Placement Needs Assessment Baseline Study Final Report

August 31, 2017

Conducted for the South Carolina Department of Social Services (DSS)

Center for Child and Family Studies
College of Social Work
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Introduction

As part of its contract with the South Carolina Department of Social Services (DSS), the Center for Child and Family Studies (CCFS) conducted the Placement Needs Assessment following a plan approved by the SC DSS Internal Monitoring Team and the Co-Monitors. The needs assessment was conducted to assist DSS in meeting its obligations under the Final Settlement Agreement in *Michelle H et al. v. Haley and Alford,* specifically determining the minimally adequate capacity and array of placements for meeting the placement needs of all Class Members. The Final Settlement Agreement requires the following:

> *D. Placement Resources*
> *D.1 Placement Needs Assessment. Within one hundred twenty (120) days, DSS, with prior input from and subject to approval by the Co-Monitors, shall perform a statewide and regional foster care placement needs assessment in order to determine the minimally adequate capacity and array of placements for meeting the placement needs of all Class Members. The needs assessment shall include specific recommendations addressing all the assessment's findings, including but not limited to recommendations that address the capacity to place Class Members close to their home community, placing Class Members in the least restrictive, most family-like placement, the number and array of therapeutic foster care placements, a system of tracking availability of beds in family foster homes, and matching of Class Members to placements that can meet their needs.*
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> *Class Certification and Definition: Pursuant to the terms of this Settlement Agreement, this case shall be certified as a class action under Fed. R. Civ. P. 23(a) and (b)(2). The "Certified Class" shall be defined as follows: all children who are involuntarily placed in DSS foster care in the physical or legal custody of DSS either now or in the future.*

Both quantitative and qualitative strategies were used in conducting the needs assessment. An in depth analysis of data on foster care placements from the DSS Child and Adult Protectives Services system (CAPSS) data system laid the foundation for the assessment by providing information as to where DSS places its children in foster care. This quantitative data analysis and review was followed by a qualitative data collection effort to assess the decision-making process, how children are faring in foster care, and the impacts on children receiving higher levels of care.

The Placement Needs Assessment (PNA) includes the following components:

- A Quantitative Review of Foster Care Placements
- Analysis of Available Data from the SC Quality Assurance (QA) Annual County Review Process
- A Qualitative Review of the DSS Process for Placing Children in Foster Care
- A Survey of Services Available for Children in Foster Care and their Families
- Identification of the At-risk Population

A Quantitative Review of Foster Care Placements

An in-depth analysis of data on foster care placements from the DSS Child and Adult Protectives Services system (CAPSS) was conducted in order to provide information as to where SCDSS places its children in foster care. *SAS* software was used to conduct the analysis of CAPSS data to explore where children were placed by region and

county and by various characteristics such as age, race and ethnicity, gender, placed out of the region, placement type, and sibling groups.
The in-depth analysis attempted to answer these questions as the data permitted.

- Where are our children placed geographically?
  - Where children from each region are placed
  - The number of children placed out of home county/region
  - For out of county placements, location by county and region of placement and approximate distance from the home county
  - The types of placements in which children are currently residing
  - The number of placement resources, by type in each county
  - The licensed capacity of foster care providers in each county/region compared to the current census in the county/region
- How many children are placed with some or all of their siblings?
- What are the demographic trends for children placed in higher levels of care as a whole?
- What percentage of children in foster care are discharged to a higher level of care?
- What are the trends around which children are placed in higher levels of care?

These data were initially analyzed to assist with selecting the universe and sample for the qualitative review of children in foster care conducted as part of the placement needs assessment process. To answer these questions for data to be presented in this final report, a one-day snapshot, March 31st 2017, was used to identify the number of foster children who were in care on that date and where they were placed (n=4114). All tables are attached in **Appendix** A (Tables A-1 through A-9).

Analysis of Available Data from the SC Quality Assurance (QA) Annual County Review Process

In South Carolina, each county receives an annual QA review. Reviewers use the 18-item Onsite Review Instrument to rate cases. Where available 10 foster care and 10 family preservation cases are reviewed in each county. Results of these annual county reviews are compiled annually into a summative report. This report includes quantitative and qualitative data from the review process. SC began using the new 18-item federal onsite review instrument in March 2015. The summative reports from January 2016 through December 2016 were reviewed to glean some preliminary information regarding items relevant to the Placement Needs Assessment including system strengths and areas in need of improvement.

System Strengths:

- Item 1 (Timeliness of Initiating Investigation) – 81% strengths
- Item 7 (Placement with Siblings) – 66% strengths
- Item 16 (Educational Needs of the Child) – 74% strengths
- Item 17 (Physical Health of Child) – 64% strengths

Areas in Need of Improvement:

- Item 12 (Needs and Services of Child, Parents, and Caregivers) – 22% strengths
- Item 13 (Child and Family Involvement in Case Planning) – 32% strengths
- Item 15 (Caseworker Visits with Parents) – 24% strengths

The results from the Quality Assurance (QA) reviews support the findings of the Placement Needs Assessments. Overall, the children in the study lacked many of the appropriate assessments needed to make and maintain informed placement decisions. Caseworkers are often not visiting and assessing parents to provide appropriate services to allow the child to return to a safe home with parents who are then able to handle the needs of the child without the child returning to care. Age appropriate children should also be involved in the case planning process to have a voice in the plan for their future placements to ensure they are safe and that all of their needs are being met. This planning process can provide parents and children the opportunity to discuss needed services to help them achieve the case goals. Placement with siblings was rated higher than many other items in the QA Review process. On average, 65% of the cases in the state were rated a strength on this item which indicates there is still work to be done in this area. The results of the Placement Needs Assessment also show examples of cases where siblings could have been placed together to help support and maintain their relationship.

A Qualitative Review of the DSS Process for Placing Children in Foster Care

Ninety foster children from 14 counties were selected for participation in the case study interview process. In order to have broad geographic representation from across the state, at least two counties from each of the five DSS Child Welfare Regions were included in the sample. In order to fully represent small counties, three counties from Regions 3 and 5 were included.

Sampling Process

A rolling universe of children in foster care was extracted by county beginning in February 2017 for the pilot and then continuing weekly through May 2017 to capture any placement changes that may have occurred.

In collaboration with DSS staff, CCFS selected 14 counties representing those with the high and low percentages of the variables listed below. This allowed a broad representation of these key variables in the sample.

- out of county placements
- placements experienced by foster care children
- siblings in care
- children in therapeutic foster care
- placements in congregate care facilities
- licensed foster care families in the county by the length of time the foster home has been licensed
- children in licensed kinship care

Once the 14 counties were selected to participate in the qualitative study, the universe of all children in foster care in these 14 counties was extracted. These data were stratified by placements into the four placement strata identified below. Per the monitors' request, the sample was chosen within each strata as follows:

1. 20 children who are placed in congregate care (other than short-term emergency shelter) or who were in group care within the past three months of the review
2. 20 children in therapeutic foster care or who were in therapeutic foster care within the past three months of the review
3. 20 children in family foster care placements who have experienced more than three moves in the past year
4. 30 children from other stable family foster home settings (including kinship care providers and foster parents who are caring for children with health and developmental issues)

At this step in the process, a purposeful selection process occurred in order to achieve a sample that included children from each of the 14 counties of various ages, genders, races, and in and out of county placements. Foster parents known to provide long periods of stability for children in their care as well as foster parents who had recently experienced a child moving to a higher level of care or placement disruption were interviewed. Table 1 below shows the number of cases by county, region, and placement type stratification.

Table 1. Counties Participating in the Placement Needs Assessment Qualitative Case Review Process by Stratification Group

County	Region	# Cases by Placement Strata				Totals
		Congregate Care	Therapeutic Foster Care	More than 3 Placements	Stable Foster Homes	
Anderson	1	4	2	3	5	14
Barnwell	5	0	0	0	1	1
Beaufort	3	1	1	0	1	3
Charleston	3	2	4	3	5	14
Colleton	3	0	0	0	1	1
Edgefield	5	0	0	1	0	1
Florence	4	0	0	1	1	2
Greenwood	5	0	2	0	1	3
Lancaster	2	1	0	0	3	4
Marlboro	4	0	0	0	2	2
Richland	2	5	4	4	4	17
Saluda	5	1	0	0	0	1
Spartanburg	1	6	4	7	5	22
Sumter	4	0	2	1	2	5
Totals		20	19	20	31	90

Individual Interviews

A qualitative case study approach was chosen as the method of study to facilitate a better understanding of the experiences of those most directly involved in foster care as consumers, care providers, service providers, and agency staff. These case studies tied with the broader statistical analysis and complemented by feedback from the PNA work group, licensing and placement support staff (LPS), and private placing agencies captured not only what is occurring in placement decision-making but also why it is occurring. The primary data collection method used in the case study approach was individual interviews of the consumers, care providers, services providers, and agency staff involved in each case.

Qualitative case reviews of 90 children/youth were conducted during the period February through June 2017 to assist the agency in learning more about the placement decision-making process and its impact on children in

foster care across the state. Interviews were designed to identify practice influences on placement decisions as well as an effort to reveal the effects of placement selection on children's current status. In addition, interviewers gathered information on how caregivers are sustaining stability as well as what caregivers need in external supports.

Two-person interview teams conducted the 90 case reviews. Review teams began by reading the child's case record to have a better understanding of the child's foster care history and current assessment results. For each case, the interviews with the child/youth, the foster parent or appropriate congregate care staff, the case manager, and in some cases, the case supervisor were conducted in person in the counties. Other interviews were conducted over the phone with licensing and placement support staff, private licensing agency staff, guardians ad litem, and clinical service providers. The individual interviews were recorded. Teams completed the interview protocols and narrative case summaries immediately following the case interviews.

The interview protocol and case study analysis were designed to answer the questions below. Findings reports from the interviews addressing each of the questions are found in **Appendixes B-H**.

- What are the child's underlying needs? **(Appendix B)**
- Does the child's current placement and placement history reflect a good understanding of the child's needs? **(Appendix B)**
- To what extent does the child's current placement provide the services and support needed to insure the child's, safety, well-being and permanency? **(Appendix B)**
- What if any, additional supports/services are needed to stabilize the child's placement? **(Appendix B)**
- If children are not placed with their siblings, why not? **(Appendix C)**
- Why are children placed out of the county/region? Is it simply a lack of placement options? Is it because children from other regions are taking those beds? Are there resource or support shortages in certain areas? If yes, then what areas? **(Appendix D)**
- What can we learn about the transition of children from placement to placement regarding group homes and foster homes? For example, from all placement moves? From group care placements to post-group care placements? Are there specific behaviors or characteristics present in these children? **(Appendix E)**
- What is the decision-making process for placing children in a higher level of care? **(Appendix E)**
- What are the resources needed and what shortages of resources exist that keep children from being placed in lower levels of care? At the outset when the placement is first being considered? After a child has been initially placed and a step-down to birth family or another less restrictive placement is being considered? **(Appendix E)**
- Why are children placed in level 2 or level 3 congregate care? Is it because of behaviors or a shortage of resources? If it is because of the behavior of the child, what kinds of behaviors? Externalizing? Internalizing? Or an equal mixture of both? What supports are needed and, if those supports were available, how many of these children could be maintained in a therapeutic foster home placement? **(Appendix F)**
- Why are children who are approved for therapeutic foster homes placed in congregate care instead? How often does this happen? **(Appendix G)**
- Why would a child who is ISCDEC-approved for therapeutic foster care be placed in a congregate care placement instead? **(Appendix G)**
- What are the permanency outcomes for children in therapeutic foster care compared with children in conventional family foster homes? **(Appendix H)**

Focus Group Interviews

The CCFS research team convened two focus groups with DSS employees and external stakeholders. The first focus group interviews took place on August 11, 2017, with the Placement Needs Assessment (PNA) Work Group and the second focus group was held on August 24, 2017, with the DSS regional licensing and placement support staff (LPS) and representatives from private child placing agencies (CPA). The information shared in the focus groups complemented information obtained from the CAPSS data analysis and the qualitative individual interviews and clarified questions that arose during the interview phase of the assessment. Key observations and information shared by the focus group participants provided valuable insight not only into what is occurring in placement decision-making but also why it is occurring. The focus group participants' input and recommendations derived from their observations are outlined below.

<u>Placement Needs Assessment Work Group</u>

The Placement Needs Assessment (PNA) Work Group focus group took place on August 11, 2017. Supervisors, clinicians, and DSS upper management from across the state were present. The discussion predominantly centered on the subject of placement during the meeting. The group felt that placement with siblings was a major problem area. They identified that, though there were many homes that have the number of beds available for large sibling groups, many of the beds are quickly taken due to the overall shortage of foster homes in the state. The focus group participants identified what they believed to be an optimal strategy which would be to hold homes with multiple beds for large sibling groups so the children can be placed together; however they stated that currently that was extremely difficult to do because of the number of children in care in comparison to the total number of foster homes available.

There was also discussion of barriers related to placement. One barrier included addressing the stigma related to children who have had a history of sexual abuse. Members of the focus group discussed the idea of developing more training in order to educate and work with foster parents to overcome this traditionally negative association in order to have more foster homes that would be capable of supporting this group of children.

Court involvement was also an area that the focus group felt had a heavy influence in many placement decisions. The focus group identified that training regarding the Michelle H. lawsuit is an important step to take in order for family court judges to understand all the details of the lawsuit before making decisions. The group identified a situation where the judge had ordered children under the age of six to be in a group home. According to the Michelle H. lawsuit, children under the age of six are not supposed to be placed in a congregate care setting, but the agency was court-ordered to make the placement. The agency felt that more training would help judges understand the details of the lawsuit and make court decisions within the parameters of the Michelle H. lawsuit. Some members of the focus group also identified that there needs to be more discussions with federal monitors regarding court decisions, such as the example provided, in order to ensure that DSS is taking the appropriate actions.

There was some discussion on the subject of placement levels. The focus group identified that there was a major lack of therapeutic foster care level 1 homes and that children were often placed at higher levels of care due to the lack of availability. Additionally, the focus group identified that there needs to be a reevaluation of the definition of levels, and possibly the addition of new levels both in therapeutic foster care and in regular foster care in order to meet the needs of the child.

Licensing, Placement and Support and Private Child Placing Agencies (CPA)

Present at the August 24, 2017 focus group meeting were the regional licensing, support, and placement staff, county staff, and representatives from private child placing agencies (CPA).

One of the topics discussed by focus group participants was communication and relationships between licensing staff and DSS county staff. Licensing staff from one office believe that their office and county staff have been going through a process of understanding one another since the regionalization of agency licensing. They now have a mutual working relationship. Regional licensing has resulted in a bigger network which provides more placement options. One focus group participant observed that foster parents were getting burned out previously, but more options now allow foster parents to "take a break." Licensing staff are working together which also provides more placement options. While one county staff person voiced a concern that it "takes too long to place" now that placement is going through regional offices, she also felt that "it's a learning curve" for county staff involved in placement.

One focus group participant stated that the daytime placements are good because staff during the day know "our homes." After hours, there is a rotation of staff placing children who may not know the homes. Another participant commented that communication has gotten better, and there is a clear path for each caseworker to go through in the placement process. In another county, all workers are involved in placement; no one is designated as placement staff; relationships are established with families. In one region, management must be involved every time with the placement decision.

Once concern voiced by focus group participants was the conflicted nature of placement decisions when a sibling group needs to be placed and group care is the only placement option.

Participants discussed the types of information provided to them when a child is referred to their office for placement. In one region, information is provided by the caseworker, then the placement staff does their own research in CAPPS to get information about the child they are placing. Some workers provide a lot of information; with others the information provided by the caseworker is limited (name, age, siblings). Documents received by one private agency are the universal form and a checklist. Another private placing agency stated that requests they receive to place a child come from different sources, sometimes the caseworker, and sometimes the supervisor. One focus group participant recommended that county staff including caseworkers should shadow the regional office to see what they actually do. The ability to uplink documents has been helpful to licensing staff, but some stated that caseworkers need to understand the importance of putting thorough information in the case record about the child to be placed.

Other concerns and recommendations included a need for more placements (resource issue). This situation has resulted in Level I and II placements being basically unavailable, especially for teenagers. Focus group members stated that if there is a lack of a Level I placement, the child gets bumped to a Level III group home.

A better method for identifying available therapeutic foster homes is needed. In one region currently a universal form is sent to a large email list (example 50); many of the emails come back as undeliverable as the lists are not regularly updated. There should be a requirement to make phone calls (as opposed to via email) to get a true update on which homes are active and available.

Level III provides more services which are needed due to behaviors presented. One participant stated that "DSS wants them to start at Level I when it is known that the child's needs are a Level III." The lack of concrete definitions of the levels of care was noted by the focus group. One focus group member stated that within the agency,

placement moves "continue until the fit is good." If placement change is needed, this should be communicated back to the caseworker to keep him/her abreast of what is happening with the child. A private placing agency stated that all their children are therapeutic; all of their homes are approved/trained for all levels.

It was recommended that the universal form should have a section to list information on improvements in behavior and progress the child has made in other areas as well so that a label of problematic behaviors will not follow the child forever and become a challenge to successful placements. Private agencies have clinicians on staff who make the call on the behavioral level of children being placed by them. A concern of one private agency is that information is not shared on children from one private placing agency to another; it is up to each agency to assess. Licensing staff expressed a need for caseworkers who know their cases and communicate paperwork to LPS on a timely basis.

One focus group member stated that the agency should make every attempt to make placements with family. Foster parents who continue to refuse placement requests create a challenge to placing children. If foster parents continue to refuse placement requests: 1) they can voluntarily close or 2) DSS can revoke their license.

South Carolina Department of Social Services Service Array:
A Survey of Services Available for Children in Foster Care and their Families

The University of South Carolina's Center for Child and Family Studies, in coordination with the SC Department of Social Services adapted a service array assessment instrument for use in South Carolina. This service array was modified from the one previously administered in January and February 2009.

The online survey rated 65 services (grouped into 11 major categories) on their availability, quantity, quality, and importance. A codebook was provided that had specific definitions and examples for each category of services.

Counties were instructed to form teams to have one unified response per county. Forty-five of the 46 counties participated.

The 65 services measured in this survey were grouped under 11 major categories:

- Basic Needs
- Health Care
- Child Abuse Prevention
- Education and Child Development
- In-Home Services
- Clinical Services
- Placement and Related Services
- Residential Treatment Services
- Supports for Children and Families
- Adoption and Guardianship
- Independent Living

For each service, numbers and percentages were calculated on service availability, time of day the service is most needed, quantity, quality, and importance.

Summary data for each category is provided below. The data is limited to the responses provided. Not every county answered every section, which is reflected in the numbers below. For example, a county may have indicated that the service was not available but not complete the importance section of the survey. The results for each service and response question are provided in **Appendix I.**

Basic Needs

Basic Needs had six sub-categories: Community Services, Cash Assistance, Housing Assistance, Child Care Assistance, Transportation Assistance, and Employment Assistance.

The counties indicated that SOME of the services were available in their area. The counties mostly use these services during the work day followed by the need for the services all of the time. As with availability, the counties responded that they had SOME of the needed quantity of services. The counties indicated that the Basic Needs services were SOMETIMES GOOD to OFTEN GOOD and rated the services as VERY to CRITICALLY important.

In this section, transportation assistance was the sub-category with the most concern. Transportation assistance has the least availability with 18% (8) of the counties identifying there was none in their region. This is particularly a concern in *Region 5* where five counties identified that there were no transportation services available yet 64% (7) of the counties in *Region 5* identified transportation as a CRITICALLY important service needed to the county. Transportation was overall the area identified as most important, with 51% (22) of the counties stating that it was CRITICALLY important.

In the counties where the service is available, transportation also was the lowest quality service that counties identified, with ten of the counties stating that the overall quality of the service was POOR in their county.

Health Care

Health Care had six sub-categories: Emergency Mental Health Services for adults, Emergency Mental Health Services for adolescents or children, Primary Child Health Care, Child Dental Care, Primary Adult Health Care, and Health/Mental Health-related Support Groups.

Counties indicated that SOME of the services were available. Sixty percent of the counties reported and ALL of the Primary Child Health Care was available. These services are needed all of the time. Counties responded that they have SOME of the quantity of the services they need. Regarding quality, the results ranged from POOR to OFTEN GOOD. Services such as emergency mental health services for adults and emergency mental health services for children were pretty evenly distributed over POOR, OCCASIONALLY GOOD, SOMETIMES GOOD, and OFTEN GOOD. These services were rated as VERY to CRITCALLY IMPORTANT.

Overall, health and mental health related support group services were not available. Fifteen of the counties identified that there were NONE available in their area. Twenty-eight counties rated this service to be VERY to CRITICALLY important.

Emergency mental health services for adults and adolescents or children were the two sub-categories of most concern regarding quality. For each service, ten of the counties reported that the services were of POOR quality. Emergency mental health services for adolescents were particularly an issue in *Region 1* where four of the counties in the area indicated that it was POOR quality. Emergency mental health services for adults was also an equally problematic area for *Region 1* with three of the counties also responding it was POOR quality.

Child Abuse Prevention

Child Abuse Prevention had five sub-categories: Home Visits to Parents with Newborns, Parent Education, Like Skills Training/Household Management/Financial Counseling, Child Abuse and Neglect Outreach/Education, and Parents Anonymous or Other Forms of Parent-Led Support.

The counties reported that SOME of the services were available in their area. These services are needed during the WORK DAY. The counties have SOME of the quantity of services that are needed. The counties reported that the services were SOMETIMES GOOD to OFTEN GOOD in quality. These services were indicated to be VERY to CRITICALLY important.

Parents Anonymous (or other forms of parent-led support) was an area that had a high percentage of unavailability with twenty-three of the counties indicating that this service was not available in their area. This was particularly true in *Region 4* where seven of the counties reported that they did not have the service. This service was rated to be MODERATELY to VERY important by 29 of the counties. Only one county identified this service to be ALWAYS GOOD in quality.

Life skills training was also an area that was lacking in regions. Seventeen of the counties stated that it was not available in their county. Of those counties, seven were from *Region 5*. This was also an issue in *Region 2* where 50% (4) of the counties reported that they did not have life skills training in their area. Twenty-eight counties rated this service to be VERY or CRTICALLY important. Seven counties indicated this service to be of POOR quality.

Education and Child Development

Education and Child Development has six sub-categories: Educational Services for Children, Head Start or Other Early Childhood Education, Before- and/or After- School Programs for Kindergarten through 6th Grade, Before- and/or After- School Programs for 7th Grade or Higher, Mentoring for Children and Youth, and Community Support Services.

Counties reported that SOME to ALL of the services were available. These services are needed during the WORK WEEK. Counties have SOME of the needed quantity of services. The services were largely rated as OFTEN GOOD in quality and were VERY to CRITICALLY important.

Forty-three of the counties indicated that SOME or ALL educational services for children were available. There was, however, a lack of before and after school programs for children in 7th grade or higher and mentoring services for children. Thirty-two percent (14) of the counties stated for each category that these services were not available in their area. Among the responses, six of the counties responded that before and after school programs for 7th grade and higher were the educational services that had POOR quality.

Educational services for children and Head Start programs were the two areas that counties reported to be CRITICALLY important. *Region 5,* in particular, indicated that Head Start was a necessary program, with ten of the counties identifying it as a CRITICALLY important service.

In-Home Services

In-Home Services had seven sub-categories: Wrap-Around Services, Project FAIR or SSBG funds, Family Group Conferencing, Family Team Meetings, Non-DSS Homemaker Services, Fatherhood Coalition, and Respite Care for Parents.

Counties indicated the SOME of the services were available. These services are mostly needed during the WORK DAY and ALL OF THE TIME (Respite Care for Parents). SOME of the needed quantity is available. These services were reported to be SOMETIMES GOOD to OFTEN GOOD. The services are VERY important in the counties.

Two areas that were greatly lacking in terms of in-home services were respite care for parents and non-DSS homemaker services. Twenty-eight of the counties stated that there were no respite services in their county. This was a major issues in all regions, particularly *Region 4* which had eight of the counties reporting that they did not have any respite care for their parents. Ten of the counties reported that respite care for parents was a service that was of POOR quality.

Twenty-five of the counties stated that they did not have any non-DSS homemaker services. This was a problem specifically in *Region 5* where nine of the counties indicated they did not have the service available. Five of the counties in *Region 2* also reported that they did not have non-DSS homemaker services available in their area. *Region 1* was the only region that had at least SOME non-DSS homemaker services in their counties. Non-DSS homemaker services were also considered to be of POOR quality by six of the counties.

Project FAIR had the highest percentage of importance, with 49% (20) of the counties identifying it as CRITICALLY important. This was most supported by *Region 3,* who had five of the counties identifying it as an important service. Seven counties reported this service to be of POOR quality.

Clinical Services

Clinical services had a total of nine sub-categories including: Behavioral Intervention Services, Outpatient Substance Abuse Services, Outpatient Mental Health Services, Outpatient Domestic Violence Services, Child and Adolescent Day Treatment, Sexual Abuse Treatment, Perpetrator Treatment, Intensive Family Preservation, and Services for Survivors of Sex Trafficking.

The counties identified that SOME of the services were available in their area. The counties indicated that services were predominantly available during the entire work week. In terms of quantity, the counties reported that they had SOME of the services they need. The quality of the services ranged from SOMETIMES GOOD to OFTEN GOOD. Overall, the counties believed that the clinical services were either VERY or CRITICALLY important.

Services for survivors of sex trafficking, perpetrator treatment, and child and adolescent treatment were the three areas that lacked the most availability as far as clinical services are concerned. Twenty-eight of the counties stated that they had no services for survivors of sex trafficking in their area. This was particularly a problem in *Region 5,* where nine of the counties reported they did not have the service in their county, and *Region 2* where five of the counties indicated that it was not available in the area. Twenty-eight counties marked this service to be VERY to CRITICALLY important. Ten of the counties indicated that services for survivors of sex trafficking was of POOR quality in their county.

Child and adolescent day treatment is a service that is lacking in many counties with nineteen of the counties responding that NONE of the service is available. Thirty-two counties identified this service to be VERY to CRITICALLY important and three counties reported the service to be of POOR quality.

Twenty-two of the counties stated they did not have perpetrator treatment in their area. This was particularly true in *Region 5* where eight of the counties indicated they had NONE of this service in their county. Twenty-nine

counties reported this service to be VERY to CRITICALLY important. Ten of the counties marked the service quality as POOR.

Placement and Related Services

Placement and related services contained a total of nine sub-categories including: Kinship/Alternative Placements, Caregiver Services, Emergency Shelter Care, Domestic Violence Shelter Care, Medically Fragile Foster Care, Family Foster Care, Therapeutic Foster Care, Group Home Care, and PRTF.

The counties indicated that NONE or SOME of these services were available in their county. In terms of quantity, they identified that they had SOME of services in the county. The quality of the services related to placement were rated between SOMETIMES GOOD and OFTEN GOOD. The counties reported that overall placement and related services were CRITICALLY important.

Twenty of the counties stated that there were no PRTF in their area. This was particularly an issue in *Region 5* where eight of the counties stated that it was unavailable in the area. Twenty-six counties indicated this service was VERY to CRITICALLY important. Seven counties rated PRTF to be of POOR quality.

Nineteen of the counties reported they did not have emergency shelter care. This was an issue in *Region 5* where seven of the counties responded that the service was not available in the county. Twenty-eight of the counties indicated that this service was VERY to CRITICALLY important. This county was marked as POOR quality in six counties.

Kinship/alternative caregiver placements were also lacking in the state, with nineteen of the counties identifying that it was unavailable. This was mainly a service lacking in *Regions 2, 4, and 5*. This service was of particular importance in Region 5 with eight of the counties stating that it was a CRITICALLY important service.

Residential Treatment Services

Residential treatment services had a total of five sub-categories: Residential Programs for Adolescent Behavior Problems, Residential Adolescent Substance Abuse Treatment, Residential Substance Abuse Treatment for Women with Dependent Children, Inpatient Adult Mental Health Treatment, and Inpatient Child/Adolescent Mental Health Treatment.

The counties indicated that SOME of the services were available in their area. In terms of quantity, counties reported that SOME of the needed services were in their county. The quality of the services were identified as SOMETIMES GOOD and overall rated residential treatment services as VERY important to the county's needs.

There is a lack of residential treatment programs services of all types in the state of South Carolina according to counties. Particularly lacking was residential adolescent substance abuse treatment services. Twenty-seven of the counties had NONE available in their area. This was particularly a problem in *Regions 2, 4, and 5.* Nine of the counties reported this service as unavailable in *Region 5* alone. These services were rated as VERY to CRITICALLY important by the majority of the counties.

Counties responded in general that residential adolescent substance abuse treatment, residential substance abuse treatment for women, and inpatient child mental health treatment were the areas that were most POOR in quality. Residential adolescent substance abuse treatment services were in particular an area of weakness with eight of the counties reporting that it was POOR quality in their area.

Supports for Children and Families

Supports for children and families had seven sub-categories: Child Advocacy Centers, Court Appointed Special Advocates/GALs, Supervised Visitation, Post-Prison Transition Services, Legal Counsel for Children in Custody, Legal Counsel for Parents Whose Children Enter Custody, and Child Welfare Mediation.

The counties identified that ALL Child Advocacy Center, Court Appointed Special Advocates/GAL, Legal Counsel for Children in Custody and Legal Counsel for Parents Whose Children Enter Custody services were available. The counties responded that NONE were available for Supervised Visitation, Post-Prison Transition Services, and Child Welfare Mediation. The counties identified that the services were typically needed during the work weekday. The quantity of available services ranged between NONE and SOME. Child Advocacy Centers was an exception, with counties identifying MOST for this category. The counties responded that the supports for children and families were OFTEN GOOD and reported that they were CRITICALLY important to their county.

Post-prison transition services was the major category counties indicated was unavailable in their area. Thirty-four of the counties stated that NONE were available in their area. For counties that did have the service, post-prison transition services was an area that counties indicated had low quality. Eight of the counties identified it as an area of POOR quality.

Twenty-eight of counties identified that there were no child welfare mediation services in their area. This was true for all regions, particularly *Region 1* where five of the counties stated there were NONE of the services available in their area.

Supervised visitation was another area lacking throughout the state. Twenty-nine of the counties stated that NONE of the services were available in their area. This was particularly an issue in *Region 4* where ten of the counties stated that NONE were available.

The service that counties reported was most important was child advocacy centers. Thirty-nine of the counties indicated this service was VERY to CRITICALLY important.

Region 3 identified three categories that they felt were either VERY OR CRITICALLY important, including supervised visitation, post-prison transition services, and legal counsel for both children in custody and parents whose children enter custody. While 86% of the counties in *Region 3* identified post-prison transition services as VERY important, six of the counties for *Region 3* identified that there were NONE available in their area. *Region 4* had the same response, identifying that post-prison transition services were important, with seven counties identifying it as either VERY or CRITICALLY important, but ten of the counties for *Region 4* identified that NONE were available.

Adoption and Guardianship

Adoption and Guardianship had four sub-categories: Post-Adoption Caseworker Services, Adoption Subsidy, Post-Adoption Crisis Intervention, and Guardianship Support.

Most of the counties reported that NONE of the services were available. The services were used during the work day. In terms of quantity, the counties identified that they had SOME of the services they needed. The quality of the services available ranged greatly, from POOR to OFTEN GOOD. Fifty-two percent of the counties said that adoption subsidy was OFTEN GOOD for the county. The counties believed that adoption and guardianship services were VERY important to their counties.

Twenty-eight of the counties stated that guardianship support was not available. Eighteen of the counties reported this service to be VERY or CRITICALLY important. Eight of the counties reported that guardianship support services in the area had POOR quality.

Independent Living

Independent living had seven sub-categories: Independent Living Skills, Independent Living Dormitory Services, Independent Living Supervised Apartments, Job Coaches for Youth Aging Out of Care, Post-Secondary Education Tuition Waiver Program, Financial Planning/Financial Education, and Summer Jobs for Youth.

The majority of counties identified that they had NONE or SOME of the independent living services listed in the survey. The counties mostly used the independent living services during the work day. Regarding quantity, the counties responded that NONE or SOME of the services were provided. When the services were used, the county rating of the services ranged between POOR and SOMETIMES GOOD. The counties indicated that independent living services were VERY important. The counties did not feel that independent living dormitory services, independent living supervised apartments, or job coaches for youth aging out of care met the child's needs.

Thirty-six of the counties reported that they had no independent living supervised apartments in their area. In *Region 4* alone, 11 of the counties stated they had NONE of this service available in their counties. Ten counties stated the same in *Region 5*. Ten of the counties reported that it was an area of POOR quality.

Independent living dormitory services also saw the same response. Thirty-two of the counties identified that they had NONE available in their area. Ten of the counties in *Region 5* had NONE of this service. Eight of the counties identified this service as POOR quality.

Independent living skills services and job coaching for youth aging out of care were two other areas that saw low availability in the state. Twenty-four of the counties stated they had no independent living skills available. Independent living skills were particularly an issue in *Region 5*, where nine of the counties indicated they didn't have the service. Twenty-six of the counties reported that they had no job coaching in their region. Job coaching was least prevalent in *Region 4*, where ten of the counties reported they did not have access to the service. Nine counties marked this service as POOR quality.

Region 1 placed the most importance in independent living services. There were two services in particular that *Region 1* identified as either VERY or CRITICALLY important: financial planning/education (6 counties) and independent living skills (4 counties).

Initial Findings

- There was no one region that had a steady number of services for all categories.
- Residential Treatment Services and Independent Living services are the least available in the state.
- *Region 1* had the most independent living services in the state.
- *Region 2* had the most number of POOR quality services. They had at least one service with a higher than average percentage of POOR quality in every category.
- *Region 3* had the most adoption and guardianship-related services available and placed the most importance on the services.
- *Regions 4 and 5* seemed to be lacking the most services in the state.
- The top three most important services identified were: Emergency Mental Health Services for adolescents or children, Primary Child Health Care, and Outpatient Domestic Violence Services. These were all rated as CRITICALLY important by 26 counties.
- The top four least available services were: Independent Living Supervised Apartments (36 counties), Post-prison Transition Services (34 counties), Independent Living Dormitory Services (32 counties), and Supervised Visitation (29 counties).
- The lowest quality services were: Transportation, Emergency Mental Health Services for Adults, Emergency Mental Health Services for Adolescents or Children, Respite Care for Parents, Perpetrator Treatment, Services for Survivors of Sex Trafficking, and Independent Living Supervised Apartments. These were all rated as POOR quality by ten counties.

Identification of the At-risk Population

The federal co-monitors requested a review of Medicaid data on the recent use of mental health services by class members in order to provide information on the approximate number/percentage of children in different counties who may be at risk for needing higher level placements or placement supports.

The Center for Child and Family Studies sent a data request to the Revenue of Fiscal Affairs (RFA) to obtain de-identified limited Medicaid Data to investigate Medicaid eligibility and health services received for our cohort of 7822 children in foster care. The main goal of the Medicaid Application Proposal was to link children in foster care receiving foster care services (de-identified data) that were opened or were still open between April 01, 2016 and March 31, 2017 with Medicaid status information and mental health services received.

The following variables were included in the dataset:

1. *Mental Health Visits: if the child has Medicaid or not*
2. *Medicaid: type of mental health services received, categorized into two groups*

    - *Mental health diagnoses*
    - *Other behavioral health issues such as alcohol and drug addiction*

Medicaid Eligibility was defined as follows: If the child had at least 1 month of Medicaid eligibility during the period April 2016 to March 2017. Eligibility also had to be between their service open date and service close date. Note that claims were pulled from April 2016 to March 2017 where claims fell between the open and close dates listed on the data.

Mental Health Diagnoses and Other behavioral health issues such as alcohol and drug addiction were defined based on ICD-10 codes:

- Mental Health Diagnoses ICD-10: F01-F99 excluding F10-F19
- Drug and alcohol Diagnoses ICD-10: F10-F19

In **Appendix J, Table J-1** shows *Medicaid Eligibility by County of Origin of the child*. Overall, 87.7% of the children were Medicaid eligible (n = 6856). The percentage of Medicaid eligibility across the five Regions was similar (86%). Populous counties such as Spartanburg (n=754; 34.0%), Richland (n = 711; 10.4%), Greenville (n = 644; 9.4%), and Charleston (n = 501; 7.3%) have more children who had Medicaid for at least 1 month during the period April 2016 to March 2017.

In **Appendix** J, **Table J-2** *Mental Health Diagnoses and Other Behavioral Health Issues such as Alcohol and Drug Addiction by County of Origin* shows the number of children in foster care who received any type of mental health (MH) service during the period April 2016 to March 2017. Type of mental health services were categorized into Mental Health Diagnoses and Other behavioral health issues such as alcohol and drug addiction. Among those who were Medicaid eligible, 55.9% (n = 3831) received a mental health diagnosis, while 4.7% (n = 319) were diagnosed with other behavioral health issues. About 56% (n=3857) of the children with Medicaid had a mental health diagnoses or other behavioral diagnoses, and 43.7% (n=2999) did not have a MH diagnoses or other behavioral issue diagnoses.

In Appendix J, Table J-3 *Last Placement Type by Medicaid Eligibility* shows the number of children who had Medicaid for at least 1 month and the last placement setting that started prior to March 31st 2017. The majority of the children whose last placement was in a family home setting were Medicaid eligible (n = 5265; 67.3%). Only 19.1% of the children in Group Homes received Medicaid (n = 1497). For the family home setting category and Medicaid eligible (n = 5265), 53.5% (n=2817) of the children were diagnosed with a MH or other behavioral issues. Among those residing in a GH setting and Medicaid eligible (n=1497), 993 (66.3%) had a MH or other behavioral diagnoses.

Recommendations

Federal Michelle H Lawsuit Co-monitor Paul Vincent and several members of the monitoring team participated in collecting and analyzing the PNA data. After data collection was completed, Paul sent a report listing the themes that his team observed in the Placement Needs Assessment Case Narratives. These themes are used in this final section of the report as a framework for offering recommendations based on the findings in this report. The Center for Child and Family Studies (CCFS) team developed these recommendation after analyzing all of the data collected for this study.

The recommendations are grouped into seven categories.

Child and Family Service Planning

A number of issues regarding child and family service planning were identified in the PNA study. The monitoring team observed three themes in this area.

Theme 1: *Older children and youth reported having little input into the plans being made for them. With a number of youth and their bio-parents, DSS staff were often described as developing the plans without their active involvement. In a small number of cases where the reviewer reported it, children did not have a case plan, or none was found. There was a family plan, however.*

Theme 2: *Regarding reunification efforts, some narratives described the case manager role more as monitoring compliance with court requirements than being an active participant in helping parents address their challenges. This impeded reunification.*

Theme 3: *The use of a child and family team meeting for planning and coordination was mentioned infrequently, even where placement changes were being considered.*

The monitoring team also identified the need for the following practice changes:

- Better engagement of parents and youth and greater parent and youth involvement in planning and decision-making
- Use of child and family teams for planning and decision-making.

The CCFS Data Analysis Team provided the following recommendation for this practice area.

- More attention needs to be paid to whether the child is prepared to be reunified with the parent and whether the parent's situation appears to be stable enough to keep the child permanently out of foster care. In treatment plans, there is often an emphasis to move the child back to the parent as soon as possible, but plans need to focus on both the child and parent's situations to ensure they are aligned in order to achieve a successful reunification.

Permanency Planning

A number of issues regarding permanency planning were identified in the PNA study. The monitoring team observed two themes in this area.

Theme 1: *Many of the Treatment Foster Care (TFC) placements appeared to be responsive to most of children's needs, except for permanency. However some TFC providers did make a commitment to adoption.*

Theme 2: Generally, if the child was in a higher level of care, permanency efforts seemed less urgent if important at all. In a few cases where adoption was an active consideration, there appeared to be limited coordination with adoption staff. For children in group care, facility staff had little involvement in permanency planning.

The monitoring team also identified the need for the following practice change:

- Urgency regarding permanency, especially for children in therapeutic settings.

The CCFS Data Analysis Team listed the following recommendations for this area.

- DSS needs to consider shifting to concurrent planning more effectively for older children between the ages of 13-18. Due to their age and challenges of finding foster homes in that age range, APPLA could be a beneficial concurrent plan with either reunification or adoption in order to best prepare the child in the event that no adoptive or family resource is able to support the child.
- DSS needs to consider shifting to concurrent planning for all children whenever possible. Children, particularly young children between the ages of 0-6, are not being placed in pre-adoptive homes; pre-adoptive homes can help achieve long-term permanency and transition the child towards adoption if

reunification does not work out. The longer the permanency goal of reunification exists for the child, the harder it is to find an appropriate adoptive home for the child if they are not placed in a pre-adoptive home. This causes instability and can lead to multiple placements whereas the child could have potentially been in a home ready for adoption the moment reunification is no longer an option. DSS needs to adequately train foster parents to anticipate that most children go back home so that these foster parents are not an obstacle to adoption.

Diagnostic Assessments and Interventions

A number of issues regarding diagnostic assessments and interventions especially dealing with timeliness were identified in the PNA study. The monitoring team observed one theme in this area.

Theme 1: *In-depth assessments of children were infrequent and those completed by DSS staff and providers did not adequately assess the causes of behavior (underlying needs).*

The monitoring team also identified the need for the following practice changes:

- Attention to child, youth and family strengths and underlying needs

The CCFS Data Analysis Team listed the following recommendations related to this need.

- Improve the speed and accuracy of assessment of children to determine their needs in a variety of areas
- Improve the timeliness of services offered to youth to meet their needs
- Identify high quality support services around the state and make this information available to case managers across the state
- Identify service deserts where various types of services are not available or not available with sufficient quantity or quality and make this information available to placement staff so that consideration can be given as to whether children in need of these services are be placed in homes or facilities in these areas
- Improve timeframes for assessing needs of these youth and identifying services that can address these needs

Placement with Siblings

A number of issues regarding placement with siblings were identified in the PNA study. The monitoring team observed one theme in this area.

Theme 1: *It was common for children to be separated from siblings in their placement. Where they were not placed with siblings, regular visits did not seem to be common.*

The monitoring team also identified the need for the following resource:

- Additional family foster homes for large sibling groups

The monitoring team also identified the need for the following practice change:

- More frequent contact between siblings in separate placements

The CCFS Data Analysis Team listed the following recommendations for this area.

- Recruit more homes that can accommodate sibling groups

- The analysis indicates that a further examination of the number of siblings that can be placed together in a single foster home is warranted. Historically, large siblings groups in foster care were placed in group homes and this change indicates that other options (e.g., place holding for homes who can take 4+ children) will need to be explored. In addition, families who are willing to foster large sibling groups should be recruited, financially incentivized for their efforts, trained to provide higher levels of care (because large sibling groups often have 1+ children with higher needs) and then their homes should be reserved for only large sibling groups. Foster families who are providing loving, safe, and consistent homes for these groups should be greatly supported through interventions, resources, and additional supports to prevent the breakdown of these resource homes which would lead to higher levels of expense because removed children will likely increase in placement level.
- The analysis indicates that sibling "sexual acting out" should be further explored in-depth before a decision is made to permanently separate the children and not allow them to ever live together again. It is recommended that the difference in age of the children be considered and patterns of behavior be examined to determine the likelihood of the sexual behaviors occurring again. It is also recommended that the allegation be further assessed to determine if the behavior of either child had sexual intent (e.g., intentional sexual gratification vs. playing doctor). If the child's behavior is the result of a lack of education about respecting other children's personal space and body parts before coming into foster care, foster parents should be trained and able to address the child's sexual behaviors. Further training for foster parents on typical child sexual behavior and safety topics would likely decrease the labeling of children. Topics may include boundary setting for personal safety, private parts and who can touch them, public vs. private behaviors, and how to address specific sexual behaviors that come up (e.g., child touching himself in public—Tell a young child or child with developmental delay that some behaviors are public and some are private and that he cannot do that in public; Repeat this statement as necessary). These allegations that a sibling is acting out sexually should be further assessed because is it likely that the children labeled as "sexually acting out" are aware of this labeling. The labeling alone can have a detrimental impact on the child in addition to impact of being removed from siblings.

Addressing Trauma and Mental Health Issues

A number of concerns regarding addressing trauma and mental health issues were identified in the PNA study. The monitoring team observed three themes in this area.

Theme 1: *Many of the children had considerable trauma histories, both from the period when they were living with parents and once they were placed in DSS custody. Separation from parents, separation from siblings, multiple placement moves and a lack of permanency all contributed to trauma responses that required skilled clinical therapeutic intervention.*

Theme 2: *Responsive mental health services, especially trauma responsive supports were insufficient. It wasn't unusual for children to receive some form of counseling, but trauma histories require a higher level of skilled involvement. Wait lists were a challenge for assessment and therapy for some children.*

Theme 3: *Because intensive home-based mental health services that addressed trauma and subsequently, child behavior, have limited availability, some children were placed in congregate settings to access more intensive services. Few emotional and behavioral challenges were noted that could not have been met in a less restrictive setting if such intensive home-based services were available.*

The monitoring team also identified the need for the following resources:

- Immediate access to local intensive, home-based mental health services to stabilize and sustain placements and respond to children's needs

- More skilled trauma responsive providers.

The CCFS Data Analysis Team listed the following recommendation for this area.

- DSS in general needs a larger emphasis on mental health services for children. When placement changes occur, if the child is taking part in any form of mental health services, there should be more of an effort to maintain and continue those services in some capacity.
- DSS should provide ongoing mental health assessments for children, particularly those who have had multiple placements in order to ensure the well-being of the child. Although the child may not have had mental health needs at the onset of being in foster care, it is entirely possible that the child will develop the need for individual counseling or mental health services as the effects of multiple placements, sibling separation, and the complexity of foster care come into play.
- Therapeutic foster homes in general need to be better trained in order to effectively address the behavioral needs that can be seen in the Placement Needs Assessment. Children in therapeutic foster care experienced the highest number of placement changes in the study. In several cases, children were moved multiple times due to therapeutic foster homes being unable to handle the children's behaviors. The therapeutic homes that were most stable had experience and additional, specialized training that gave them the capacity to better handle the child's behavioral needs.

Placement Availability, Structure, and Support for Caregivers

A number of issues regarding placement availability (including adequate numbers, level of quality, and location), the DSS structure for placing children, and supports for caregivers were identified in the PNA study. The monitoring team observed two themes in this area.

Theme 1: *The placement process itself is, as many narratives acknowledged, bed-availability driven, not child needs driven. It is common of staff looking for placements to use a Universal Application that is sent out to multiple or many providers. Placement is frequently based on where there is a willingness to accept the child.*

Theme 2: *For many of the children in group care and some in therapeutic foster care, narratives revealed that had the placement been available, the child's needs could have been met in conventional family foster care. In those cases, family foster care placements had not been available.*

The monitoring team also identified the following additional resource needs:

- Additional family foster homes
- A more even geographic distribution of Treatment Foster Care homes (to enable placements closer to home and community)
- A functional placement matching system.

The CCFS Data Analysis Team listed the following recommendations for this area.

Placement:

- Establish clear protocols for all aspects of placement. Currently communication systems vary between and within DSS and the contracted child placing agencies (CPA). Since there are so many CPAs, one protocol needs to be written and followed. Some of the current protocol for how DSS requests placements for children needs to be examined. Workers send the universal form to a listserv that no one seems to have responsibility for updating. When employees leave DSS or the CPA, there is no mechanism for updating the listserv or notifying each other of the change. The universal form which is currently being emailed has

a place to record social security numbers and other confidential information. It is not clear whether encryption protocol are in place or are being followed.

- Provide county, adoption, IFCCS staff, and foster parents more information and preparation for the changes that have occurred in the placement process. In focus groups, placement staff said it was very difficult during the first year or so after changes were put in place. The county, adoption, and IFCCS staff and foster parents did not always understand the context for the changes and how it would benefit the children.

- The DSS placement worker in collaboration with the case manager should select the placement, not the placement selecting the child.
- Reserve homes with the higher capacity in order to meet the needs of large sibling groups coming into care.
- It is recommended that DSS determine a priority list of what matters most when placing children in order to provide guidance on this very difficult process. Based on the well-being literature and state policy, what are the most important things about a placement that improve outcomes for children? My recommendation would be to create a decision flow chart to aid foster care workers as they consider each aspect of the decision to move children.

Support:

- Revisit the communication pattern between DSS placement workers, child placing agency staff, and the case manager in order to determine how to involve all members of the team when placing a child. The placement staff and case manager should be able to combine their knowledge in order to find the best placement possible for the child to achieve stability.
- Provide foster parents updates on the child's case of what the agency was doing as far as the child's case was concerned, such as the status of permanency planning, the child's needs, and the current plan for the child's foster care placement.
- Encourage partnerships between the foster parents and caseworkers to ensure that all the supports needed are obtained to keep the child safe and stable in the home.
- Provide greater access to respite care for foster parents.
- Encourage the use of afterschool programs to provide some emotional support for the foster family and give the child additional forms of social activity.
- Provide more information to foster parents regarding independent living skills training for children and youth in their care including tutoring and education coaching.
- Caseworkers may be unfamiliar with the available educational resources in counties other than their own, but it would be helpful if DSS had a comprehensive list of services and reliable, qualified tutors and education coaches across the state that could easily be accessed by caseworkers. Congregate care facilities appeared to be better prepared to implement needed services as they maintained lists of resources in their area.
- Ensure educational records are transferred to the new school including Individualized Education Plans (IEP).
- Ensure all teenagers in foster care receive an *Educational and Training Voucher Program Guidelines for Services booklet* (available in an adult and youth-friendly versions). This booklet provides information about what is covered through IL and ETV funds.
- Revisit the hand-off procedure after a placement change to ensure all relevant information is shared with the new foster parent.

- Assess children in congregate care facilities regularly to determine needs and facilitate quicker returns to less restrictive environments as appropriate.
- Offer in-depth training to develop skills needed to serve children with higher levels of need
- Provide a variety of support services to enable foster parents to meet the needs of children in their homes

Recruitment:

- Recruit additional foster parents who are willing to foster children with various levels of need including teenagers who act out aggressively, sexually, or who have DJJ involvement.
- Recruit foster parents who are willing to work with youth needing higher levels of care.
- Too few of these homes seem to understand the vision and purpose of foster care and don't appear to have the commitment needed to be effective in their role.
- Recruit more homes with foster parents who are skilled and willing to provide care for older teenagers.
- Recruit more homes with foster parents who can take larger groups of children so that sibling groups can be placed together.
- Recruit more homes with foster parents who are willing to adopt children and are also willing to put the needs of the children first in recognizing that biological parents should be given the chance to reunify when appropriate.
- Recruit more homes with foster parents with the skills, experience, and training to provide the care needed for children who have experienced the level of trauma, abuse, and neglect that is reflected in the population of foster children.
- Recruit more homes with foster parents who are willing to work with biological parents to assist them in reunifying with their children.
- Recruit more homes with foster parents who understand basic child development and age-appropriate behaviors and how to manage these developmentally appropriate behaviors.
- Provide the level of training needed to foster parents to enable them provide care to children who:
    - have experienced sexual abuse, sex trafficking, and other forms of sexualized behavior
    - have experienced significant trauma and have PTSD
    - exhibit challenging behavior
    - have various types of disabilities
    - have various types of medical issues
    - have mental health issues

Data Reporting and Documentation

The CCFS Data Analysis Team listed the following recommendation for this area.

- Improve clarity regarding the permanency goal for the child in the CAPSS system. A concise message stating the child's current permanency plan along with their permanency history should be included. There are several safety reasons for this change. If a new caseworker obtains the case due to turnover, the new worker would be able to see what the child's permanency history was, ideally including when the child's permanency hearings occurred and any information that resulted from staff meetings or court decisions. In one case, a case manager left for maternity leave and returned to find that the case suddenly had changed from reunification to adoption in the short period since she had left. The worker had been working with the family for over a year and suddenly was facing an entirely new situation when she returned. A clear, concise CAPSS entry would help provide context on the changes that have occurred not only in the current life of the foster care case but also prior episodes in order to obtain a clear picture of the child's foster care history.
- Improve clarity in the CAPSS system regarding the services a child has received. One of the biggest challenges in the Placement Needs Assessment was obtaining information regarding the services the child had received since being in foster care. Besides the initial assessment, the only location to find the child's current and prior services was in dictation which was often inconsistent. Children have continually changing needs and services through the life of a foster care case, and dictation proved to be an inconsistent method for assessing the child's service history. CAPSS needs a history section that accurately displays the child's history of services, both recommended and provided in order to ensure that the child continues to obtain identified services through their time in foster care. There were several cases in the Placement Needs Assessment where the child would obtain services such as individual counseling in one placement and not receive it again until several placements later. A service history section would also be beneficial if the child had previously been in foster care. This would allow the current worker to know what services had been identified prior and determine whether or not those services need to continue for the child. If the child had been in care prior and had a history of behavioral issues and needed behavioral modification services, when the child reentered care the worker would be able to automatically identify this as a need that would potentially help stabilize the child in the first placement and support the foster home.
- Create an administrative approval system consistent with the new process that does not allow a county office the sole authority to approve a child's placement without outside approval.
- Create a code book of definitions describing each level of foster care and the criteria for meeting each level
- Share the code book with all county offices, supervisors, and caseworkers
- Create a data element in the CAPSS database to indicate a child is approved for a specific level of care
- Include specific data elements in CAPSS that concisely identify whether a child is approved for case management by Intensive Foster Care and Clinical Services (IFCCS). Historical or archival data is needed for this element to assess changes over time.
- Include specific data elements in CAPSS that concisely identify whether the child is approved for therapeutic or regular foster care. Historical or archival data is needed for this element to assess changes over time.
- Definitions and criteria are needed for what constitutes a placement change. In attempting to track down how many placement changes the children in the PNA study had, there were discrepancies with how the data is recorded and what actually should be counted as a change.