

**Foster Family Agencies: Children's Characteristics
and Placement Considerations**

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TABLE OF CONTENTS

Executive Summary	i
Introduction.....	1
Review of Literature	2
Historical Overview of TFC	2
Foster Family Agency Standards	4
Treatment Foster Care Services	6
Characteristics of Children in TFC	8
Outcomes for Children in TFC	12
Critique of TFC Outcome Studies	15
Summary.....	16
Methods.....	18
Participants.....	18
Procedure	18
Data Analysis	21
Focus Group Findings.....	21
Perceptions about the Quantity and Quality of Placement Options.....	22
Benefits of FFAs	25
Drawbacks of FFAs	26
Consideration of Children’s Needs in the Placement Process	28
Conclusions.....	29
Recommendations.....	31
References.....	34
Appendix A: Child Characteristics and Outcomes in Alameda County: 1996 and 1997	
Appendix B: Memorandum of Understanding Between Counties and FFAs	

LIST OF FIGURES

Figure 1. Questions from Focus Group Protocol	20
Figure 2. Elements of a Home Study	29

Executive Summary

The recent shortage of traditional foster care families and the growing numbers of emotionally disturbed children in the child welfare system have resulted in more county FFA placements in Alameda than ever before. The proliferation of FFA placements has encouraged child welfare managers to reassess the advantages and disadvantages of placing more children in FFAs instead of traditional foster homes.

In order to weigh the advantages and disadvantages of increased FFA placements, it is important to evaluate the similarities and differences between outcomes for children in traditional foster care and FFAs. Child welfare managers can benefit from further information about the similarities and differences between children who enter different settings, as well as how social workers decide in which setting to place a child. This information can (1) help child welfare managers to assess the positive and negative consequences associated with children's placements in FFAs and traditional foster homes, (2) help child welfare departments place children in settings in which they are predicted to gain the greatest benefit, (3) challenge system-wide thinking regarding the placement of children in FFAs or traditional foster homes, and (4) help identify best practice regarding how placements are made for children in the foster care system.

Findings

To aid in these purposes, a literature review was undertaken to summarize available information on FFAs. The literature review revealed that:

- More boys than girls use Treatment Foster Care (TFC).
- Nationally in TFC children are 30% White, 60% African American, and 14% Latino.
- Children in TFC tend to be younger than children in group homes.

- Children in TFC tend to be older than children in family foster care.
- Children in TFC tend to have fewer mental health problems than children in group homes, but greater mental health problems than children in family foster care.
- Children in TFC tend to have greater medical needs than children in group or family foster care.
- Nationally, about 17%-36% of TFC children are reunified, while about 21%-35% are adopted.
- TFC program standards for service are not met consistently. Children do not consistently receive planned services.

Researchers then compiled descriptive information on various indicators of child characteristics and outcomes in Alameda County for 1996 and 1997 based on data drawn from the California Children's Services Archive. This analysis generated the following major findings:

- Steady increase in number of children in foster care.
- Kinship and FFAs absorbed most of this increase.
- Exits from care have stabilized.
- Use of FFAs increased 95% since 1990, however, only 3% of babies are placed in FFAs.
- Children are three times more likely to use FFAs than foster or group homes.
- Children who use FFAs tend to remain in long-term foster care, however over the past four years the number of children in FFAs in long-term foster care has decreased 20%.
- Children in group care are twice as likely to reunify as children in FFAs.
- European American children are twice as likely as African American children to use FFAs and to receive treatment services.
- African American children are more likely to use kinship care.

In addition to the findings from the literature review and California archives, three focus groups were conducted with three county social workers and four placement specialists in order to

gather workers' perceptions of the decision-making process of placing foster children. Major findings from the focus groups include:

- The limited number of placement options for children in need of foster care forces workers to place children in lower quality placements than desired (consistent with the nationally documented increase in the number of children in the foster system).
- The quality of existing group home and FFA placements varies a great deal (some FFAs fell short in the amount and quality of services they provide).
- There is little formal monitoring of placements and therefore many FFAs are not formally held accountable for the quality of their services.

Conclusions

The conclusions and recommendations are based on the integration of the quantitative and qualitative data. Several overarching conclusions may be drawn from the data with respect to the benefits and drawbacks of FFAs, the types of children served by FFAs, and the placement process used by social workers.

Participants shared that FFAs do provide many benefits. For example, they provide high levels of interaction with social workers, more intense foster parent training, and a variety of services including transportation. These benefits are consistent with the FFA program standards established by the FFTA (1995) and described in the literature review. However, there are also drawbacks to FFAs including a perceived monetary basis for decisions made within FFAs, such as how children's needs are met or how children are moved, and communication problems between FFAs and county workers. Social workers indicated that FFAs ideally should provide a higher level of care, and serve more difficult children, than community foster homes. However, they stated that in reality this is not occurring. They believe that children are placed in FFAs largely based on availability and that FFAs often will not accept some of the older and more difficult children they were originally designed to serve. Clearly, until the problem of

availability is addressed, social workers' ability to place children based upon their unique needs will be seriously limited.

Finally, participants conveyed that if there were greater choices of placement options, the placement process would still present challenges. For example, a challenge that would still exist would be the need for updated home studies. Workers also felt that it would be beneficial to have more information about the various placement options in order to better match children's needs to their placements.

Recommendations

The findings suggest five key areas in need of attention by the county.

1. INCREASE THE NUMBER OF PLACEMENT OPTIONS
 - Develop ways to support and retain all the placements that are already being used by the county. Provide support to those placements that fall below the county standard in order to help them improve. Reward high quality placements and support their long-term maintenance. Consider closing placements that do not improve with the provision of additional support.
 - Increase efforts to recruit new foster homes. Develop strategies to increase adoptions and reunifications while decreasing re-entries into care.
 - Consider regionalizing recruitment efforts across counties and across private and public agencies to develop more efficient recruitment processes.
 - Develop more FFA homes but monitor them more closely. Social workers like the workload reduction and, in general, admit that children receive more services, however, they want to ensure high quality services for children.
 - Consider privatizing the recruitment, training, and monitoring of foster homes, but continue to serve them inside the public agency.
2. ENSURE APPROPRIATE USE OF FFAs
 - Establish clear expectations of the type of child that should be placed in an FFA and communicate this expectation to county workers.
 - Establish and communicate clear expectations about the fiscal responsibilities of the county and the FFA in meeting a child's needs (such as a clothing allowance).

- County child welfare managers and FFA managers should consider collaborating to establish clear expectations for communication between the FFAs and county workers concerning children's services and placements and provide ongoing assessment of their communication.
 - Communicate to FFAs the county's expectations for permanency efforts and evaluate whether or not those are being met.
 - Consider placing more babies coming into FFAs and document their permanency rates over time.
3. IMPROVE THE ABILITY OF COUNTY WORKERS TO MAKE APPROPRIATE PLACEMENTS
- Establish a policy requiring that home studies be updated for accuracy on an annual or biannual basis.
 - Increase the amount (e.g., specific information about home environments and the services that may be provided to children) of information provided to county workers about foster homes and other placement options.
 - Ensure that county workers are informed of any policy changes and have a clear understanding of the county's expectations for, and relationship with, different placement agencies. For example, workers would benefit from awareness of the terms of MOUs with FFAs and group homes.
4. EVALUATE AND MONITOR THE QUALITY OF EXISTING PLACEMENTS
- Beyond licensing, establish a rigorous and ongoing evaluation system for all child placement settings and develop policies to ensure that evaluation is conducted routinely.
 - Establish a minimum quality rating that is acceptable to the county. Placements that fall below that rating should not be used until they have passed the standard.
5. INCREASE INVESTMENTS IN A RESEARCH AGENDA DESIGNED TO IDENTIFY BEST PRACTICES
- Investigate why Alameda County is experiencing a reduction in foster homes, but the FFA business appears to be growing. Are FFAs offering something to foster parents that merits county attention?
 - Investigate how private agencies recruit and train foster homes in order to discern whether some replication could be suited to the public agency.

- In order to increase the number of placement options, it is necessary to learn more about who becomes foster parents and why (What are the most successful forms of recruitment? Why do some people continue to foster and others leave? What types of services or benefits would help people to continue fostering?)
- Research on large numbers of children in all three care settings is needed to identify similarities and differences with respect to child and setting factors that predict children's outcomes, as well as the perceptions of social workers, FFA and group home staff, foster parents, and selected children in care.
- Investigate treatment plans for a selected set of children across placement types and determine the extent to which planned services are being delivered as seen by foster parents, teachers, children, and social workers.
- Explore incentives and disincentives for FFAs to meet county permanency expectations (Why do children stay longer in FFAs? Are FFAs working toward permanency? If so, how? Where is the balance of responsibility for permanency between the county and FFAs?).
- How do improved policies and procedures capture the valuable information and insights of county staff in addressing foster care dilemmas (e.g. What factors are preventing staff participation in research. What would make it possible to access their expertise? Is lack of participation a sign that workers are not committed to research objectives, or that they are overwhelmed by their workload? How could focus groups or surveys be conducted during regularly scheduled unit meetings? What additional opportunities and incentives to participate can be identified?)

Foster Family Agencies: Children's Characteristics and Placement Considerations

Foster Family Agencies (FFAs) are designed to provide high-quality cost effective services for emotionally disturbed foster children (Barth, Courtney, Berrick, & Albert, 1994). In California, the rapid growth of FFAs has coincided with the declining availability of traditional foster care families. For example, the percentage of children first entering, or already placed, in FFAs has increased dramatically between 1990 and 1996 in California while the percentage of children first entering, or already placed, in family foster care or group care has either decreased or remained stable during the same time period (Needell, Webster, Barth, Armijo, & Fox, 1996). This shortage of traditional foster care families, combined with a need to care for the growing number of emotionally disturbed children in the child welfare system (Dore & Eisner, 1993; Fanshel, 1992), has resulted in more county FFA placements in Alameda than ever before. This recent proliferation of FFA placements has encouraged child welfare managers to consider the advantages and disadvantages of placing more children in FFAs instead of traditional foster homes.

In order to weigh the advantages and disadvantages of increased FFA placements, it is important to consider: (a) the similarities and differences between outcomes for children in traditional foster care and FFAs, to identify the positive and negative consequences associated with children's placements in FFAs and traditional foster homes, (b) the similarities and differences between children who enter these two settings to help predict greatest benefit, and (c) how social workers decide in which setting to place a child in order to help develop policies that foster best practices. All of this information could help to stimulate changes in system-wide thinking regarding the placement of children in FFAs or traditional foster homes.

To address these issues, this report is divided into several sections: (a) a review of the FFA literature within California and Treatment Foster Care (TFC) literature nationally, (b) findings from focus groups with Alameda County social workers and placement specialists to identify how social workers decide to place children in FFAs, traditional family foster care, or group homes, and (c) recommendations for Alameda County to improve the process of placing foster children and encouraging more effective use of FFAs. In addition, Appendix A includes descriptive information on children's FFA and traditional foster care outcomes in Alameda County across 1996 and 1997.

Review of Literature

This literature review section includes the history of TFC, highlights of FFA standards, a description of TFC services and the characteristics of children in care, and a discussion of TFC outcome studies.

Historical Overview of TFC

FFAs are private nonprofit organizations that (1) recruit, certify and train foster parents, (2) provide professional assistance to foster parents, and (3) find temporary or permanent placements for children with intensive service needs. FFAs were originally designed as an alternative to group homes in order to provide care to children who may have greater service needs than the typical foster child (California Department of Social Services [CDSS], 1999). These children would otherwise require a more restrictive and costly level of care in a group home or residential facility (Fine, 1993; Snodgrass & Bryant, 1989). Although they began in the early 1950s (Reddy & Pfeiffer, 1997), most TFC programs were established after 1985 (Nutter et al., 1993). The emergence of TFC paralleled the deinstitutionalization movement in mental health, which emphasized noncustodial community care (Hawkins, 1989; Nutter et al., 1993). In

child welfare, the emergence of TFC paralleled the “widespread, documented abuses of custodial foster care,” resulting in increases in therapeutic, “family-like” out-of-home care (Fine, 1993, p. 2).

Another reason for the widespread growth of TFC programs is that increasing numbers of emotionally disturbed children are entering the foster care system (Dore & Eisner, 1993; Fanshel, 1992). In a 1992 study of Medi-Cal mental health service utilization rates for children in foster care, Halfon, Berkowitz, and Klee found that foster children in California account for 41% of all public (Medi-Cal reimbursable) mental health services even though they comprise less than 4% of Medi-Cal eligible children. In other words, if high mental health service-use is an indicator of a greater degree of emotional disturbance, then foster children tend to be much more disturbed than other low-income children on Medi-Cal.

Unfortunately, the child welfare system and traditional family foster care services often lack the resources to optimally serve these growing numbers of emotionally disturbed children (Meadowcroft, Thomlison, & Chamberlain, 1994), and most caseworkers and foster parents are not trained in providing them with the types of services they require (Dore & Eisner, 1993). The mental health system also lacks sufficient resources (especially inpatient programs) for foster children (Dore & Eisner, 1993; Meadowcroft et al., 1994). In sum, there are inadequate resources in public child welfare and child mental health systems to effectively treat the growing numbers of seriously disturbed children in out-of-home care.

In response to these limitations, TFC programs emerged as a less expensive alternative to other high-end placements, including group/residential care and hospitalization. At the same time, TFC enabled more seriously disturbed children to remain in less restrictive, more family-like settings (Hudson, Nutter, & Galaway, 1994).

Foster Family Agency Standards

According to the CDSS, FFAs are licensed agencies that are utilized by county child welfare departments when the needs of a child cannot be met in available family foster homes. FFAs offer a higher subsidy and more support services to foster parents than traditional foster homes and FFA social workers have smaller caseloads than workers for the county child welfare agency.

In California, the two types of FFAs are “therapeutic,” or “treatment foster care” and “non-treatment foster care.” In theory, children are placed in treatment foster care if (1) the child has service needs that cannot be met in an available family foster home, (2) the child otherwise would require group home placement, and (3) the treatment foster care home can meet the service needs of the child. Non-treatment foster care differs from treatment foster care in that children in non-treatment foster care do not necessarily receive treatment services, and the adoption of children by their non-treatment foster parents has been approved and is pending. According to the California Department of Social Services, there are currently 236 FFAs in California. Of these, 217 are treatment facilities while only 19 provide non-treatment services. Given the growth of treatment FFAs, very little attention has been devoted to non-treatment foster care. Both types of FFAs serve emotionally disturbed children with intensive out-of-home service needs, and are distinguishable from “traditional” family foster homes which provide surrogate family care for children with higher levels of functioning (CDSS, 1999).

In California, treatment standards often are formally agreed upon through memoranda of understanding (MOU) between FFAs and county social service departments (see Appendix B). A typical MOU contains seven sections that describe specific roles and responsibilities of the county and FFAs. In the first section, the *Statement of Mutual Values and Purposes*, both parties

agree to meet the goals of the statewide Child Welfare Services system. In the second section, *Agreements on Business Practices*, both parties agree (a) to abide by Title XXII Health and Safety Code regarding the licensing of homes and the setting of foster care rates, (b) to establish acceptable foster home recruitment strategies, (c) to notify one another regarding homes that have been removed from certification or licensure, (d) that FFAs will provide the County with all information relating to allegations of abuse or neglect occurring in FFA homes within 24 hours, (e) that FFAs will provide a census report containing placement and discharge information on each child, and that (f) the FFA has been accredited by an outside body or can provide treatment parents with training plans and child screening criteria (such as the Child Abuse Index) that meet the standards of the County.

The third section in a typical MOU between the County and the FFA is *Activities at Time of Placement*. In this section both parties agree to activities that will occur upon children's entry into emergency foster care, the transition from shelter to regular placement and placement into regular placement. In the fourth section both parties agree to *Continuing Case Management* activities, which include assessment, planning, monitoring and supervision.

In the fifth section both parties agree upon *Termination/Discharge Planning From Regular Placement*. Here, the county agrees to: (1) provide notice of the termination of placement, (2) assist the family in understanding the need for placement change, (3) assist the family in maintaining connections with the child after termination, and (4) provide a discharge summary. The FFA agrees to: (1) assist in the implementation of county plans leading to children's discharge/termination, (2) provide all information necessary for replacement or reunification, (3) make children available for pre-placement or pre-reunification visits and (4)

provide seven day notice if requesting removal. The remaining two sections of the MOU discuss Documentation and Problem Resolution.

Nationally, and in most of the professional literature, FFAs are interchangeably termed treatment foster care (TFC), therapeutic foster care, or specialized foster care. While little attention has been devoted to FFAs specifically, there is a growing body of literature on TFC.

Treatment Foster Care Services

Treatment Foster Care is a family-like out-of-home care alternative to more highly structured settings such as group homes, residential treatment centers, and hospitals. In TFC, treatment parents deliver planned services to children and adolescents with emotional, behavioral and/or medical problems, and are seen as members of a treatment team (Meadowcroft et al., 1994; Reddy & Pfeiffer, 1997).

Established in 1988 to define and improve TFC, The Foster Family-based Treatment Association (FFTA, 1995) publishes the following TFC program standards for services:

- The staff is typically composed of a case worker, a supervisor, the child and his/her parents, the treatment parents and other professionals such as therapists or teachers.
- The supervisor to case worker ratio should not exceed 1 to 5.
- Crisis intervention services are available 24 hours a day.
- The maximum caseload size for case workers may not exceed 12.
- The case worker should arrange contact between the children and biological family members.
- The treatment parent completes the child's treatment plan with the Case Worker and other team members.
- The treatment parent assumes primary responsibility for implementing treatment strategies.
- The treatment parent should assist the child in maintaining contact with his/her family.
- Treatment parents should complete at least 30 hours of preservice training and 24 hours of inservice training annually, and should have access to respite and counseling.

In California, FFAs often agree to specific activities as defined in a typical MOU. Nationally, the FFTA defines the standards for TFC homes. These activities and standards, however, may vary in practice at the local level. Three examples of this variance have been identified in the literature.

First, the FFTA states that the maximum caseload size may not exceed 12. However, Nutter, Hudson, and Galaway (1993) used a snowball sampling technique to survey 430 TFC programs and found that 41% of the programs set caseload maximums at 11 to 20 clients. A second example of practice falling below FFTA standards concerns the number of preservice and inservice training sessions treatment parents should receive. According to the FFTA, treatment parents should receive at least 30 hours of preservice training and 24 hours of inservice training annually, yet Reddy and Pfeiffer's (1997) literature review found that TFC programs offer an average of twenty hours of preservice training and nineteen hours of inservice training. This is consistent with Nutter et al.'s study, which found a median of 18 hours of pre-service training and 20 hours of in-service training (each year) provided to treatment parents in TFC programs.

A final example of TFC practices falling below accepted standards concerns the approach to treatment by treatment parents. As integral members of a treatment team, treatment parents are supposed to deliver planned services to children and adolescents with emotional, behavioral and/or medical problems (Meadowcroft et al., 1994; Reddy & Pfeiffer, 1997). However, the approach to treatment may not be as well-defined and planned as most definitions of TFC suggest. Of the 430 TFC programs surveyed by Nutter et al., (1993), only 293 met six predefined criteria and only 54% of those used a particular treatment approach. Among these programs, 32% reported using a behavioral/operant approach, 16% reported a social learning

approach, 12% reported a family/systems approach, and the remaining 40% used a wide variety of other approaches.

These treatment approaches may include mental health services for the foster child, siblings, the treatment parents, or the biological parents. In a review of forty published TFC outcome studies, Reddy and Pfeiffer (1997) found that mental health services include individual therapy (42% of reviewed programs), biological or treatment family therapy (30%), and group therapy (15%). Sixty percent of reviewed programs offered support groups for treatment parents and 40% offered respite care. Aftercare services were available in less than 10% of the programs.

Characteristics of Children in TFC

Although TFC was designed to provide services to emotionally disturbed children, few studies have examined the characteristics of children who use TFC. In addition, little attention has been devoted to understanding how TFC services affect children's placement outcomes. Dore and Eisner (1993) point out that increased information about the children who use TFC will be beneficial in maximizing the utility of treatment planning and enhancing the careful matching of children with treatment parents, thereby preventing placement disruption and possibly facilitating earlier permanency for the child. Casey Family Services, for example, is a TFC program in New England that extensively assesses all children before placement to facilitate the matching of children with foster families (Staff & Fein, 1995).

There is some consistency in the literature about the ethnicity of children in TFC. Barth et al. (1994) surveyed the treatment parents of 4,492 children in out-of-home care and Nutter et al., surveyed 293 TFC programs. These studies indicate that 50% to 63% of children in TFC are European-American and 26% to 30% are African-American. These percentages are consistent with the findings of the forty studies reviewed by Reddy and Pfeiffer (1997). Barth et al. found

that 13.9% of children in TFC in California were Latino. To summarize, less than two-thirds of children in TFC homes nationally are European-American, less than one-third are African-American and the remaining children are Latino or represent an ethnic heritage that has not been explicitly classified in most of the literature. In California, less than one-half of children in FFA homes are European-American, about one-quarter are African-American and about one-quarter are Latino. In Alameda, children are half as likely to be African American in TFC (See Appendix A).

Children in TFC placements are somewhat more likely to be boys. Reddy and Pfeiffer's (1997) literature review found that the 53% of the children examined across sixteen TFC studies were boys. Similarly, Nutter et al.'s (1993) survey found that 55% of the children in 293 TFC homes were boys. With regard to this trend, Chamberlain and Reid (1994) suggest that adolescent girls are harder to place and maintain in TFC. Despite generally having less serious histories of delinquency than boys, the authors point out that girls are four times more likely to have been sexually abused than boys. Girls also are more likely to have attempted suicide and to have run away from home more than once. The authors believe that girls would benefit from longer TFC placements because their problems take longer to surface than those of boys in care, and that a set of TFC interventions should be designed specifically for girls.

Based on their literature review, Reddy and Pfeiffer (1997) found that ten years is the mean age of children in TFC homes. This finding is consistent with other studies (e.g., Barth et al., 1994). Nutter et al.'s (1993) survey found that 55% of children in TFC programs were between twelve and eighteen years of age.

To develop a better understanding of characteristics of children in out-of-home care, Barth et al. (1994) compared the characteristics of children in group care, TFC, family foster

care, and kinship care in California. In their survey of 4,492 children, they found that about 46% of the children in TFC homes are older than nine, while 54% are nine years old or younger. These ages, however differed from the ages of children in group care. Children in group care generally were older, with about 80% of children in group care being older than nine and about 20% younger than nine. Barth et al. concluded that the average age of children in TFC is older than most children in family foster care (who have an average age of seven to eight years old). However, the average age of children in TFC is younger than most children in group care. The finding that TFC children are younger than children in group care is important because it contradicts the assumption that TFC homes are theoretically a family-like diversionary measure for children who otherwise would be placed in group care. If mean ages differ between the children in TFC and the children in group homes, then these placements may be serving two distinct populations when theoretically they should be the same. The finding that children in TFC are older than children in family foster care is encouraging, because these two placements are designed to serve different populations of children.

Age also may be a rough indicator of level of disturbance. Many authors (e.g., Fanshel, 1992; Pilowsky, 1995) have pointed out that children who are more highly disturbed are less likely to get adopted than other foster children, and therefore are more likely to grow to maturity in the child welfare system. If older children in the child welfare system tend to be more disturbed, then the older children in group homes are generally more disturbed than children in TFC homes, who in turn, are more disturbed than the younger children in family foster care.

There is evidence to indicate that children in TFC are less disturbed, on average, than children in group care, but are more disturbed than children in family and kinship foster care (Barth et al., 1994). Barth and colleagues compared the behavioral problems of children in these

placements, as reported by group care administrators, TFC administrators, and TFC parents.

When comparing reports from TFC parents and group care administrators, group home children were more likely to exhibit gang affiliation, drug dealing, pregnancy, self-induced injuries, suicidal threats/attempts, developmental disability, and eating disorders. Barth et al. (1994), concluded that although it may be widely believed that treatment foster care serves as an alternative to group care, the specialized foster care children in their sample were less disturbed than children in group care. While less disturbed, children in TFC tend to have more medical problems than children in group care and in family foster care, and many children in TFC, as in family foster care, are prenatally drug or alcohol exposed (Barth et al., 1994).

The mental health problems of children in TFC typically include attention deficit and hyperactivity disorders, mental retardation, behavioral disorders, and psychotic and mood disorders (Reddy & Pfeiffer, 1997). In a literature review that explores the relationship between child functioning and TFC placement stability and outcomes, Dore and Eisner (1993) propose that many children and adolescents who enter TFC exhibit behavior characteristic of borderline personality disorder, including poor reality-testing, severe and diffuse anxiety, excessive and severe impulsive behavior, use of primitive coping mechanisms such as magical thinking and fusion with others, and arrested/uneven development. The authors propose that the psychosocial functioning of children in TFC reflects common experiences in their backgrounds, including being raised by mentally ill or substance-abusing parents, suffering from early physical, sexual or emotional abuse, forming unstable early attachments, and/or receiving inconsistent caregiving.

Regarding school functioning, Barth et al. (1994), found that about 30% of a sample of 87 children in TFC had been held back or repeated a grade previously, and 40% were enrolled in a special education class. The authors found that children in family foster care had fairly

comparable problems in school functioning. This sample of children in TFC generally received grades in the C+ range.

Outcomes for Children in TFC

Most TFC outcome studies compare TFC children to children placed in group homes, as TFC is generally regarded as an alternative to group homes in a managed system of care that controls costs while maximizing quality (e.g., Chamberlain, 1996). In comparison to children's outcomes after group home stays, children cared for in TFC tend to have beneficial outcomes. Several researchers have advocated for the expansion of TFC programs (Fanshel, 1992; Reddy & Pfeiffer, 1997). Barth et al. (1994) asserts that children should be shifted from group care into TFC because TFC better meets the unique needs of each child in a family-like setting and because this shift would reduce out-of-home care costs.

Outcome research on the effectiveness of TFC is essential in justifying treatment costs in compliance with managed care guidelines (Bates, English, & Kouidou-Giles, 1997). For children discharged from TFC, outcomes that have drawn attention in the literature are measurable changes in children's placement stability, behavioral functioning, placement restrictiveness, psychological adjustment and social skills, juvenile justice involvement, substance use, and placement and treatment costs.

In terms of placement stability, most children complete their TFC program (Hudson et al., 1994; Meadowcroft et al., 1994; Reddy & Pfeiffer, 1997), and three recent literature reviews on TFC outcomes suggest that behavioral improvement generally has been found. Reddy and Pfeiffer (1997) statistically analyzed the TFC outcome literature by assigning studies (weighted according to sample size) a 1, 0, or -1 to indicate that children's psychological adjustment was positively, equivocally, or negatively related to TFC outcomes. The resulting "weighted

predictive value" was .50, indicating that positive psychological adjustment was related to children's TFC outcomes. This finding should be interpreted with caution because the study used a methodological technique that grouped outcome data and weighted it according to the sample sizes of previously published studies. It is unclear whether the studies that reported positive, equivocal, or negative outcomes of TFC were the larger or smaller studies. Nevertheless, additional studies do seem to corroborate Reddy and Pfeiffer's conclusions. Similarly, Hudson et al.'s (1994) review of evaluation research on TFC found that several studies reported significant beneficial changes for children placed in TFC homes. Finally, in another review of TFC studies, Meadowcroft et al. (1994), notes that the literature indicates that TFC is associated with positive changes in children. Behavioral and psychological improvement of children in TFC, therefore, is consistently reported in the literature.

Furthermore, one study found that boys in TFC tend to improve more emotionally and behaviorally than boys in group care (Chamberlain, 1996). Chamberlain's study reported follow-up data on eighty boys randomly assigned to TFC or group care. The average age of the boys was fourteen, and they had been arrested 13.5 times. Compared to boys in group care, one year after their random assignment, boys in TFC were arrested half as much, more often completed their programs, ran away significantly less, reported less involvement with delinquent peers during and after placement, reported that they received more frequent and fair discipline during placement, reported fewer mental health problems, rated their lives as happier, spent less than half the number of days in detention or state training schools, and reported virtually no hard drug use. Boys in group care reported escalated drug use through the one year follow-up. Finally, Chamberlain reports that the costs for treatment utilization and incarceration after one year in TFC are substantially lower for TFC boys, and that these costs tend to remain stable for TFC

boys, and increase for boys in group care. This study provides the clearest empirical evidence for positive emotional and behavioral change for children placed in TFC in comparison with children placed in a more restrictive setting, however it should be noted that Chamberlain's study appears to have sampled delinquent boys and it is unclear how these results would generalize to all dependents.

Following children's discharge from TFC, several studies have documented children's placement in settings that are less restrictive than TFC, such as an adoptive home (Meadowcroft et al., 1994; Reddy & Pfeiffer, 1997). According to Nutter et al. (1993), 68% of TFC children are discharged to settings that are less restrictive than TFC. Specifically, 36% returned to their biological families, 21% were discharged to adoptive homes or independent living arrangements, and 9% moved to family foster care settings.

In a study of 109 children discharged from TFC in the Casey Family Services program in six New England states, Staff and Fein (1995) also found that children generally were placed in less restrictive settings, but that more children were adopted and fewer reunified than in Nutter et al.'s (1993) study. In their sample, 35 % were adopted, 17% were reunified with their families, 28% had reached adulthood in care, and 21 % returned to child welfare agencies for continued care.

In sum, most children tend to complete their TFC program and positive emotional and behavioral improvements have been documented. Furthermore, outcomes in diverse areas of functioning tend to be better for children discharged from TFC than from group care. Finally, children discharged from TFC tend to be placed in settings that are less restrictive than TFC.

Critique of TFC Outcome Studies

Despite these apparently positive outcomes found in the literature on TFC placement, some practitioners and researchers believe that the findings demonstrated in outcome studies fall short of justifying the widespread expansion of TFC. For example, Reddy and Pfeiffer (1997) conclude that “outcomes were neither uniformly positive nor persuasively strong as one might expect in light of the enormous growth in program development and professional and political support for treatment foster care” (p. 585). Furthermore, TFC outcome studies have several limitations that should be considered with regard to framing judgements about the overall efficacy of TFC.

First, there is a lack of consensus concerning how to define successful child outcomes (Bates et al., 1997; Reddy & Pfeiffer, 1997). Even if agreement is reached on which variables to measure (such as behavioral improvement or discharge to a setting which is less restrictive than TFC), over how long a time period must these outcomes be measured? Perhaps gains made in six months or one year are not maintained over a longer period of time. Longer follow-up periods would be needed to test this concern.

Second, most TFC outcome studies focus exclusively on positive outcomes, when positive and negative outcomes should be studied (Reddy & Pfeiffer, 1997). For example, Chamberlain’s (1996) follow-up study of eighty boys randomly assigned to TFC or group care revealed more comprehensive information than other studies because undesirable outcomes such as arrest rates and drug use were measured. If researchers only look for beneficial outcomes, the full scope of the impact of TFC services on children can not be understood.

Third, to gain a fuller understanding of TFC outcomes, a wide variety of outcome variables should be studied (Hudson et al., 1994). Many studies only examine one or two

outcomes regarding child functioning (Bates et al., 1997) and ignore family, school and community variables (Hudson et al., 1994; Reddy & Pfeiffer, 1997). Examination of children's broader ecological context is important because children in the child welfare system are there, by definition, because of a serious problem in their caretaking environment. Further, that environment often contains mentally ill or substance-abusing parents, abuse or neglect, unstable early attachments, and/or inconsistent caregiving (Dore & Eisner, 1993). It is possible that a child's functioning has improved dramatically while in TFC, but the post-discharge environment does not serve well to maintain these gains.

Fourth, few outcome studies have compared TFC to other out-of-home placements such as traditional foster care or group care (Reddy & Pfeiffer, 1997). While Chamberlain's study (1996) demonstrated clinical and economic advantages of TFC over group care, the effect of TFC on children's outcomes compared to family foster care remains largely unknown. Because TFC is an expensive intervention, cost-outcome effectiveness studies would help to explore the justification for increasing amounts of resources being invested in TFC services.

In addition, more longitudinal studies with larger samples are needed in order to further demonstrate the effectiveness of TFC (Bates et al., 1997). Research that examines the association between children's characteristics such as age or diagnosis, and TFC outcomes could help identify which specific TFC treatments work best with different groups of children in relation to other foster care settings (Barth et al., 1994; Bates et al., 1997; Dore & Eisner, 1993; Reddy & Pfeiffer, 1997).

Summary

The literature review highlights the growing number of emotionally disturbed children in need of out-of-home care and the limited resources available in the public child welfare system

to effectively meet this need. TFC represents a less restrictive alternative for the care of these children than hospitalization or group homes. Generally, children in TFC have made behavioral and psychological adjustment improvements and Chamberlain (1996) has documented the fiscal advantages of TFC over group homes.

The few studies that have examined characteristics of children in TFC have shown that (a) there are more boys than girls in TFC, (b) approximately 30% of TFC children are from African American heritage while about 60% are from European American background and almost 14% are Latino, (c) children in TFC tend to be older than children in family foster care but younger than children in group homes, (d) children in TFC tend to exhibit greater mental health problems than children in family foster care but fewer mental health problems than children in group homes, and (e) children in TFC tend to have greater medical needs than children in family foster care or group care. In sum, it appears that treatment, group, and family foster care settings may be serving three distinct populations of children.

The data describing child characteristics and outcomes in Alameda in 1996 and 1997 support many of the above findings (see Appendix A). In Alameda County, as across the nation, there has been a steady increase in the number of children in the foster care system, however, exits from care have stabilized. Most of the increase of children in the system has been absorbed by FFAs and kinship care, with European American children twice as likely to use FFAs as African American children. European American children also are twice as likely as African American children to receive treatment services. Overall, in Alameda, children are three times more likely to use FFAs than to use traditional foster care or group homes. In fact, the use of FFAs has increased 95% since 1990, however only 3% of babies are placed in FFAs in Alameda. Interestingly, over the past four years, there has been a dramatic (20%) decrease in the numbers

of children in long-term care in FFAs in Alameda. In order to better understand the high use of FFAs in Alameda, and across the country, it is essential to learn more about how social workers make placement decisions. In order to develop a fuller understanding of the placement process, a study was conducted in which Alameda County social workers and placement specialists were interviewed in focus groups about their perceptions of the different placement options and the process of placing foster children.

Methods

Participants

Participants were three social workers (all female) and four placement specialists (3 male and 1 female). The department employs a total of 255 child welfare workers, of whom seven are placement specialists. The role of social workers is to place children in traditional foster care, FFAs, and group homes. Placement specialists provide expert consultation to social workers and also make child placements. Each of the social workers contributed to one of two focus groups: one focus group consisted of one social worker and the other focus group consisted of two social workers. Social workers' years of experience in social welfare varied from two to seven years, with an average of four years. The placement specialists participated in a separate focus group. Their years of experience in social welfare varied from 12 to 20 years with an average of about 15 years. The social workers and placement specialists had experience in several different units of the agency. Six of the participants had experience in family reunification and five of the participants had experience in permanent placement, or long-term foster care.

Procedure

Based on the literature, the results of archival analysis (see Appendix A), and consultations with the county, the researchers developed interview questions for the focus

groups. The goal of the questions was to explore how social workers understand the role of FFAs and other placement options, and how they decide to place a child in an FFA rather than in traditional foster care or a group home. The desire was to learn more about what factors are considered, and what steps are involved, in the decision to place a child in an FFA.

The liaison at Alameda County Social Services assisted the researchers by organizing social workers and placement specialists to participate in the focus groups. For the placement specialist group, a voice-mail notice of the time and place of the focus group was delivered a week before the scheduled meeting and a reminder message was delivered the day before the meeting. For the social worker groups, program managers put a call out for participants and preferred dates and times. Ten names were then forwarded to the liaison who sent written notices of focus group places and times to those ten workers a week in advance. Notices were also posted on strategic bulletin boards in the social services office on Franklin Street.

Four researchers were involved in facilitating the three focus groups. During each group, one researcher moderated while another took most of the notes. Each focus group consisted of nine open-ended questions in two general areas, principles and practice (see Figure 1). Participants completed contact summary forms that provided background information on their qualifications to inform the research objectives. Each focus group lasted approximately one hour and refreshments were provided.

Figure 1
Questions from Focus Group Protocol

PRINCIPLES

1. How would you describe the differences between FFAs and group care?
2. How would you describe the differences between FFAs and traditional family foster care?
3. In what ways do you think FFAs are beneficial for children?
4. Could you describe any drawbacks of FFAs?

PRACTICE

5. What kinds of factors do you consider when you decide to place a child in an FFA?
6. Could you describe the steps involved in making a placement decision?
7. Before answering the next question, I want you to take a minute or two to think back and remember the cases of some of the children you have referred to FFA placement in the past. Unfortunately, we don't have enough time to discuss all the different aspects of these cases. However, as best as you can, try to remember what characteristics of these children or these children's situations were most influential in your placement recommendation. What were these characteristics?
8. Is there any way that the process of making placement decisions could be made easier for you?
9. Anything else to add?

The focus groups were held at two different sites in Oakland, California used by the Alameda County Office of Social Services. The focus groups were delayed a month to give the county additional time to organize groups and to ensure the highest participation possible by scheduling meetings around workers' vacations. Although our contact person had apparently received commitments indicating that several social workers would attend each focus group, there were no participants present when researchers arrived to conduct the first group and only one participant present for the second group. Fortunately, on the day of the meetings office staff were very helpful in posting fliers and canvassing the building for participants. As a result of

these efforts, two social workers participated in the first group. However, in spite of repeated efforts, no additional workers participated in the second focus group.

Data Analysis

After each focus group was completed, researchers compiled field notes, documenting participant's responses, as well as recording their personal reflections about the culture of the group. Personal reflections were recorded to make researcher bias explicit and incorporate it as a source of data that may influence the study's findings. These two forms of data, in addition to the contact summary forms completed by participants, served as sources of data for the study. Using a process known as the constant comparative method (Glaser & Strauss, 1967; Goetz & LeCompte, 1984), researchers shared and discussed their observations of the groups, comparing them with previous findings as well as other literature available, and documented themes that emerged in, and across, groups. This process was repeated through several iterations. Each time a new theme was generated, researchers went back and reanalyzed all the data to see if it matched with the emerging themes. This process continued until a saturation point was reached where no new themes were generated. Identified themes were then reported back to some of the participants for their comments, a process called a "member check" (Lincoln & Guba, 1985).

Focus Group Findings

The themes that emerged from the focus groups fell into four categories. Several themes related to social workers' and placement specialists' perceptions about the quantity and quality of various placement options. Themes also emerged that pertained both to the benefits of FFAs as well as the drawbacks of FFAs. Lastly, a few themes focused on the process of placing children.

Perceptions about the Quantity and Quality of Placement Options

“There is no choice.”

The most dominant theme that emerged across all of the focus groups was that placement decisions tend to be based primarily on availability. The workers felt that there ideally should be differences between the levels of care provided by traditional foster homes, FFAs, and group homes. However, in reality, workers reported that children are placed wherever “a spot is available.”

It became evident through participants’ comments that, due to the limited availability of county family foster homes (described by one participant as, “a dying breed”), frequently children are placed in higher level, and/or lower quality, facilities regardless of their needs. One worker stated that they never used to place children with FFAs, but now that the county homes are so depleted, they have to use FFAs, and even then, still find that there are not many options. Limited availability of placement options has led not only to the placement of children into FFAs, but also, sometimes, into group homes because, “it’s the only place available.” In addition, children are being placed in lower quality facilities due to the county’s lack of options. Clearly, participants viewed the lack of placement options for children as a serious problem facing the county.

The lack of foster home availability becomes even more urgent in emergency placement situations. Placement workers are given only seven days notice for an emergency placement. In such a situation, one worker stated that they could only choose between one to three placements. One emergency worker stated that in a typical emergency placement, the child is in the car, the worker makes a call on the cell phone, and then takes the child to whatever address is given.

There is not time to adequately assess the child's needs and little or no regard is given to the appropriateness of the placement.

"The quality of group home care is low."

Across focus groups, participants drew attention to the low quality of care they believed was provided in many of the local group homes. In addition, participants spoke of their perceptions of the lack of trained staff to provide adequate care in some of the group homes. For example, one participant noted that, "you can't tell who are the kids and who are the staff." Another issue mentioned was the apparent neglect of children's needs in some group homes. An example given was a situation involving group homes claiming to have no money available to buy clothes for children placed in their care. Participants viewed this neglect as resulting from misunderstandings about the use of funds and the roles of the county and the group home. That is, participants felt that group homes frequently thought the county should pay for clothes while the county's position was that a clothing allowance was already included in the board rate. The physical condition of some of the group homes also caused concern among participants. One participant described some group homes as, "uninviting, horrible, like a crack house." Although group homes, in theory, offer a higher level of care than other placement options, one participant stated that some group homes are simply warehouses. This statement suggested that regardless of the special services many group homes are supposed to offer, some workers think of them only as shelter for children. In spite of these numerous concerns, one participant did emphasize that, "there are some very good group homes." No further elaboration was offered in this regard.

"The quality of FFAs varies."

According to the placement specialists, the primary characteristic that makes a good home is the quality of the family, and they believe that some traditional foster home families are

better than FFA families. In other words, just because a foster family is certified with an FFA, rather than with the county, does not necessarily mean that they do a better job of caring for children. Stated one participant, "there is nothing inherent in the FFA status that makes a better home."

Consistent with the placement specialists, the social workers also emphasized that quality of care varies among FFA agencies. One participant estimated that 50% of the FFAs are good while the other 50% are only marginal (meaning that the quality of foster parents and physical homes is marginal). One worker stated that even a well-known FFA in the area, appears to fall short in the amount of services they provide for the money they receive as an FFA. One cause of the variation among FFAs may be due to the quality of FFA staff. According to one participant, some agencies hire poor quality staff while others appear to have more capable personnel. "FFAs will not accept many challenging children."

Placement specialist responses concerning the placement of difficult children were somewhat mixed. One specialist stated that because FFAs are "money-driven" they will sometimes take any child. This individual suggested that this mindset often sets children up for failure because FFAs will take the child whether or not they are capable of meeting that child's needs. However, the same individual stated that FFAs rarely have vacancies for teens, suggesting that FFAs often take younger children (who tend to have fewer problems). Another participant supported this viewpoint by explaining that even FFAs with aggressive recruiting strategies are not taking many of the older children who tend to present more difficult challenges for foster families. The specialists stated that finding homes for older children has been a problem for four years and there is no sign of improvement. One placement specialist explained that FFAs give workers a written description of available homes and the types of children they

will and will not accept in a placement. “Often they won’t take hard kids.” Thus, although FFAs were created to meet the needs of more challenging children, it seems that many FFAs are not willing to provide placement for difficult children, particularly older children.

Benefits of FFAs

“FFAs provide a high level of interaction with social workers.”

One of the benefits of FFAs that received consensus across all the focus groups is the amount of social worker contact provided for foster families by FFAs. Participants explained that children in county foster homes receive monthly contact with their social worker if their service plan includes family reunification, and contact once every six months if permanent placements are being arranged for children. In FFAs, children generally have weekly contact with their FFA social worker, which may become bi-weekly with approval from the county. Several participants emphasized that the social worker supports not only the child, but also the foster parents who need, “guidance and redirection and support themselves.” Other participants stated that social workers act as “a second set of eyes,” and may help hold foster parents accountable for delivering a high standard of care.

“FFAs provide foster parent training.”

Another benefit of FFAs that was highlighted in the focus groups is the extensive training that is provided for foster parents in FFAs. According to participants, this training is provided on an ongoing basis and “makes a big difference.” County foster parents aren’t required, explained one participant, to have as much training as those who work with FFAs.

“FFAs ease the burden on county social workers.”

Traditional foster care is designed such that there is, “more responsibility for county workers,” stated one social worker. By placing children in an FFA, social workers are able to

pass some of their responsibilities to the FFA. For example, one participant stated that county workers do not check up on children as often when they are placed in FFAs, “until something goes wrong.” Social workers also will place children with many transportation needs in FFAs because they know they cannot provide that level of service themselves. Participants across two of the groups also suggested that if an FFA placement fails, the FFA, rather than the county worker, often will take responsibility for finding another placement for the child. It should be noted, however, that FFAs moving children can be problematic for the county. This issue will be discussed further in the next section.

Drawbacks of FFAs

“The relationship between the FFA and the county can be difficult.”

Although the relationship with an FFA can be beneficial to social workers, it can also lead to problems. Participants across two of the groups mentioned conflicts that sometimes occur between FFAs and the county workers. There are often conflicts, stated one placement specialist, regarding how the child welfare worker and the FFA social worker understand a child’s needs. A social worker gave the example of an FFA moving a child and not telling the social worker. The individual stated that they had to exert great effort to track the child down in order to find him or her. Another worker stated that FFAs do not seem to be consistently honest with county workers. These issues can cause serious problems because ultimately the county is responsible for these children and should know, at least, where they are located. In addition, moving children without notifying the county “hides” the number of placements that a child experiences and masks the number of times a child is moved.

“There is no set standard of care for FFAs.”

One social work participant reported that there are higher standards for a foster home to get licensed by the county than for a foster home to be certified by an FFA. Participants in the placement specialist group elaborated on this theme, explaining that there are no standards for reports done by FFAs, no accountability to the county, and no contracts. According to the participants, the only system of accountability is an informal system whereby if an FFA develops a poor reputation, a better FFA agency will stand out. A participant stated that this informal system might effectively limit poor quality care if there were a number of high quality placements that could compete with each other, but instead, “we’re beggars,” no one else will take these kids. Participants stated that even if they do identify an FFA as low quality and do not want to refer children there, they are sometimes encouraged by county administration to use it anyway. The workers perceive the high use of FFAs to be a result of the power FFAs have because they typically are big agencies and, if vocal enough, get their way.

“FFAs are a business.”

One theme for which placement specialists felt strongly was their perception of FFAs being money driven: “it’s a business, that’s the bottom line.” Workers stated that the FFA will try to keep a child in the agency for monetary reasons. For example, if a placement fails, the FFA is motivated to find a new home among their pool of homes, which may not be the best home for the child. Sometimes the FFA will come up with a home that doesn’t fit the child’s needs “at all,” but they just want to fill the vacancy. It can be a “big mess” when the FFA agency doesn’t want the child to move. This perceived monetary focus also may be a problem if it prevents FFAs from working toward permanency in order to keep the child, and the money, in the agency.

According to the MOU between the county and FFAs, both parties agree to ensure that all children are placed in homes that provide timely permanency (i.e., reunification, adoption, or legal guardianship.) FFAs are required to give the county seven days notice before removing a child from a placement and new placements must be pre-approved by the county before a child is placed.

Consideration of Children's Needs in the Placement Process

Although participants emphasized that placement decisions primarily are based on availability, they did discuss other factors that may contribute to their decisions in cases where there was a choice. Children's service needs do seem to be related to children's placements. In particular, a child's transportation needs were mentioned across all the groups as a factor that might lead to an FFA placement. For example, if a child required a great deal of involvement with his or her birth family and needed transportation, that would "clearly" be an FFA case. Other participants made similar statements about children who might need transportation for visits with siblings and for therapy or medical appointments. It also was suggested that an FFA placement might be selected in cases where children required a number of supervised visits because FFAs "do a good job of supervising visits... [because] they have the facilities."

When asked what type of factors they consider when placement options exist and an FFA placement is being evaluated, responses across groups were consistent. "Behaviors and problems" were identified by all participants and included: acting out, involvement with the juvenile justice system, school behavior issues, and complicated placement history. The child's sex and age also were mentioned as factors to be considered, as well as placement location (e.g. proximity to parents for visits, or to gangs or dangerous hangouts with which the child was known to be associated). However, it was clear in the responses that the most important factor

was placement availability. Social workers stated that in reality they never get to choose. They added that in the rare situations when they have a choice, home studies for placements were old and inaccurate and provided only a limited amount of information (See Figure 2), making it very difficult to know whether or not a particular placement was appropriate for a child.

Figure 2
Elements of a Home Study

1. Demographic information on applicants and others in the home.
2. Summaries of interviews with applicants and others in the home: Worker's assessment of participation in, and integration of, training.
3. Description of living environment.
4. Child desired motivation to foster or adopt.
5. Personality, family and school history.
6. Current peer and child relationships and support system.
7. Adoption and foster care issues. Child care plans.
8. Applicant's sensitivity to other racial/ethnic groups. Ability to parent a child of another ethnic, racial, or cultural group.
9. Substance abuse issues.
10. Work and employment history.
11. Criminal and CPS background.
12. Financial budget.
13. Evaluator's recommendation.

Conclusions

Several major themes may be drawn from the focus group data: (a) there are problems with placement quantity and quality, (b) benefits and drawbacks of FFAs and the types of children they serve, and (c) the placement process used by social workers.

The limited number of placement options seems to be the biggest problem facing Alameda County. This finding is consistent with the national crisis of too few placement options

for the number of children in the foster care system and may be partially attributed to the increasing number of children in the foster system nationally and in Alameda County. Clearly, until this problem of availability is addressed, social workers' ability to place children based upon their needs will be seriously limited.

Participants made it clear that the quality of existing group home and FFA placements varies a great deal. Some group homes were described as being, "like a crack house," and even FFAs with a reputation for high quality were believed to fall short in the amount and quality of services they are providing. According to workers, there is little formal monitoring of placements and the placements are not formally held accountable for the quality of their services. Placement workers stated that they are forced to place children in lower quality placements because of the limited number of placement options.

Participants shared that FFAs, as one of the placement options, do provide many benefits. They provide high levels of interaction with social workers, more intense foster parent training, and a variety of services including transportation. These benefits are consistent with the FFA program standards established by the FFTA (1995) and described in the literature review. However there are also drawbacks to FFAs including a perceived monetary basis for decision-making and communication problems between FFAs and county workers. Social workers agreed that FFAs ideally should provide a higher level of care, and serve more difficult children, than community foster homes. However, they stated that in reality this is not occurring. Children are placed in FFAs largely based on availability and, in fact, the FFAs often will not accept some of the older and more difficult children they were originally designed to serve.

Finally, participants conveyed that if there were a choice of placement options, the placement process would still present challenges. One example given was the need for updated

home studies for social workers containing accurate information about available homes. Workers reported that they sometimes receive home studies with information that is so old that it no longer represents the home environment. Workers also felt that it would be beneficial to have more information about the various placement options in order to make good matches for children.

The findings of this study should be interpreted with caution as they are based on the responses of only seven people. Focus groups were delayed several times in order to make it possible for a number of people who were on vacation, or out of the office, to participate. When the turnout for the two social worker focus groups was so low, several efforts were made by office staff to notify and recruit additional participants. However, in spite of these efforts, the overall turnout for the groups was low. Despite limited participation, the comments and information that were reported in this study yielded consistent themes across the three focus groups.

Recommendations

The findings suggest five key areas in need of attention by the county.

1. INCREASE THE NUMBER OF PLACEMENT OPTIONS

- Develop ways to support and retain all the placements that are already being used by the county. Provide support to those placements that fall below the county standard in order to help them improve. Reward high quality placements and support their long-term maintenance. Consider closing placements that do not improve with the provision of additional support.
- Increase efforts to recruit new foster homes. Develop strategies to increase adoptions and reunifications while decreasing re-entries into care.
- Consider regionalizing recruitment efforts across counties and across private and public agencies to develop more efficient recruitment processes.

- Develop more FFS homes but monitor them more closely. Social workers like the workload reduction and in general admit that kids get more services, however, they want to ensure high quality services for children.
 - Consider privatizing the recruitment training and monitoring of foster homes, but continue to serve them inside the public agency.
2. ENSURE APPROPRIATE USE OF FFAs
- Establish clear expectations of the type of child that should be placed in an FFA and communicate this expectation to county workers.
 - Establish and communicate clear expectations about the fiscal responsibilities of the county and the FFA in meeting a child's needs (such as a clothing allowance).
 - County child welfare managers and FFA managers should consider collaborating to establish clear expectations for communication between the FFAs and county workers concerning children's services and placements and provide ongoing assessment of their communication.
 - Communicate to FFAs the county's expectations for permanency efforts and evaluate whether or not those are being met.
 - Consider placing more babies coming in to care as fost-adopt children into FFAs and document their permanency rates over time.
3. IMPROVE THE ABILITY OF COUNTY WORKERS TO MAKE APPROPRIATE PLACEMENTS
- Establish a policy requiring that home studies be updated for accuracy on an annual or biannual basis.
 - Increase the amount (e.g., specific information about home environments and the services that may be provided to children) of information provided to county workers about foster homes and other placement options.
 - Ensure that county workers are informed of any policy changes and have a clear understanding of the county's expectations for, and relationship with, different placement agencies. For example, workers would benefit from awareness of the terms of MOUs with FFAs and group homes.
4. EVALUATE AND MONITOR THE QUALITY OF EXISTING PLACEMENTS
- Beyond licensing, establish a rigorous and ongoing evaluation system for all child placement settings and develop policies to ensure that evaluation is conducted routinely.

- Establish a minimum quality rating that is acceptable to the county. Placements that fall below that rating should not be used until they have passed the standard.
5. INCREASE INVESTMENTS IN A RESEARCH AGENDA DESIGNED TO IDENTIFY BEST PRACTICES
- Investigate why Alameda County is experiencing a reduction in foster homes, but the FFA business is booming. Are FFAs offering something to foster parents that merits county attention?
 - Investigate how private agencies recruit and train foster homes in order to identify and apply best practices within the public agency.
 - In order to increase the number of placement options, it is necessary to learn more about who becomes foster parents and why (What are the most successful forms of recruitment? Why do some people continue to foster and others leave? What types of services or benefits would help people to continue fostering?)
 - Research on large numbers of children in all three care settings is needed to identify similarities and differences with respect to child and setting factors that predict children's outcomes, as well as the perceptions of social workers, FFA and group home staff, foster parents, and selected children in care.
 - Investigate treatment plans for a selected set of children across placement types and determine the extent to which planned services are being delivered as seen by foster parents, teachers, children, and social workers.
 - Explore incentives and disincentives for FFAs to meet county permanency expectations (Why do children stay longer in FFAs? Are FFAs working toward permanency? If so, how? Where is the balance of responsibility for permanency between the county and FFAs?).
 - How do improved policies and procedures capture the valuable information and insights of county staff in addressing foster care dilemmas (e.g. What factors are preventing staff participation in research. What would make it possible to access their expertise? Is lack of participation a sign that workers are not committed to research objectives, or that they are overwhelmed by their workload? How could focus groups or surveys be conducted during regularly scheduled unit meetings? What additional opportunities and incentives to participate can be identified?)

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APPENDIX A

Child Characteristics and Outcomes in Alameda County:
1996 and 1997

This section provides descriptive information on various indicators of child characteristics and outcomes in Alameda County. The section is divided into two subsections wherein data for 1996 is presented first, followed by data for 1997.

The data were drawn from the California Children's Services Archive. In 1996 the archive contained data on more than 300,000 children who were in care in 1988 or who entered care at any time between then and the end of 1996. In 1997 the archive contained data on more than 370,000 children who were in care in 1988 or who entered care at any time between then and the end of 1997. The original source of much of the data in the archive is the California Foster Care Information System (FCIS). In 1996 some counties were beginning to convert data from this system to CWS/CMS. In 1997 this conversion was mostly complete, however, across the state the conversion from FCIS to CWS/CMS created several data anomalies particularly with regard to facility type and they did not map well with placement types in the existing database. Analyses of the data for both years were performed by the Child Welfare Research Center of the Center for Social Services Research at the University of California, Berkeley School of Social Welfare. In 1996, Barbara Needell, Daniel Webster, Richard P. Barth, Michael Armijo, and Adair Fox conducted these analyses. In 1997, Barabra Needell, Daniel Webster, Stephanie Cuccaro-Alamin, and Michael Armijo performed the analyses. The information provided for Alameda County is intended to be comparable to the statewide and Bay Area reports of Performance Indicators for Child Welfare Services (1996, 1997).

1996

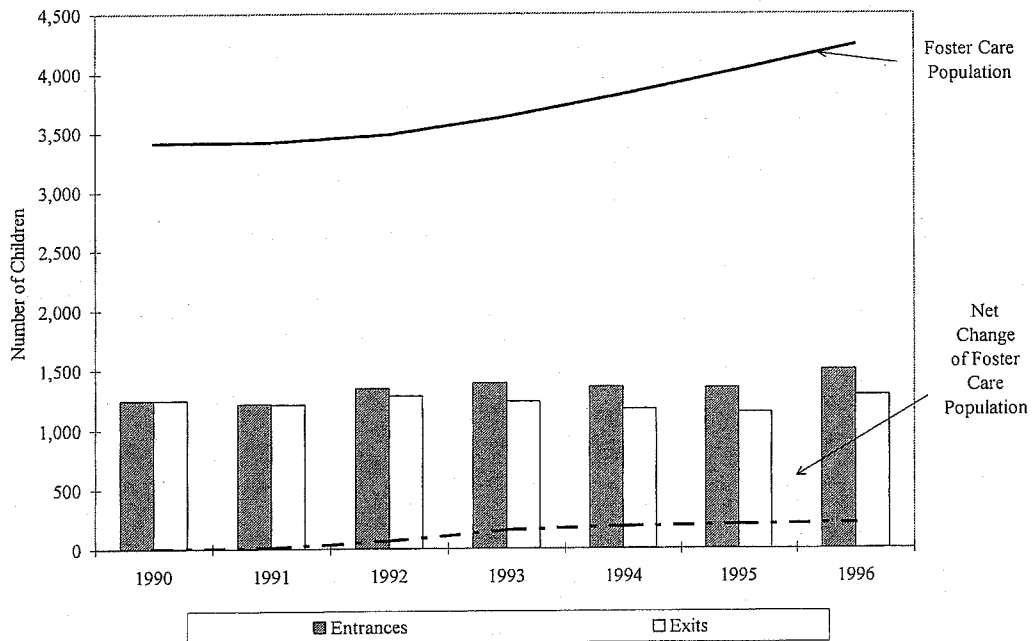
1. Caseload Flow

Caseload flow information includes the number of children in care on December 31 of each year (children entering on or before December 31 who remain in care at least through December 31), the number of entrances to care (including re-entries), and the number of exits from care. All children in FCIS who were supervised by Child Welfare Agencies were counted.

1.1 1990-1996 End of Year Foster Care Population, First Entries, Re-entries to Care, Exits, and Net Change

The number of children in welfare-supervised foster care in Alameda County rose from 3,415 at the end of 1990 to 4,243 at the end of 1996, a 24% increase. According to population estimates from the California department of Finance, the general child population in Alameda County rose approximately 19% during this time period. The size of foster care caseload depends on both entrances and exits, and these events can be into, or from, a first or subsequent spell in care. The number of entrances grew fairly steadily between 1990 and 1996 (1,243 to 1,500) while exits had some minor fluctuations, but were relatively stable (1,244 to 1,285). These trends of the Foster Care population are quite consistent with the statewide patterns over the same years.

Figure 1.1



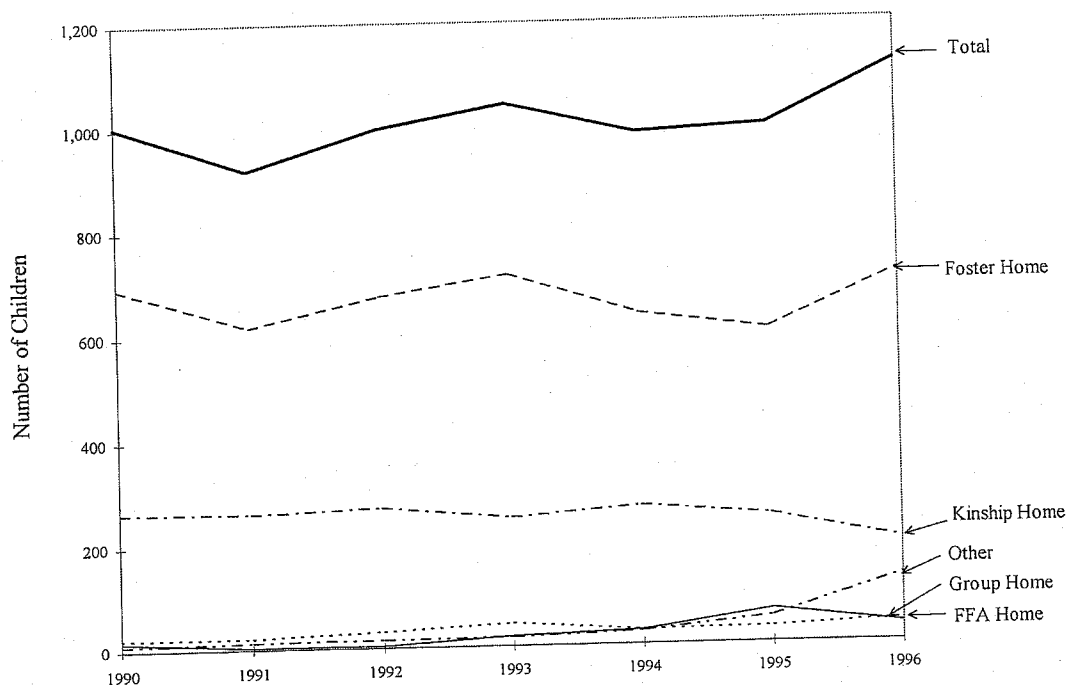
2. First Entries to Foster Care

This section considers children under the age of 18 who entered foster care for the first time between 1990 and 1996. Cases with missing data for a variable (e.g., ethnicity) were not included in the respective analyses. Entries that resulted in spells of three days or less were coded as Placement Type "Other", regardless of the facility type coding in FCIS. Please note that, unlike previous reports, placement type in this section refers to first out-of-home care setting (as opposed to predominant placement type) in which a child was placed.

2.1 1990-1996 First Entries to Foster Care by Placement Type

First Entries to Kinship Homes decreased by 25% between 1990 and 1996 from 265 to 199. Entrances to Foster Homes remained relatively stable with 715 children entering in 1996. The number of children entering FFA Homes has more than doubled from 16 in 1990 to 35 in 1996, while the number of children entering Group Homes has similarly grown over the same time period, increasing from 21 to 41. The county and state had similar patterns of entrances to FFA and Group Homes between 1990 and 1996, but the county shows a decrease in Kinship Home entrances while the state experienced an increase. The state's rate of entrances into FFA Homes increased, while the county's rate remained stable.

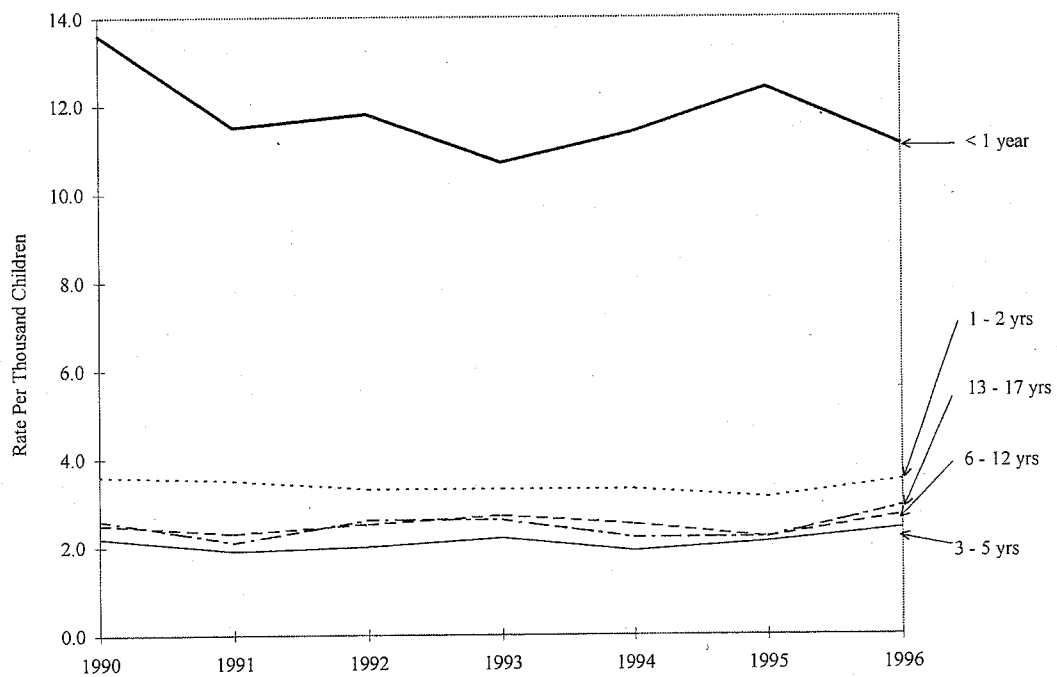
Figure 2.1



2.2 1990-1996 First Entries to Foster Care by Age in Years: Incidence per 1,000

The incidence rate for first entries for infants dropped from nearly 14 per 1,000 infants to 11. This rate is more than three times the incidence rate for children of other ages. The incidence rate for children aged 1-17 has remained relatively constant between 2 and 3 per 1,000 children. The incidence of first entries to care in the state was similar for all children aged 1-17. The rate for infants in the state, while undergoing similar decreases during the same time period has been lower by about 2 per 1,000 infants each year.

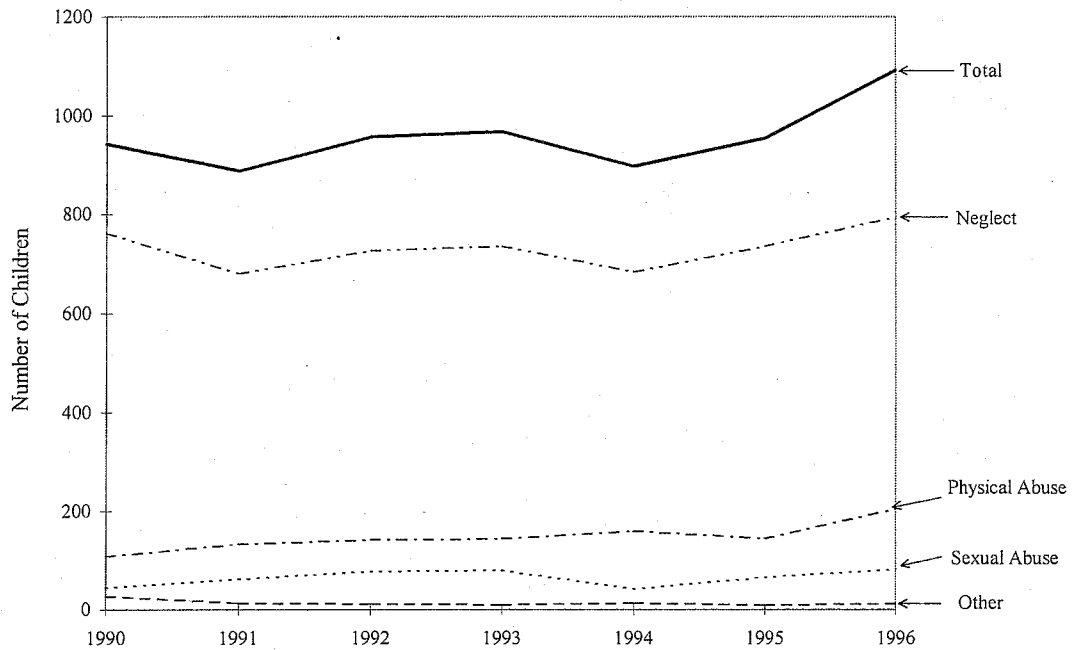
Figure 2.2



2.3 1990-1996 First Entries to Foster Care by Removal Reason

The number of children entering care for neglect reasons (general neglect, severe neglect or caretaker incapacity) has fluctuated since 1991, reaching a high of 794 in 1996. The number of children placed due to physical or sexual abuse has increased in the past seven years; in 1996, 205 children were placed due to physical abuse and 82 due to sexual abuse, up 90% and 82%, respectively, from the children entering in 1990. There are stark differences between the county and state trends in entries by removal reason: the state showed significant decreases in placements due to physical and sexual abuse contrasted with the large increases in county placements for the same removal reasons. Placements due to neglect in the county did not undergo much increase between 1990 and 1996, though they did in the state.

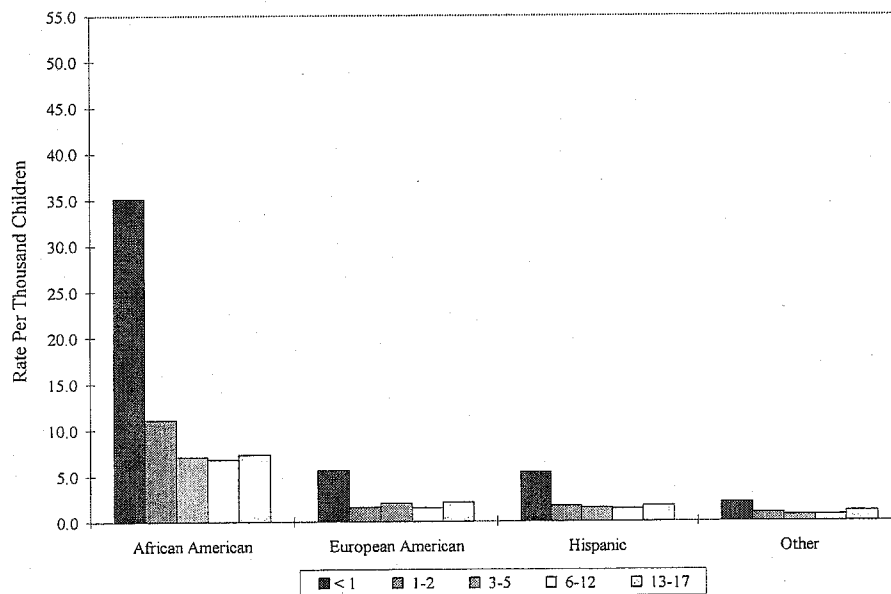
Figure 2.3



2.4 1990-1996 First Entries to Foster Care by Age and Ethnicity: Prevalence per 1,000

African-American children, regardless of age, entered foster care at a higher rate than other children. This was especially true for infants: 35 per 1,000 African American infants in the population entered care in 1996, compared to about 6 per 1,000 European American infants, and 5 per 1,000 Hispanic infants. Infants of other ethnicities entered care at a lower rate of approximately 2 per 1,000 infants. While the differences between ethnicities are very similar in the county and state, all incidence rates for each ethnicity are lower for the county than the state.

Figure 2.4



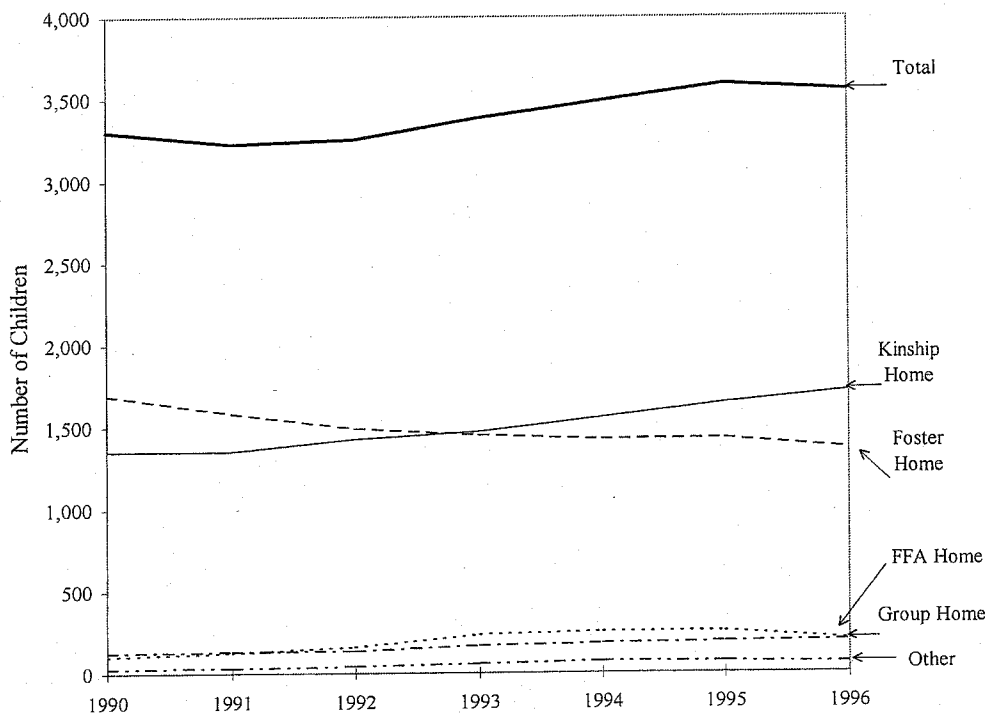
3. Caseload Counts

The number of children who were in care on July 1 (children entering on or before July 1 who remain in care at least through July 1) of each year from 1990 to 1996 and who were under the age of 19 are included in this section. The calculation of prevalence rates, however, were based upon the number of children younger than 18 years who were in foster care out of the entire population of minors in Alameda County. Cases with missing data for a variable (e.g., placement type) were not included in the respective analyses. The point-in-time counts of children in foster care depend on how many children enter, how long they stay, and whether or not they re-enter care.

3.1 1990-1996 Children <19 in Foster Care by Placement Type

The number of children in Kinship Homes increased by 27% from 1990 to 1996, from 1,349 to 1,719, while the number of children in Foster Homes decreased by slightly under 20% (from 1,694 in 1990 to 1,368 in 1996). The number of children in FFA Homes remained at over 250 in 1995 and decreased to 205 in 1996 (a 95% increase from 1990). The proportion of children in Group Homes increased by 57% from 126 in 1990 to 198 in 1996. The patterns for Kinship Homes are similar to the state though the magnitude of change is smaller for the county. For other placement types, the county's changes have been larger than the state's.

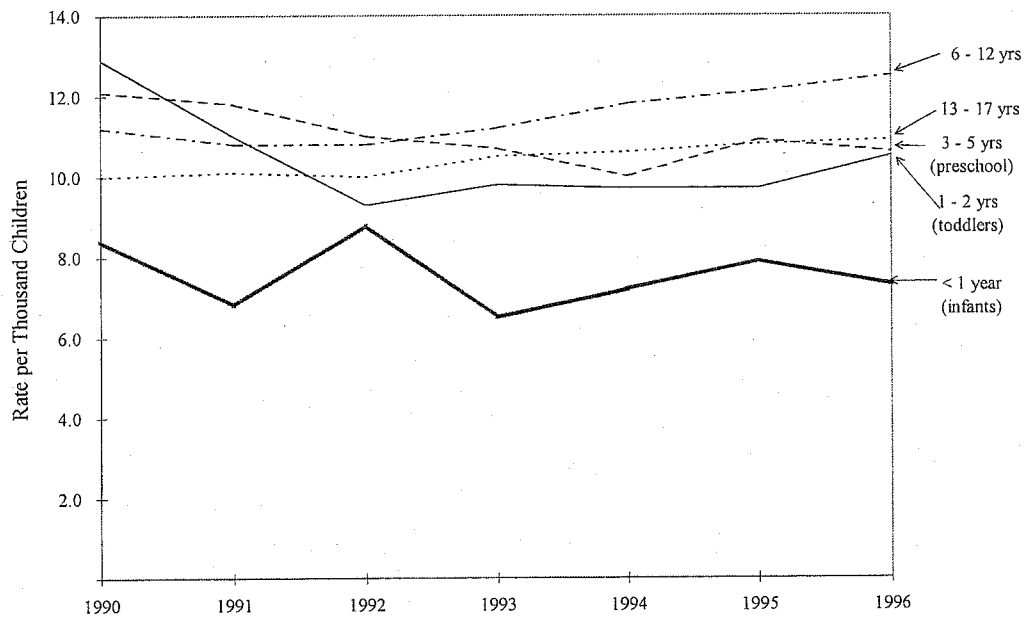
Figure 3.1



3.2 1990-1996 Children <18 in Foster Care by Age in Years: Prevalence per 1,000

Prevalence rates were calculated based upon the number of children younger than 18 years who were in foster care out of the entire population of minors in Alameda County. Prevalence rates for infants fluctuated each year with a net decrease from eight per 1,000 in 1990 to seven per 1,000 in 1996. Rates for toddlers decreased from thirteen per 1,000 to a low of nine per 1,000 in 1992, then experienced an increase to almost eleven per 1,000 by 1996. Rates for preschoolers declined from twelve per 1,000 in 1990 to under eleven per 1,000 in 1996. Rates for children six and over increased from 1990 to 1996. In 1996, almost 13 per 1,000 children six through twelve, and eleven per 1,000 teenagers were in care. The trends each age group experienced and the prevalence rates each year for each group are similar between the county and the entire state. When there did exist disparities, the county had the higher rates.

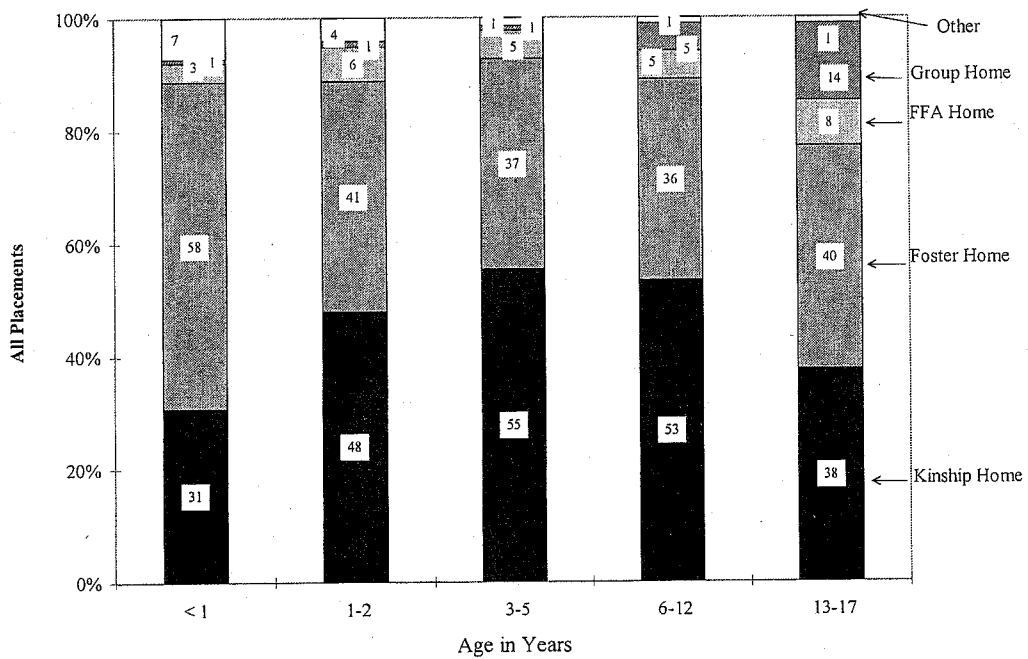
Figure 3.2



3.3 1996 Children <19 in Foster Care by Placement Type and Age in Years

Kinship Homes were used less for infants and teenagers than for children of other ages. Group Homes were used significantly more for all children over the age of 5. Foster Homes were used significantly more for infants than for all other children. Compared to the state, comparisons between placement types and age groups are quite similar. The magnitude of some of the differences between age groups is larger in the county, for instance, than that of infants in Foster Homes compared to other children.

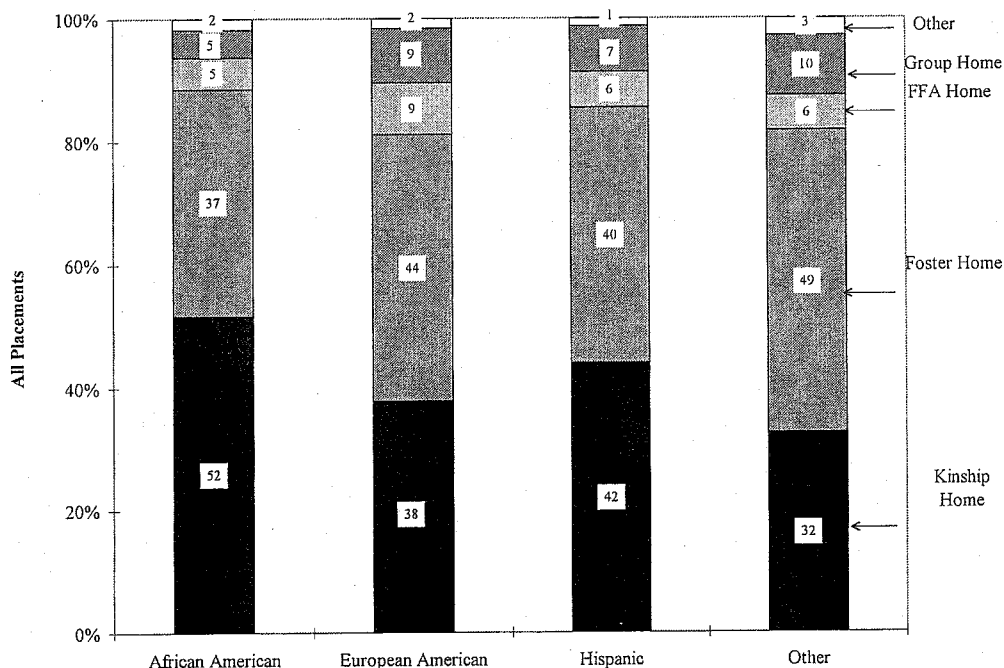
Figure 3.3



3.4 1996 Percent of Children <19 in Foster Care by Placement Type and Ethnicity

African-American and Hispanic children were more likely to be in Kinship Homes than were Caucasian children or children of other ethnic groups. 52% of African-American children and 42% of Hispanic children were placed with Kin in 1996, compared to 38% of Caucasian and 32% from other ethnic groups. 37% of African-American, 44% of Caucasian, 40% of Hispanic and 49% of children from other ethnic groups were in Foster Homes. Caucasian children were also more likely to be in FFA Homes. Caucasian and children from other ethnic groups were more likely than African-American or Hispanic children to be in Group Homes. The patterns along ethnicity are very similar to those of the entire state, in that the disparities between the groups are similar in both, the county and the state.

Figure 3.4



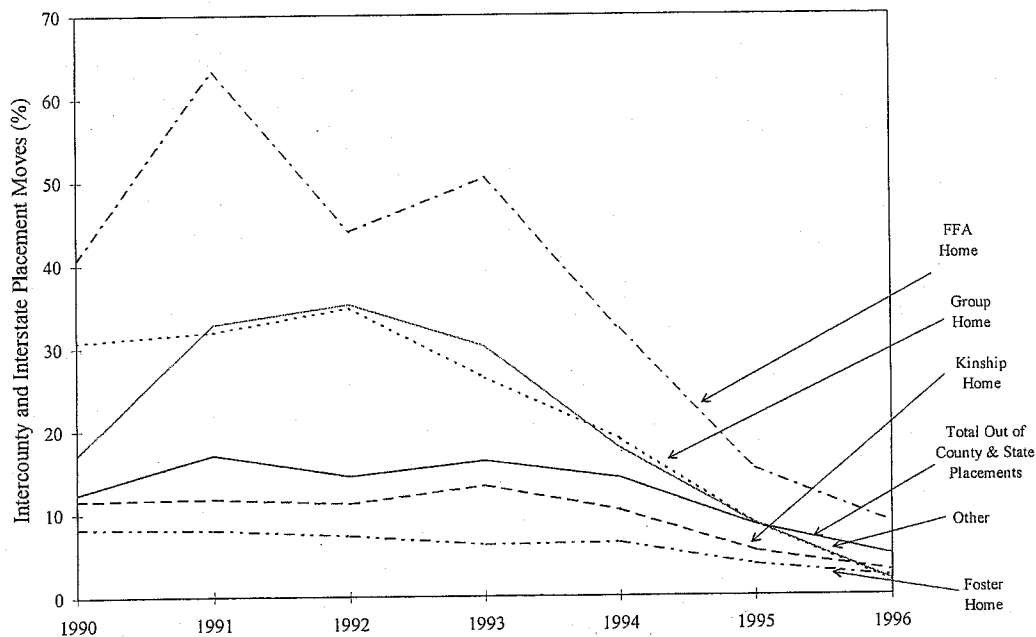
4. Intercounty and Interstate Placements

This section counts the number of placement moves in each year, and how many of those placements were out-of-county and out-of-state. Each placement type (i.e. Kinship Home, Foster Home, FFA Home, Group Home, and Other) has been considered separately. It is possible for more than one placement to occur for a particular child, and children in care who did not move in a given year were not counted in that year.

4.1 1990-1996 Intercounty and Interstate Placements by Placement Type

Overall, the proportion of children placed in other counties or out-of-state decreased between 1990 and 1996 (over 60% for out-of-county and over 75% for out-of-state). Both out-of-county and out-of-state placements fluctuated each year until 1993, after which they steadily declined. All placement types experienced a sizable decrease in Intercounty and Interstate placements from 1990 to 1996 both in Alameda County and the entire state system. The proportions of out-of-state placements remained relatively stable at less than 1% of the total Alameda placement moves.

Figure 4.1



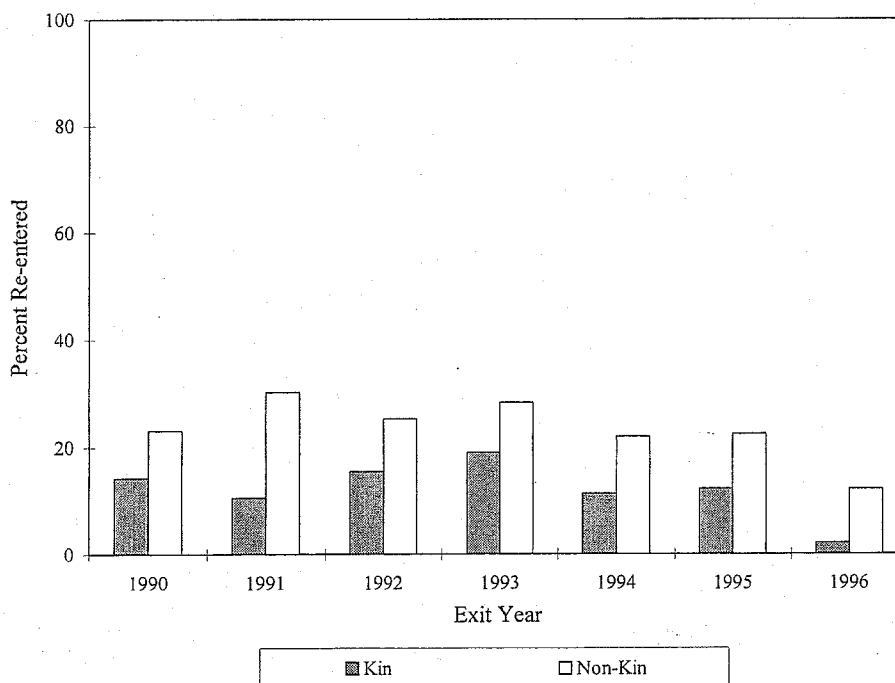
5. Children Re-entering Foster Care

The number of children who left care each year due to reunification, a return home for a trial visit, or placement with a guardian were counted. Then the number of children who re-entered care for a second spell within three years was determined. The percent of children re-entered represents the number of children returned to care divided by the total number of children who went home from a first spell. Exits from a first spell followed by re-entry the same or next day were not counted as reunifications in these analyses. Children with a first spell of three days or less were not included in these analyses.

5.1 1990-1996 Exits: Children Returned Home (Including Placed with Guardian) from First Spell and Re-entering Care Within Three Years by Exit Year

The proportion of all children returned home who subsequently re-entered care increased from 1990 to 1993 (19% to 24%). The proportion of children returned home whose last placement was with Kin and who subsequently re-entered care was lower than the rate for all children but also increased from 14% in 1990 to 19% in 1993. Among the children whose last placement was with Non-Kin, the proportion who re-entered was about 12% higher, increasing from 23% in 1990 to 28% in 1993. These trends are similar to those experienced by foster children statewide, though the proportions for Alameda County were consistently slightly higher.

Figure 5.1



6. Exits from First Spell in Foster Care

This section considers exits from care after various time periods and from various placement types, depending on the analysis.

6.1-6.4 1989-1992 Entries: Exits from First Spell at Four Years by Placement Type

For children placed in Kinship Homes, the proportion of children still in care rose from 33% in 1993 to 38% in 1996. The proportions for the various outcomes remained quite stable for children placed in Foster Homes. The proportion of children reunified from FFA Homes increased from 21% in 1989 to 26% in 1992. The proportion of children still in care rose from 61% in 1990 (and 1989) to 71% in 1991 and then dropped to 40% in 1992. Adoptions and emancipations increased from 1989 to 1992. The proportion of children reunified when exiting Group Homes decreased from 42% in 1989 to 21% in 1992. The proportion still in care rose from 21% to 26%, and the proportion exiting through other placements increased from 29% in 1989 to 47% in 1992. Compared to the statewide proportions, Alameda County had a lower proportion of children reunified and higher proportion of those remaining in care every year from 1989 to 1992, and across all placement types.

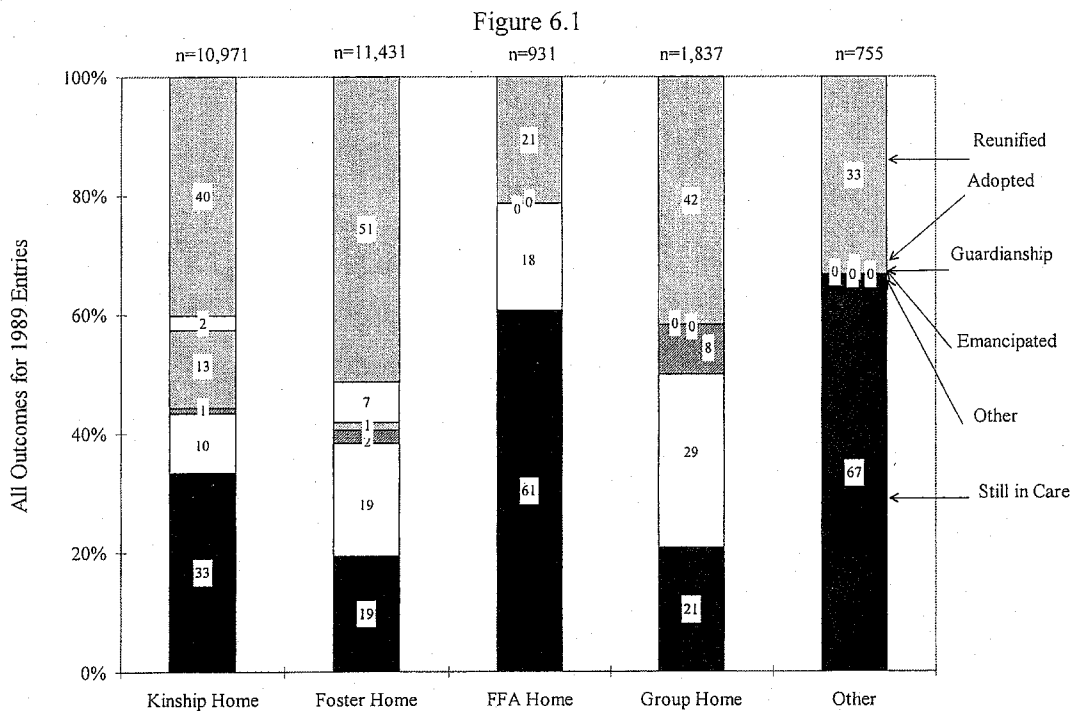


Figure 6.2

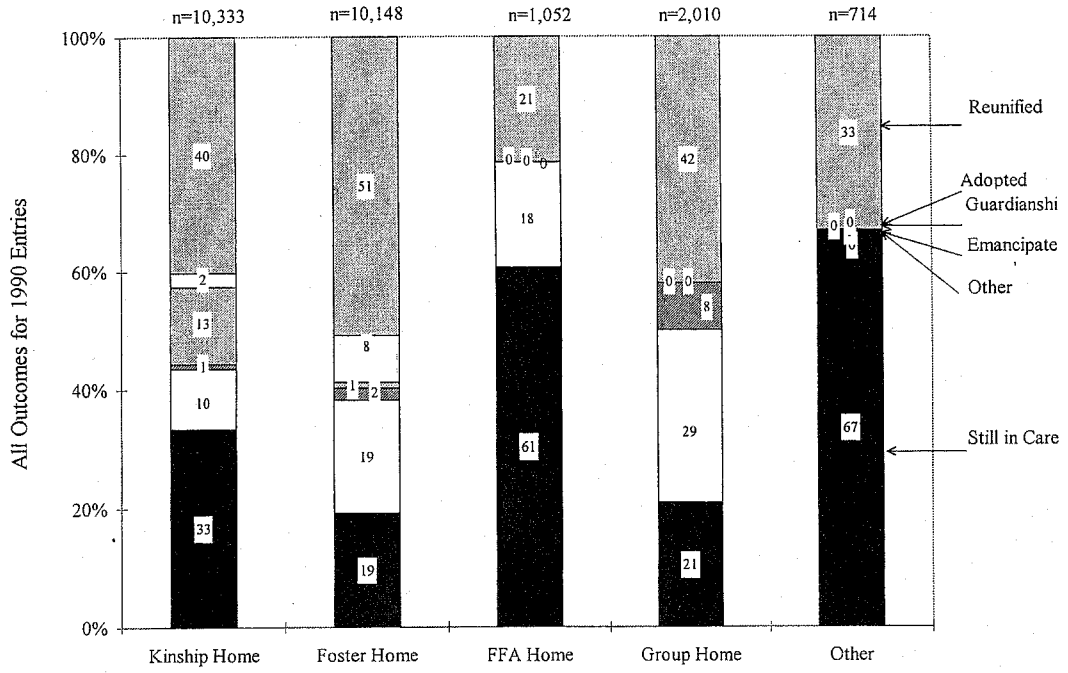


Figure 6.3

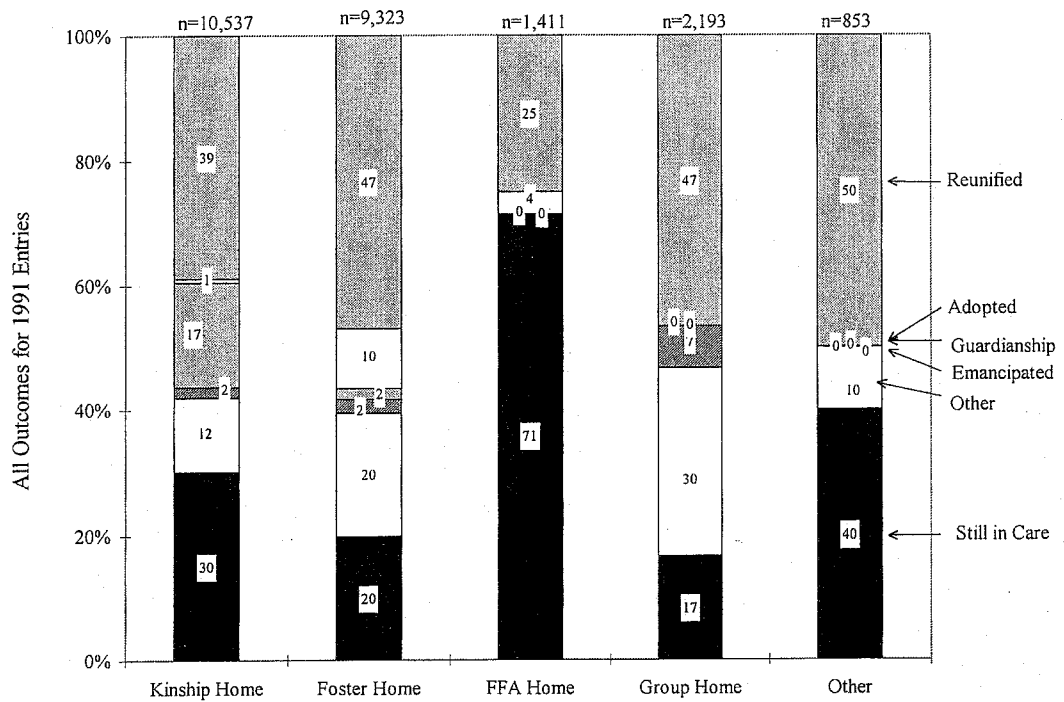
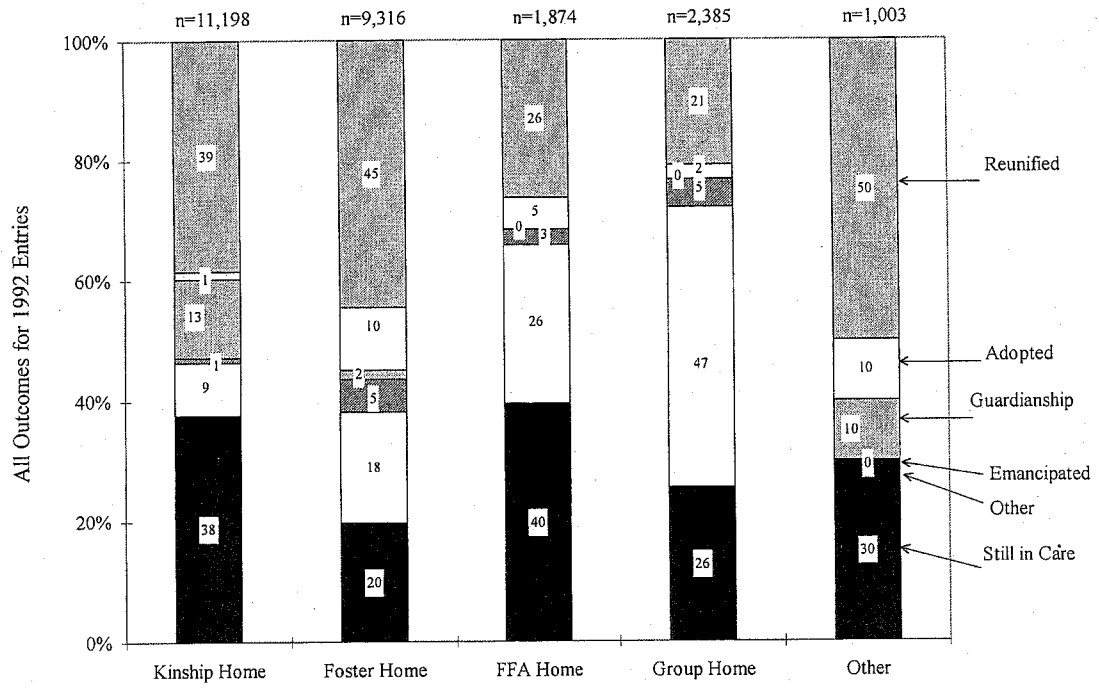


Figure 6.4



7. Permanence at Four Years

This section examines those children who were either still in care after four years or had exited to a family (via reunification, return home for a trial visit, exit to placement with a relative, adoption, or guardianship). Up to three spells in care within the four years were considered. For example, a child who entered care, was reunified, re-entered care, was reunified again, and subsequently re-entered to a third spell was considered to be in care. A *permanence index* was computed:

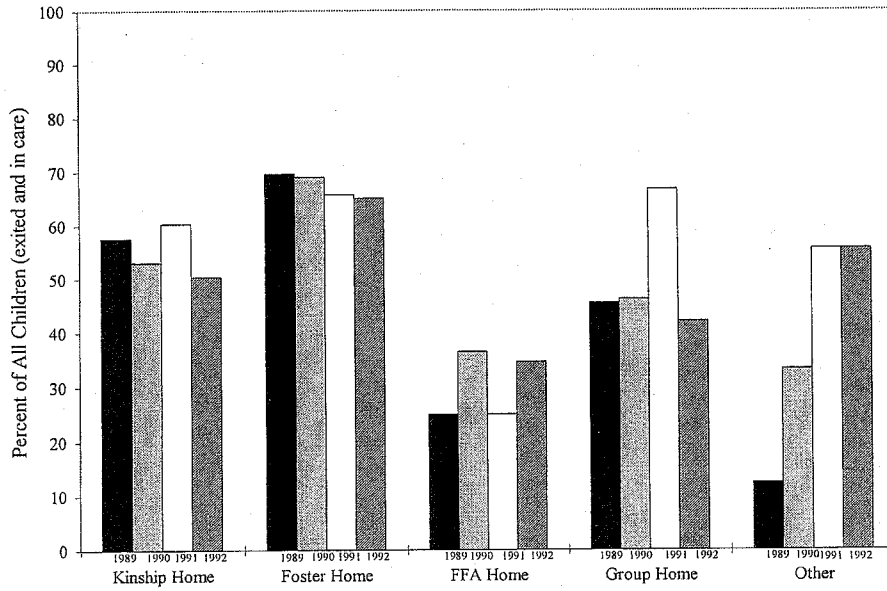
$$\frac{\text{The number of children exiting to a home}}{\text{divided by}} \\ \frac{\text{the sum of the number of children exiting to a home plus the number of children in care at four}}{\text{years}}$$

The data do not include information on children who re-enter care after adoption because identifiers for these children are usually removed when adoption takes place. Children with first spells of three days or less were not included in the analyses.

7.1 1989-1992 Entries: Permanency Index by Placement Type

The permanence index remained relatively stable for children across placement types (placement type is the predominant placement in the first spell), with the exceptions of FFA Homes (which experienced a high gradient between years) and the almost 20% rise of Group Homes in the 1991 entry chart and the subsequent fall in 1992. Permanence for FFA Homes was consistently lower than the other placement types. By 1992 the index was at 50 percent for children with Kin, 65 percent for those in Foster Homes, 35 percent for those in FFA Homes, and 42 percent for those in Group Homes. The index has been lower every year for children in each placement type in the county than in the statewide system.

Figure 7.1



1997

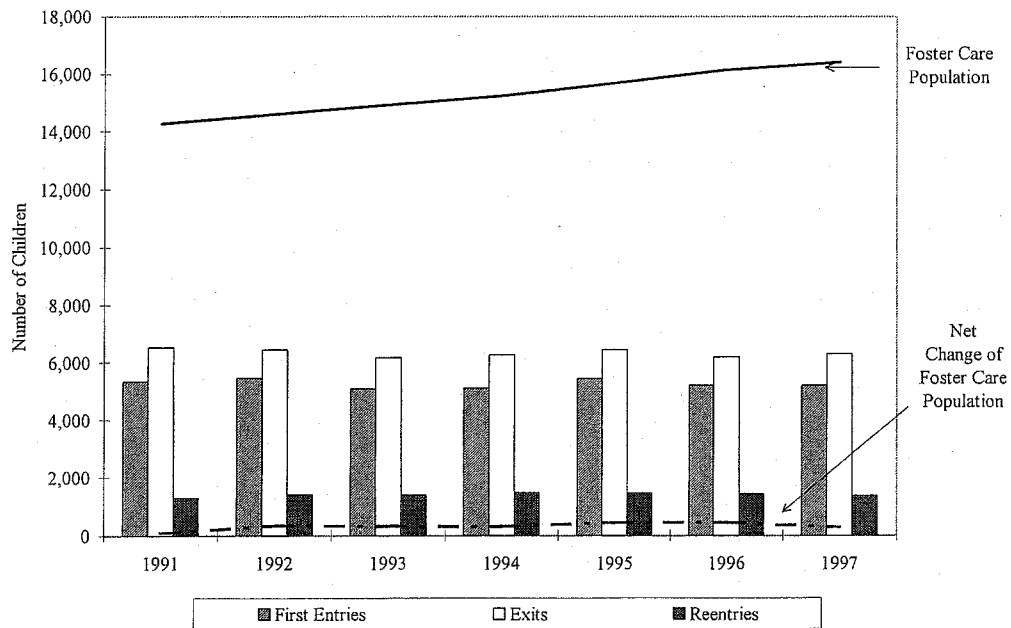
1. Caseload Flow

Caseload flow information includes the number of children in care on December 31 of each year (children entering on or before December 31 who remain in care at least through December 31), the number of entrances to care (including re-entries), and the number of exits from care. All children in FCIS who were supervised by Child Welfare Agencies were counted.

1.1 1991-1997 End of Year Foster Care Population, First Entries, Re-entries to Care, Exits and Net Change

The number of children in welfare supervised foster care in Alameda County rose from 14,283 at the end of 1991 to 16,426 at the end of 1997, a 15% increase. The size of foster care caseload depends on both entrances and exits, and these events can be into, or from, a first or subsequent spell in care. The net change of the foster care population increased from 1991 to 1992 and then remained relatively stable at the higher rate. Between 1991 and 1997, the number of exits and first entries decreased, but re-entries increased.

Figure 1.1



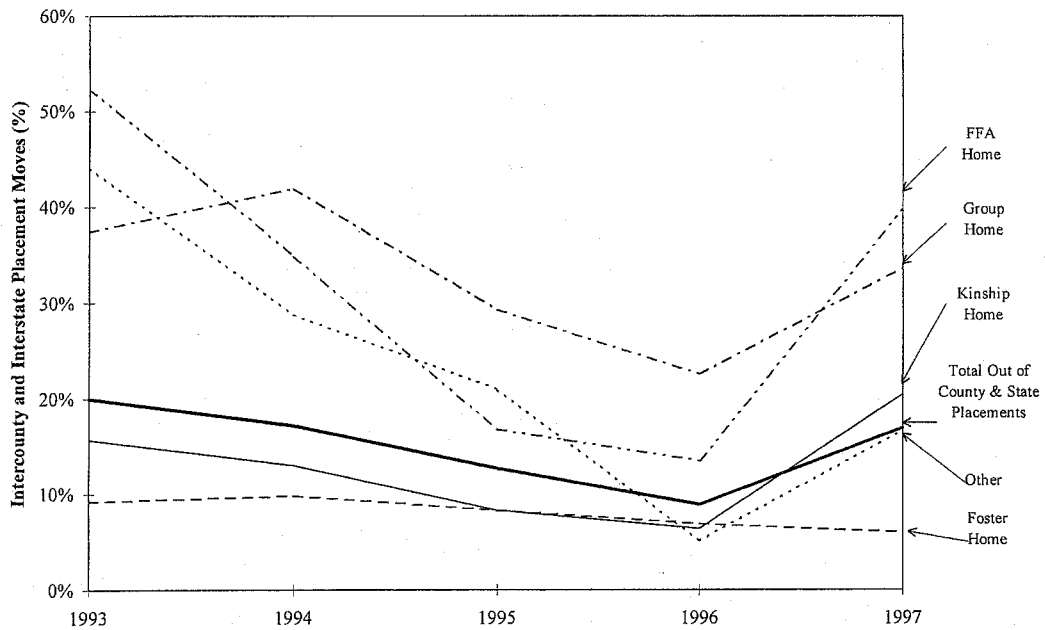
2. Intercounty and Interstate Placements

This section counts the number of placement moves in each year, and how many of those placements were out-of-county and out-of-state. Each placement type (i.e. Kinship Home, Foster Home, FFA Home, Group Home, and Other) has been considered separately. It is possible for more than one placement to occur for a particular child, and children in care who did not move in a given year would not be counted in that year.

2.1 1991-1997 Intercounty and Interstate Placements

Overall, the proportion of children placed in other counties or out-of-state decreased from 1993 to 1996, only to experience a rather sharp increase in 1997 for all placement types. Most placement types approached their 1993 proportions in 1997, showing very similar percentages. Out-of-state placements are not indicated. The proportion of out-of-state placements remained relatively stable at less than 1% of the total Alameda placement moves.

Figure 2.1



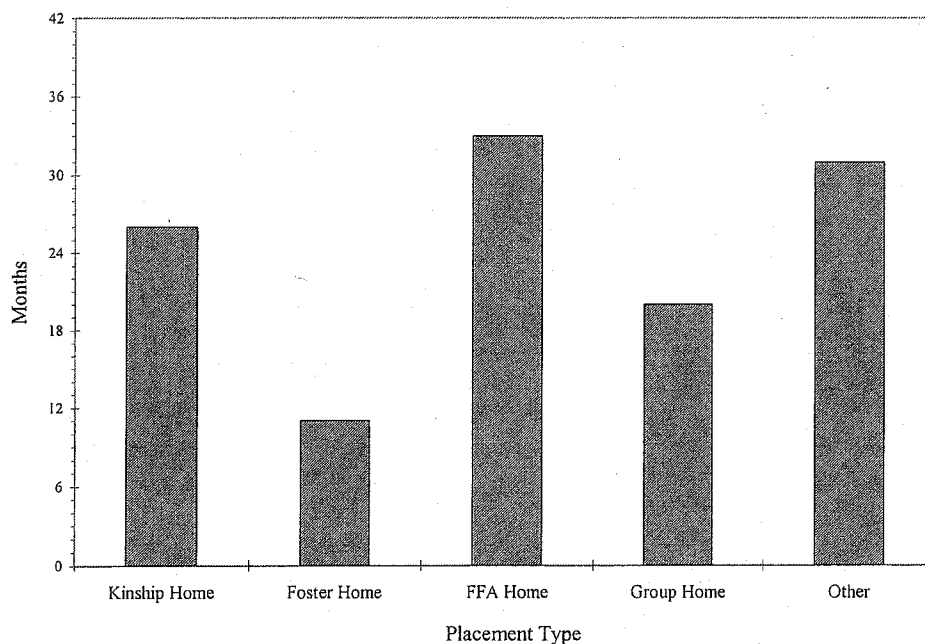
3. Length of Stay in First Spell

Median lengths of stay in foster care can be estimated even though not all children who enter foster care have left. The Kaplan-Meier method for estimating median duration was used in this section. This method avoids the problems of interpretation that result from using closed cases and/or waiting until all children leave care to estimate length of stay. Length of stay is measured in months, which have been rounded. The median is the estimated time for half (50%) of the children who enter to leave their first spell in foster care. Children who had spells of three days or less were not included in these analyses.

3.1 1991-1997 Entries: First Spell Median Length of Stay by Placement Type

Children in FFA Homes had the longest spells, thrice the duration of stay as children placed in Foster Homes. Children with predominant placements in Kinship Homes had longer first spells in foster care than children placed in Foster or Group Homes. The median length of stay for children in Kinship Homes was 26 months, 11 months for children in Foster Homes, 33 months for children in FFA Homes, 20 months for children in Group Homes, and 31 months for children in other placements.

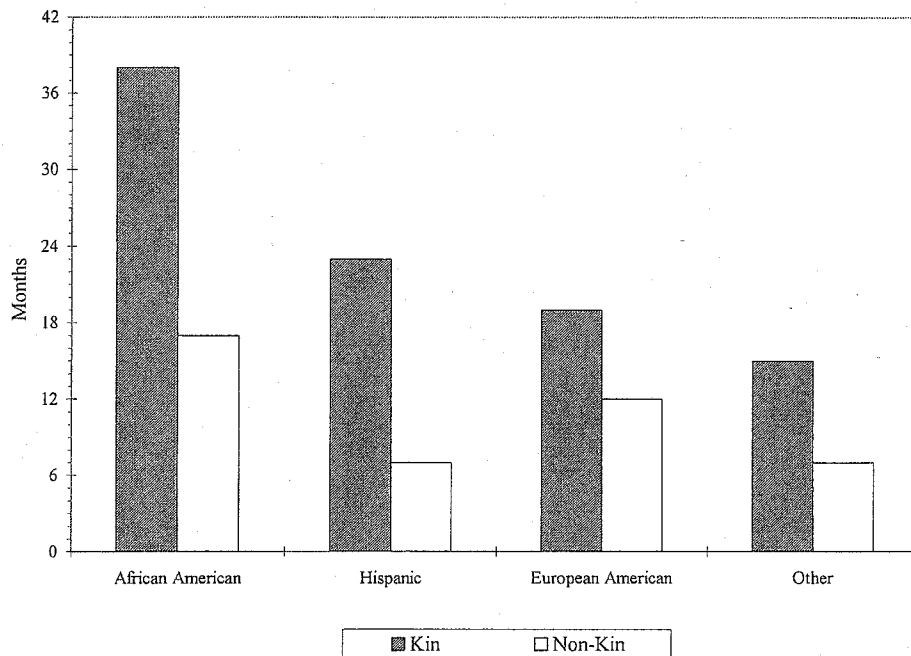
Figure 3.1



3.2 1991-1997 Entries: First Spell Median Length of Stay by Ethnicity

There were substantial differences in lengths of stay by ethnicity. There was, in addition to between-group differences, a notable difference in the lengths of stay within-groups between Kin and Non-Kin placements. African American children experienced considerably longer lengths of stay than other children: 38 months for children with Kin care compared to 19 months for European American and 23 months for Hispanic children. African American children in Non-Kin care experienced 17 months of stay compared to 12 months for European American and 7 months for Hispanic children.

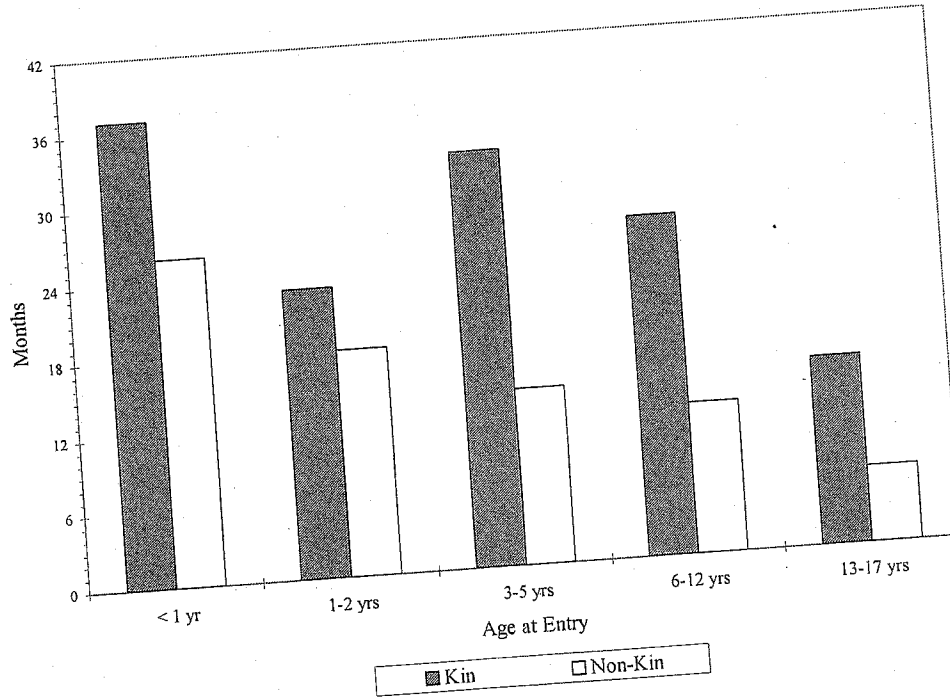
Figure 3.2



3.3 1991-1997 Entries: First Spell Median Length of Stay by Age

Children entering care as infants had longer stays than other children, whether they were placed with Kin (37 months) or Non-Kin (26 months). All age groups had longer stays in Kin placements than Non-Kin, ranging from a difference of 5 months (1-2 year-olds) to 19 months (3-5 year-olds).

Figure 3.3



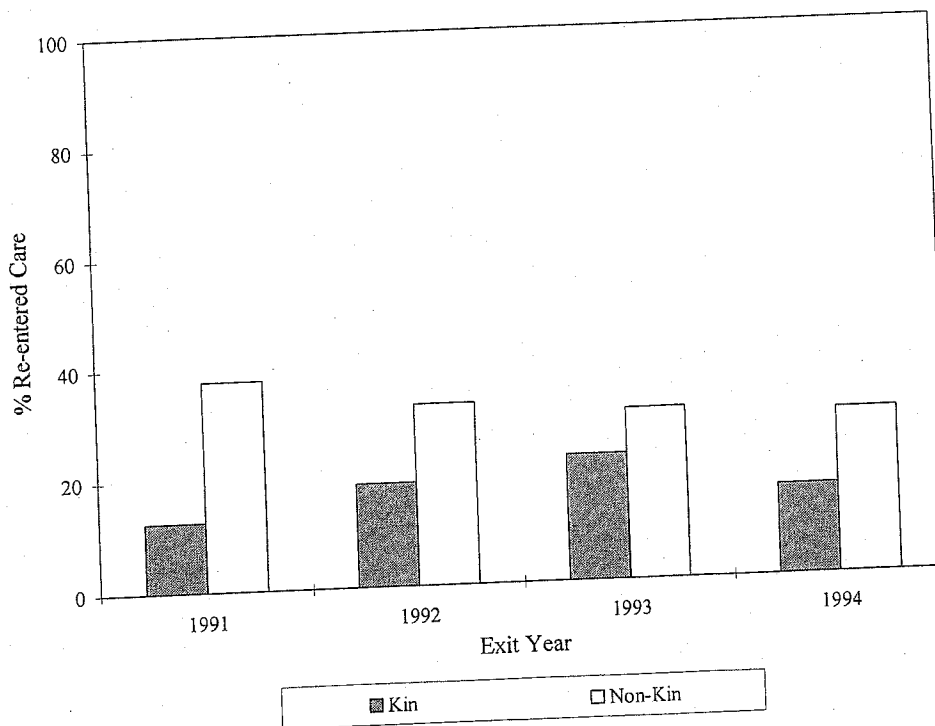
4. Children Re-entering Foster Care

The number of children who left care each year due to reunification, a return home for a trial visit, or placement with a guardian were counted. Then the number of children who re-entered care for a second spell within three years was determined. The percent of children re-entered represents the number of children returned to care divided by the total number of children who went home from a first spell. Exits from a first spell followed by re-entry the same or next day were not counted as reunifications in these analyses. Children with a first spell of three days or less were not included in these analyses.

4.1 1991-1994 Exits: Children Returned Home (Including Placed with Guardian) from First Spell and Re-entering Care Within Three Years by Exit Year

The proportion of children returned home whose last placement was with Kin and whom subsequently re-entered care increased by 3.6% from 12.5% in 1991 to 16.1% in 1994. Among the children whose last placement was with Non-Kin, the proportion who re-entered was about 15% higher than children re-entering whose last placement was with Kin. This difference decreased by 8.2% from 37.7% in 1991 to 29.5% in 1994.

Figure 4.1



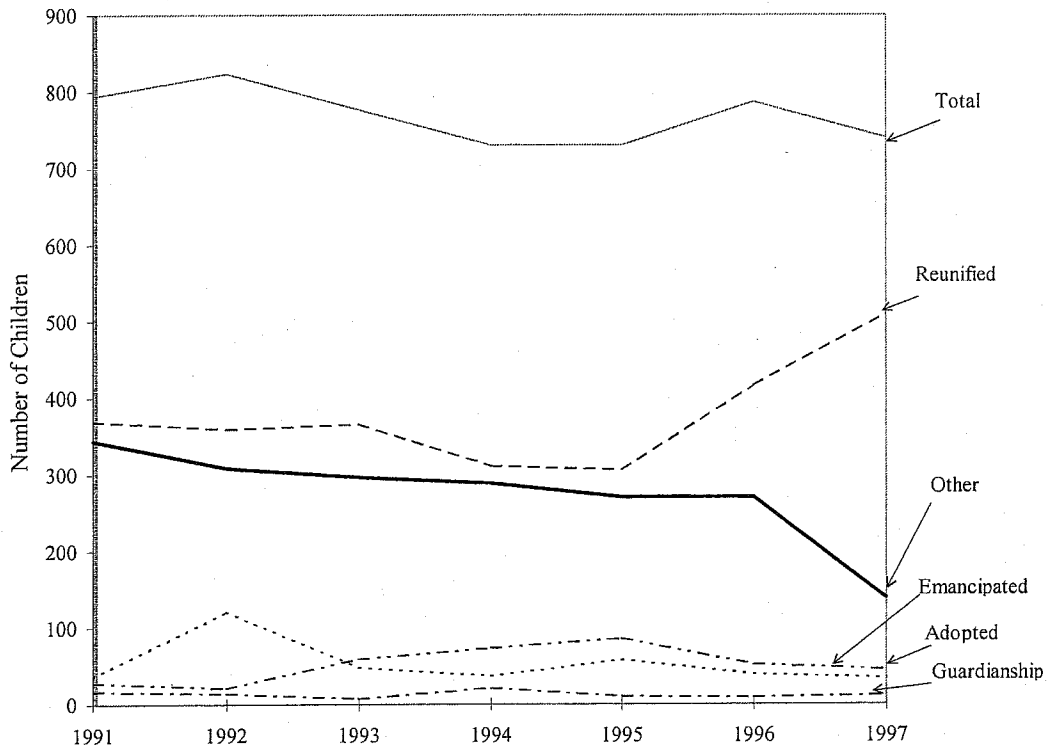
5. Exits from First Spell in Foster Care

This section considers exits from care after various time periods and from various placement types, depending on the analysis.

5.1 1991-1997 Outcomes per year for Children Exiting Non-Kin Care

Overall, most outcomes remained relatively stable from 1991 to 1997, with the exception of the number of children reunified, which began increasing in 1995, from 306 children to 510 in 1997. Placements classified as “Other” decreased notably from 271 children in 1996 to 139 in 1997.

Figure 5.1



5.3-5.8 1990-1991 Entries: Exits from First Spell at Two, Four, and Six Years by Age in Years at Entry

After two, four, and six years, children placed with Non-Kin were more likely to be reunified than children in Kin care. For each two year interval, children in Non-Kin placements also were more likely to be adopted, while children in Kin placements were more likely to be placed in the care of a legal guardian. Children in Kin placements were more likely than children in Non-Kin care to still be in care at the end of each two-year interval. In sum, children's outcomes in Kin placements were characterized by lower rates of reunification, lower adoption rates, and higher proportions still in care at the end of each time interval.

Figure 5.3

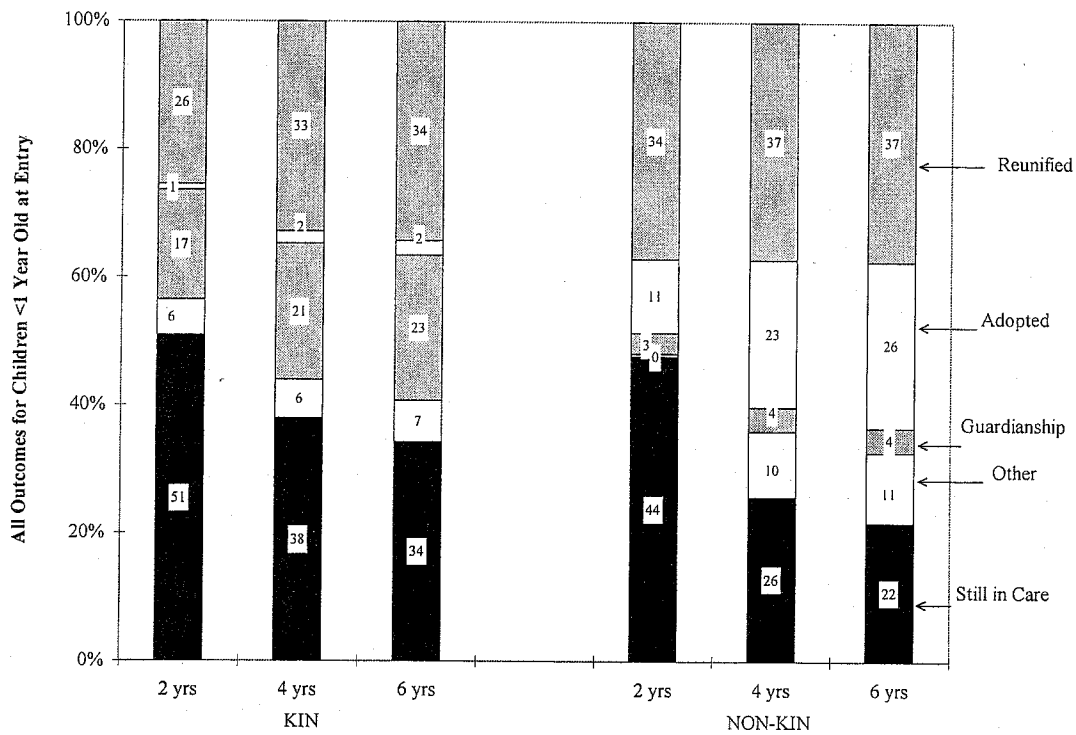


Figure 5.4

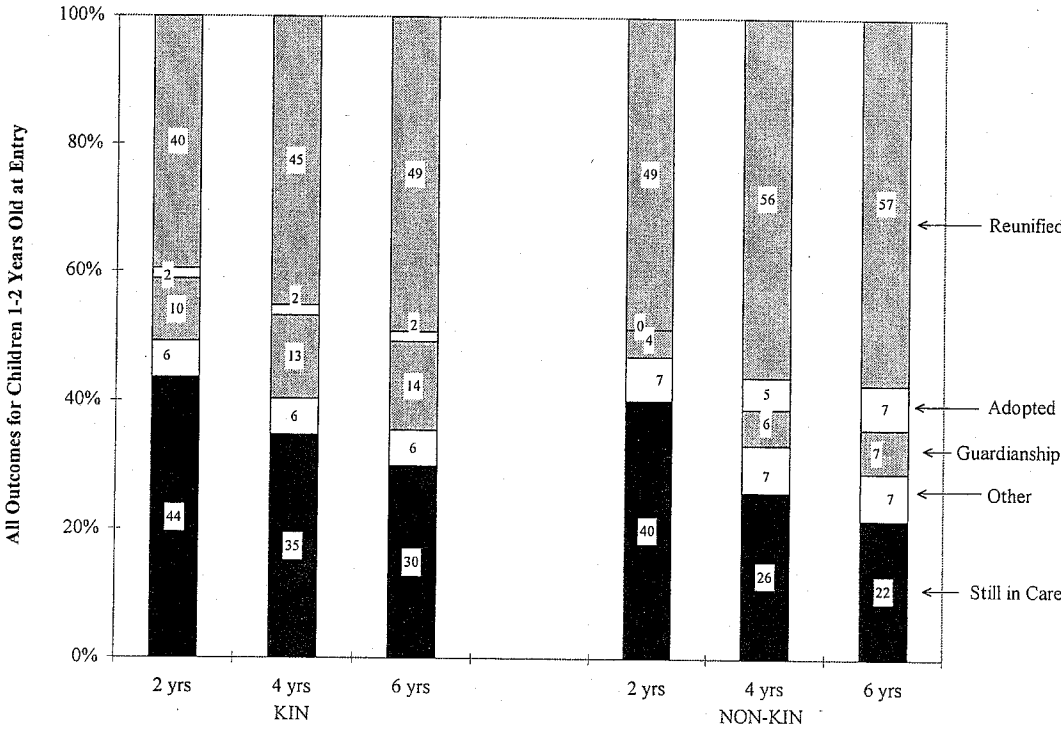


Figure 5.5

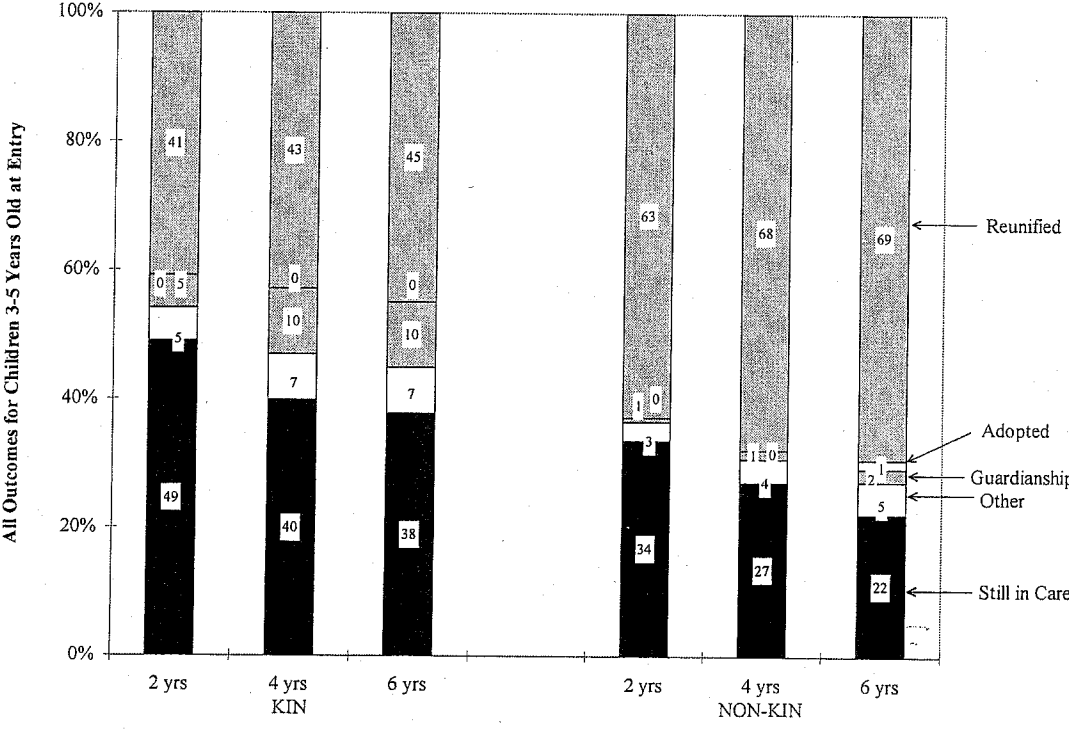


Figure 5.6

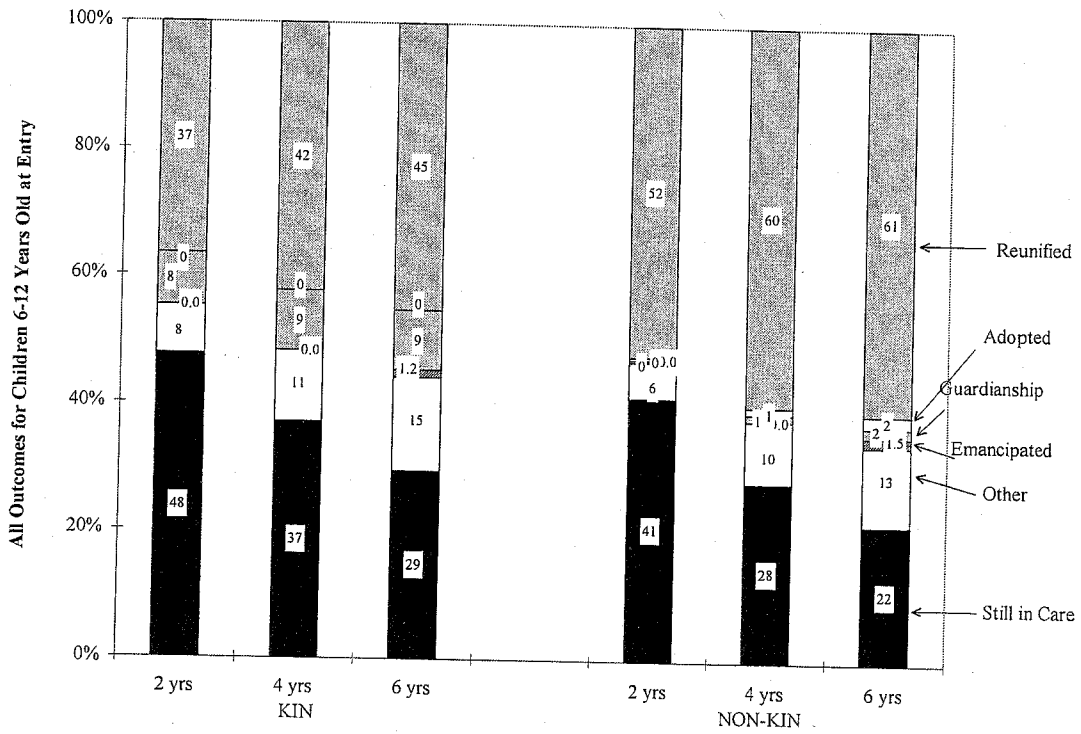


Figure 5.7

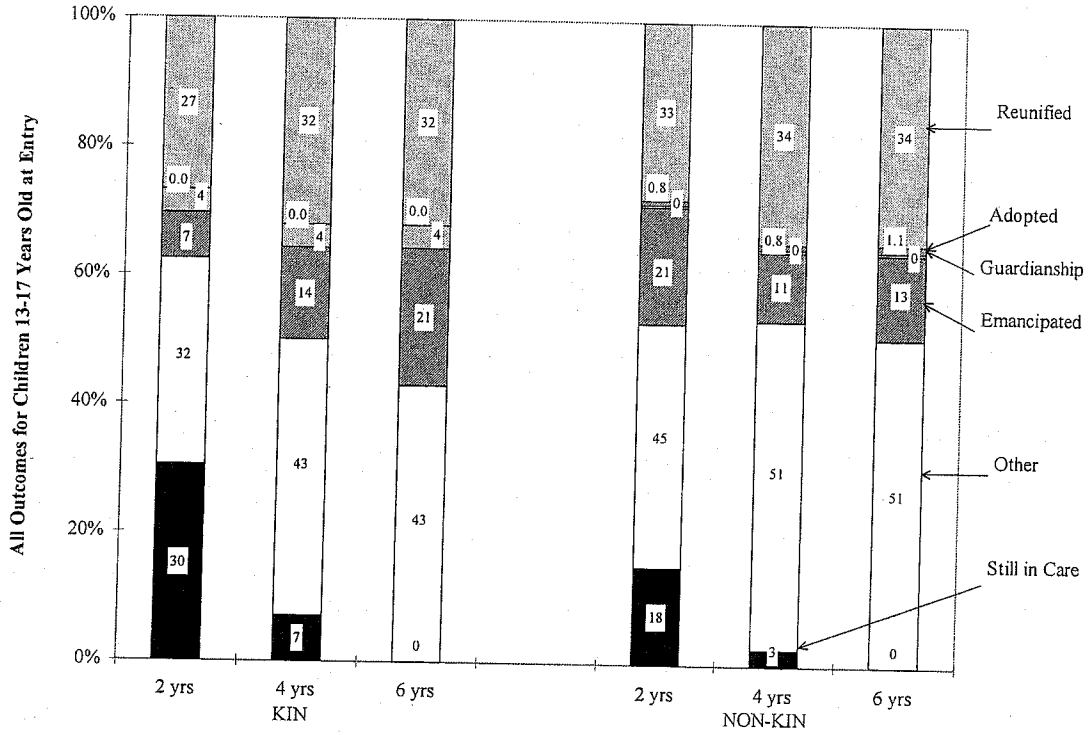
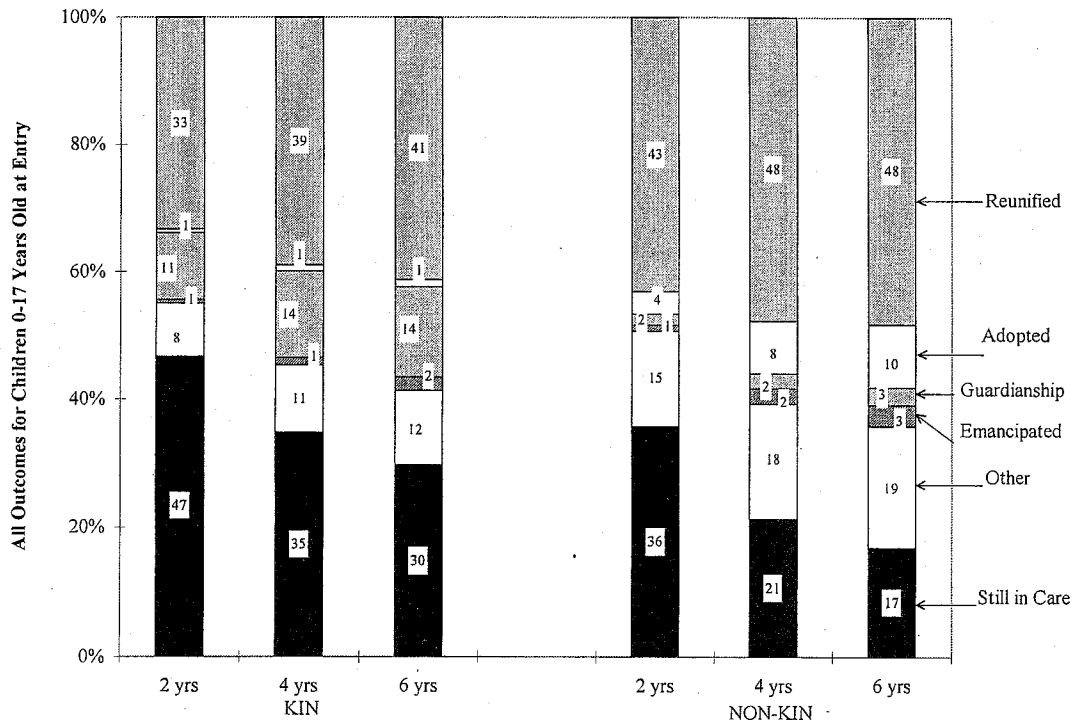


Figure 5.8



5.9-5.12 1990-1993 Entries: Exits from First Spell at 4 Years by Entry Year and Placement Type

The proportions of various outcomes for children placed in Kinship and Foster Homes remained relatively stable across years from 1990-1993. For children in FFA Homes, the proportion still in care increased by almost 10% from 1990-1993, while the proportion reunified decreased by 7%. For children placed in Group Homes, the proportion still in care increased by 7% from 1990 to 1993, while the proportion emancipated increased by 9%.

Figure 5.9

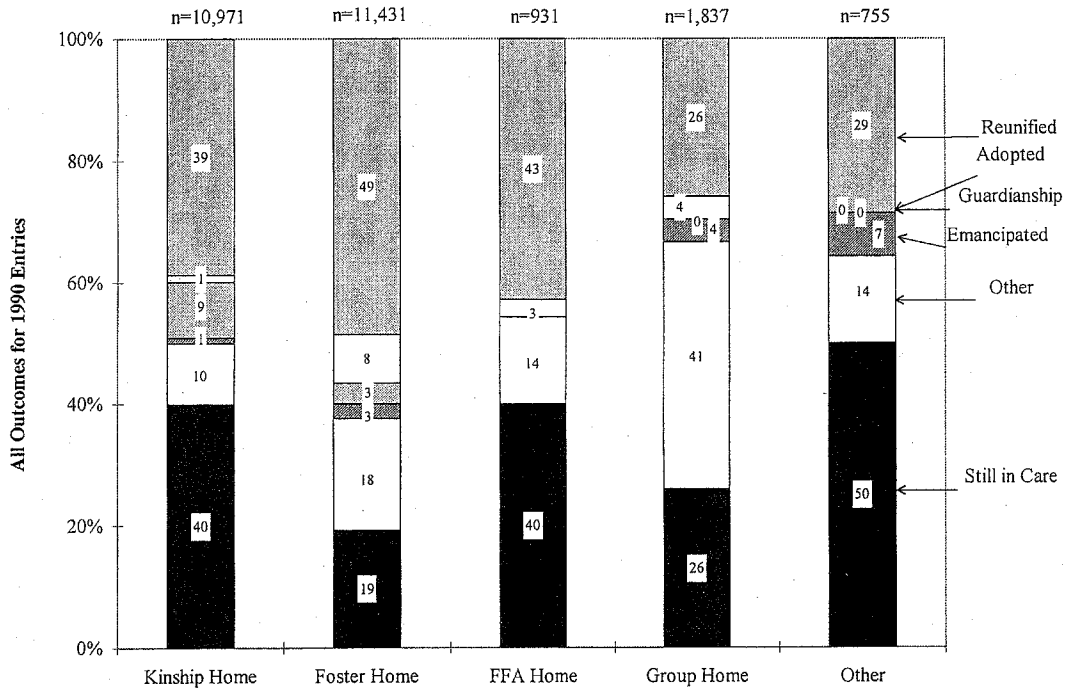


Figure 5.10

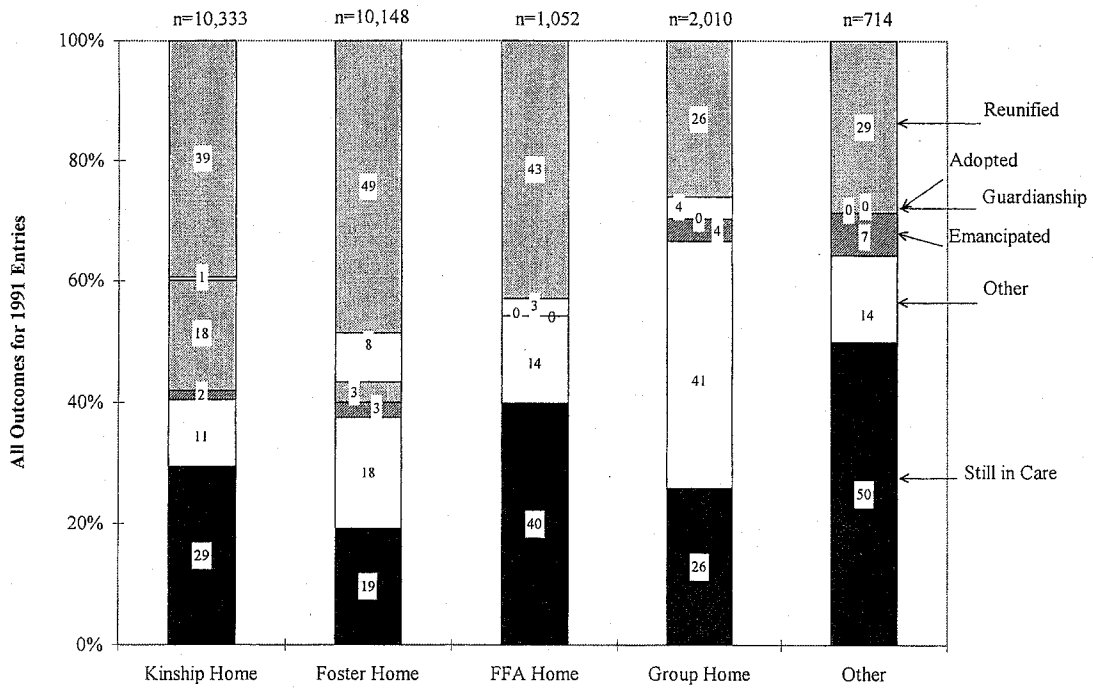


Figure 5.11

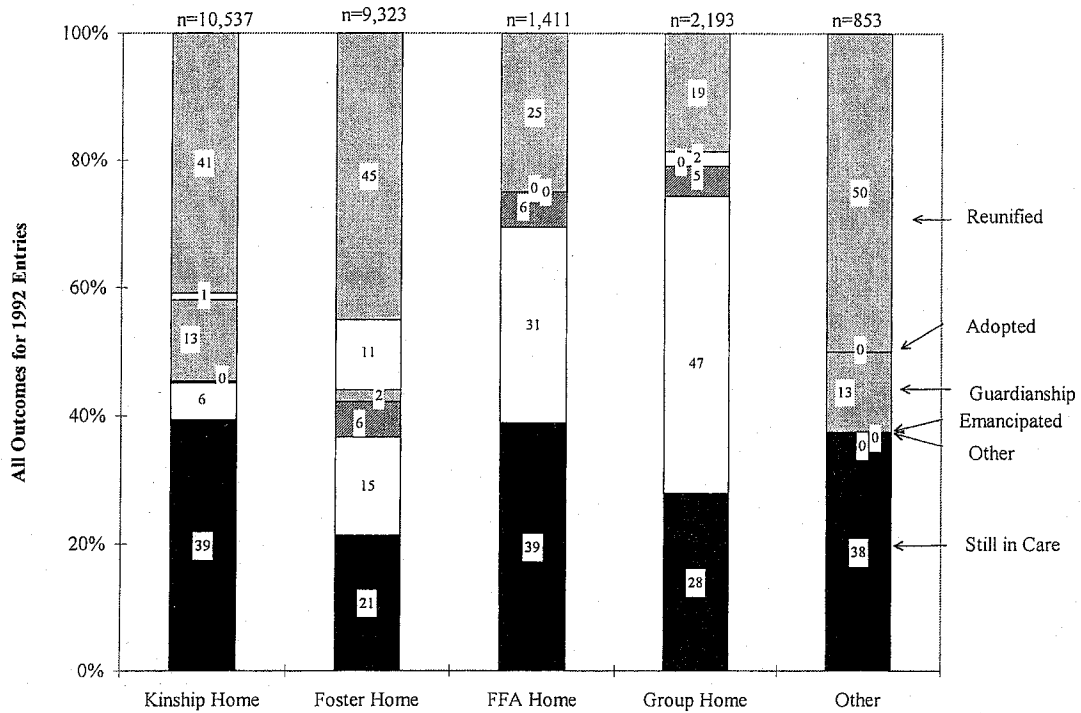
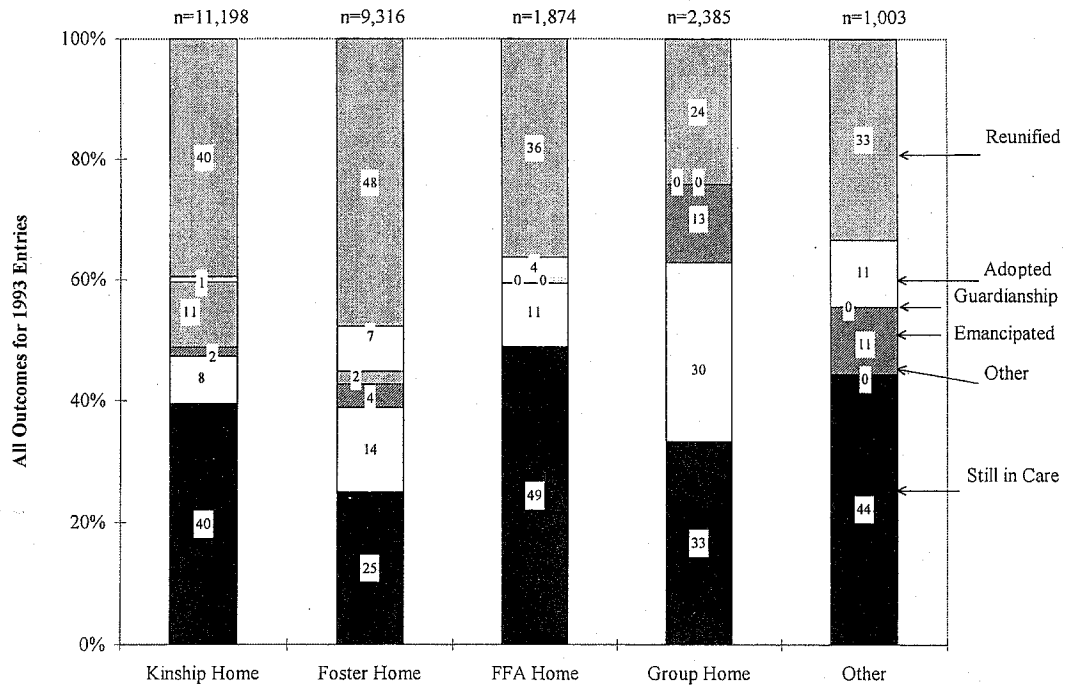


Figure 5.12



6. Placement Stability in First Spell

The number of placements children experienced during their first spell in foster care was computed for children entering care in 1990 or 1991, who remained in care for at least two, four, and six years. The findings are reported by age at entry into care.

6.1-6.6 Placement Stability: Number of Placements in First Spell for Children Still in Care at 2,4,6 Years

Children placed with Kin had greater stability than those placed with Non-Kin. More than 25% of children in Kin care and 45% of children in Non-Kin care had three or more placements if they remained in care two years after entry. For those still in care after six years, more than 39% in Kin care and 57% of those in Non-Kin care experienced at least three placements. Only for children aged 13 to 17 at entry do these trends differ. Two and four years after entry, 13-17 year-olds had a higher proportion of stable placements (2 or less) in Non-Kin care than in Kin care. Not indicated are exits after 6 years for children 13-17 years old at entry. After six years, these children have already exited the system and thus no longer have placements.

Figure 6.1

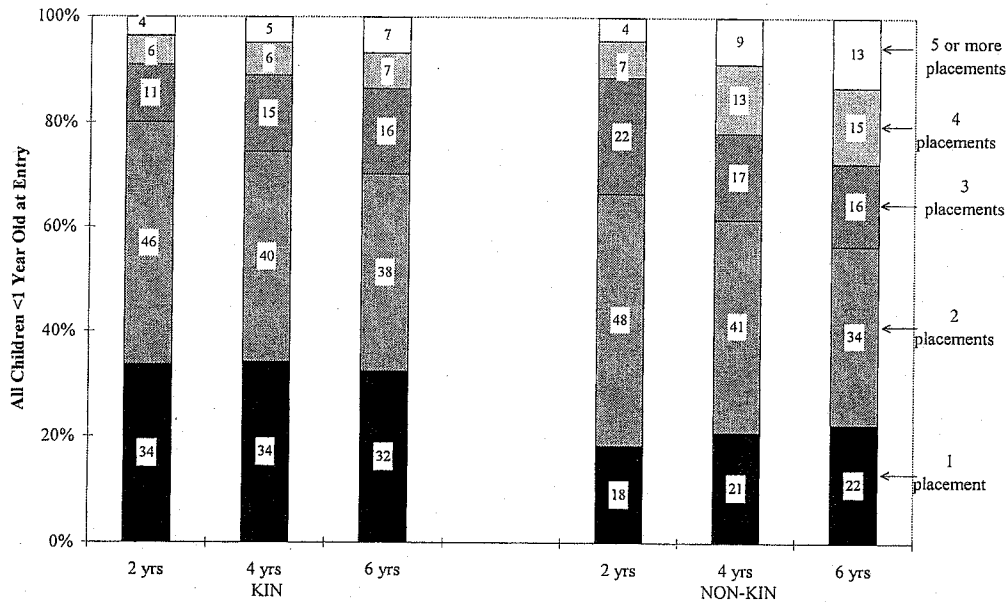


Figure 6.2

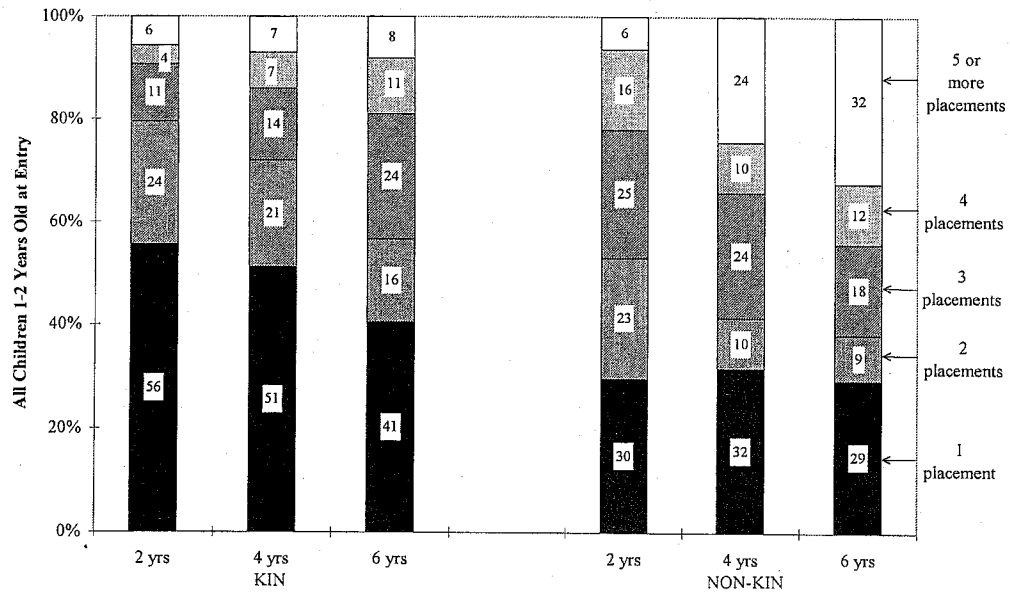


Figure 6.3

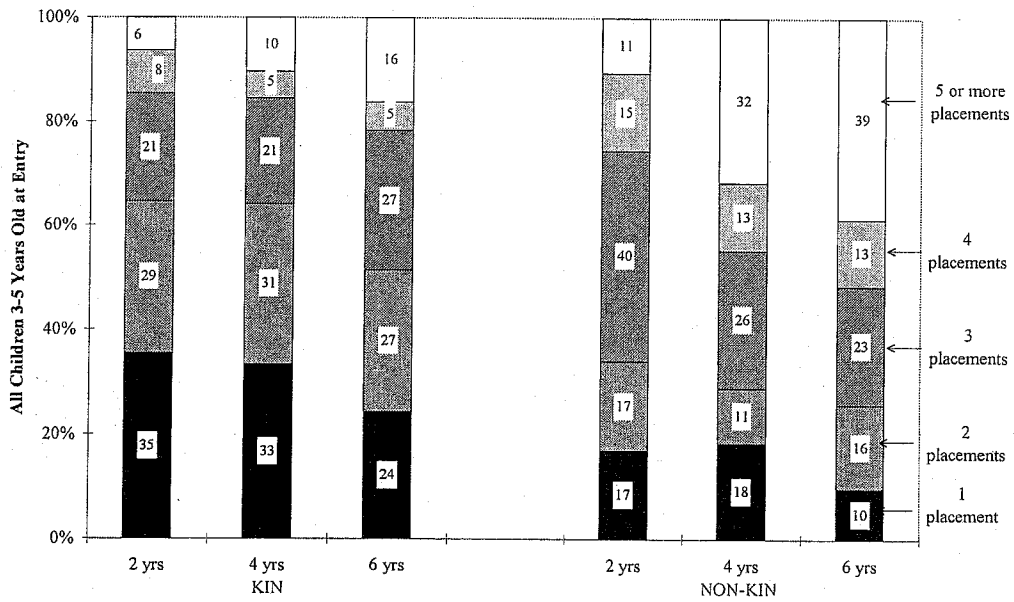


Figure 6.4

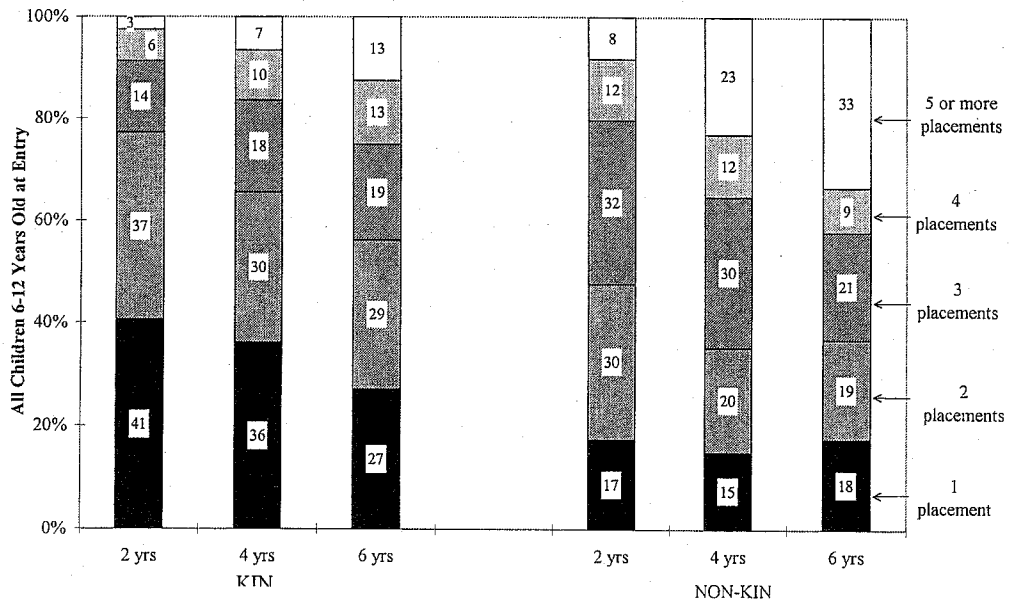


Figure 6.5

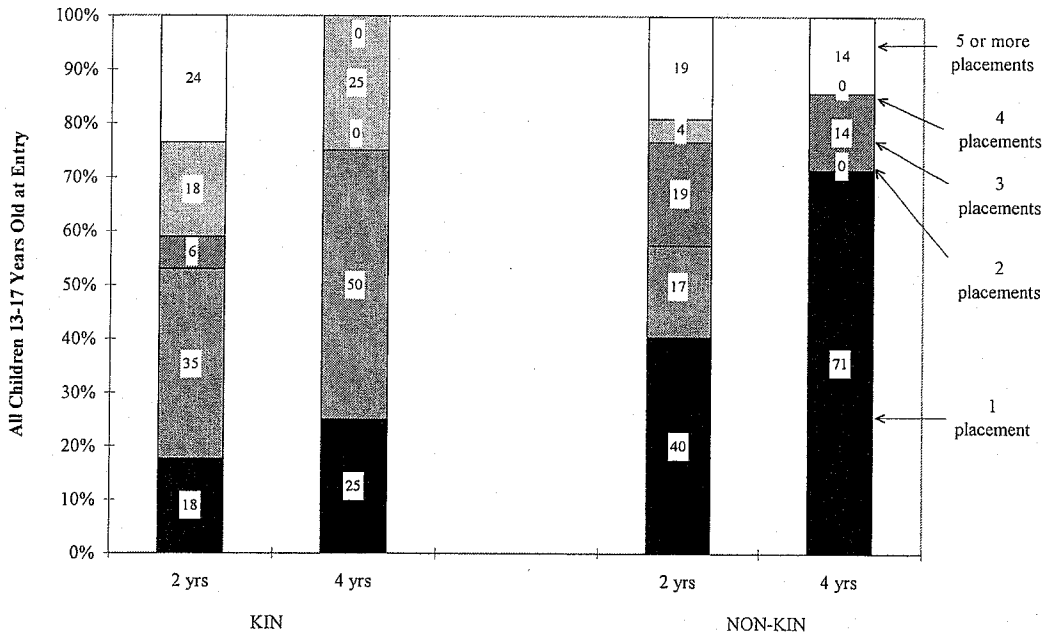
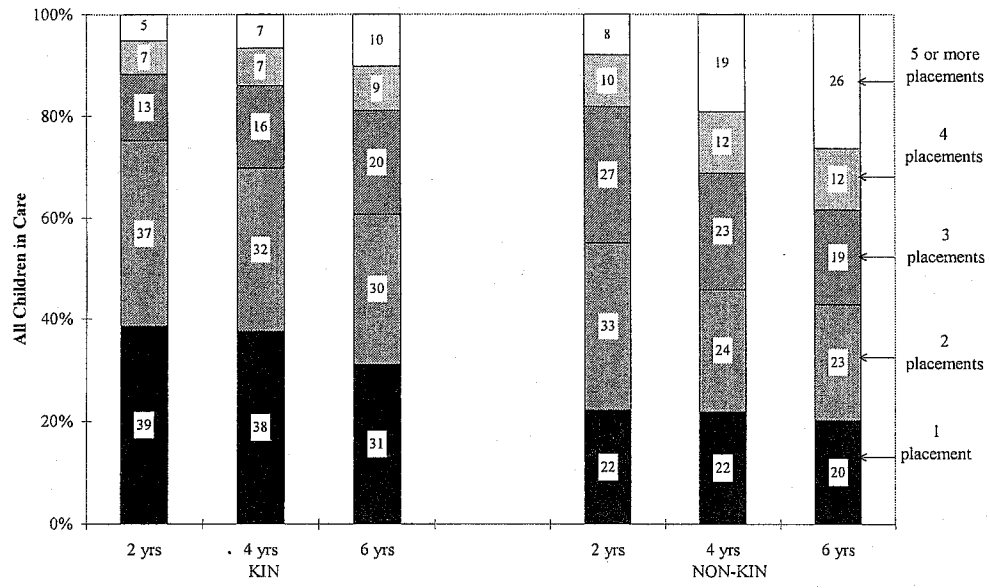


Figure 6.6



7. Permanence Index

This section examines children who were either still in care after four years or had exited to a family (via reunification, return home for a trial visit, exit to placement with a relative, adoption, or guardianship). Up to three spells in care within the four years were considered. For example, a child who entered care, was reunified, re-entered care, was reunified again, and subsequently re-entered to a third spell was considered to be in care. A *permanence index* was computed:

$$\frac{\text{The number of children exiting to a home}}{\text{divided by}} \\ \frac{\text{the sum of the number of children exiting to a home plus the number of children in care at four years}}{\text{years}}$$

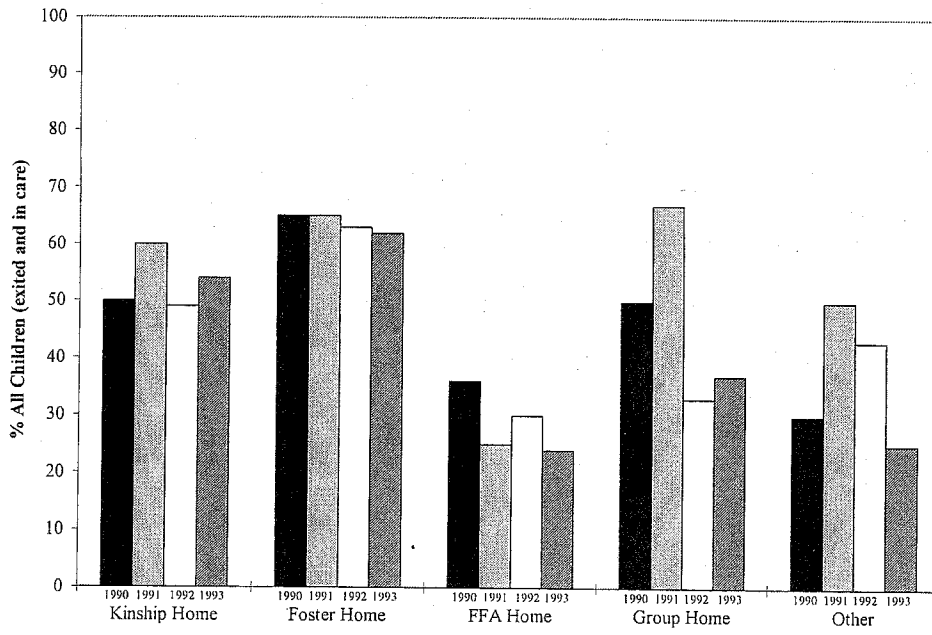
The data do not include information on children who re-enter care after adoption because identifiers for these children are usually removed when adoption takes place. Children with first spells of three days or less were not included in the analyses.

7.1 1990-1993 Entries: Permanence Index at Four Years by Placement Type

The permanence index was computed by children's predominant placement type. A predominant placement is defined as the placement where a child stays for the majority (51%) of days he or she is in out-of-home care. For example, if a child spent 100 days in out-of-home care and that child was in a kinship home for 51 days, the placement type for that child would be coded as a kinship home, regardless of where the child stayed during the other 49 days in out-of-home care.

The permanence index decreased for all placement types except for children in Kinship Homes. Permanence for children in Kinship Homes increased by 4%, between 1990 and 1993. While permanence for children in Foster Homes decreased by 3%, permanence for children in FFA Homes decreased by 12% permanence, and by 13% for children in Group Homes. FFA Homes had a consistently lower index than all other placement types.

Figure 7.1



APPENDIX B

MEMORANDUM OF UNDERSTANDING
BETWEEN
{NAME OF} COUNTY DEPARTMENT OF SOCIAL SERVICES
{NAME OF} FOSTER FAMILY AGENCY

I. Statement of Mutual Values and Purpose

The parties to this Memorandum of Understanding agree to mutually implement the provisions of this agreement in order to meet the goals of the statewide Child Welfare Services system as described in Welfare and Institutions Code 16500, as follows:

The Legislature hereby declares its intent in providing for this statewide system of child welfare services that all children are entitled to be safe and free from abuse and neglect

Further, pursuant to Welfare and Institutions Code 16501.1,

When out of home placement is used to attain case plan goals the decision regarding choice of placement shall be based upon selection of the least restrictive or most family like setting, selection of the environment best suited to meet the child's special needs and best interest, or both.

Further, pursuant to Welfare and Institutions Code 11400,

"Foster family agency" means any individual or organization engaged in the recruiting, certifying, and training of, and providing professional support to, foster parents, or in finding homes or other places for placement of children for temporary or permanent care who require that level of care as an alternative to a group home. Private foster family agencies shall be organized and operated on a nonprofit basis.

Further, pursuant to Welfare and Institutions Code 11400,

"Certified family home" means a family residence certified by a licensed foster family agency and issued a certificate of approval by that agency as meeting licensing standards, and used only by that foster family agency for placements.

In this spirit, both parties intend to ensure that all children placed by the undersigned County with the undersigned Foster Family Agency are provided homes that will provide the following:

- A. Timely Permanency, i.e. Reunification, Adoption, Legal Guardianship, Emancipation
- B. Safe and Nurturing Care
- C. Mutually Agreeable Objectives, such as
 - 1. Enhanced Supervision
 - 2. Emergency Shelter Care Services
 - 3. Family Reunification Services

Nothing in this Memorandum of Understanding shall be understood to take the place of, or conflict with, the individualized placement agreement included in the SOC 154 or subsequent forms developed to replace that form. The intent of this Memorandum is in fact to clarify and amplify the agreements included in that Agency--Group Home Agreement.

II. Agreements on Business Practices

- A. The parties to this Memorandum of Understanding will work together to ensure that the regulatory requirements pursuant to Title XXII Health and Safety Code are achieved, specifically with reference to the following:
 - 1. Community Care Licensing
 - 2. Foster Care Rates
- B. The parties to this Memorandum of Understanding will adhere to the attached Foster Family Agency Recruitment Protocol (Attachment X)
- C. The parties to this agreement will ensure that a standardized Release of Information form is completed with regard to licensing or certification history and will share information according to the provisions of the release (Attachment X)
- D. The Undersigned Foster Family Agency agrees to provide to the Undersigned County all information regarding the investigation of allegations of abuse or neglect that occur in the undersigned FFA's homes regarding any children placed in those homes . This will be accomplished by copying the social worker on all information given to CCL within 24 hours. (Consistent with CCL procedures)
- E. The parties to this Memorandum of Understanding will utilize standardized formats for home studies, intake, quarterly reports, medical consent, dangerous propensities, treatment plan, and termination summary, in conjunction with the implementation of this Agreement.
- F. The undersigned Foster Family Agency will provide to the Undersigned County quarterly census data that describes each child's date of birth, date of placement, placement objective/discharge plan, and anticipated discharge date.
- G. The undersigned Foster Family Agency will provide to the Undersigned County a

copy of the Agency's standard Agency-Foster Parent agreement.

- H. The Undersigned County will only utilize the services of the Undersigned Foster Family Agency once it has determined that said Agency has been accredited by an outside body, i.e. CSC, CCH, COA, JCAHO; other accrediting agencies may submit their processes for approval. For FFA's already in use by the County, a phase-in period of 2 years will be allowed. For new FFA's, there will be a grace period of 2 years to allow Agencies to become certified, although evidence of application for accreditation on must be submitted to the County within six months. Referrals for technical assistance will be available to Agencies, irrespective of Association membership, by CCH and CSC. The Undersigned Foster Family Agency will be accredited by no later than two years after the signing of this document.

III. Activities at Time of Placement

A. Emergency Shelter Care

1. County Agrees to

- a. Identify the need for Shelter Placement
- b. Verify payment rate with FFA Agency and County Administration
- c. Arrange for transportation to the FFA Agency of child and his/her belongings
- d. Provide to FFA Agency all information available about child at the time of placement, including but not limited to
 - (1) Dangerous propensities
 - (2) Medical needs
- e. Provide and sign SOC 154
- f. Provide information about obtaining emergency and routine medical treatment. A written explanation of foster parent emergency medical rights will be provided at time of placement (Attachment X).
- g. Provide complete placement and treatment history information as soon as possible and no later than two weeks after the date of placement.
- h. Provide medical consent signed by parent, court, or county staff as soon as available and no later than two weeks following the date of placement.
- i. Provide emergency numbers to Agency so that immediate response to crises can be secured
- j. Ensure that internal documentation of placement and that payment occur no later than 30 days following the 1st of the month following the month of placement
- k. Identify in writing the date of the county's Emergency Shelter status

review

1. Work with FFA to arrange mutually agreed upon transportation and supervision for children requiring visitation

2. FFA Agency Agrees To

- a. Identify whether or not the placement home is a specially trained Emergency Shelter home
- b. Inform the placement family that this is an Emergency Shelter placement
- c. Have FFA Agency staff at the home at the time of placement
- d. Ensure child's availability for interview and court appearances related to Detention, Jurisdiction, and Dispositional Hearings
- e. Ensure child's phone call within 5 hours of placement
- f. Ensure child's availability for visitation with parents/relatives and work with county to provide mutually agreed upon transportation and supervision for children requiring visitation

B. Transition from Shelter to Continuing Placement

1. County Agrees to

- a. Review appropriateness of continued placement with FFA Agency within 45-90 days of date of placement
- b. Decide no later than 90 days after date of placement to terminate shelter status and
 - (1) Convert current placement to continuing placement

Or

- (2) Prepare to move the child
- c. If child is to be moved give no less than 7 day notice
- d. If decision is to convert shelter placement to continuing placement engage in activities in III. C., below, that have not already been completed

2. FFA Agency Agrees to

- a. Provide relevant information that will help in the development of the County's case plan goal
- b. Work with foster family to understand County case plan goal and commit to that goal
- c. Engage in activities in III. C., below, that have not already been completed

C. Regular Placement

1. County Agrees To:
 - a. Provide complete placement and treatment history at the time that the child is referred for consideration for placement
 - b. Advise FFA Agency of child's case (concurrent planning) plan goal
 - c. Develop a mutually agreeable pre-placement plan
 - d. Meet with the prospective foster parents and the agency Social Worker in order to provide as much information as is needed/desired prior to placement
 - e. As mutually agreed upon, arrange for pre-placement and placement transportation and supervision for the child and his or her belongings at the time of placement and ensure appropriate transition of the child into the home.
 - f. Sign all required County and Agency forms at the time of placement and provide copies to the Agency staff and foster parents
 - g. Provide emergency numbers to Agency so that immediate response to crises can be secured
 - h. Ensure that internal documentation of placement, and payment occur in a timely manner.
 - i. Notify amount and timing of clothing allowances.

2. FFA Agency Agrees To

- a. Provide complete information about the prospective foster parents at the time that the child is referred for consideration for placement
- b. Develop a mutually agreeable pre-placement plan
- c. Meet with the prospective foster parents and the County Social Worker in order to explore all possible issues prior to placement, including County case plan goal(s)
- d. Assist the foster parents in making arrangements for transportation and supervision for pre placement visits mutually agreed upon with the County Social Worker
- e. Obtain authorization for non-routine, non-emergency medical, psychological, or psychiatric treatment (including psychotropic medication) from the County Social Worker.
- f. Provide information necessary for County Social Worker to obtain authorization for treatment, ie. Psychiatric drugs, surgery (others?)
- g.
- h. Placement into any specific FFA Agency certified home shall be with the mutual prior agreement of the FFA and County Social Worker

IV. Continuing Case Management (Assessment/Planning/Monitoring/Supervision)

A. County Agrees To:

1. Provide a visitation schedule with the child and family
2. Adhere to the agreed upon visitation schedule which may be modified in consultation with all parties unless otherwise ordered by the court
3. Only discuss case plan goal with the family in the presence of the Agency Social Worker unless otherwise agreed to in advance.
4. Provide information regarding changes in treatment needs and service plan for the child and work with the Agency and foster parents to implement modified service plans; agree to meet to discuss possible modifications whenever Agency Social Worker requests such consideration.
5. Be responsible for preparing recommendations to the Court.
6. County Social Worker shall provide timely response to requests for authorization to provide treatment, including securing signed releases, as follows:
 - a. The next working day for emergency authorization
 - b. Within 30 days for non-emergency authorization
7. Respond to calls from the FFA staff in a timely manner'
8. Notify the FFA of Court Dates and work with FFA to arrange for their attendance at court as appropriate.
9. Work with the FFA to implement modified case plans; agree to meet to discuss possible modifications.
10. Notify FFA of any planned or unplanned visits and inform FFA Agency Social Worker of the content or instructions given during any home visit that occurs without the FFA Social Worker's presence.

B. FFA Agency Agrees To:

1. In the case of an emergency, defined as a matter of immediate and urgent necessity related to the safety of the child or a crisis in the foster family home, the FFA Agency may move a child to another FFA Agency certified home. The County will be notified the next working day, and continuation in this or another FFA Agency certified home will be by mutual agreement, pursuant to III. C., above
2. Work with the Foster Parents to ensure availability for the established visitation plan and provide supervision for placement, if necessary.

3. Permit unplanned visitation by County Social Worker to FFA Agency certified home as required by the County.
4. FFA Agency will be notified of the outcome of that visit, including any communication or action taken as a result of that visit.
5. Provide for the basic necessities required by the child, including food, clothing, and shelter (as defined by Title 22) in addition to regular social work supervision as described in the FFA Agency's program statement.
6. Provide information regarding changes in treatment needs and work with the County to modify treatment plans
7. Work with the County and foster parents to implement County modified case plans; agree to meet to discuss possible modifications whenever County worker requests such consideration.
8. Appear at Court Hearing if requested and to consult with worker prior to the appearance.
9. Provide timely Quarterly Reports in standardized format agreed to in II. E., above
10. Provide timely incident reports to county social worker regarding that worker's child, in standardized format pursuant to II. E., above

V. Termination/Discharge Planning From Regular Placement

A. County Agrees To:

1. Provide notice of the termination of placement as soon as this possibility exists
2. Assist the family in understanding the need for placement change, in consultation with FFA Agency
3. Assist the family in maintaining connections with the child after placement termination, in consultation with FFA Agency
4. Provide 7 day notice if child is to be moved unless considered an emergency; notify FFA Agency as soon as possible of an emergency move

B. FFA Agrees To

1. Assist in the implementation of County plans leading to discharge and

termination of placement

2. Provide all information necessary for replacement or reunification
3. Make the child available for pre-placement and pre-reunification visits as required by the County
4. Provide 7 day notice if requesting non-emergency removal; notify county of emergency removal on the next working day.
5. Provide discharge summary in standardized format pursuant to II. E., above
6. Ensure that the child's personal belongings, personal property, medical information, etc., are provided to the County Social Worker at the time of discharge.

VI. Documentation

A. County Agrees To

1. Provide complete information regarding the child prior to placement, including but not limited to:
 - a. Court reports
 - b. Treatment Summaries
 - c. General Family History
 - d. Case Plan
 - e. Permanency Planning Objectives
2. Provide Signed Releases for Treatment, Visitation, Outings, etc. at time of placement and as periodically required by the Agency
3. Provide updated case plans, court reports, treatment summaries, as they are received by the County Social Worker

B. FFA Agrees To

1. Use standardized forms/formats as agreed to in II. C., above
2. Provide written information regarding the family prior to placement according to a mutually agreed upon format.
3. Provide timely written documentation of changes in family circumstances whenever home study is modified as required by changes in family circumstances and/or CCL regulations.
4. Provide timely incident reports to county social worker regarding that worker's child, in standardized format pursuant to II. E., above.

5. Provide signed authorization for County staff to visit foster home as agreed upon in visitation schedule.
6. Provide written discharge summaries
7. Keep Court Report confidential except parts pertaining to the care of the child/children which may be shared with the foster parent or information in the report that the foster parent need to know about the parent in respect to the care of the child/children.

VII. Problem Resolution

- A. Disagreements in the areas outlined above should be taken "up the administrative line," between the Agency and the County, but we anticipate that all decisions will be mutually agreeable between the counties in question, and that they will be made at the lowest administrative level possible.
 1. Case-specific issues shall be resolved at the line worker and supervisor level
 2. Problems that are systemic, often based upon repeated case-specific incidents, shall require an administrative review between the County and the Agency.
 3. Notwithstanding the above, the undersigned Agency and County representatives are responsible for ensuring that their staffs adhere to the agreements made herein.
- B. A bi-lateral mediation process will be established among a subcommittee of the Counties and Agencies participating in this process in order to address significant problems that cannot be resolved between an individual County and Agency. The Bay Area Regional CWDA Children's Services Co-Chairs will be responsible for convening such mediation in conjunction with representatives of the CSC and CCH.
- C. All Counties and Agencies participating in the signing of this standardized agreement will meet semi-annually to review the effectiveness of this agreement and to propose and discuss modifications to this process. CWDA Children's Services Co-Chairs will be responsible for convening such mediation in conjunction with representatives of the CSC and CCH.

FFA/COUNTY CERTIFICATION

All of the provisions of the above protocol have been reviewed by us and we agree to instruct the staff of our Department/Agency to abide by each of the enumerated provisions.

Signed,

Executive Director, _____ FFA Agency _____ Date

Deputy/Assistant Director for CWS, _____ County _____ Date