

*DCF Foster Care System
Review of Policy and
Practice Changes*

Ken Mysogland MSW
Director – Office of Foster
Care and Adoption Services

Mission of the Department

In partnership with families and the community, all children and youth served by the Department will grow up healthy, safe, smart and strong.

Six Cross Cutting Themes...

- A family-centered approach to all service delivery, reflected in development and implementation of a Strengthening Families Practice Model and Differential Response System;
- Trauma-informed practice as it related to children and families but also to the workforce that serves them;
- Application of the neuroscience of child and adolescent development to agency policy, practice and programs;
- Development of stronger community partnerships;
- Improvements in leadership, management, supervision and accountability; and
- Establishment of the Department as a learning organization

Fostering the Future Report

- Released in September, 2011
- Provided historical and current perspectives on placement of children into families including relatives
- Included Connecticut specific and national data
- Discussed support for families
- Made recommendations for new foster care models
- Outlined a series of recommendations
- Used as a basis for the Continuum of Care Partnership Foster Care Working Group

Guiding Principles

- The Department's transformed family care system must be built upon what is in the best interest of children and youth.
- We must rebuild a culture of respect and shared responsibility among all members of the team of adults who protect children, support their development and well-being, and assure them a set of "always-there" adults.
- Family-based care and treatment will become the Department's primary service delivery system.

Guiding Principles Continued...

- The department must continually and effectively recruit a sufficient pool of foster care families so that an appropriate match can be made for each child in the care and custody of the department who can benefit from living with a foster family.
- All foster families must be better supported in their efforts to provide stable, nurturing environments that advance children's health, safety and learning, and their success in and out of school.

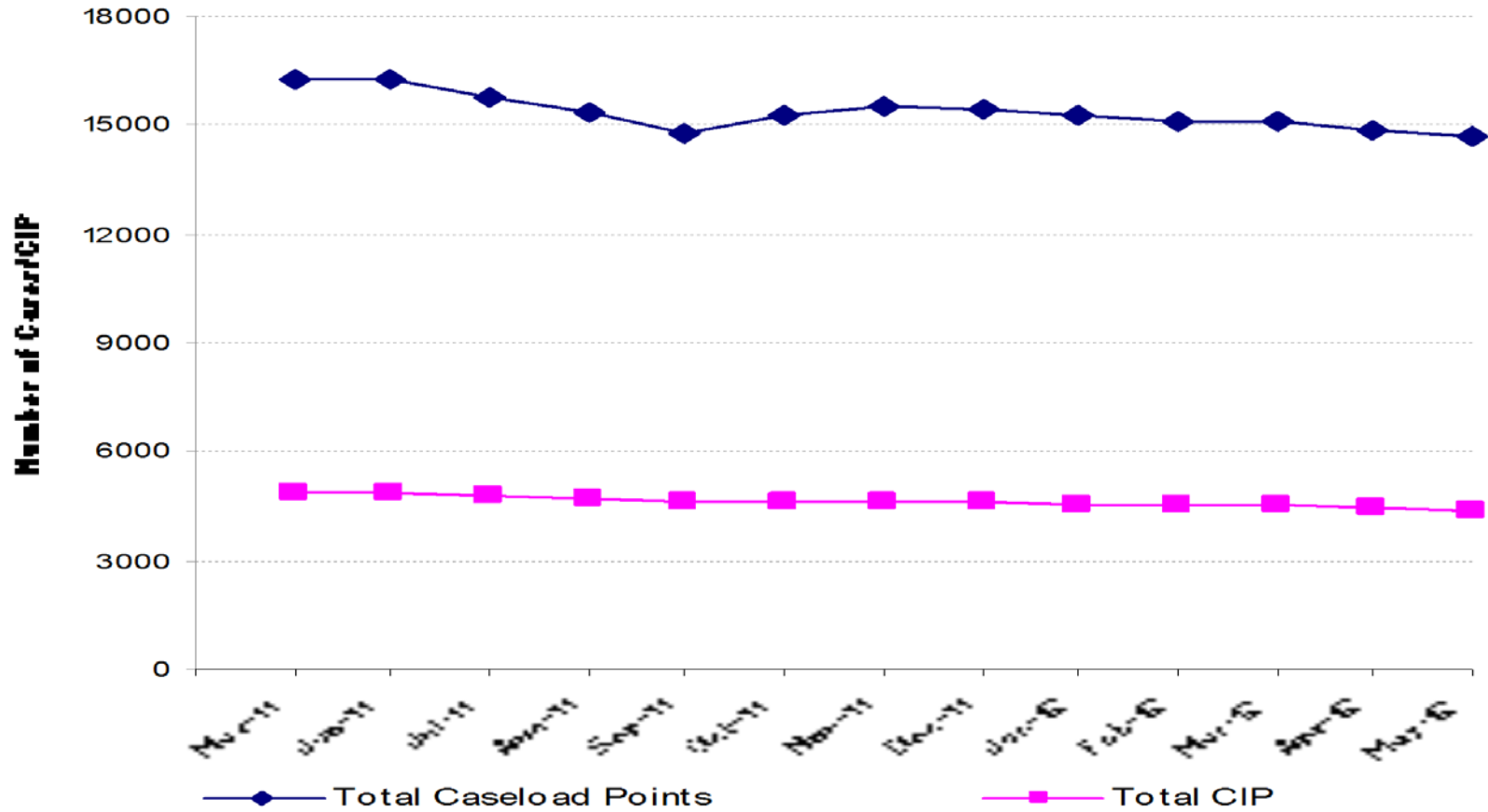
Fostering the Future Report Focuses Us...

- Children are better served in families
- Relatives should be a first option for placement
- Talk “Intensity of Services” vs. “Levels of Care”
- Proactive and tangible supports must be offered throughout the placement

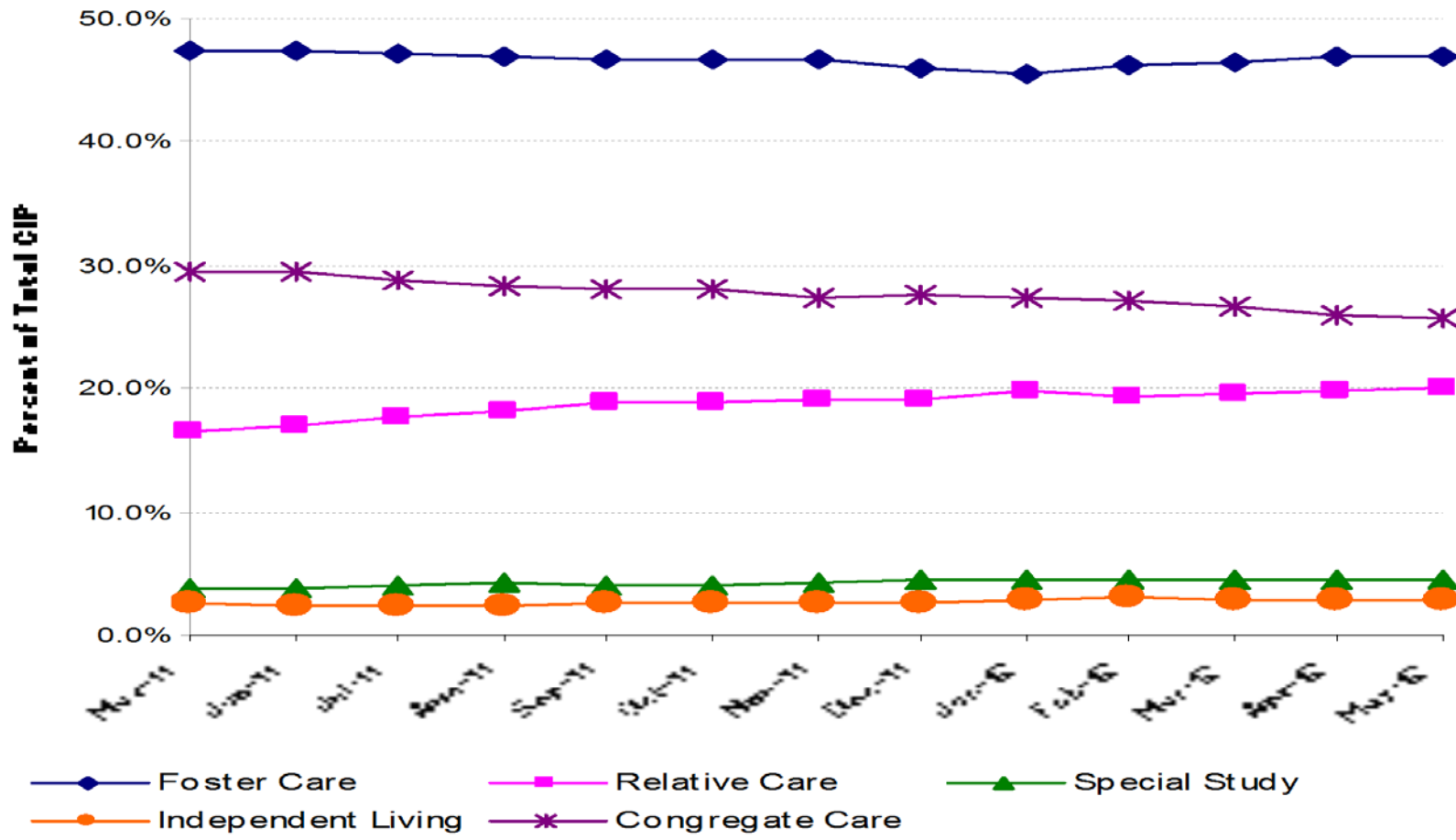
Continuum of Care Partnership Foster Care Working Group 7 Main Issues to Address

- Proactive and Tangible Supports
- Foster and Adoptive Training/Learning Needs Assessment
- Transition Tool Kit
- Congregate Care Case Practice Requirements
- Statewide and Regional Recruitment
- Results Based Accountability
- Explore other Treatment Foster Care Models

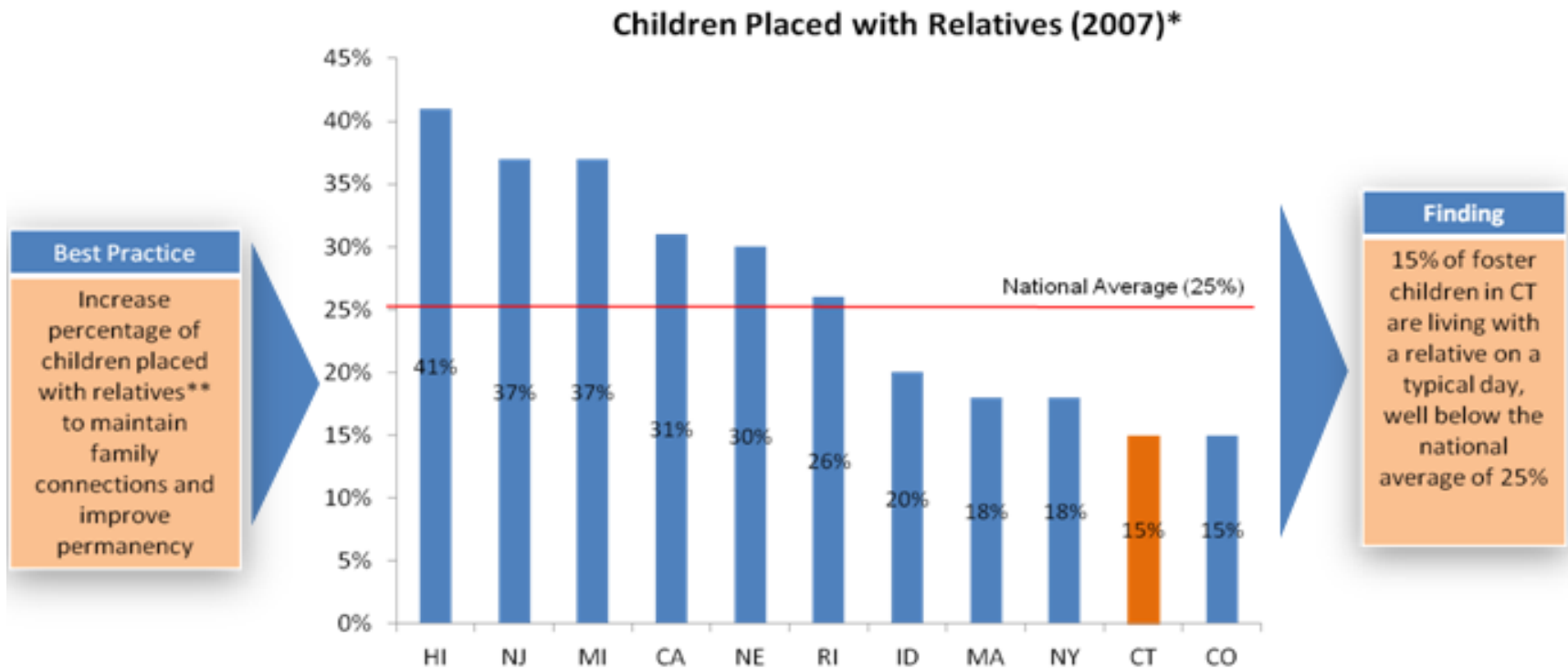
Total DCF Caseload and Number of Children in Placement (CIP)



Children in Placement (CIP) by Placement Type



Connecticut's efforts to engage relatives to care for children are not reaching their goal



*Source: Fostering Connections Website - Criteria for Inclusion : States listed require relatives to be licensed and have a relative licensing waiver provision in place

**Source: DCF Strategic Plan 2010-2014

Child Welfare Strategy Group

- We asked for help...
- Collaborative efforts began in the Fall, 2010 to look at increasing the number of children placed into relative care
- Barriers needed to be identified
- Systematic changes had to be made

Commissioner's Directive

“It is our *obligation* to do everything possible to keep children within the family system. To this end, I am making it the expectation that all children in our care be placed with relatives and the exception that they go into non-relative care. In other words, to use language with I am most familiar; the presumption is that they be placed with relatives. This is a culture and a norm that the children need us to operationalize *immediately* in our practice.”

Stability Outcomes of Children Placed with Relatives

- Analysis completed by the Child Welfare Strategy Group in 2011 using data from the Chapin Hall State Data Center showed 77% of children entering foster care between 2005 and 2010 in Connecticut who were initially placed into relative care, had only 1 placement.
- According to the CA Data Source, 67% of children still in care at 12 months who were initially placed with a relative between January through June 2009 were still in relative placement vs.. 16% of those initially placed in a foster home.
- Children in foster care were more likely to experience three or more placement settings than children in relative care. This is according to an article entitled, “Better Evidence for Kinship Around the World” by Mark Winokur and Deborah Valentine.

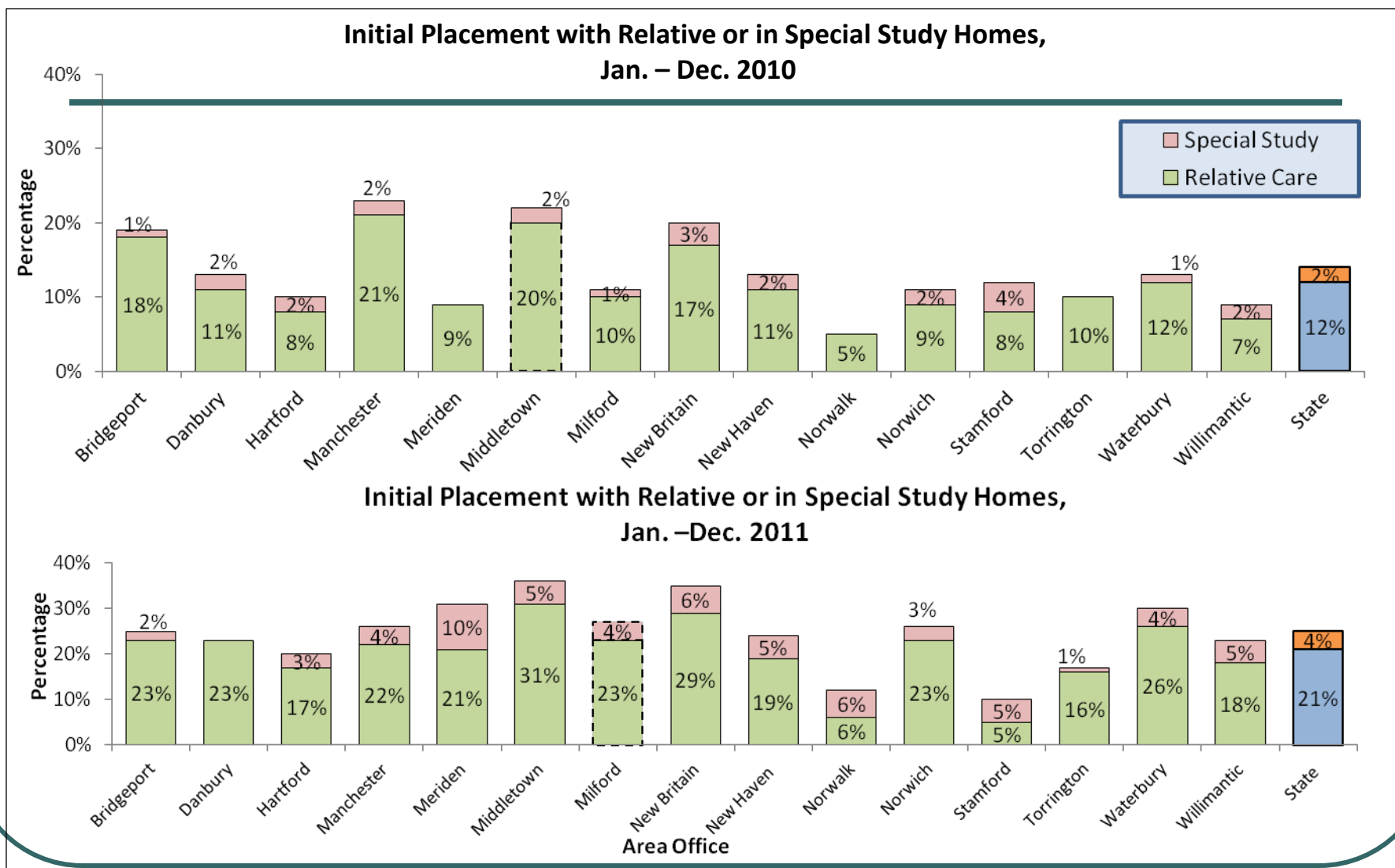
How the Child Benefits from Relative Placement

- Decreased Trauma
- Maintain Family Connections
- Increased Stability
- Better Educational, Mental Health and Social Outcomes
- Siblings Remain Together
- Lower or Equal Rates of Maltreatment
- Quicker Establishment of Permanency

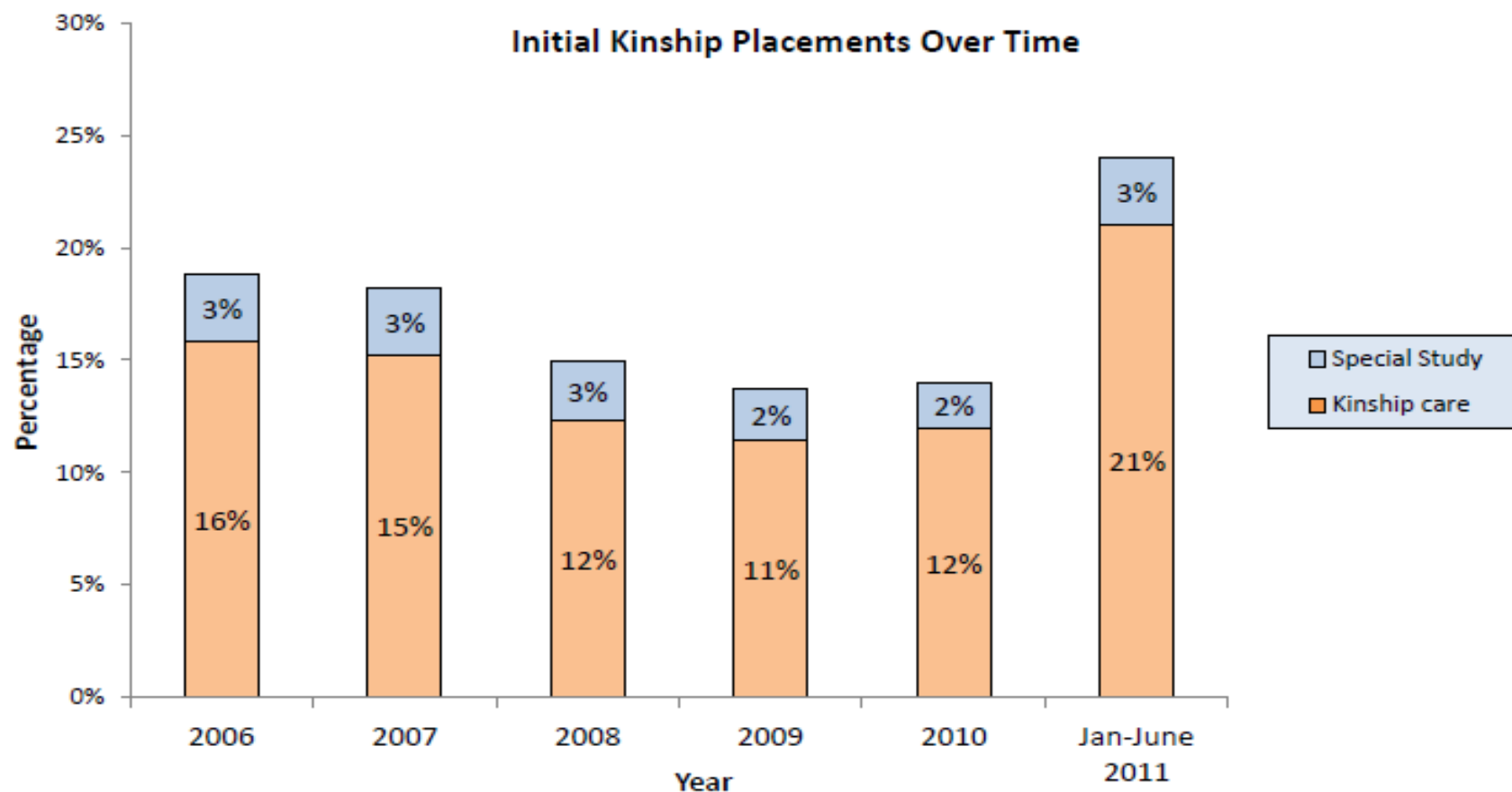
Relative Placements....

- In January 2011 we had 731 or 15.3% of our children placed with relatives.
- In January 2012, we had 1035 children or 22.7% of our children placed with relatives
- An increase of 48%!
- Total relative providers went from 456 to 545

Changes in initial placement with relative and special study homes show an increase in the number of kin placements from 375 in 2010, to 578 in 2011



Connecticut's initial placements with relatives have been low and have declined over the last five years, though recent increases are extremely promising.



Source: Analysis by Annie E Casey CWSG using data from Chapin Hall, State Data Center, Nov. 2011

Children Placed in Family Settings

- In 2009, 72% of all placements nationally were in family-based settings. In Connecticut, just 57% were in family based settings.
- As of June 2012, 71% of children placed in Connecticut were placed into family based settings.

How Did We Get Here?

- Think Family First
- Talk “Intensity of Services” not “Levels of Care”
- Be “Descriptive” in what a child requires
- Practice what is “Clinical in Nature” may not always be “Clinical in Name”
- Describe “Movable vs. Immovable” parts of recommendations
- Dispel the “Perfect Match” syndrome and practice the “Perfect Outcome” philosophy
- Provide “Tangible and Concrete Supports” at the time of placement

Let's Review in More Detail...

- Think Family First
 - Kids do better over the long term in families
 - Children that are removed, achieve reunification within 12 months from date of placement 60% of the time
 - Relative placements are now at 23%
 - Children placed with relatives achieve greater outcomes especially permanency much quicker
- Talk “Intensity of Services” not “Levels of Care”
 - A committed family can do anything
 - We can build into a family what is needed
 - Services can be contracted, credentialed, created or just simply natural supports that a family can build upon

The Review...

- Be “Descriptive” in what a child requires
 - Naming the service is not as effective as naming the outcome we are trying to achieve
 - Together, we fit the description into the availability of family and community supports
- Practice what is “Clinical in Nature” may not always be “Clinical in Name”
 - The outcome is what is important, and at times, it does not matter who does the work
 - Build upon the child and family’s already existing support network
 - Can you teach the family or natural supports how to help?

The Review...

- Describe “Movable vs. Immovable” parts of recommendations
 - We will always strive for perfection, but can get there many different ways
 - We have limited resources
 - Or, do we?
- Dispel the “Perfect Match” syndrome and practice the “Perfect Outcome” philosophy
 - With the right supports at the right time, the whole picture comes together
 - Commitment of the caretaker is the key issue

The Review...

- Provide “Tangible and Concrete Supports” at the time of placement
 - The clinical work will be compromised if the concrete needs of the family are not addressed
 - Early identification is critical
 - Utilize Team Decision Making

More Help is on the Way...

- Community and Family Ties Foster Care Model
 - One child per home
 - Youth placed from residential facilities
- Multisystemic Treatment Foster Care
 - Currently serves Juvenile Justice youth
- Other

Child Welfare Strategy Group

- Utilization Review
 - Bed Capacity and Underutilized Homes
 - Targeted Recruitment
- “Support is Everyone’s Job” Campaign
 - Not a training
 - Began in May, 2012
- Pipeline Analysis