

**ACHIEVING PERMANENCY FOR CHILDREN AND YOUTH IN FOSTER CARE**

All children need stability, permanency and safety in order to develop and flourish. In instances of child abuse and neglect, removal from the home may be necessary for the child’s safety and well-being; however, removal is disruptive and often compromises a child’s developmental progress.<sup>1</sup> The uncertainty of multiple, prolonged or unstable foster care placements can negatively affect children’s emotional well-being, identity formation and sense of belonging, impacting behavior, academic achievement, health and longterm self-sufficiency.<sup>2,3,4</sup>

One of the goals of the federal Adoption and Safe Families Act of 1997 is to ensure that children who are removed from their homes and placed in foster care exit to permanent placement, (i.e. reunification, adoption or guardianship) as quickly as possible without jeopardizing their safety.<sup>5</sup> Resources provided through Rhode Island’s child welfare system can help to bring children the legal, emotional and physical permanence they need by providing a quality continuum of care for at-risk children that includes prevention programs, family preservation services, placement for children when necessary in the least restrictive setting, and post-foster care supports.<sup>6</sup>

**EXITS FROM FOSTER CARE, RHODE ISLAND, FFY 2007**

	ALL EXITS	WITH DISABILITY	OVER AGE 12 AT ENTRY
Adoption	15%	22%	1%
Guardianship	3%	2%	2%
Reunification	68%	56%	72%
Aged Out	9%	NA*	15%
Other	6%	20%	11%
<i>Total Number</i>	<i>1,576</i>	<i>509</i>	<i>757</i>

- ◆ On the last day of federal Fiscal Year (FFY) 2007, there were 2,825 children in foster care in Rhode Island. During the course of the entire FFY 2007, 1,576 children in foster care in Rhode Island exited care.
- ◆ Of the children who exited care in FFY 2007, 86% exited to a permanent placement (adoption, guardianship or reunification). Children who entered care after age 12 or who had disabilities were less likely to exit to a permanent placement in FFY 2007.

Source: *Safety, permanency and well-being in Rhode Island: Child welfare outcomes annual report for FY 2007 (Draft)*. (2008). New Haven, CT: Prepared by The Consultation Center, Yale University School of Medicine for the Data Analytic Center of the Rhode Island Department of Children Youth & Families.  
 \*Children with a disability who age out are included in the other category.



# ACHIEVING PERMANENCY: ESSENTIAL ELEMENTS OF THE CHILD WELFARE SYSTEM

Effectiveness in achieving permanency must include the interrelated measures of how quickly permanency is achieved, the proportion of children for whom it is achieved, and the lasting success of the permanent placements. Of 2,825 Rhode Island children in foster care on the last day of FFY 2007, 25% were under age six, 42% were between the ages of 6 and 15, 27% were ages 16-18 and 5% were ages 19 and older.<sup>7</sup> In FFY 2007, 145 youth aged out of foster care never having gained a placement with a permanent family.

## PREVENTION

◆ Many abusive parents lack essential parenting skills and are struggling with a combination of social and economic issues. Preventing the occurrence and recurrence of child abuse and neglect requires family support systems that are comprehensive and respond flexibly to the needs of the family. Prevention programs are particularly important for families with infants and toddlers, the fastest growing segment of the Rhode Island foster care population.<sup>8</sup>

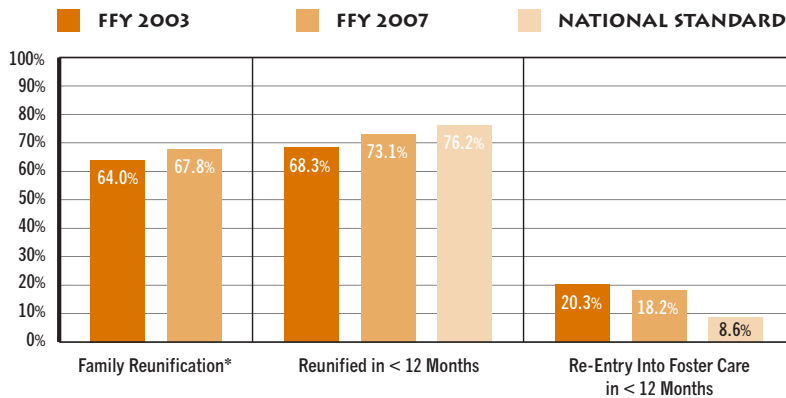
## FAMILY PRESERVATION

◆ Family preservation services are designed to help families already in crisis at the point where they face the real possibility of having a child removed from the home. They work to ensure a child’s safety, avert the need to remove a child from the home, and help the family develop new ways of coping with problems.<sup>9</sup>

## REUNIFICATION

◆ In Rhode Island in FFY 2007, the majority (90%) of child maltreatment cases involved neglect.<sup>11</sup> The greatest contributors to neglect are poverty, parental substance abuse and/or mental illness. Achieving timely and successful reunification requires access to substance abuse and mental health treatment, in-home services, parenting skills training, assistance in meeting basic needs (e.g., food, housing, income), child care and specific strategies to decrease isolation and strengthen community supports.<sup>12</sup>

◆ Reunification is the most direct path for meeting permanency goals for children and youth in the foster care system. Reunifying children with their families necessitates supports and services to help families address the crises that compromised the children’s safety. Reunified families also require family preservation services to prevent re-entry into care.<sup>10</sup>



Source: *Safety, permanency and well-being in Rhode Island: Child welfare outcomes annual report for FY 2007*(Draft). (2008). New Haven, CT: Prepared by The Consultation Center, Yale University School of Medicine for the Data Analytic Center of the Rhode Island Department of Children Youth & Families.  
\*There is no national standard for family reunification rates.

◆ The success of family reunification must be evaluated in conjunction with reducing the time spent in foster care before reunification and in reducing rates of re-entry into the system (i.e., the failure rate of the permanent placement).

## **ADOPTION**

- ◆ When children in foster care cannot be safely kept at home and cannot be successfully reunified with their birth families, adoption is often the most desirable goal for achieving permanency. Successful adoptions provide stable, permanent families for children in foster care. There is also the added benefit of providing legally binding relationships between the child and adoptive parents.
- ◆ Nationally and in Rhode Island, foster parents (relative and non-relative) adopt three-quarters of the children who are adopted from foster care.<sup>13</sup> In Rhode Island, 75%-80% of children who exit foster care due to adoption are adopted by a foster parent.<sup>14</sup>
- ◆ In FFY 2007 in Rhode Island, 233 children in the care of the Department of Children, Youth and Families (DCYF) were adopted. On the last day of FFY 2007, 403 children were waiting to be adopted. Of the children waiting to be adopted, 181 (45%) were children whose parental rights had been terminated. Of the 403 children waiting to be adopted, 42% were White, 22% were Hispanic, 22% were Black, 3% were Asian, and 10% were multiracial or unknown.<sup>15</sup>
- ◆ According to the Adoption and Safe Families Act a petition to terminate parental rights to free children for adoption should be filed for children who have been in foster care for 15 of the last 22 months. The percentage of children in the care of DCYF who were adopted in 24 months or less has decreased steadily from 50% in FFY 2003 to 31% in FFY 2007. Despite this decrease, the Rhode Island rate is comparable with the national standard of 32%.<sup>16</sup>

## **GUARDIANSHIP**

- ◆ When successful reunification is not possible, relatives and others with close family connections may serve as legal guardians to children and youth in foster care. Under legal guardianship, parental rights are not terminated. Research shows that when financial support is provided for children living in safe and loving homes in the care of legal guardians (i.e., subsidized guardianships), more permanent placements are made than when adoption and reunification are the only available options to achieve permanency.<sup>17</sup>
- ◆ In Rhode Island in FFY 2007, 39 children and youth exited foster care to a guardianship arrangement.<sup>18</sup> Recent policy and practice changes within DCYF are working to make guardianships a more utilized permanency option, particularly for older youth and children with disabilities.

### **RHODE ISLAND DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES**

◆ The Rhode Island Department of Children, Youth and Families (DCYF) is the state agency responsible for safeguarding the overall well-being of children and families, intervening on behalf of children who have been abused or neglected, and working with children and families to assure that every child has a permanent, safe, and nurturing environment in which to achieve their maximum potential. In an effort to ensure the safety, health and well-being of children, DCYF has engaged in a System of Care Redesign that aims to reduce the number of children entering foster care by increasing supports to families, decrease the length of time children are in care, and ensure that whenever possible children are placed in the least restrictive setting.

### **THE RHODE ISLAND FAMILY COURT**

◆ The Rhode Island Family Court plays a pivotal role in helping achieve safety and permanence for children and youth in foster care. In an effort to improve permanency outcomes, the court mandates that one judge hear the entire case from the filing of the petition to the final resolution. The court has also worked with DCYF to schedule their matters on specific days, has streamlined the court calendar, and continues to engage in a regular dialogue with the department to improve communication and collaboration. The court has also implemented various performance measures to expedite cases and timelines for resolving TPR and DNA petitions.



## BARRIERS TO ACHIEVING PERMANENCY

*Child welfare professionals, adoptive parents and youth in foster care identified the following barriers that need to be addressed in order to achieve permanency for children and youth in foster care.*

- ◆ **Federal funding** for family support, family preservation, subsidized guardianships, reunification and post-adoption assistance is limited, with most dollars dedicated for care and treatment of children after they have been removed from their homes. Currently, because of limited flexibility in federal dollars, states need to provide funding to minimize entry into foster care, provide support for preservation and post-adoption support programs. This places a significant share of the responsibility for child welfare costs on state budgets.<sup>19</sup>
- ◆ **A lack of parent involvement in case planning and decision making**, a lack of involvement of birth fathers, a lack of caseworker support for and assistance to birth parents, and insufficient visits between children and their birth parents have all been cited by federal Child and Family Service Reviews to negatively impact the achievement of timely and stable reunifications.<sup>20</sup>
- ◆ **High caseloads and high turnover ratios of child welfare staff** limit their ability to mine case records and do family mapping to connect children to the resources in their natural networks. This type of eco-mapping can be time intensive, but can yield a broader range of options for foster, guardian, and adoptive placements. These networks can also be a source of support to families on the track for reunification. High turnover rates also pose a challenge to moving cases forward in the court system in an expeditious manner.
- ◆ **High court caseloads and limited court capacity to effectively use technology in the courtroom** pose challenges in resolving petitions for dependency, neglect and abuse, the termination of parental rights and DNA cases in an expeditious manner.

### CHILDREN WITH SPECIAL NEEDS

- ◆ Children served by the child welfare system are more likely to need mental health, medical, developmental, and educational services than other children.<sup>21</sup> The lack of preventive services can often lead families to crisis-driven care or in having to voluntarily assign their rights as parents to the state in order to access the appropriate services for their children. Children with disabilities are up to four times as likely to be victims of maltreatment as children without disabilities.<sup>22</sup>
- ◆ Children with special needs are one of the most difficult populations in the child welfare system to reunify or place in guardianship and adoptive placements, in part because of the intensive care required due to their special needs and in part because of the stigma that is often associated with children who have special needs. In addition to the needs of their children, many parents need mental health services and supports in order to ensure safe, permanent reunification.<sup>23</sup>
- ◆ Potential guardians, foster parents and adoptive parents also need supports and services to maintain children with special needs in their homes. If children's mental health issues are not addressed, it can lead to disruptions in placements and can result in their re-entry of children into foster care. Limited resources in the child welfare system can also lead to adoptive parents receiving lower subsidies and fewer services to support the child than they might have received for the child as foster parents.<sup>24</sup>



## OPPORTUNITIES TO ACHIEVE PERMANENCY

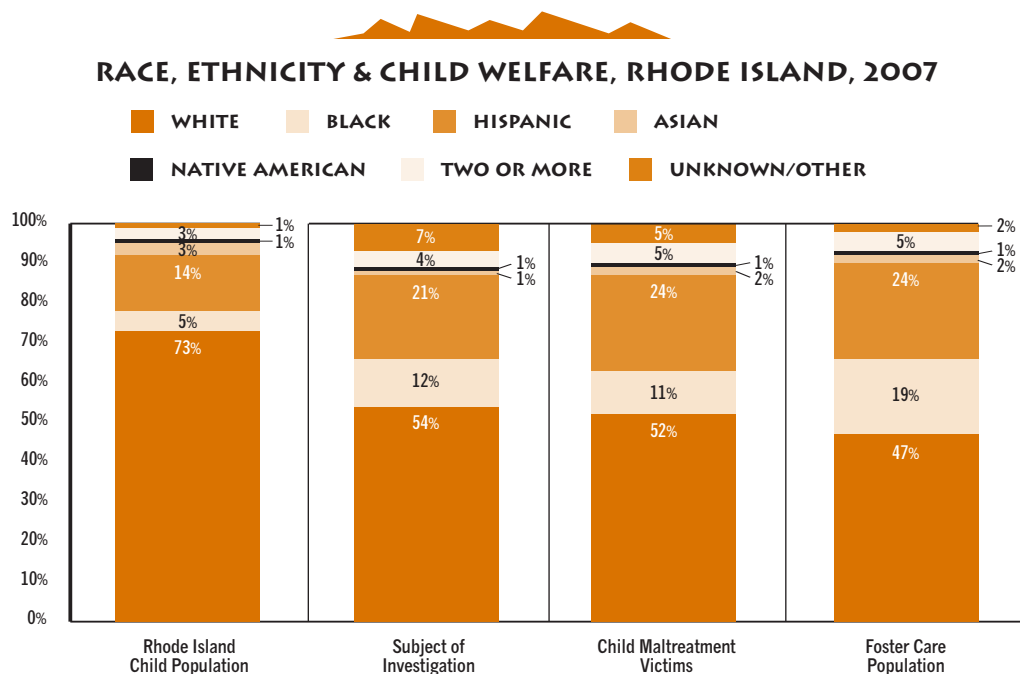
- ◆ **Placing sibling groups together within foster care can increase successful reunification and adoption rates.** Research on separating siblings has shown a higher risk of placement disruption, running away, and failure to exit care through reunification.<sup>25</sup> In some cases, siblings may not consider adoption because they do not want to leave a sibling behind or fear they may not be able to visit with siblings post-adoption.
- ◆ **Recruit and retain racially and ethnically diverse foster and adoptive parents.** Given the high prevalence of adoptions that originate from these placements, a critical mass of well-trained foster and pre-adoptive homes is essential for achieving permanency. Even for children and youth for whom reunification is the case plan goal, a more robust supply of foster homes provides a much more stable environment for children and youth in foster care than congregate care settings (e.g. residential placements, group homes and shelters).
- ◆ **Engaging in concurrent planning for both reunification and adoption simultaneously can decrease the time children spend in foster care before achieving permanency.** Children who are adopted from foster care often have spent years in the system. The multiple elements of permanency planning include making reasonable efforts to reunify children with their birth families, terminating parental rights, finding prospective adoptive homes, completing home studies and finalizing the adoption.<sup>26</sup> Failing to use concurrent planning can increase the number of moves and the length of time before permanent placements are made.<sup>27</sup>
- ◆ **Increase resources for services and supports available to biological parents to assist in preserving the family or to address the problems that families face while working toward reunification.** Guardians and adoptive parents also have limited access to supports and services such as counseling, respite care, adequate financial assistance to meet the needs of the child, and child care. These pre- and post-placement supports can help to strengthen family relationships and can greatly decrease the number of failed placements.<sup>28</sup>
- ◆ **Provide the training and education** for child welfare professionals and members of the judiciary needed to help staff develop expertise in the special, age appropriate needs of children and to ensure permanency is achieved in a timely manner. Child welfare professionals, biological parents and adoptive parents could also benefit from more education on the benefits to open adoption that might facilitate shorter periods of time in foster care.

### YOUTH AGING OUT OF THE CHILD WELFARE SYSTEM

- ◆ Children who exit care never having gained a permanent placement are considered to have “aged out” of foster care. In FFY 2007, 145 youth aged out of foster care never having gained a permanent placement, a 77% increase from FFY 2004 when 82 youth aged out. Of those who aged out in FFY 2007, 77% entered care after age 12.<sup>29</sup>
- ◆ Child welfare systems face unique challenges in trying to achieve permanency for older youth in foster care, including the failure to concurrently pursue permanent family connections for youth while preparing youth for independent living and the high numbers of youth in residential care. Additionally, youth who identify as gay, lesbian, bisexual or transgender face unique challenges in achieving safe placements and accessing support systems.
- ◆ Youth who age out of foster care experience high rates of economic hardship, low educational attainment, homelessness, food insecurity, unemployment, and poor health. These youth are more likely to enter the criminal justice system, become teen parents and enroll in public assistance programs.<sup>30</sup>

## DISPROPORTIONATE MINORITY REPRESENTATION IN CHILD WELFARE

- ◆ National research shows disparate treatment of minority children as they enter the foster care system and while they are in the system. Black and Hispanic families are more likely than non-Hispanic White families under similar circumstances to be reported for child abuse and neglect, receive fewer child welfare services that would allow the child to remain safely with their family, and to have their children removed and placed in foster care.<sup>31,32</sup>
- ◆ Once in foster care, minority children are more likely than non-Hispanic White children to remain in placement for longer periods of time and to receive fewer family visits, fewer contacts with caseworkers, fewer written case plans, and fewer developmental or psychological assessments.<sup>33</sup>
- ◆ Factors influencing the disproportionate number of minority children entering foster care, as well as their longer stays include: higher rates of poverty, the lack of appropriate housing, difficulties in accessing support services, and racial bias and cultural misunderstanding among child welfare decision makers.<sup>34</sup>



- ◆ In Rhode Island, White, non-Hispanic children represented 73% of the total child population but represented 54% of the population that were subjects of investigations, 52% of the child maltreatment victims, and 47% of the foster care population.
- ◆ Comparatively, Black children comprised 5% of the total child population in Rhode Island but represented 12% of the population that were subjects of investigations, 11% of child maltreatment victims and 19% of the total foster care population.
- ◆ Hispanic children are also disproportionately represented in child welfare. Hispanic children made up 14% of the Rhode Island child population, but 21% of the population that were subjects of investigations, 24% of the child maltreatment victims and 24% of the foster care population.

Source: *Safety, permanency and well-being in Rhode Island: Child welfare outcomes annual report for FY 2007 (Draft)*. (2008). New Haven, CT: Prepared by The Consultation Center, Yale University School of Medicine for the Data Analytic Center of the Rhode Island Department of Children, Youth and Families. U.S. Bureau of the Census, Census 2000. Data for Subject of Investigations and Child Maltreatment Victims are reported for the full fiscal year. Data for the Foster Care Population are for those in care on September 30, 2007. Rhode Island Child Population is from the U.S. Bureau of the Census.

## DISPROPORTIONATE MINORITY REPRESENTATION IN CHILD WELFARE, CONT.



### EXITS FROM FOSTER CARE, BY RACE & ETHNICITY, RHODE ISLAND, FFY 07

	ADOPTION	GUARDIANSHIP	REUNIFICATION	OTHER
White	11%	3%	69%	17%
Black	15%	1%	68%	16%
Hispanic	17%	3%	70%	11%
Asian	19%	0%	55%	26%
Native American	46%	0%	55%	0%
Two or More	15%	0%	69%	15%
Unknown	6%	0%	82%	12%

- ◆ When comparing the number of children in foster care with those who exit, Native American, Asian, and non-Hispanic White children were much more likely in FFY 2007 to exit care than Hispanic and Black children.
- ◆ Across all races and ethnicities, Rhode Island children and youth were most likely to exit care due to reunification. Native American children were almost as likely to exit care to adoption (46%) as reunification (55%).
- ◆ In FFY 2007 in Rhode Island, 26% of Asian children who exited care were classified as leaving for reasons other than adoption, guardianship or reunification. Examples of other reasons for exit can include aging out and running away. White, Black, Hispanic, and multiracial children were less likely to exit care for these reasons.

Source: *Safety, permanency and well-being in Rhode Island: Child welfare outcomes annual report for FY 2007* (Draft). (2008). New Haven, CT: Prepared by The Consultation Center, Yale University School of Medicine for the Data Analytic Center of the Rhode Island Department of Children, Youth and Families.

## FOSTER CARE PLACEMENT STABILITY

- ◆ Research demonstrates a strong connection between unstable placements in foster care and poor outcomes for children. One study found that regardless of a child's characteristics, children for whom permanency was not achieved were estimated to have a 36% to 63% increased risk of behavioral problems compared with children who achieved stable placements.<sup>35</sup>
- ◆ In Rhode Island in FFY 2007, 84.3% of children in care less than 12 months had 2 or fewer placements, compared to the national standard of 86.7%. The percentage of Rhode Island children and youth in foster care with three or more placements significantly increases for children in care longer than one year. The average length of stay for the 2,825 children in foster care on the last day of FFY 2007 was 15.1 months.<sup>36</sup>
- ◆ Best practice demonstrates that when foster parents are properly matched with children and receive ongoing support there are fewer disruptions to placements. Placement stability can also be improved by enhancing efforts to place sibling groups together, offering comprehensive pre- and post-service training to foster parents, and developing a plan for permanency from the moment a child enters foster care.



## RECENT CHANGES IN THE RHODE ISLAND DCYF APPROACH TO PERMANENCY PLANNING

### INTAKE

◆ While families have always been diverted from long-term DCYF involvement to community-based prevention services, beginning in late 2003, DCYF began increasing interventions to families before maltreatment occurred and to children who, while not in danger, had a substantiated allegation of abuse or neglect. These cases were generally opened for short periods of time. Rather than closing cases where the incident appeared to be isolated without addressing the underlying causes, or assigning families to long-term cases in the Family Services Unit, DCYF began referring more of these families to community providers via Child Protective Services Intake while maintaining children in the home. These referrals are made immediately upon case opening, often during the investigative stage. In 2007, 5,691 families were held in Intake and diverted to community-based services, an increase from 1,585 families in 2003.

### CASE MONITORING UNIT

◆ Families whose children are not unsafe, but who may require more long term monitoring than can be given by Child Protective Services Intake, are assigned to the Case Monitoring Unit. The goal is to serve families while the children remain in the home by providing access to services and supports in the community that can help a family to stabilize in a crisis and access long-term supports. These families are not active with the Rhode Island Family Court and involvement with Case Monitoring is voluntary. To date, these families re-enter the system at a significantly lower rates than families who exhibited similar risk factors but did not receive services. In 2007, of the 243 families served by the Case Monitoring Unit, only one was investigated for repeat maltreatment within six months.

### SYSTEM OF CARE REDESIGN

◆ In addition to and in support of restructuring front-end services to families at Intake, DCYF is working toward a System of Care redesign that is meant to provide more timely access to family preservation services to children at risk of abuse and neglect, and a broader range of community supports for families with children who suffer from serious emotional disturbances. Under one element of the redesign, four regional Family Care Community Partnerships (FCCPs) will be developed. The FCCPs will focus on strengthening wraparound services for providing family support within local communities and will more directly involve families in treatment planning. The redesign also incorporates the reduction in the number of children and youth placed at the Rhode Island Training School and the number placed unnecessarily in high-end residential placements, with savings from these reductions slated to be reinvested in community-based services that help maintain children and youth in their homes.

Source: Rhode Island Department of Children, Youth and Families, 2008.

### PERMANENCY SUPPORT TEAMS

◆ In order to coordinate and support timely and meaningful permanency for all children and youth in foster care, DCYF created a Permanency Unit in each of the four regions. The Permanency Support Teams are comprised of DCYF Administrators, the Adoption and Foster Care Preparation and Support Unit, the Adoption Services Unit, regional staff, as well as community providers. The Permanency Support Teams employ a supportive consultative model to the Family Service Unit staff to improve the timeliness of establishing permanency goals, particularly for children who have been in care for extended periods of time. In cases where legal permanency might not be achieved, children are connected to permanent resources through connections with caring adults in their lives, adoption networks, or visiting resource programs.<sup>37</sup>



## EXAMPLES OF INNOVATIVE RHODE ISLAND APPROACHES FOR ACHIEVING PERMANENCY

### ADOPTION RHODE ISLAND

◆ Adoption Rhode Island facilitates the permanent placement of children waiting in state care and promotes adoption as a positive way to create a family. Adoption Rhode Island also provides pre- and post-adoption services to families. One example of Adoption Rhode Island programming is the Child and Family Support Program. The Child and Family Support Program at Adoption Rhode Island provides resources and services that enable caretakers of children in state care to maintain them in safe, permanent family settings. Children served through this program receive specialized services to address previous trauma, grief and attachment issues. Services include adoption preparation, placement support, post-adoption support and short-term assistance provided on an individualized approach to best meet the needs of each child and family. Statewide there has been an increase in the number of younger children who are in need of permanent homes. Staff have the training, skills and expertise needed to meet this population's unique needs.<sup>38</sup>

### PROJECT CONNECT

◆ Project Connect at Children's Friend and Service is a community-based intervention program that provides intensive home-based treatment and referral services for parental substance abuse to families that are involved in the child welfare system. Project Connect also offers nursing services, parenting education and support groups and connections to services such as housing and health care. In January of 2008, Project Connect was granted \$2.5 million from the federal government to expand this evidence-based program to the entire state of Rhode Island.<sup>39</sup>

### THE RHODE ISLAND JIM CASEY YOUTH OPPORTUNITIES INITIATIVE (JCYOI)

◆ JCYOI is a partnership between Casey Family Services and the Rhode Island Foster Parents Association (RIFPA) and is part of a national effort to improve opportunities for youth ages 14 to 24 who are or have been involved with the child welfare system. The main objectives of the initiative include improving access to employment, education, housing, health care and permanent supportive relationships. JCYOI also matches savings made by participating youth in Individual Development Accounts to facilitate the purchase of assets.<sup>40</sup>

### THE REAL CONNECTIONS PROGRAM

◆ The Real Connections Program was piloted as its own initiative by RIFPA and is now a component of JCYOI. Real Connections works with youth who are vulnerable to aging out of state care without positive, consistent adults to rely upon. The program works in collaboration with DCYF as a part of the Permanency Support Teams, providing consultation to Family Service Unit workers and in doing extensive family finding for older youth in care using discussions with the youth themselves to uncover potential permanency options within their own networks, case record mining, and family tree mapping to find extended family connections that may not be in the case records. Real Connections also has a mentoring program which offers a valuable stepping stone to foster care and adoption.<sup>41</sup>

### THE ADOPTION AND FOSTER CARE EDUCATIONAL COLLABORATIVE

◆ The Adoption and Foster Care Educational Collaborative is a partnership among DCYF, Adoption Rhode Island, and the Rhode Island College School of Social Work. The Collaborative works to move children more quickly toward their permanency goal and to lessen the number of disruptions and dissolutions in placements. As part of this effort, the Adoption & Foster Care Certification Program was developed to raise the level of foster/adoption knowledge and expertise among community clinicians. The Certification Program is offered at Rhode Island College and the names of those professionals completing the 6 core workshops and 3 electives are made available to foster and adoptive families requesting referrals for counseling and other services.<sup>42</sup>



## FEDERAL FUNDING TO SUPPORT CHILD WELFARE & PERMANENCY EFFORTS IN RHODE ISLAND

Nationally, the majority of dedicated federal funding for child welfare is allocated for foster care services and cannot be used for supporting the full continuum of services needed to strengthen families through prevention, reunification, or post-adoption services.<sup>43</sup> In addition to the federal funding detailed below and described on the next three pages, the state of Rhode Island budget for child welfare for the revised state Fiscal Year (SFY) 2008 is \$97,715,320 in general revenue (for a total child welfare budget of \$164 million in state and federal funds).<sup>44</sup>



### FEDERAL FUNDING FOR CHILD WELFARE, RHODE ISLAND, STATE FISCAL YEAR 2008 REVISED

	FEDERAL FUNDING	% OF RI FEDERAL CHILD WELFARE FUNDING
<b>A. PREVENTION</b>		
IV-B, Part II	\$1,738,483	3%
IV-B, Part I	\$ 854,050	1%
CAPTA, Title I & II	\$ 420,206	1%
<i>Subtotal</i>	<i>\$3,012,739</i>	<i>5%</i>
<b>B. IN PLACEMENT CARE &amp; TREATMENT</b>		
IV-E, Direct Service	\$11,564,343	18%
IV-E, Adoption Assistance	\$ 8,824,152	14%
Chafee Foster Care Independence Act	\$ 711,082	1%
Education and Training Voucher	\$217,939	<1%
Children's Justice Act	\$96,691	<1%
Adoption Incentive Payments	\$20,000	<1%
<i>Subtotal</i>	<i>\$21,434,207</i>	<i>33%</i>
<b>C. NON-DEDICATED CHILD WELFARE FUNDING</b>		
Medicaid	\$32,644,042	51%
Temporary Assistance to Needy Families	\$ 6,611,969	10%
Child Care Development Block Grant	\$430,656	1%
Social Services Development Block Grant	\$0	0%
<i>Subtotal</i>	<i>\$39,686,667</i>	<i>62%</i>
<b>TOTAL</b>	<b>\$64,133,613</b>	<b>100%</b>

- ◆ In SFY 2008, federal funding for child welfare services represented 39% (\$64 million) of the total \$164 million child welfare budget for DCYF.
- ◆ Federal funding for prevention and protection services represented 5% of the total \$64 million in federal funds accessed by DCYF. The remaining 95% of federal dollars were spent on foster care placements and services for children who had been removed from their home and were in the foster care system.
- ◆ In SFY 2008, Rhode Island received 62% of its federal child welfare dollars from funds not solely dedicated to child welfare but that can be used by states to support child welfare services, such as Medicaid and Temporary Assistance to Needy Families.

Source: Rhode Island KIDS COUNT analysis of SFY 2008 revised budget line items in the Technical Appendix, *Fiscal Year 2009*. Providence, RI: State Budget Office.

## **A. DESCRIPTION OF FEDERAL FUNDING FOR PREVENTION:**

### **TITLE IV-B, PART II (PROMOTING SAFE AND STABLE FAMILIES - PSSF)**

◆ Title IV-B, Part II supports family preservation, family support services, time-limited family reunification services and adoption promotion and support services in each state.<sup>45</sup> States must allocate 20% of the total allotment to each of the above categories.<sup>46</sup> PSSF is the principal source of federal funding for services to keep families safely together and to reunify parents with their children after they have entered foster care.<sup>47</sup>

### **TITLE IV-B, PART I (CHILD WELFARE SERVICES)**

◆ Title IV-B, Part I are funds to states to assist with the costs of personnel, licensing and standard-setting for private child placement agencies and institutions, and assisting with the costs of prevention and reunification services. Funds for day care, foster care maintenance and adoption assistance are limited.<sup>48</sup>

### **CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA), TITLE I & II**

◆ CAPTA funds are provided to assist states in the support and improvement of their child protective systems. States may use the funds to pay for prevention, assessment, investigations, prosecutions and treatment activities for abused and neglected children and their families. CAPTA funds are allocated in two components, Title I and Title II.<sup>49</sup> The Family and Children's Trust Fund dollars allocated from Rhode Island General Revenue, which are designated for child abuse and neglect prevention, are matched by CAPTA funds.<sup>50</sup>



## **YOUNG CHILDREN IN THE CHILD WELFARE SYSTEM**

- ◆ On December 31, 2007, there were more than 1,000 infants and toddlers (birth through age 3) in the care of DCYF, comprising 31% of the total caseload. Children under the age of one are the fastest growing segment of the Rhode Island child welfare population.<sup>51</sup>
- ◆ Children in families facing multiple social, health and economic stresses are at high risk for poor health and development, as well as child abuse and neglect. Research shows that intervening early to help families with multiple stressors is more effective than intervening later.
- ◆ Improving family support efforts in Rhode Island will require targeted resources for evidence-based prevention programs that provide a continuum of core services specifically designed for infants and toddlers. National models such as the Nurse-Family Partnership and Early Head Start provide individualized, intensive services to high-risk families with demonstrated improved outcomes.
- ◆ In addition to increasing access and providing quality services to families with young children to help families avert involvement with DCYF, it is also critical that professionals working in child welfare be properly trained on the special developmental needs of young children. This is particularly important to help parents with infants and toddlers stay out of the child welfare system and to help young children in foster care to cope with crisis and transitions between placements.

## **B. DESCRIPTION OF FEDERAL FUNDING FOR CARE AND TREATMENT OF CHILDREN IN FOSTER CARE:**

### **IV-E, DIRECT SERVICES**

◆ Title IV-E, Direct Services helps states provide safe and stable out-of-home care for children in the child welfare system until they can be safely reunified with their families, placed with adoptive families or placed with legal guardians.<sup>52</sup> Eligibility for IV-E assistance is linked to the income-eligibility guidelines (<100% of the federal poverty level) as of July 16, 1996, for the now-obsolete Aid to Families with Dependent Children (AFDC) program. This look-back provision means that many children in care are not eligible for federal foster care assistance.<sup>53</sup>

### **IV-E, ADOPTION ASSISTANCE**

◆ Title IV-E, Adoption Assistance may be used by states in support of the adoption of children with special needs who can not safely be reunified with their families and are likely to not be adopted without the assistance. Adoption Assistance is limited to children who are SSI recipients and those children who would have been eligible as of July 16, 1996 for AFDC.<sup>54</sup>

### **CHAFEE FOSTER CARE INDEPENDENCE ACT**

◆ The Chafee Foster Care Independence Act assists states in establishing programs designed to assist youth likely to remain in foster care until 18 years of age and youth who have aged out of care but have not yet attained 21 years of age. Programs are supposed to assist youth in transitioning from foster care to adulthood, accessing education and training, obtaining employment, and establishing personal and emotional support through mentors and other dedicated adults.<sup>55</sup>

### **CHAFEE EDUCATION AND TRAINING VOUCHERS (ETV)**

◆ ETV enables states to provide vouchers for postsecondary training and education to youth who have aged out of foster care or who have been adopted from the public foster care system after age 16.<sup>56</sup> In 2007, The Fostering Adoption to Further Student Achievement Act (FAFSA) became law, making it possible for teens in foster care who are adopted after their 13th birthday to access financial aid. The FAFSA provision will take effect July 2009.<sup>57</sup>

### **CHILDREN'S JUSTICE ACT**

◆ The Children's Justice Act grants are provided to states to enact reforms to improve the handling of child abuse and neglect case, the handling of cases of suspected child abuse and neglect-related fatalities, the investigation and prosecution of cases of child abuse and neglect and the handling of cases involving children with disabilities or serious health-related problems who are victims of child abuse and neglect.<sup>58</sup>

### **ADOPTION INCENTIVE PAYMENTS**

◆ Adoption Incentive Payments grants provide services and activities, including post-adoption services, to children and families eligible for Title IV-B and Title IV-E assistance. These grants are intended to provide incentives to states to increase the number of foster child adoptions, special needs adoptions and older child adoptions.<sup>59</sup>

## **C. DESCRIPTION OF FEDERAL FUNDS THAT ARE NOT SOLELY DEDICATED TO CHILD WELFARE:**

Detailed below are the four major sources of federal funding that are used by states to support child welfare work. These funding sources are not solely dedicated to child welfare.

### **MEDICAID**

◆ Medicaid dollars provide support to states for payments of medical assistance on behalf of cash assistance recipients, children, pregnant women, the aged who meet income and resource requirements, and other categorically-eligible groups such as children under age 18 who receive adoption or foster care assistance under Title IV-E or IV-B.<sup>60,61</sup>

### **TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF)**

◆ TANF dollars are block granted each year to support states efforts in assisting needy families with children so that children can be cared for in their own homes.<sup>62</sup> TANF dollars are often used by states to support child welfare case management and preservation activities.<sup>63</sup>

### **CHILD CARE DEVELOPMENT BLOCK GRANT (CCDBG)**

◆ The CCDBG allows states to provide child care assistance for low-income families. In addition to developing child care programs that meet the needs of children and families, assisting parents on public assistance achieve independence and increasing parental choice on child care, states may use CCDBG to implement health, safety and licensing standards.<sup>64</sup>

### **SOCIAL SERVICE DEVELOPMENT BLOCK GRANT (SSDBG)**

◆ The SSDBG enable states to provide social services to prevent, reduce or eliminate dependence, achieve or maintain self-sufficiency, prevent neglect, abuse or exploitation of children, prevent or reduce inappropriate institutional care, and provide institutional care when appropriate.<sup>65</sup>

## **NON-DEDICATED CHILD WELFARE FUNDING STREAMS**

◆ Like many states, Rhode Island has an over-reliance on federal non-dedicated child welfare funds. In SFY 2008, 62% of federal dollars spent in Rhode Island's child welfare system originated from non-dedicated child welfare funding streams (i.e., Medicaid, TANF, CCDBG).<sup>66</sup> This over-reliance can threaten child welfare services when federal reauthorization or changes are made to non-dedicated programs.

◆ Child welfare priorities can be lost against other priorities of the program and, as evidenced by recent changes to Medicaid, can have a significant impact on funding for child welfare services. In 2008 federal changes were implemented that altered how states are allowed to use federal Medicaid funding for targeted case management (TCM) services used to better link children in the child welfare system to the services they needed. Changes were also made that prohibited federal matches for rehabilitative services provided through a non-medical program (e.g. foster care, adoption services, education and juvenile justice). From these two changes alone, it is anticipated that Rhode Island will lose \$127.1 million dollars in 2008 and \$635.5 million over the course of the next 5 years.<sup>67</sup>



## RECOMMENDATIONS

### INCREASED FOSTER HOME CAPACITY

- ◆ Ensure that DCYF has the resources and supports it needs to recruit and license an adequate supply of foster care homes - both relative and non-relative- to safely provide care in the least restrictive setting for children who can not live safely with their parents.
- ◆ Improve the recruitment and retention of racially and ethnically diverse foster and adoptive homes to reduce the reliance on congregate care settings and ensure that children and youth do not languish in foster care. The recruitment and retention of foster parents can be increased by providing comprehensive pre- and post-service supports and can also be improved by exploring the use of short-term assessment programs that utilize seasoned adoptive parents to help in the determination of proper placements for children and youth.
- ◆ Explore options for recruiting foster families who are willing to accept sibling groups. Promoting and preserving sibling relationships is a key aspect of permanency planning.

### CHILD WELFARE AND FAMILY COURT SYSTEMS

- ◆ Ensure that all child welfare professionals, members of the judiciary, and foster/adoptive parents are provided initial and ongoing training to better understand and work towards supporting children in the least restrictive setting and towards achieving timely permanency. This includes appropriately using concurrent planning methods to ensure that if reunification is not possible, children and youth can be more quickly placed in permanent families.
- ◆ Ensure that the Family Court has the resources and supports it needs to resolve cases in a timely manner. This includes facilitating the proper notification of court dates and petitions to all parties, exploring options for strengthening the representation of children before the Family Court through the Court Appointed Special Advocates office, using technology to track cases and generate notices, and establishing higher performance goals in resolving matters of parental rights terminations and DNA cases.

### FEDERAL FUNDING

- ◆ Ensure adequate financial support for all children who are placed in foster care by eliminating the income eligibility criteria applicable to Title IV-E direct service and adoption assistance.
- ◆ Allow states more discretion in the use of dedicated child welfare funds to reduce the reliance on foster care and expand prevention and preservation services and supports.<sup>68</sup>

### PREVENTION, PRESERVATION AND REUNIFICATION

- ◆ Invest in opportunities for improving access to high quality early childhood education, parenting education, education and training programs to help families increase economic security, and treatment services for substance abuse and mental health problems. These family support systems can help to prevent the occurrence and recurrence of child abuse and neglect.
- ◆ Invest in and provide evidence based and intensive family support programs to strengthen and stabilize at-risk families. Provide supports to families after reunification to reduce Rhode Island's high re-entry rate into foster care.<sup>69,70</sup>

### ADOPTION

- ◆ Provide pre- and post-adoption services that are based on feedback from adoptive families, provide adoptive families with information about state and community resources, provide respite services, and provide a range of treatment options to deal with the psychological and behavioral problems of adopted children.<sup>71,72</sup>



## RECOMMENDATIONS, CONT.

- ◆ Extend child care services to children in adoptive families beyond the age of six. High-quality after-school programs can provide a mechanism for improving peer relationships, emotional adjustment, social skills and academic performance and can enable adoptive parents to work.<sup>73</sup>
- ◆ Continue to invest in the development and support of a pool of adoption-competent professionals to provide strength-based and family-focused clinical services to foster and adopted children and their families.

### GUARDIANSHIP

- ◆ Guarantee financial support for children placed permanently with legal guardians by amending Title IV-E to allow funds to be used for subsidized guardianships. Funds should also be used to provide access to post-placement supports to help maintain the safety, health and emotional well-being of the child and family.
- ◆ As DCYF pursues subsidized guardianships through a partnership with the Department of Human Services' (DHS) Family Independence Program, both departments should ensure that regardless of what "door" families come through, DCYF or DHS, all families have access to the same services and supports. These include, appropriate permanency planning in the best interest of the child, comparable financial assistance, and access to on-going services such as child care, health care and respite.

### OLDER YOUTH

- ◆ Ensure that no youth ages out of DCYF care without the identification of permanent supportive adult relationships. This can be achieved by providing more consistent and timely connections to youths' social workers and expanding upon the early success of community programs like Real Connections, which demonstrate improved outcomes for youth through mentoring, connections to extended family networks, and youth empowerment.
- ◆ Ensure that youth participate in all decision making with regard to their own care throughout the entire process, including with social case workers, placement resources, court advocates and in Family Court.

### DISPROPORTIONATE MINORITY INVOLVEMENT

- ◆ Conduct an external review of DCYF policies, procedures, programs, contracts and case files to determine if they disadvantage children, youth and families of color.
- ◆ Increase access to culturally competent supports and services to families. The inability to meet basic needs, the lack of substance abuse services, the limited access to family support services, and the inadequate legal representation of birth parents are all cited by national research as contributing factors to disproportionate minority representation in child welfare.<sup>74,75</sup>
- ◆ Engage families as partners at each critical decision point in the case planning. This includes building capacity for families to advocate on their own behalf and navigate bureaucratic systems.<sup>76</sup>

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