths can be in families. Even if social workers like the idea, they do not believe it. O'Brien focuses on this resistance in his presentations, giving simple recruitment ideas because the recruitment is simple. The complicated part is convincing the audience that placing these youths in permanent homes is possible.

### **Reasons for Success:**

1. **Presentations:** O'Brien is the primary presenter but YGB now has a small army of presenters and all presentations have a major impact. Requests for presentations are rarely declined. With more funding, YGB would be more proactive.
2. **Experienced Staff:** YGB started by hiring experienced people who already knew the work.
3. **Training:** Everyone, including part-timers and recruiters, is required to take the training class on becoming a permanent home for youth. Recruiters cannot recruit until they have taken the class, because their recruiting work is based on the material in the classes. Only board members are exempted from the class. Training classes are a major time investment on YGB's part.

4. **Board Members:** Local neighborhood people, predominantly minority business owners, are involved on the board and include people with business sense, real life experience, and businesses related to YGB's needs, e.g., graphic arts, and signs. Most board members, however, are adoptive and other permanent parents to teens, former foster youth, and progressive professionals in the field.
5. **Flexible Hours:** Make your hours fit your need, e.g., recruiters must be able to work evenings and weekends.
6. **Staff.** Hire people from the community.

#### **Formalization of Practice/Sustainability:**

After the federal grant ends, YGB will be able to continue the program because the agency now receives payment from Suffolk County when it places children. Because of the number of youth YGB has placed, in another four years, it will be able to continue the program without federal money.

#### **Budget and Funding:**

New York City provides \$170,000 a year. The project costs \$210,000 a year; so YGB must raise \$27,000 in-kind cash, which it receives from speaking engagements. In addition, the Dave Thomas Foundation provided funding for one full time FTE. (See below, Staff on Project).

For a number of years, the main problem was finding a bureaucratic organization to fund YGB. The director wrote many proposals that were rejected and during YGB's first five years, the City of New York didn't issue any RFPs. The current City of New York grant has helped move YGB forward. Although all previous proposals to the feds were rejected, City of New York funding provided YGB more credibility and as a result, the feds awarded YGB an Adoption Opportunity Grant with Suffolk County.

Finding funding for full-time staff to do the daily work remains a major obstacle.

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<sup>1</sup> These Guidelines, formally entitled *Implementation of the Adoption and Safe Families Act, Part V: Family-Based Concurrent Planning for Youth with Goals of Independent Living* (June 12, 2003) are available on the ACS website, [www.nyc.gov/acs](http://www.nyc.gov/acs)

<sup>2</sup> See ACS *Permanency Review Guidelines* (March 12, 1999), available at the ACS website, [www.nyc.gov/acs](http://www.nyc.gov/acs)

<sup>3</sup> See ACS, *Implementation of the Adoption and Safe Families Act, Part IV: Guidelines for Choosing a Child's Permanency Plan* (May 16, 2001), available at [www.nyc.gov/acs](http://www.nyc.gov/acs)

## California Permanency for Youth Project

Director, Pat Reynolds-Harris  
Project Consultants, Mardi Louisell and Jim Brown  
Program Administrator, Margot Simmons  
Program Evaluator, Elizabeth Iida, Ph.D.

The California Permanency for Youth Project (CPYP) started January 2003 as a result of a three year grant awarded by the Stuart Foundation.

### **Project Vision:**

To achieve permanency for older children and youth in California so that no youth leaves foster care without a lifelong connection to a caring adult.

### **Project Objectives:**

To increase awareness among the child welfare agencies and staff, legislators and judicial officers in the State of California of the urgent need that older children and youth have for permanency;  
To influence public policy and administrative practices so that they promote permanency;  
To assist four specific counties and the private agencies with which they work to implement new practices to achieve permanency for older children and youth.

### **Project Activities:**

The Permanency for Youth Task Force is a statewide group with broad representation, including public and private organizations, youth and funders. It grew out of the 2002 Convening on Youth Permanency.

### **Task Force objectives are:**

- To facilitate collaborations between public and private agencies to achieve permanent lifelong connections for youth in the system;
- To create opportunities for key stakeholders ( who affect outcomes for youth in the system)
  - a. to realize the need for permanent lifelong connections for youth
  - b. to understand that it is possible to achieve these connections;
- To identify and overcome structural barriers (within the system affecting youth) that prevent achieving permanent lifelong connections; and
- To promote public relations, education and advocacy efforts that will address the needs of youth for permanent lifelong connections.

In November 2003, CPYP received a grant from the Walter S. Johnson Foundation to pursue the partnership objectives of the Task Force. The grant supports the development of three workgroups to address issues of partnership between public child welfare agencies and a. the courts, b. group homes and c. adoption/family foster agencies. The groups will make recommendations on how effective partnerships can accomplish improved permanency outcomes for foster youth.

### **Technical Assistance to Counties**

The project works with four counties, San Mateo, Alameda, Stanislaus, and Monterey, to develop programs to achieve permanency for more youth. County teams include representatives from the Independent Living Skills Program, Family Reunification, Foster Care, Adoption and private agency partner(s), as well as significant youth involvement. The project a) provides counties with technical assistance over two and a half years as they strengthen their efforts and b) will document significant lessons about implementation useful to the field. Each county has developed a youth permanence plan that includes the following target areas: administrative practices, permanency practice, identification of project target group, staff development, partnerships, and integration with other initiatives.

## **Training**

A curriculum on Permanency for Youth will be developed and made available to all public child welfare agencies in the state. The project has supported the development of “Digital Stories” by current and former foster youth which will be used for training purposes.

## **Convenings**

As a part of the development of CPYP project, a national convening was held in April 2002 to explore the issues of permanency for youth. As a follow-up another convening was held in April 2003 and a third national convening will be held in April, 2004. The project will also hold California convenings to promote partnerships to assist the state in accomplishing permanent lifelong connections for youth in its systems, i.e., group homes, mental health, foster family agencies, adoption agencies and the courts.

## **Advisory Committee**

The project has a nine member advisory committee consisting of several young adults who are former foster youth, public and private agency representatives, a funder and a legislative representative.

## **Evaluation**

To measure results, CPYP is establishing a baseline with each county and then comparing the growth in that number against the targets set for the project. In addition, the project is doing a formative evaluation of each county's implementation process that will inform the field of strategies for implementation and change.

## **Contact**

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