

## 4.0 PROGRAM OPERATIONS

This chapter addresses several aspects of child welfare program operations that were targets for change under FAMILY TO FAMILY. They include, first, the availability of services and supports related to foster care, particularly in the context of programs that seek to be neighborhood-based and that are built on a partnership of families, caseworkers, foster parents, the community, and other service providers.

The second aspect of program operations concerns foster home placement resources. An important objective in FAMILY TO FAMILY was to rebuild the number of foster families to meet a growing demand for less intensive forms of out-of-home care. A related objective was to train new foster parents and re-orient existing foster parents to an approach to service that was geared to the reunification of children with their families. Therefore, the challenge in this area was not only to increase the availability of resources, but also to change the nature of the resource. One focus of these efforts was to view a foster family as an extension of the birth family with foster parents working together with the birth parents to achieve reunification for the family.

The third area of program operations concerns the demands on the system and how the system responded. While an underlying assumption of the initiative was that the need for foster family care would always exist, a related assumption was that it could be targeted more efficiently and effectively. For some children, placement with relatives would be a less restrictive, safe, and appropriate alternative. For others, specialized treatment beyond what can be provided to children in foster family homes may be necessary. To respond appropriately to each child, therefore, agencies involved in the initiative had to examine their use of resources across the spectrum of supports and services they could offer. Improvements would require better assessment methods as well as efforts to develop adequate supplies of an array of supports and services.

Finally, the fundamental challenge of FAMILY TO FAMILY was to make changes in program operations while building linkages with neighborhoods and communities. As experience showed, these are highly interdependent processes in that certain changes in operation (e.g., increased use of kinship care and efforts to recruit foster parents in target

neighborhoods) can facilitate those linkages. In contrast, the placement of children in restrictive settings outside the neighborhood or locality can interfere with their development.

#### 4.1 Alabama

**4.1.1 Service availability.** Staff turnover in Jefferson County was a significant problem throughout the initiative. In 1997, four of the original ten FAMILY TO FAMILY caseworkers were still involved with the initiative, giving FAMILY TO FAMILY units a slightly better record of staff retention than the agency as a whole. Staff turnover, coupled with the various hiring freezes that occurred, left Jefferson county caseworkers with caseloads averaging about 25 cases. The workers in the FAMILY TO FAMILY unit had slightly lower caseloads of about 20 cases.

Constant staff turnover diminished the impact of early FAMILY TO FAMILY efforts to shift the locus of ownership for the reform from administrative staff to supervisory and frontline staff. Early momentum and success in this effort, built under the guidance of Vernon Jordan, was lost with his resignation. Staff turnover also intensified the need for adequate staff training. While ACT training was required for all workers, the training period was eventually shortened from nine weeks to two weeks with a curriculum that has less of an emphasis on practice. Additionally, new workers usually attend training after being on the job a few months.

Foster parents participating in focus groups identified several concerns when questioned about available services. Delays in board payments and reimbursement were seen as a major problem, especially among foster parents who provide emergency care. Difficulties in contacting workers were mentioned frequently, as well as the lack of ongoing relationships with workers due to high turnover level. Foster parents described a consistent lack of information on the children in their care, citing examples in which workers had downplayed known problems in order to secure a placement for a child. By contrast, workers in both FAMILY TO FAMILY and traditional units emphasized their willingness to share information on children prior to placement, in the hopes of avoiding later placement disruptions. Foster parents who had participated in Individual Service Plan (ISP) meetings (emphasized by the RC consent decree and the initiative) reported feeling that their opinions had been listened to and respected.

The movement of Jefferson County toward implementing the system of care required by the consent decree has raised questions about the interactions of various units with DHR. For example, the requirement that each child has a completed ISP has highlighted the discussion about the division of responsibility, and, ultimately the process, for obtaining needed services for a family. In Jefferson County, child protective services workers are responsible for completing a risk assessment and safety plan, beginning the placement process (if needed), and initiating services that are required for keeping the child safe. However, family services workers retain the responsibility for initiating and monitoring the ISP process. The process for transferring a case from the investigations unit to the family services unit is currently intertwined with the paperwork trail required for initiating a case and often leads to considerable delays that may result in a delay in services for the family. Finally, there is a requirement that all cases must be staffed. However, the volume of incoming cases and the lack of accountability in the staffing process are making it difficult to get the staffings completed.

**4.1.2 Foster home placement resources.** At the state level, FAMILY TO FAMILY resources are being used to recruit foster homes and develop therapeutic foster homes in Mobile County. The state signed a contract with a provider in Mobile to recruit, screen, approve, and train therapeutic foster homes, a resource that is sorely needed in the county. The state expects that 15 new therapeutic homes will begin caring for special needs children in early 1998. These homes will allow the county to use community-based settings for children who otherwise would have been placed in a residential treatment facility, thus, also freeing up the needed resources to provide continuing support for the therapeutic homes.

About three years ago, the state moved toward providing Group Preparation and Selection (GPS) training for foster parents. As a requirement of the R.C. consent decree, foster parents in counties that are converting to the system of care are trained with GPS. This represents a new philosophical approach to caring for children in out-of-home care that includes training on developing a partnership between the foster parent and the biological parent(s). As a Stage-3 county, Jefferson County has instituted GPS training that includes trained foster parents who team with a resource worker to provide the training. In 1995, 50 of 163 Jefferson County foster parents were GPS trained.

GPS training groups are held quarterly. Although the resource workers complete preliminary checks and orientations between GPS scheduled sessions, the infrequent scheduling of training sessions results in a loss of momentum for prospective foster parents, and possibly also a loss of new foster parents.

In 1995, the foster care recruitment staff in Jefferson County developed an extensive plan for recruiting and tracking foster homes resources, including a computer system for tracking foster parents through recruitment and training activities. This allowed the recruitment unit to ascertain at what point in the process they were most likely to lose potential foster parents. The system had the potential for being an important tool in the effort to increase foster home resources in Jefferson County. Unfortunately, it appears that the staff resources for recruitment were decreasing at the same time. Thus staff do not appear to be utilizing the additional information.

In Jefferson County, one unit has the responsibility for recruitment, training, approval, and support of foster parents. At the start of 1996 the unit assumed the added responsibility for in-service foster parent training, but was assigned only six workers, one less than the previous year. The resource workers provide support to between 25 and 40 foster parents, depending upon the worker's other responsibilities.

Workers in focus groups indicated that recently trained foster parents are far more oriented toward reunification, and far more willing to work closely with birth parents. However, workers in the FAMILY TO FAMILY unit do not have any greater access to these foster parents than do other workers, and there have been no recent efforts to reach out to, or work directly with, foster parents in the FAMILY TO FAMILY target neighborhood. As a result, most foster parents in the target neighborhood seemed unaware of the initiative.

The number of available agency approved foster homes in Jefferson County has fluctuated over the past several years from a high of 172 homes in 1989 to a low of 139 in 1993. Since 1993 there appears to be an upward trend in the number of available homes, but as of October 1996 Jefferson County still did not have as many homes as it did in 1989 (Exhibit 4.1). In 1997, the state reported that there were 190 available foster homes in Jefferson County. However, it is difficult to tell whether this was a substantive increase in the number of homes available in Jefferson County, and whether this trend will be sustained in future years. A state-level policy change that allows homes to be given a provisional foster home status and then to

go through training and receive final approval makes a direct comparison impossible. The 1997 number includes provisional homes; earlier years do not.

Exhibit 4.1 Number of Agency Approved Foster Homes in Jefferson County

Year	Foster Homes
1989	172
1990	166
1991	156
1992	156
1993	139
1994	NA
1995	157
1996	160
1997	190*

\* This number includes provisional homes, as well as approved homes.

Some new therapeutic foster homes in the FAMILY TO FAMILY target neighborhood provide an additional resource for keeping children closer to home. Additionally, FAMILY TO FAMILY staff report that they are making plans to begin purchasing services to support the eleven neighborhood children currently in residential care in neighborhood placements.

A major source of support for foster parents in Jefferson County is other foster parents. An active foster parent support group, called VISA (Volunteer, Internal Support, Advocacy) actively advocates for the needs of foster parents. At first this group formed as a separate group from the regular foster parent group, but the two groups eventually merged. VISA actively sought ways to change the agency in support of foster parents. However, they also sought ways to assist caseworkers and to become full partners in the care of their foster children.

**4.1.3 Volume and patterns of initial placement.** The numbers of children who are entering out-of-home care for the first time began to decline in 1989 in Stage 1 counties and Jefferson County, as shown in Exhibits 4.2 and 4.3. The number of initial entries reached their lowest point in both these areas of the State in 1993 and then began an upward climb. In 1996, the number of children being placed in out-of-home care for the first time in Jefferson County surpassed the high previously seen in 1989. Although Stage 1 counties were experiencing an

upward trend in the number of initial entries, the number in 1996 was still about half of that seen in 1989. Exhibit 4.4 presents a comparative analysis of these patterns using 1989 as the base year. In all areas of the state the general trends are similar in that there is some decrease in the numbers of children entering care in the early years followed by an upward trend in later years. However, the rate of decline was greater in some areas, such as Stage 1 counties, than in others, and, conversely the rate of increase in Jefferson County from 1993 to 1996 is greater than in any other area.

The interpretation of the upward trend in initial admissions in Jefferson county is confounded by programmatic factors. At the beginning of FAMILY TO FAMILY, Jefferson county had a backlog of uninvestigated CPS referrals and only one telephone line for Hotline referrals. Under the direction of Vernon Jordan, the county and state made a concerted effort to clear the previously reported but uninvestigated referrals. Investigative staff resources were enhanced and strict timeframes for completing future investigations were instituted. It is realistic to assume, that these actions led to some increase in the initial admissions to care in the early FAMILY TO FAMILY years. Additionally, Jefferson County increased its Hotline capacity, from a single telephone line to multiple lines, making it easier for people to refer cases to the department. Thus, while it is apparent that initial admissions in Jefferson County are increasing, it is difficult to assess the impact of changing policies within the department as opposed to its improved structural characteristics.

Some of the patterns evident in Jefferson County's data may be partially explained by practices of the county courts. Decisions of the Family Court judges have a direct bearing on the number of children entering out-of-home care. For example, one judge usually directs the department to take custody of children in all cases with chemically dependent parents. Furthermore, these children must remain in the custody of the department and, usually out-of-home care, until the parents have maintained sobriety for a period of time specified by the judge. Although there seem to be adequate substance abuse treatment resources available within the county, little progress has been made in interfacing the child welfare clients' needs with available aftercare services.

Exhibit 4.2: Initial Admissions to Care in Jefferson County: 1989 - 1996

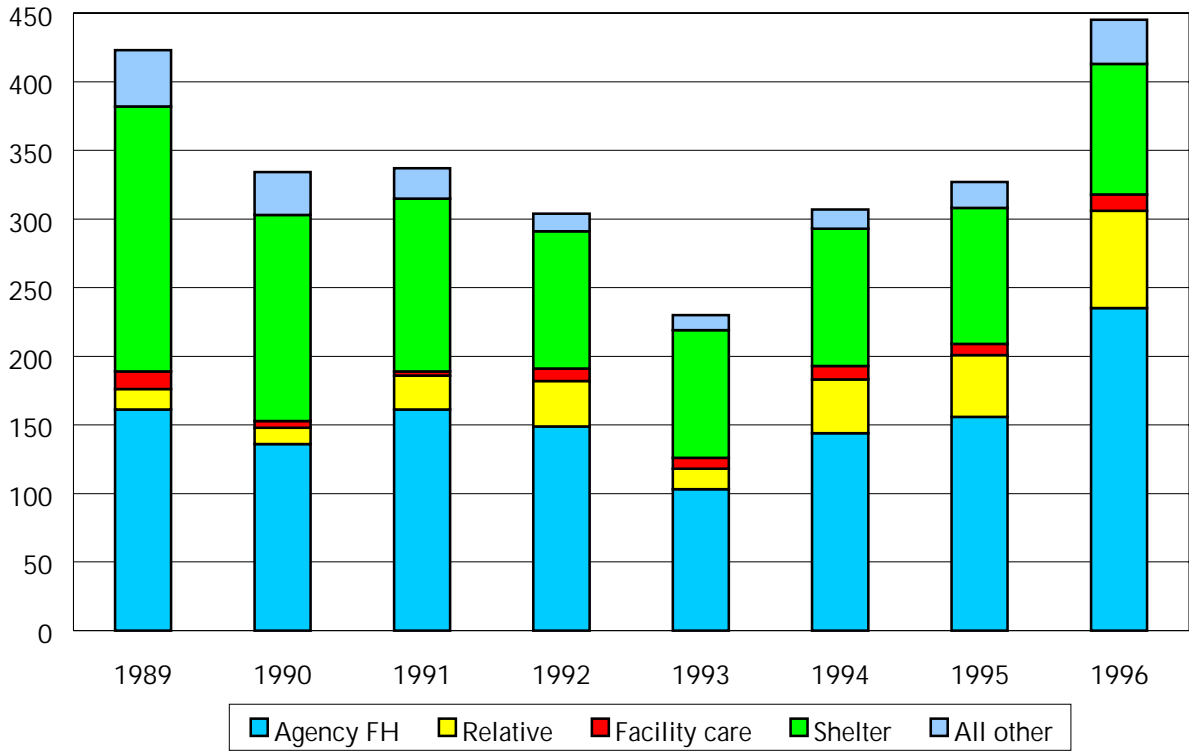


Exhibit 4.3: Number and Types of Initial Admissions to Care in Alabama: 1989 - 1996

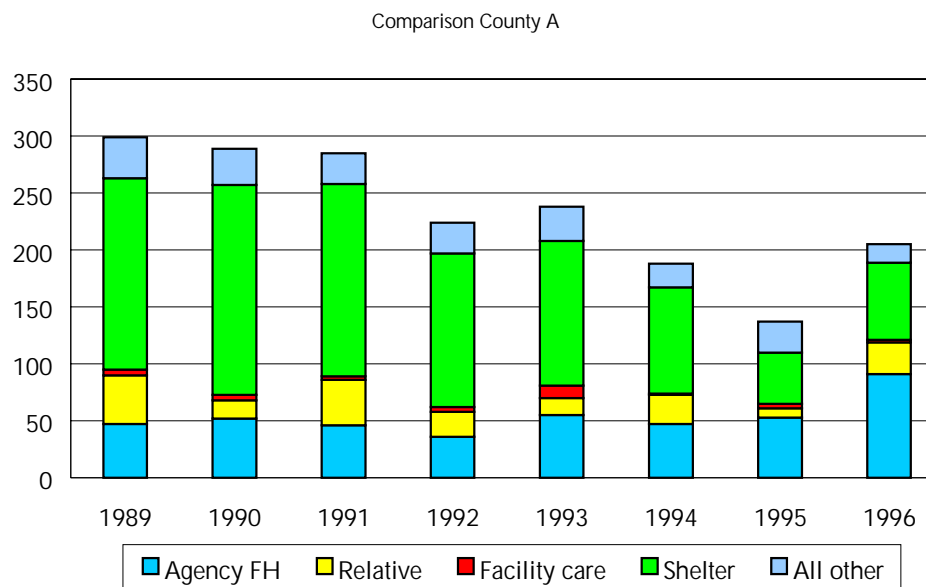
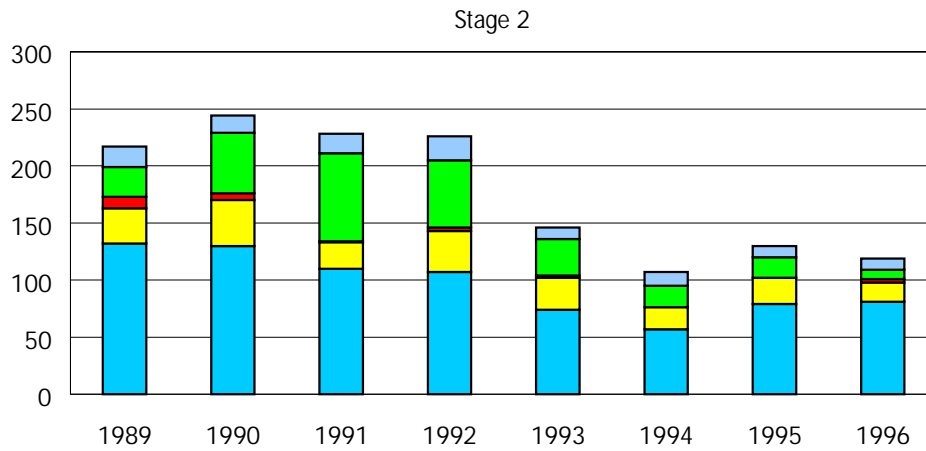
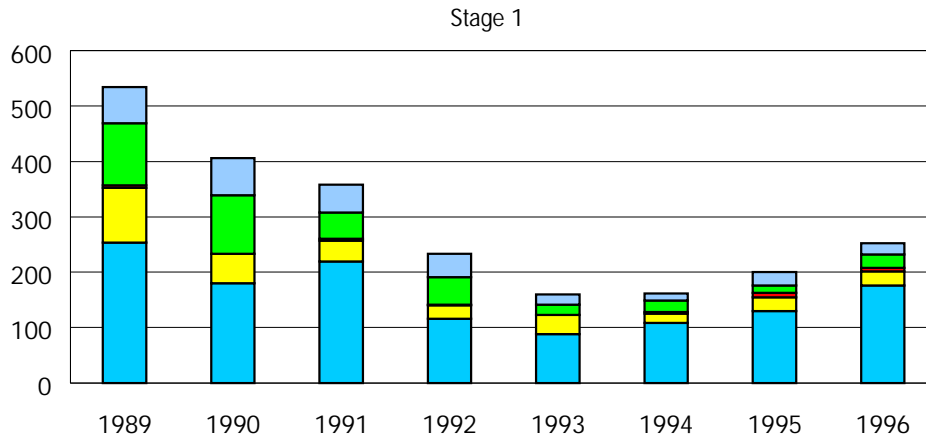
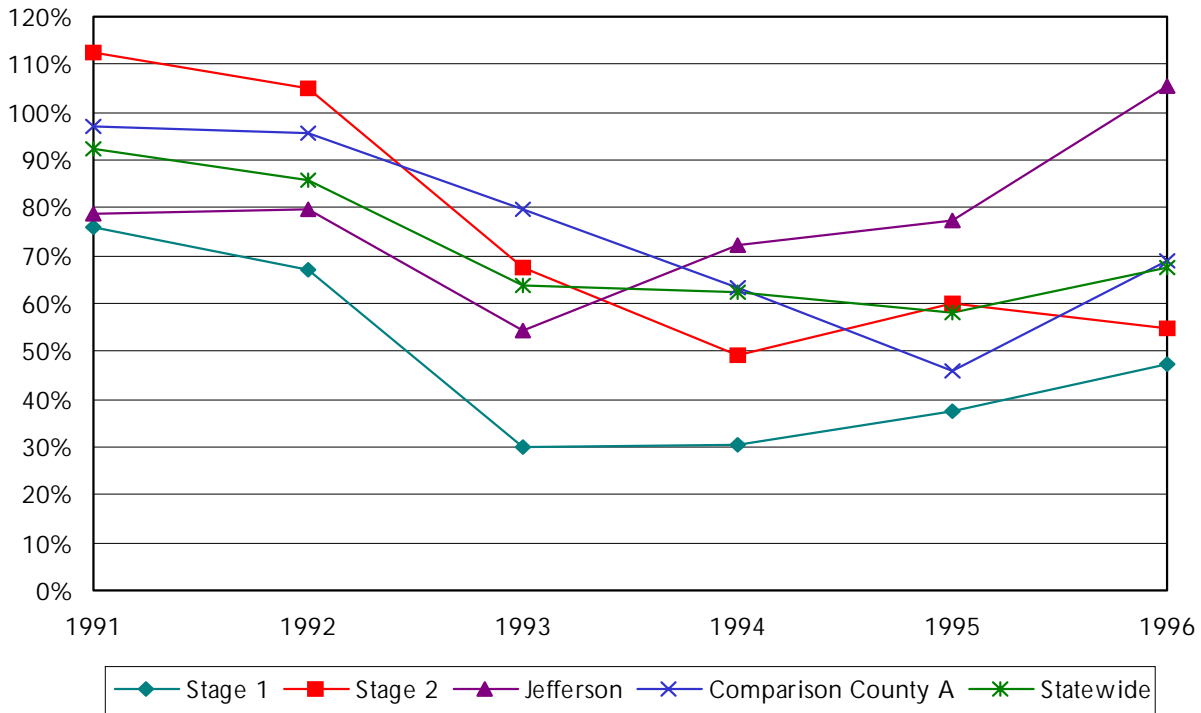


Exhibit 4.4. Initial Entries into Out-of-Home Care, 1990 to 1996 as a Percentage of 1989 Entries, Selected Counties in Alabama



Finally, it is important to assess these increases in initial admissions to out-of-home care in light of trends in other child-serving agencies. End-of-year data are available in Alabama at a state-level. In 1993 DHR reported that there were 4,940 children in its custody and living in out-of-home care. At this time, the Department of Youth Services had 739 children in its custody. In November, 1996 (the latest date for which these numbers are available), the number of children in DHR custody had declined to 4,316 compared to an increase to 858 for DYS. The number of children in residential facilities under the auspices of the Department of Mental Health/Mental Retardation decreased from 156 to 129 in this same time period. Since the number of children in care at any specific time is largely a reflection of three factors (number of children entering out-of-home care for the first time, the length of time children remain in care, and the number of re-entries into care after completing a first episode), it is reasonable to assume that, at least statewide, the impact of fewer initial admissions to care is being seen in the lower caseload numbers.

The percentage distributions shown in Exhibit 4.5 clearly show a reduction in reliance on institutional care in Jefferson County. In 1989 slightly more than 40 percent of all children were initially placed in foster homes or with relatives compared to almost 70 percent of children in 1996. This shift toward more homelike settings is attributed to both an increase in the use of foster homes and relative caregivers and a drastic reduction in the use of shelters and other congregate placements as a first placement. Similar increases in the proportion of children placed in foster homes and with relatives are evident in all other areas of the state, as shown in Exhibit 4.6. It is apparent that the state has committed to providing care in the least restrictive setting for children who must be removed from their own homes and is moving steadily in that direction.

Exhibit 4.5: Initial Admissions to Care in Jefferson County: 1989 - 1996

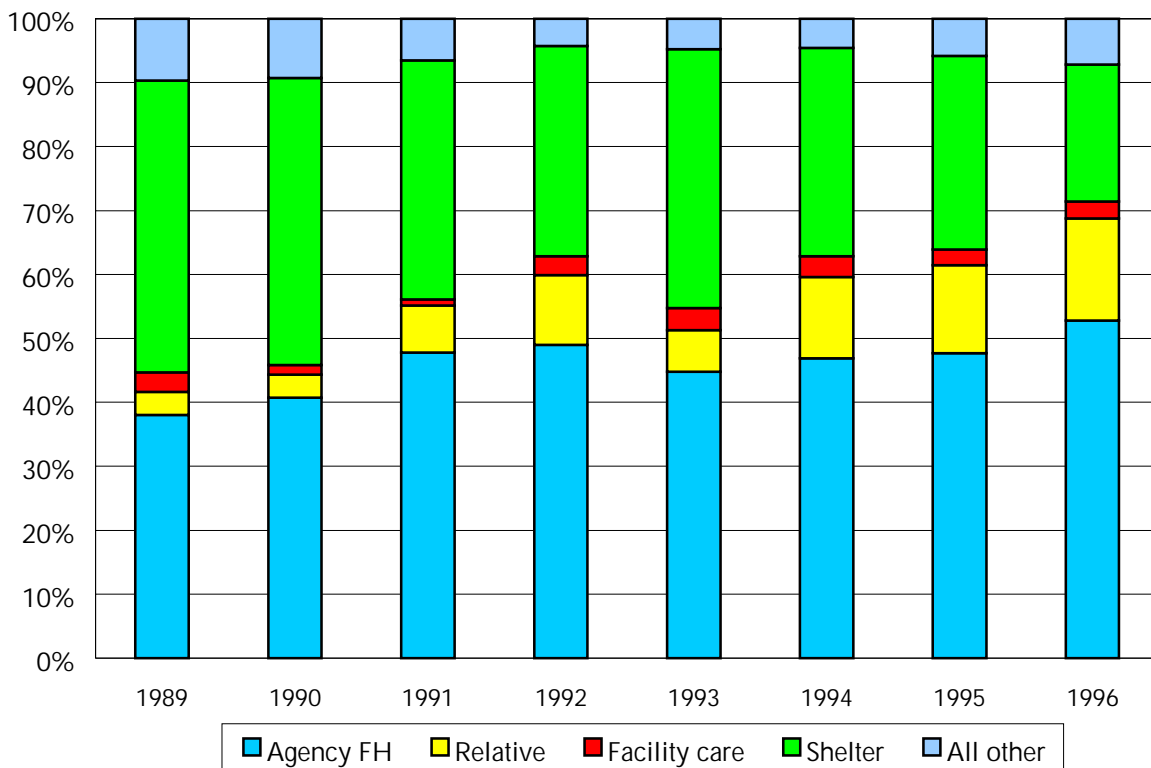
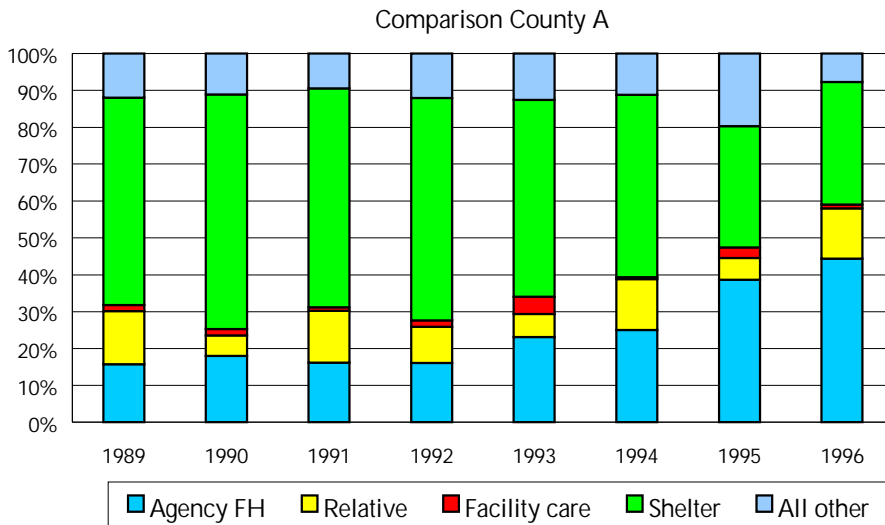
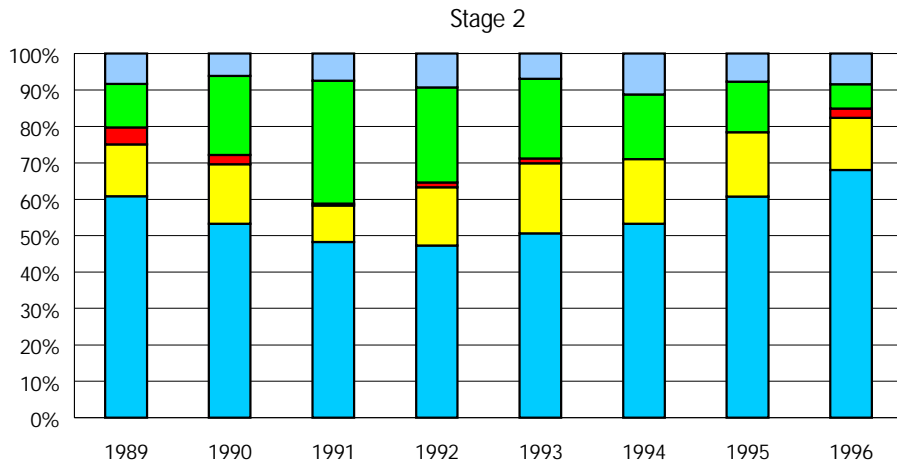
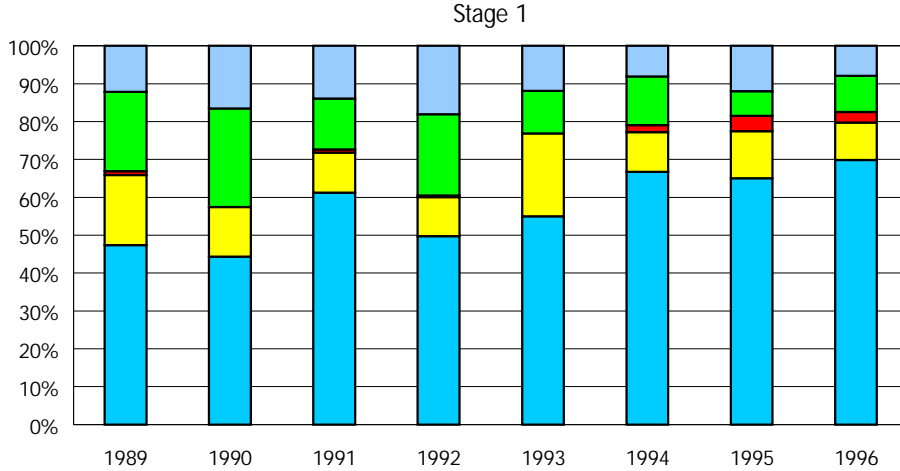


Exhibit 4.6: Initial Admissions to Care in Alabama: 1989 - 1996



■ Agency FH   
 ■ Relative   
 ■ Facility care   
 ■ Shelter   
 ■ All other

**4.1.4 Neighborhood-based implementation.** The R.C. consent decree initiated the State's move toward neighborhood-based care for children in out-of-home care. As part of the consent decree, the State developed a proximity policy that children should be cared for within their own county. FAMILY TO FAMILY significantly supplemented this policy by asserting that children should be cared for within their own neighborhoods, thus redefining the R.C. definition of proximity, at least, in Jefferson County, the FAMILY TO FAMILY targeted county. To support the placement of children in their own counties, the consent decree also emphasized the development of community-based services. As part of the consent decree, the state has incorporated a section on placement proximity into training. The quality assurance (QA) committee, composed of a broad cross-section of community members, monitors this.

In Jefferson County the movement toward neighborhood-based foster care stalled. The original FAMILY TO FAMILY strategy called for physically locating FAMILY TO FAMILY social workers in the neighborhood. Unfortunately, during the last three years of the initiative, DHR was unable to locate a site for this neighborhood office. Additionally, the neighborhood Family Resource Center, the group with whom FAMILY TO FAMILY planned extensive collaboration, closed. These obstacles considerably slowed FAMILY TO FAMILY's progress in developing community partnerships.

Nevertheless, FAMILY TO FAMILY caseworkers appear to have some ties to the community. Workers in the unit participated in community activities and continued to provide support to families whose children were not in the custody of the county. Anecdotally, the workers felt that the neighborhood work helped in keeping children out of substitute care by providing resources to families in need. There are, as yet, no data to confirm this assertion.

One aggregate proxy measure of Jefferson County's move toward a more neighborhood-based system of care is the number of children who are currently in out-of-county placements. In early 1994, there were 173 of Jefferson County's children living in substitute care outside the county. Jefferson County made significant progress in reducing this number during 1995 and 1996, so that as of October 1996, 140 children were in out-of-county placements. Unfortunately, a year later, the number of children in out-of-county placements exceeded the 1994 number, with 175 children in out-of-county substitute care placements. This drastic return to the 1994 numbers can probably be attributed to multiple events that occurred in Jefferson County including the refusal of DHR to place children with one of its traditional residential care

providers, the lack of community-based services to support children with multiple needs, and the increasing numbers of children coming into care.

It appears that progress toward an actual neighborhood-based foster care system remains an elusive goal in Jefferson County. In May 1997, 70 children from the targeted neighborhood were in out-of-home care, but only about 20 of them were actually placed in the neighborhood. Since no comparable numbers are available for other parts of the county (or for other years), it is impossible to say whether this is an improvement or not. Although there are foster homes in the neighborhood, it has been difficult to recruit new homes in recent years, and, due to the critical need for foster home beds countywide, it is impossible to “reserve” beds in the neighborhood just in case children from the neighborhood must come into care.

This spotlights the need for a two-handed approach to building a network of foster homes in target neighborhoods. Agencies cannot focus solely on increasing foster homes in specific neighborhoods, but also must increase the number of foster homes county wide. Since the number of agency foster homes countywide has remained more or less stable in Jefferson County over the past several years, it is not surprising that it was difficult to move toward neighborhood-based foster care programs.

## 4.2 New Mexico

Several different innovations were developed and fielded under the auspices of FAMILY TO FAMILY in New Mexico. These strategies were developed during the planning phase in response to conditions within each of the four administrative districts used at that time. After the elimination of the district office manager positions and elimination of districts and regions that had been used as organizing structures within the state, counties continued the development and implementation strategies that appeared promising. With only sporadic opportunities for counties to share their experiences, implementation occurred unevenly, and some possibly promising strategies were never fully developed. The major areas of effort were foster parent recruitment and support, gatekeeping, intensive reunification and community outreach. More recently, central office has developed efforts to support and retain social workers.

**4.2.1 Service availability.** Only Santa Fe and Bernalillo Counties (Albuquerque) included community outreach in their FAMILY TO FAMILY strategies. Although increasing

access to community services was not an explicit objective of these efforts, this was clearly an outcome of Santa Fe's community outreach efforts. Each staff member in this county office (including managers and support staff) was assigned to a school or community center, and workers had regular office hours at these sites. Benefits perceived by staff members include the opportunity to form relationships with teachers and other professionals, and increased visibility with a more positive image in the community. As with gatekeeping efforts in Bernalillo County (discussed below), efforts to build working relationships with other key providers may facilitate access to services by increasing awareness and interactions with other providers. In fact, workers participating in focus groups in Santa Fe reported feeling confident of their ability to locate services needed by families, specifically citing the benefits of their community outreach efforts in facilitating communications and relationships. This does not appear to have occurred in Bernalillo County, perhaps because their efforts were much less broadly implemented.

**4.2.2 Foster home placement resources.** Although foster home recruitment and support is widely acknowledged to be a critical issue in most of the FAMILY TO FAMILY counties, organizational and personnel changes have slowed efforts in this area. In addition, the current information system provides little reliable information about the number and characteristics of active foster parents or about recruitment and attrition. Recent data from the new statewide information system indicates that there are 733 currently licensed foster parents (this number includes restricted licenses) with a total capacity of 2,104 children. The new system should offer substantially better information about the number and characteristics of foster care providers than has been available in the past.

Recruitment and support strategies fielded by counties participating in FAMILY TO FAMILY included streamlined training using a curriculum developed in eastern Michigan (with support from the Annie E. Casey Foundation), payment of cash bonuses to foster parents who recruit new foster parents, creation of a foster parent support desk staffed by a foster parent, increased support for the Foster Parent Association, and door-to-door recruitment drives. For the most part, implementation of these was uneven, with little monitoring of outcomes. The Process Action Team devoted to this issue has recently conducted a statewide survey of foster parents.

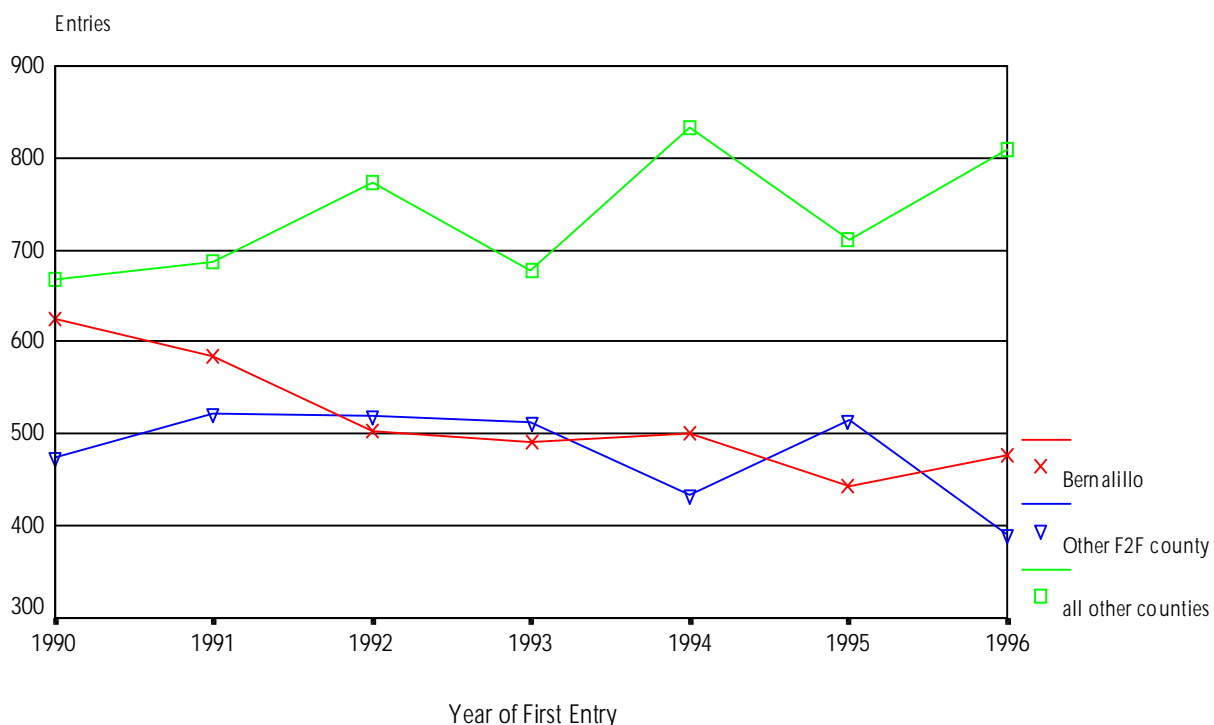
Data from focus groups conducted in Santa Fe and Bernalillo Counties suggest that workers are aware of low morale among foster parents, but that foster parents feel they receive

far less support and respect than they need from workers. Workers in Santa Fe were generally satisfied with the skills and dedication of foster parents, but those in Albuquerque expressed concern that foster parents did not receive adequate support from the Department, and were frequently asked to care for more children, or more difficult children than they could successfully manage. Foster parents in Santa Fe and Bernalillo Counties reported difficulties contacting caseworkers for the children in their care, and said they initiated most contacts. Communications with caseworkers are made even more difficult by the high rates of turnover among workers in both counties.

Foster parents in Santa Fe were generally satisfied with the quality of information they received about children in their care. However, they reported that they are rarely informed of case review meetings unless they persistently inquired about scheduling and asked to be included. By contrast, foster parents in Bernalillo County felt that workers frequently failed to share information about children's behavioral and emotional problems with them, even when these were known to the worker. Although they were invited to case reviews, they reported that all decision-making occurred prior to the review, and feel that their opinions were given little weight. As in most sites, some foster parents worked with birth parents on their own initiative, but focus group participants reported little encouragement from the department to do this. Workers in Santa Fe were skeptical that foster parents would have the necessary skills for such interaction. Those in Bernalillo County were more supportive of the idea, but felt they did not have time to adequately support foster parents in working with birth parents.

**4.2.3 Volume and patterns of initial placements.** Statewide data in New Mexico are dominated by patterns and events in Bernalillo County, which represents approximately one-third of all entries to care in the state. Entries to care, which had begun to decline in Bernalillo County prior to FAMILY TO FAMILY, continued that trend throughout the implementation period. Entries in the eight other counties identified as FAMILY TO FAMILY sites, which had been increasing since 1990, began to decline in 1993. In non-FAMILY TO FAMILY counties, entries to care have increased fairly steadily since 1990. The net effect is a slight decrease in entries to care statewide, as seen in Exhibit 4.7. There are no discernable trends with regard to age and ethnicity of children entering care.

Exhibit 4.7 : Entries to Care in New Mexico: 1990 - 1996

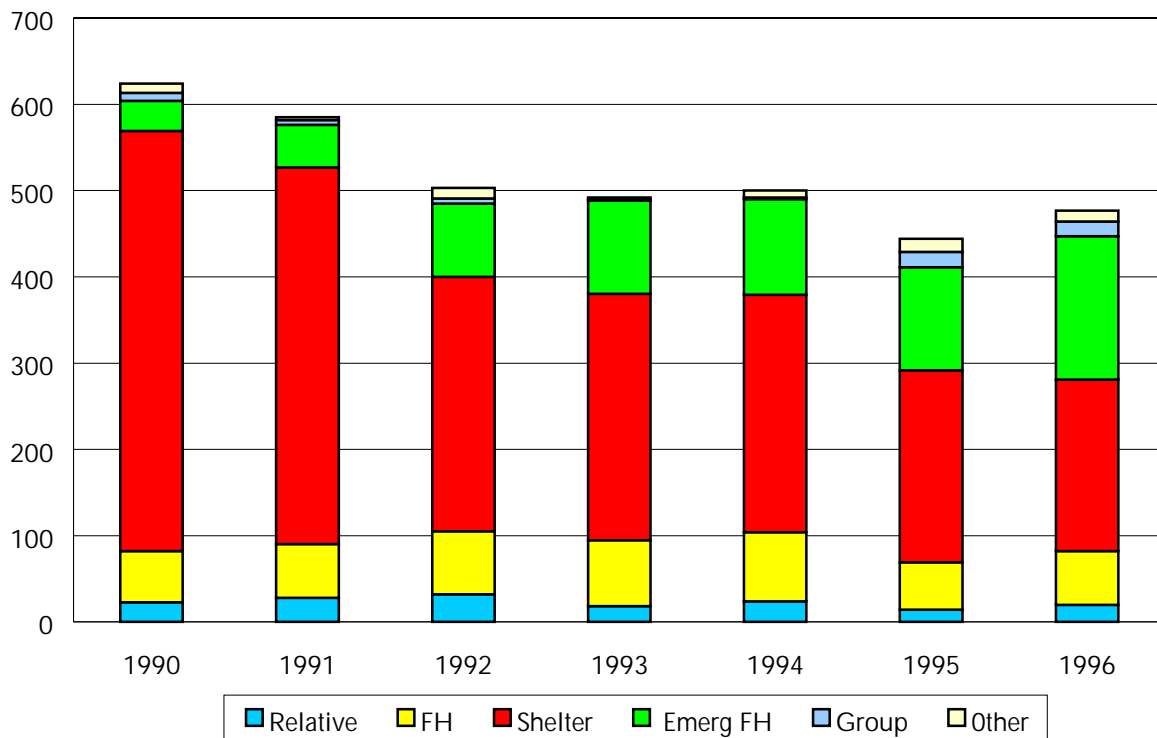


Bernalillo County had traditionally relied upon a large emergency shelter to serve children who appeared to require immediate placement. In 1990, these placements constituted nearly 80 percent of all first-time entries to care. The large majority of these were for stays of two days or less, with no subsequent placement in other forms of care. Three much smaller counties, which were not FAMILY TO FAMILY implementation sites, had similar patterns, with emergency shelters representing between 68 and 94 percent of initial placements in 1990, predominantly Native American children.

Although the use of the emergency shelter in Bernalillo County had begun to decline somewhat prior to the initiation of FAMILY TO FAMILY, longitudinal analyses conducted during the planning year raised awareness of the extent of shelter use and highlighted it as an area for attention. Beginning in 1992, and increasingly throughout the implementation period, Bernalillo sharply reduced shelter placements. Some of these placements were diverted to foster homes, with emergency foster homes in particular showing a sharp increase in use. Over the same period, however, the county decreased its total placements, with most of the decline coming from emergency shelter placements, as shown in Exhibit 4.8. Placements in other counties with emergency shelters show steady or increasing use of these facilities.

Although data with which to document increased foster home recruitment are not available, the pattern of initial placements makes clear that more homes are being classified as emergency foster care providers, who are willing to accept children on short notice and outside office hours. Another practice change in Bernalillo County with the potential to reduce placements (particularly very short term ones), is the Placement Review Team (PRT). These case reviews target children at imminent risk of placement (excluding those where placement is inevitable, such as abandoned children) with strong participation from allied professionals and community representatives. The effectiveness of PRTs has been limited by inconsistent implementation and a lack of staff resources for home-based services for children diverted from placement. However, even in the absence of a formal evaluation, state and counties feel that they have been effective in identifying previously unknown alternatives to placement and strengthening community involvement. Central office staff identify PRTs as one of the practice innovations developed through FAMILY TO FAMILY that should be more widely implemented in the future.

Exhibit 4.8: Initial Admissions to Care in Bernalillo County: 1990 - 1996



Among the other FAMILY TO FAMILY counties, overall placements have declined during the implementation period. Placements in Bernalillo County’s shelter from nearby counties (although never numerous) were almost entirely eliminated, and group care placements reduced sharply. Initial foster home placements declined from a peak of 411 in 1993 to 333 in 1996, with an increasing use of emergency foster homes during that period, as shown in Exhibit 4.9. Entries to care in non-FAMILY TO FAMILY counties increased overall during the same period, as shown in Exhibit 4.10. It is interesting to note that initial placements with relatives have recently increased in non-FAMILY TO FAMILY counties, but not in Bernalillo or other FAMILY TO FAMILY counties. Relative care is infrequently used as an initial placement in New Mexico, since relative caregivers are required to complete the same training and licensing process as other foster parents. Workers may therefore be unable to use relatives as an initial placement. For children with more than one placement in their first episode of care, relatives are used far more often as a second placement, where they represent approximately one in six placements.

Exhibit 4.9: Initial Admissions to Care in Comparison FAMILY TO FAMILY Counties

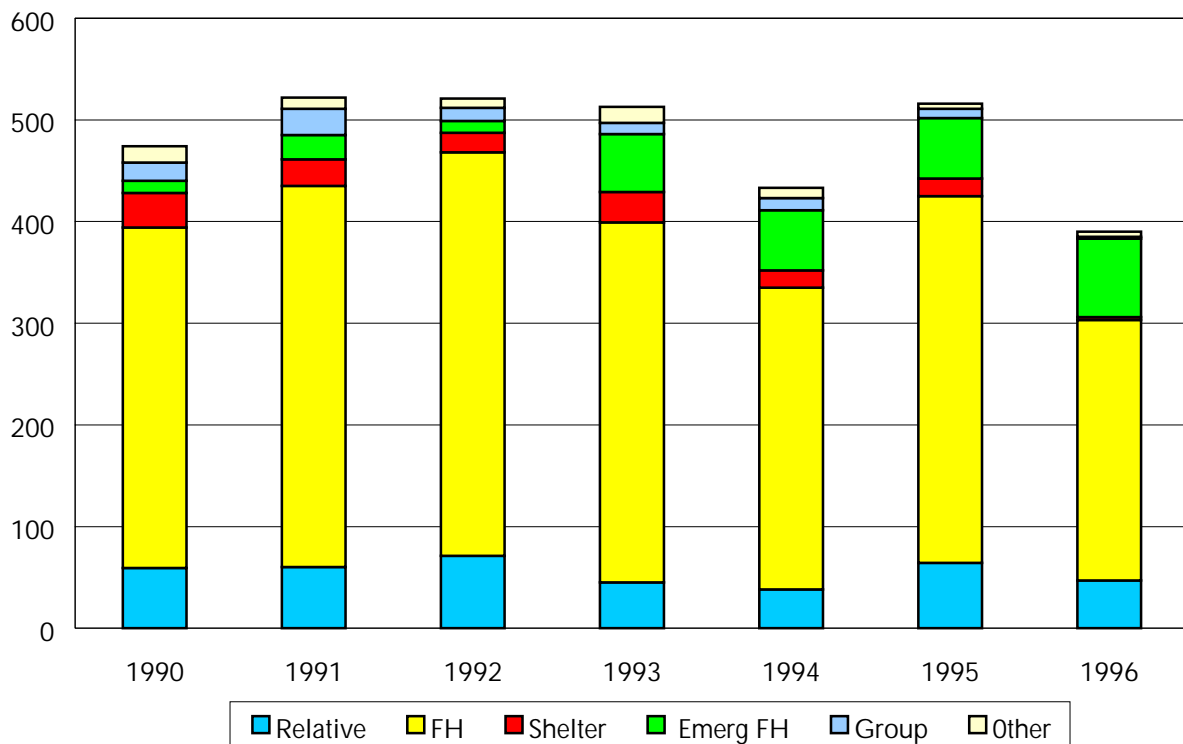
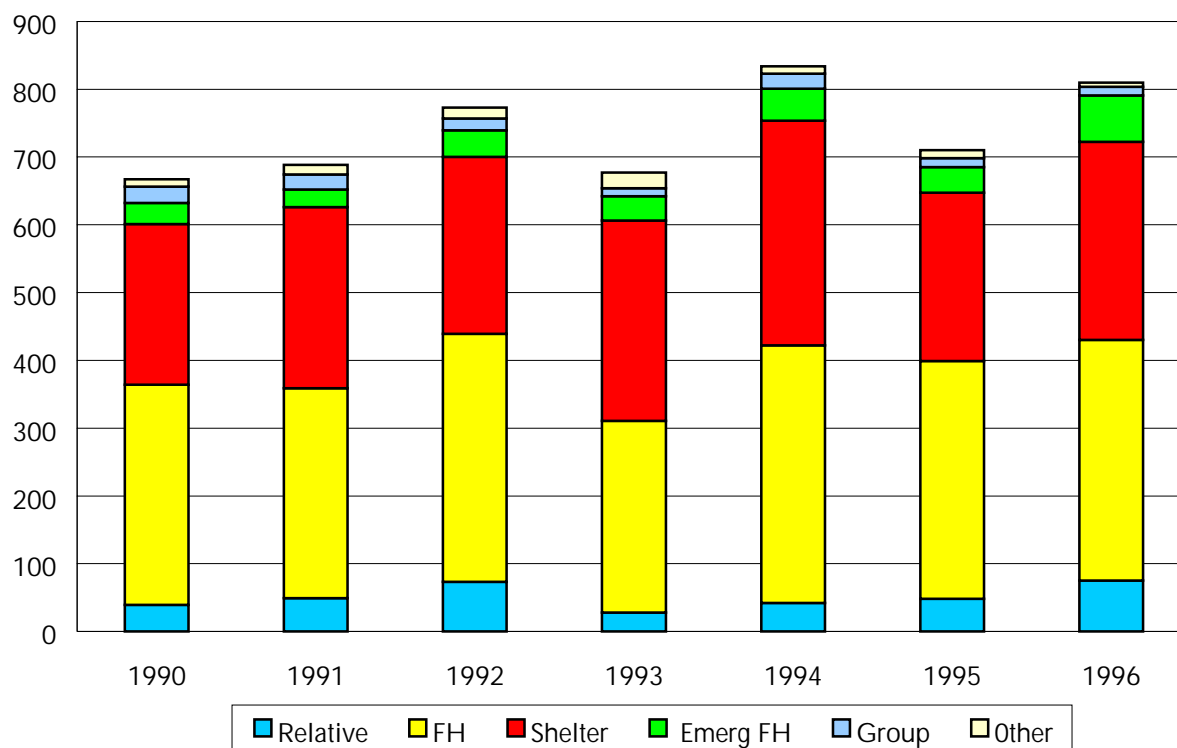


Exhibit 4.10: Initial Admissions to Care in Non-FAMILY TO FAMILY Counties



### 4.3 Ohio

The discussion of program operations concerning FAMILY TO FAMILY in Ohio focuses separately on Hamilton County and Cuyahoga County. The following aspects of program operations are described for each county: service availability; foster home placement resources; volume and pattern of placements; neighborhood-based implementation; and partnerships.

#### 4.3.1 Hamilton County.

**Service availability.** Several forms of respite services for foster parents were developed and financed through FAMILY TO FAMILY. These include a weekend program for children in foster placement, a Saturday morning program, and day care for infants and toddlers. In addition, day care for children with relative caregivers is supported with FAMILY TO FAMILY funds.

Additionally, FAMILY TO FAMILY partners with several community-based programs to provide support to groups of individuals with specific needs. For example, Site 1 staff, in collaboration with community service providers, developed a program to provide services such

as counseling, housing, and food to Children's Services clients who have recently been released or are about to be released from prison. In another community, FAMILY TO FAMILY staff and community members worked with the University of Cincinnati to develop PROJECT LEARN, an after-school respite care program for children involved with Children's Services plus other children from the community. The hallmark of all of these projects is that they evolved from the partnership of Children's Services staff, community-based agency staff, and community members.

Both workers and foster parents participating in focus groups noted recent improvements in access to services for children and families. Workers reported that contractual arrangements with service providers for wrap-around care and substance abuse treatment had made services easier and quicker to get. In one site, mental health services are available in the same building as the department's offices. Foster parents described an attitude of "tell us what you need" among workers, who assist with referrals and expedite paperwork for needed services.

Caseloads of Family Services caseworkers have remained relatively stable throughout the FAMILY TO FAMILY years. Each caseworker assists an average of about 15 families, with an average total of 45 children. The caseload includes both custody and non-custody cases. Residential treatment/group care caseworkers provide assistance to between 15 and 20 children.

**Foster home placement resources.** Although there were substantial changes in the process for recruiting and training foster parents, the number of agency licensed foster homes remained relatively static throughout FAMILY TO FAMILY. In 1993 and 1994, there were 370 and 369 agency licensed foster homes respectively. This number increased to 399 in 1995. Agency staff speculate that stability is attributable to the loss of foster homes, as well as the failure to recruit substantial numbers of new homes. However, agency staff report a somewhat encouraging fact that within this static trend of recruitment there has been an increase in the number of foster to adopt parents recruited.

Since resource workers within the agency are responsible for supporting 40 to 45 foster parents, an increase over the 30 to 40 homes they supported in 1995, foster parents may find it difficult to get assistance. In an effort to enhance support for foster parents, Children's Services signed a contract with a foster parent using FAMILY TO FAMILY resources to provide support

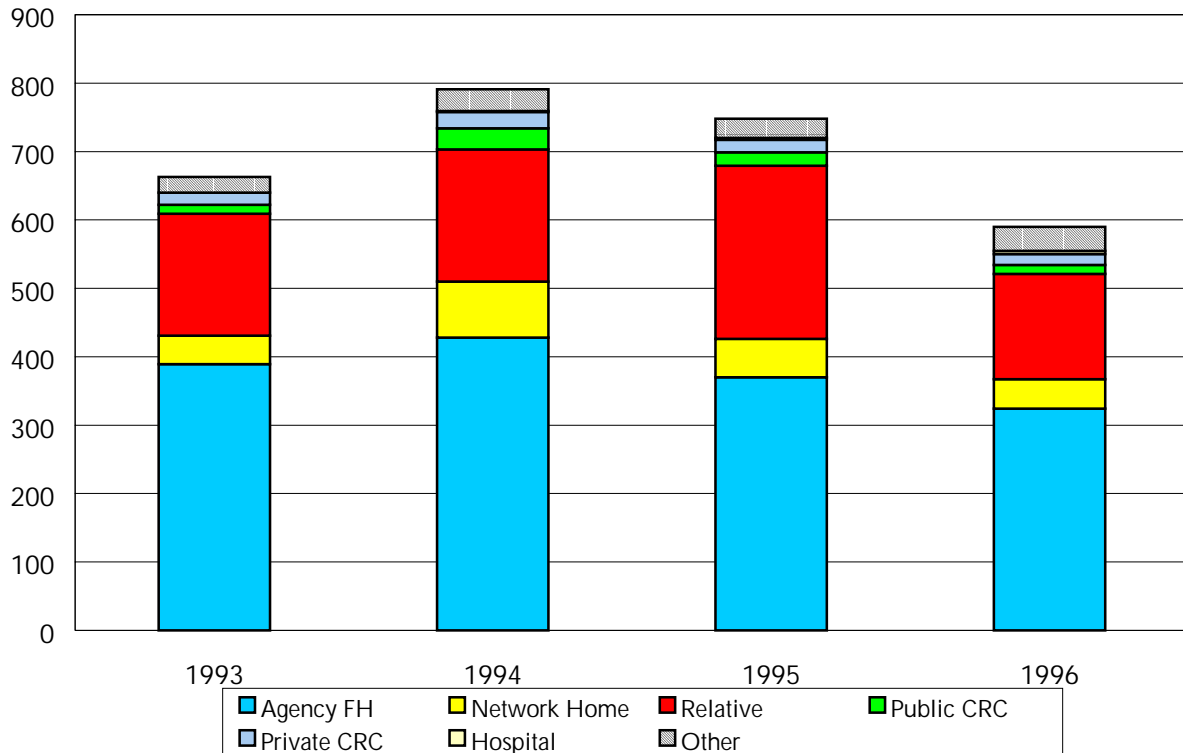
for other foster parents. The contractor will provide in-home contacts and training of foster parents and will work with foster parents and biological parents to facilitate reunification.

Since FAMILY TO FAMILY began, there have been some significant changes in the way Children's Services recruits and trains foster parents. A policy shift in the agency allows an individual determination of a prospective foster parent's eligibility to become a foster parent when there is a history of abuse and/or neglect connected to the family. A worker is now allowed to study the circumstances of the past instances to determine if there are mitigating circumstances. Previously, a prospective foster parent was summarily deemed ineligible if there was any history of abuse or neglect connected to the family.

Recruitment, pre-service and ongoing training, foster parent support, and licensing are now located in the same unit. Beginning in 1996, foster parents became co-trainers and the agency began holding some of the pre-service training sessions in the community. Recently, Children's Services began contracting out some of the recruitment tasks and there are plans to contract out additional support of adoptive homes early next year. The agency also modified its policy to invite all interested persons to foster parent training and screens applicants before an invitation to training is issued. It remains to be seen if any of these changes will result in an increased number of agency licensed foster homes.

**Volume and patterns of placements.** As Exhibit 4.11 indicates, the number of children entering care for the first time was just over 650 in 1993. The number rose to nearly 800 in 1994, but declined in the next two years, falling below 600 children in 1996. Over this period, a shift also occurred in the type of placement children were most likely to enter. More than half of the children coming into out-of-home care for the first time in 1996 were placed in agency foster homes, representing a higher rate of use of foster homes and a lower rate of use of relatives. As we discuss in the next chapter, however, Hamilton County uses emergency foster homes and some children move from these homes to relatives. Therefore, the pattern of initial placements probably understates the role of kinship care in this system.

Exhibit 4.11: Initial Placements for Children Entering Care in Hamilton County: 1993 - 1996



To assess changes in the number and types of initial placements in Hamilton County, Exhibit 4.12 provides similar data for two comparison counties in Ohio that are similar in terms of the number of children in care. It also shows data for other metropolitan counties (termed “metro counties”) excluding the other FAMILY TO FAMILY site in Ohio, Cuyahoga County. Comparison Counties A and B show some fluctuations, but both experienced an admissions peak in 1994 or 1995. Neither these counties, nor the other two groups of counties, show the steady decrease in initial admissions to out-of-home care that is apparent for Hamilton County. During 1996, fewer children entered out-of-home care for the first time in Hamilton County than had entered in 1990.

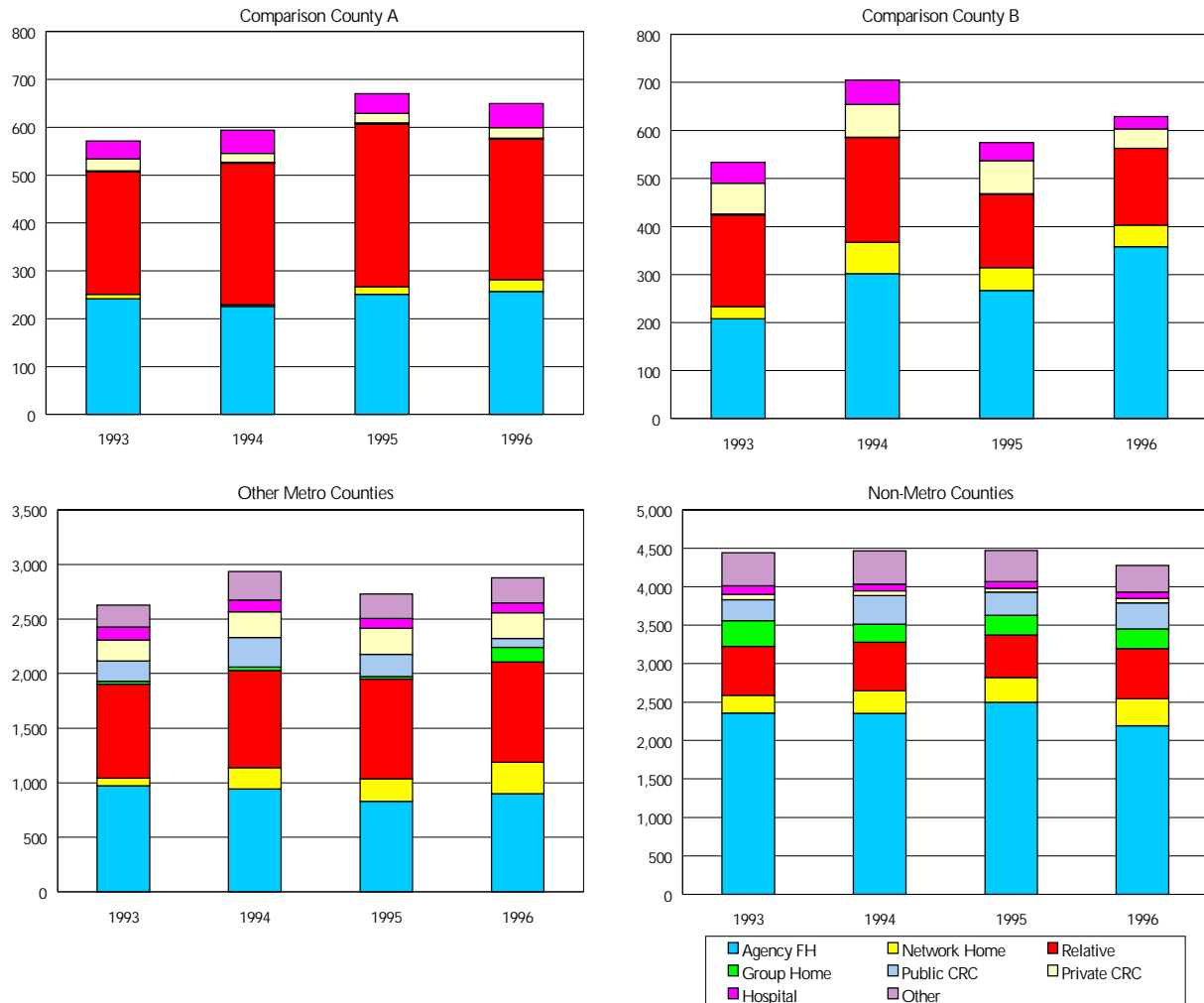


Exhibit 4.12: Number and Types of Initial Admissions to Care: 1993-96

The data in the following table (Exhibit 4.13) show that although the majority of children being served by the Ongoing Division of HCDHS live in their own homes, this represents a decreased percentage compared to 1991. The total number of children being served in 1997 (4,895) is considerably higher than in 1991 (3,589). The caseload has declined from the 5,645 children being served in 1994, a period when the agency was being criticized in the press for its handling of cases involving the deaths of children who had been in its care. Thus, although fewer children are entering out-of-home care for the first time, the caseload has grown because, as we discuss in the next chapter, the length of stay for some children has increased.

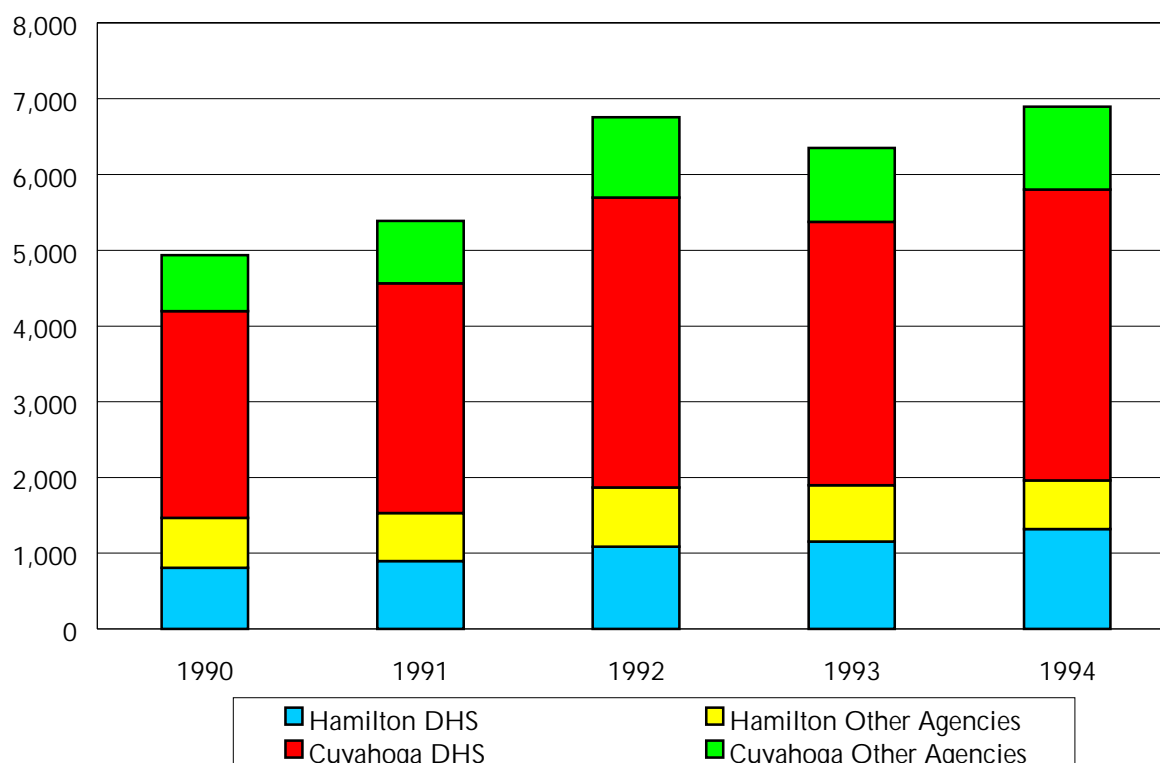
Exhibit 4.13 Children Served by Hamilton County Ongoing Division  
by Type of Living Arrangement (End of September case load summary)

Year	Own Home		Relative		Foster Home		Residential Facility		Other		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
1991	2,271	(63.3)	406	(11.3)	547	(15.2)	—	—	365	(10.2)	3,589	(100.0)
1992	2,677	(61.6)	584	(13.4)	688	(15.8)	160	(3.7)	240	(5.5)	4,349	(100.0)
1993	2,866	(60.4)	731	(15.3)	754	(15.8)	150	(3.1)	256	(5.4)	4,777	(100.0)
1994	3,475	(61.6)	772	(13.7)	958	(17.0)	168	(3.0)	272	(4.8)	5,645	(100.0)
1995	—	—	728	—	968	—	—	—	—	—	—	—
1996	2,537	(54.8)	597	(12.9)	1,040	(22.4)	119	(2.6)	340	(7.3)	4,633	(100.0)
1997	2,699	(55.1)	640	(13.1)	1,034	(21.1)	141	(2.9)	381	(7.8)	4,895	(100.0)

Source: HCDHS Monthly Statistical Report (FCDOWN)

In order to understand trends in the numbers of children being served in out-of-home care by HCDHS, it is useful to examine information about children in out-of-home care under the auspices of other child-serving agencies. Exhibit 4.14 graphically depicts the number of children in out-of-home care on June 30 across several years in both Hamilton and Cuyahoga counties. In Hamilton county, there was a consistent increase in the number of children being cared for in out-of-home placements by DHS between 1990 and 1994. This is slightly different from the patterns observed for other Hamilton county child-serving agencies. Beginning in 1992 the number of children cared for by other agencies in out-of-home placements has slowly decreased.

Exhibit 4.14: Number of Children in Out-of-Home Care in Ohio by Child-Serving Agencies



**Neighborhood-based implementation.** The reality of FAMILY TO FAMILY's neighborhood programs is that the process, the structure, the resources, and the goals for these programs are vastly different dependent upon the nature of the targeted community. Among four FAMILY TO FAMILY "neighborhood" sites in Hamilton County, only in Site 1 are Children's Services workers physically located within the community they serve. The original plan of physically locating staff in each neighborhood site is, as yet, unfulfilled. Since Children's Services recently made a substantial investment in a new central office, it is unlikely that additional staff will be moving out into the community.

Site 1 became operational in September, 1994, and, although it is the longest operating of the four sites, much community development work remains to be done. Site 1 supervisors and caseworkers continue to be involved in numerous efforts to increase community involvement and outreach. Staff have identified and are working with various agencies that are established within the community to access the services that they provide and to identify service gaps that need to be filled.

The Site 2 approach, from necessity, has been distinctly different from that seen in other the sites. Since Site 2 comprises many smaller communities without a single cohesive

community-wide group, a more grassroots approach was needed to begin the work. Neighborhood meetings and discussions were used to identify the issues that were a priority for community residents. Once the community issues were identified, it became evident that there was a legitimate tension in priorities among the various groups and Children's Services. However, in order to gain acceptance and trust within the community, FAMILY TO FAMILY began work on the identified community issues, simultaneously, attempting to identify ways in which their priorities overlapped with those of the community. The trade-off was once again time. Some might argue that the time required for building trust and acceptance within a community actually delays the "real" work of building a neighborhood foster care program. There are few new foster homes within the community and children who must enter out-of-home placement are still being moved away from their neighborhood. FAMILY TO FAMILY staff are, however, gambling that by building a solid foundation of partnerships within the community, the "real" work will be accomplished much more robustly in the future.

The provider-based approach used in Site 1 was also utilized in Site 3. Santa Maria Community Services (SMCS) is the primary focus and leads in HCDHS efforts to form community partnerships. Additionally, Site 3 caseworkers have become extensively involved in the community by accepting non-traditional responsibilities that might be considered outside the realm of their normal jobs. They are allowed to use flex time to participate in community activities on weekends and in the evening such as facilitating support groups for parents. Site 3 staff continue to seek ways to integrate SMCS workers into case planning and family intervention. They have instituted joint conferencing for families that are shared by SMCS and Children's Services with the intent that, if SMCS staff can monitor closed cases, then Children's Services may be able to close some cases earlier.

In summary, FAMILY TO FAMILY in Hamilton County has made significant movement toward developing partnerships with community-based service providers. HCDHS has benefited from its neighborhood efforts in that the community perception of child welfare appears to be changing because workers are visible in the community and accessible to their clients. Some in Hamilton County suggest that this changing image may have helped with passing the recent levy for HCDHS funding. However, there are still many barriers to be overcome before the ultimate goal of neighborhood based foster care is in place and working for the children of the county.

**Agency Partnerships.** While FAMILY TO FAMILY has been successful in taking the first steps toward forming new community partnerships, it has not been equally successful in developing partnerships within its own agency. Foster parents are still not considered full partners with caseworkers in providing assistance to families and children in need. While there are certainly instances in which biological parents and foster parents work together, there has not been an agency-wide shift to this as the “way we do business.” Although many foster parents described interactions with birth parents during the focus groups, there was no evidence that these resulted from any encouragement from workers. Workers in focus groups reported little expectation that foster parents would be willing to work with birth parents.

One way that HCDHS tried to facilitate these partnerships was by introducing the Family Team Meeting (FTM) to its workers. While workers were trained in the process of conducting a FTM, staff report that FTMs are still not being held on a regular basis. During focus groups, however, workers in all three sites expressed concern that a significant proportion of foster parents lack the needed skills and motivation. However, foster parents trained since the inception of FAMILY TO FAMILY are seen as far more responsive, although they still represent only a minority of homes.

There is one positive indication that may be a first step toward teaming. A high level of information sharing about children was acknowledged by both workers and foster parents during focus groups. Workers use placement packages to document children’s history and needs, and some schedule pre-placement meetings to share information with foster parents. Foster parents report getting as much information as is available to workers, and feeling that they can trust workers’ descriptions of children.

#### 4.3.2 Cuyahoga County

**Service availability.** During the FAMILY TO FAMILY years, there was a limited increase in the number of services available to relative caregivers in Cuyahoga County. In light of the increased numbers of children who are initially placed with relatives, these services are critically important for assuring that children are adequately served. There are some funds available for the provision of limited wrap-around services, such as purchasing a crib and other basic necessities. FAMILY TO FAMILY resources enabled DCFS to provide increased day care support for foster parent and relative caregivers. Additionally, although the per diem for

regular foster care has remained fixed, there is now an add-on per diem available to foster parents for specific extra work provided in the care of special needs children.

To counter demands on family and children's services created by the influx of families affected by crack cocaine, DCFS, with the support of FAMILY TO FAMILY, began a program to provide intensive services to women who deliver positive tox infants. Sobriety Treatment and Recovery Teams (START) provide intensive support and services to chemically dependent mothers from the time of delivery onwards. START partners child welfare social workers with family advocates who are in recovery. There are currently two START units with five teams each whose caseloads are capped at fifteen. START provides intensive services, including transportation to treatment services during the initial phases of their treatment. (When START was first envisioned a capped caseload of fifteen was considered a significant departure from the then prevalent agency-wide caseload of about 38. However, agency-wide caseloads are now around 19, close to those of START.) An integral part of START is the partnership between the caseworker and family advocate and their collaboration with the treatment providers. An ongoing evaluation of START seeks to identify the impact of this approach on both child welfare outcomes, such as time to permanency and subsequent re-entry into child welfare, and also on substance abuse treatment outcomes, such as completion of treatment program and subsequent probability of relapse. The evaluation will help DCFS identify program elements that may be incorporated into future services for all chemically dependent clients.

**Foster home placement resources.** Over the past three years there has been a steady increase in the number of agency licensed foster homes ranging from 627 in 1995 to 747 as of June 30, 1997. This represents an almost 50 percent increase in homes from 1992 when DCFS had only 501 active foster homes. In 1992, 58 percent of foster homes were African American, compared to 69 percent African American in 1996. In all likelihood, revisions to the DCFS training process and curriculum contributed significantly to the greater number of foster homes.

DCFS staff now pay careful attention to the recruitment process. The philosophy is to screen in capable and responsible people who are interested in being foster parents as opposed to simply screening out persons for whom such work may not be appropriate. The first contact of a potential foster parent is with a trained operator who is prepared to provide answers to basic questions and to give the date for the next training session. Foster parent applicants then receive tracking phone calls from recruitment staff throughout the training and placement

process. Additionally, staff will make a home visit to personally answer questions or address concerns for individuals who express interest in caring for special needs children or teenagers. The shift in the agency is toward making recruitment the responsibility of all staff not just one unit.

During pre-service training, recruitment staff work to maintain a positive relationship with prospective foster parents. They begin by assisting prospective foster parents in completing their applications. Foster Home Resource Management staff are also available to provide assistance and answer questions and concerns. Training sessions occur on a non-stop, regular schedule year round. Although training is generally held in the downtown DCFS central office, some training sessions have recently been conducted in neighborhood sites. Foster parents partner with the DCFS trainer to provide some parts of the curriculum. In addition, panels of others who are involved with the child welfare system, such as birth parents and teenagers, present information to prospective foster parents during training.

Even with the revised training methods, workers participating in focus groups expressed concerns about the quality of available foster parents. Although newly-recruited and trained foster parents are willing to work with the FAMILY TO FAMILY model, they felt that many existing foster parents lack the needed initiative and are unwilling to work with the reunification process.

In this context, it is important to remember that the supply of foster homes is dependent not only on the recruitment of new foster homes, but also on the retention of existing foster homes. Early in FAMILY TO FAMILY, DCFS made a commitment to developing a partnership between caseworkers, foster parents, and birth parents. Perhaps, one of the first indications that a foster parent gets about the status of this partnership is the degree to which caseworkers are comfortable sharing all available information about a child who is to be placed in their home.

The FAMILY TO FAMILY foster parents available for interviews described a strong commitment to working with birth families and supporting both child and family through the reunification process. They also had high expectations for support and information-sharing from their workers. Other foster parents participating in focus groups reported highly variable experiences and attitudes with regard to access to information about children, encouragement to participate in case reviews, and interaction with birth parents. The high level of disparity in responses suggests that this is a department in transition between practice models, with a great

deal of variability in attitudes and practice among both workers and foster parents.

**Volume and patterns of placements.** The declining reliance on group care settings in Cuyahoga County is apparent in the following exhibits (Exhibits 4.15 and 4.16). Across the annual cohorts of children who entered care for the first time from 1993 through 1996, the number of placements with relatives grew in absolute terms as well as proportionately. Among children entering care in 1996, more than half were placed with relatives. The number initially placed in agency foster homes consistently declined until 1996. Fewer than one in five children who entered care in 1996 was initially placed in an agency foster home.

Exhibit 4.15: Initial Placements for Children Entering Care in Cuyahoga County: 1993 - 1996

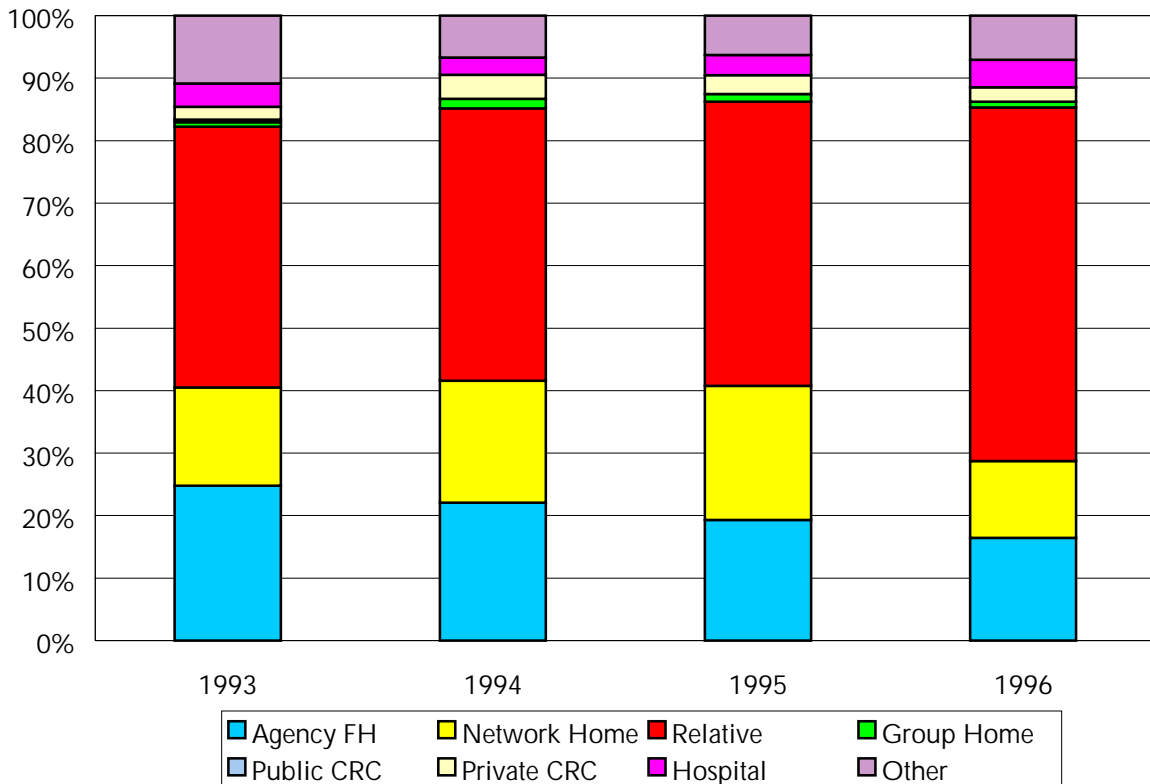
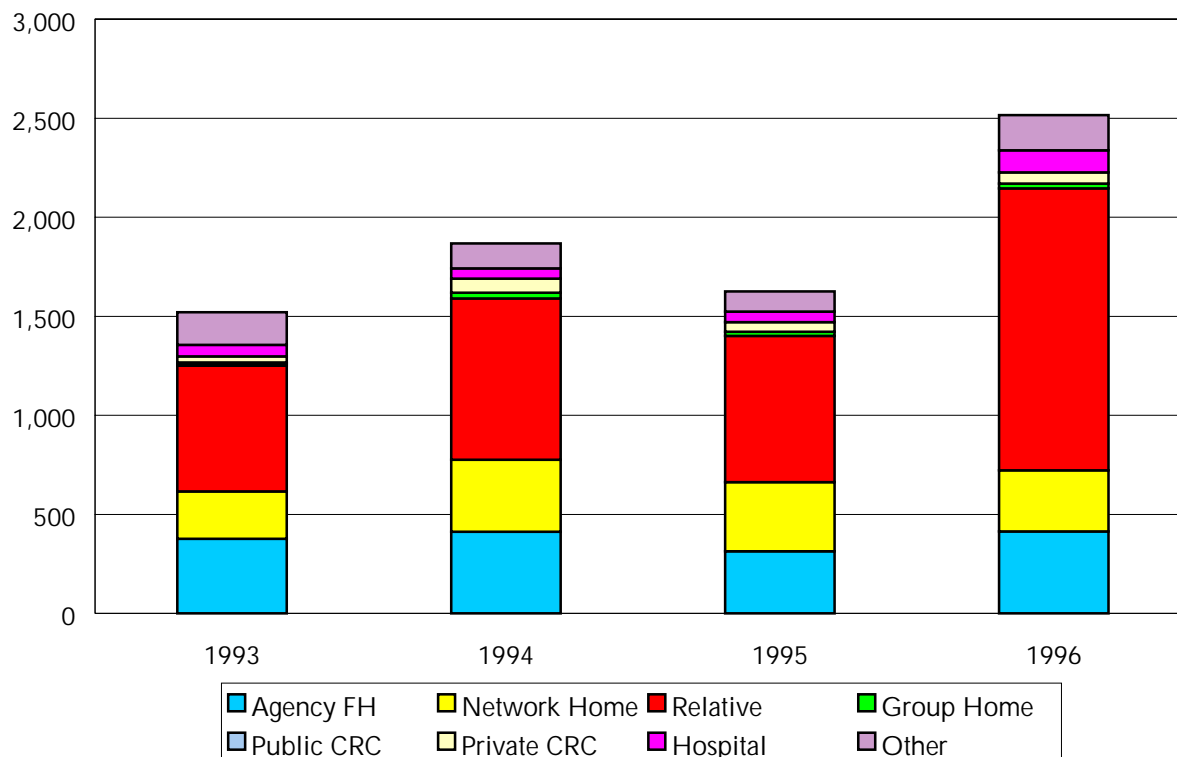


Exhibit 4.16: Initial Placements for Children Entering Care in Cuyahoga County: 1993 - 1996



Associated with the declining use of agency foster homes is both the shift to kinship care as well as an increased use, proportionately, of private network foster homes, particularly for children who entered care in the period from 1993 through 1995. This increase in the use of network homes has two sources. First, the agency's aggressive effort to reduce reliance on group care facilities led to negotiations with private providers that produced a reorientation of their services. This shift was county-wide (and beyond) in scope in that the agency announced its general intention to severely restrict its use of group care facilities. Second, through a request for proposals, the agency sought to encourage private providers to develop network foster homes in specific neighborhoods. The combination of strategies produced less restrictive, community-based resources--network foster homes—where more restrictive group care services had formerly been predominant.

The exhibit on the following page compares the shift that occurred in Cuyahoga County with changes in comparison counties in Ohio. Cuyahoga County is now less reliant on group care, a pattern that is similar to Comparison Counties A and B, but which stands in sharp

contrast to other metro counties and non-metro counties in which more than one in four initial placements are to group care. There also are indications that counties represented by some comparison groups are becoming more reliant on network foster homes and less reliant on agency foster homes. Only Comparison County B shows a steady proportionate growth in its use of agency foster homes.

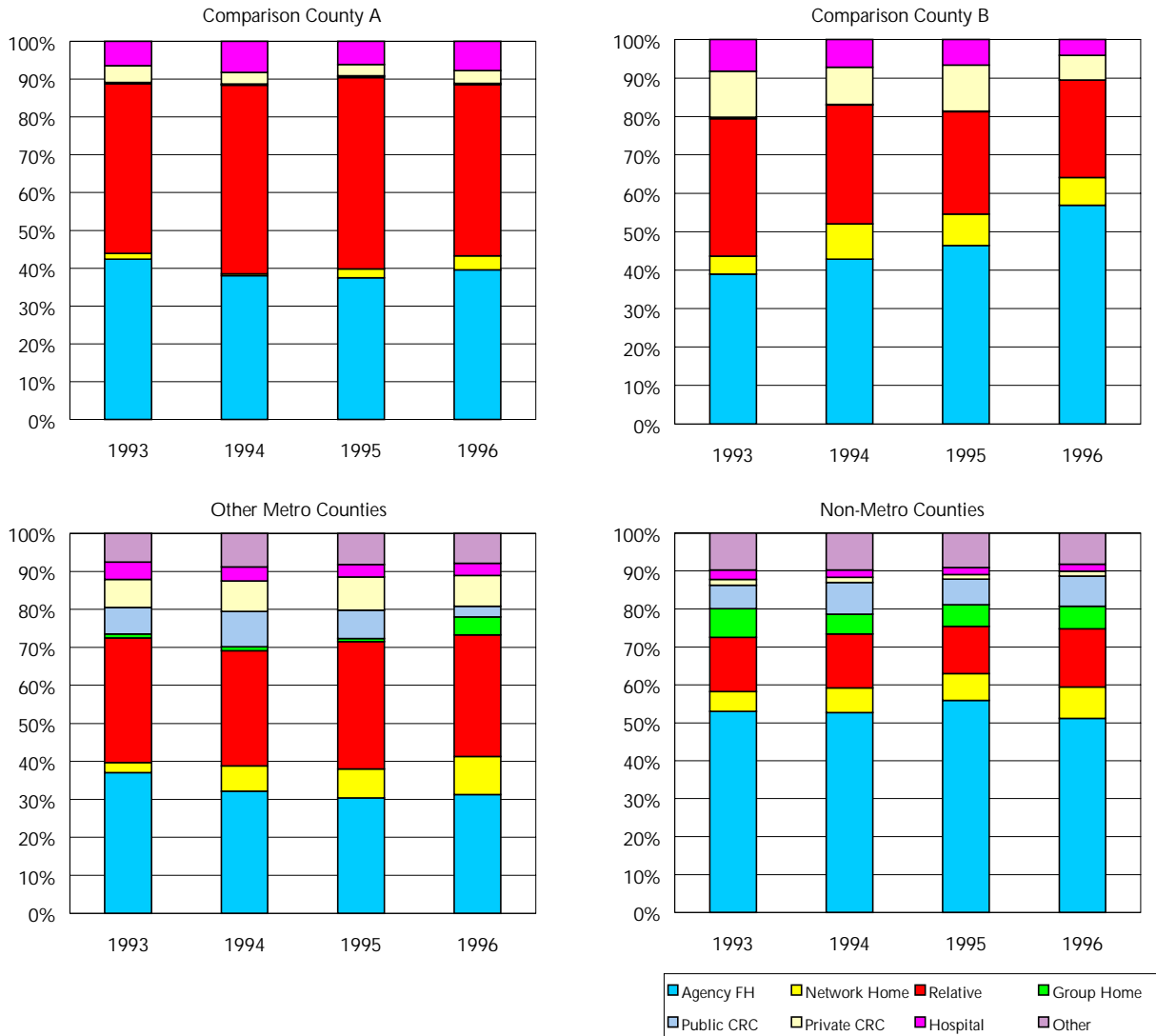


Exhibit 4.17: Types of Initial Admissions to Care: 1993-96

One of the early impacts of FAMILY TO FAMILY was a movement to “step-down” children from institutional/residential treatment to less restrictive settings whenever appropriate. The closing of the Metzenbaum Center, a shelter operated by DCFS, demonstrated the agency’s commitment to this goal. The Center now functions as a family reunification center that houses various supportive services for families and provides a somewhat less institutional setting for family visits and get togethers for foster parents and birth parents.

Exhibit 4.18 presents a picture of the total DCFS caseload across five years. The data presented in this exhibit are based upon the number of children who were in care at the end of each year, with the exception of 1996. For 1996 we use the number of children who are in care at the end of January 1997 as an estimate for the year end count. DCFS provides services for children who reside in their own home, as well as children who must be placed out of home. The largest proportion of children, ranging from 83 percent in 1992 to 75 percent in 1996, are served in their own home. It is worthy to note, however, that the proportion and total number of children being served out of home is increasing (from 17 percent in 1992 to 25 percent in 1996) while the total number of children has being served decreased slightly.

Exhibit 4.18 Children Being Served by Department of Children and Family Services  
by Type of Placement (End of December, except as noted)

Year	Children in Own Home	Children in Placement	Totals
1992	17,538 (83.1%)	3,562 (16.9%)	21,100
1993	17,243 (83.1%)	3,503 (16.9%)	20,746
1994	16,335 (80.4%)	3,994 (19.6%)	20,329
1995	14,350 (78.3%)	3,983 (21.7%)	18,333
1996	14,367 (75.3%)	4,703 (24.7%)	19,070

Source: Annual Statistical Report 1996, DCFS

Exhibit 4.14 (presented in section 4.3.1 of the report) summarized the number of children in out-of-home placements on June 30, 1990 to 1994. Mirroring the trends seen in the increasing number of initial admissions to care in Cuyahoga County, the number of children in placement

on June 30 increased between 1993 and 1994 in both DHS and other child-serving agencies in the county. In earlier years similar increases are seen for DHS and other child-serving agencies.

**Neighborhood-based implementation.** In 1994 DCFS launched its efforts to develop neighborhood based foster care by contracting with two neighborhood collaboratives, one in Glenville, the other in the Near West Side. A year later DCFS signed contracts with five more community-based collaboratives in diverse parts of the city. The collaboratives are similar in that they include community service organizations that have banded together to make neighborhood foster care a reality. They all include a variety of service providers, such as medical providers, private foster care networks, counseling services, and neighborhood resource centers. The number of partners in each collaborative vary somewhat but are usually in the range of ten to fifteen. There is a neighborhood coordinator who serves as a liaison with DCFS and provides support to foster and birth families within the neighborhood. Many of the collaboratives center around the activities of a neighborhood resource center, such as Martin De Porres or the West Side Community House. These locations become the focus for many family centered activities such as after school programs, weekend programs, respite care, and the site for Family Team Meetings (see below). Often they also provide a neighborhood base of operation for DCFS social workers who are assigned to work with clients from the neighborhood.

The Family Team Meeting exemplifies the partnership philosophy adopted by the FAMILY TO FAMILY neighborhood programs. The Family Team Meeting provides a setting in which birth parents, foster parents, caseworkers, and neighborhood service providers can interact to support the family and children. A Family Team Meeting is held in the days immediately after a child is removed from his/her own home. It provides an environment in which the birth parents can share with the foster parents significant information about the child that, perhaps, only a parent knows. Foster parents and birth parents can begin to define their roles at the Family Team Meeting in such a way as to encourage continued involvement of the birth parents with their child. It is the first step in the partnership that is formed between the foster parents who are there to care for the child, as well as to provide support to the birth parents in their movement toward reunification.

There are no consistent data on the number of Family Team Meetings held in the neighborhood sites, nor on the degree of participation in these meetings of foster parents and

birth parents. However, anecdotal reports indicate that these meetings are being held consistently in some of the FAMILY TO FAMILY neighborhood sites. There is also information suggesting that these meetings are at least one factor in moving families toward quicker reunification of birth parents and their children. These unresolved issues suggest that future evaluative work must focus on developing ways to measure the impact of this significant new tool for working with families.

One of the primary goals of the neighborhood foster care programs was to recruit and support foster homes in the community. In the early years of the first two neighborhood sites, it became apparent that this was problematic for many reasons. In one site, the collaborative assumed the responsibility for recruiting and supporting foster homes, but DCFS retained the responsibility for training and licensing. Thus, the success of the collaborative in increasing the number of available neighborhood foster homes was tied not only to its own work, but also to the efficiency of DCFS in licensing. In the other original site, private child care providers were responsible for recruiting, training, and licensing foster homes in the neighborhood. However, some of the existing agency foster homes in the neighborhood were included in the neighborhood foster care program and others were not. This could result in several different types of foster homes in the community (e.g. neighborhood foster home, a DCFS regular foster home, or a regular network foster home affiliated with one of many child care providers) and ultimately increased competition within the neighborhood for scarce foster home resources. The result of these inconsistencies was a slow start in developing new neighborhood foster homes.

The development of the neighborhood based foster care programs is ongoing. It appears that, for the first time since 1994, all the components for a successful program are in place. However, it is difficult to assess the actual impact of these budding neighborhood programs on the lives of families and children. Until recently DCFS has been unable to track geographically the placements of children in out-of-home care in relation to their “home” neighborhoods. Preliminary data suggest that children are, in fact, being placed closer to their own homes. Perhaps, the first indication of this is the extent to which children are placed in facilities outside the county, the most expansive definition of neighborhood. In 1992, there were 3,721 children from Cuyahoga County in out-of-home placements, 30 percent of these children

were living outside of the county. Four years later, less than one-fourth (23 percent) of the 4,767 children in out-of-home placements from Cuyahoga County were living in other counties.

Conceivably, the real impact of neighborhood “foster care” programs may be to provide community-based services to support families before DCFS must step in and remove their children. Anecdotally, this appears to be the case for some of the neighborhood collaboratives in Cuyahoga County. In the two original sites, the neighborhood coordinators reported early on that community-based services were being utilized by both foster parents and birth parents. Additionally, caseworkers who are assigned to the neighborhood are beginning to work with community service providers, with whom they are now familiar, to identify services that may help prevent a placement. The data to support this hypothesis are still not available.

In summary, we should note that, as in Hamilton County, Cuyahoga County has made significant progress toward developing neighborhood based foster care. However, there are still barriers to overcome before a system of neighborhood based foster care is in place so that children who must be removed from their own homes, may remain within their own neighborhoods in family foster care homes. DCFS has demonstrated its commitment to these programs through the allocation of FAMILY TO FAMILY funds to support the development of the programs. However, it remains to be seen whether the agency can continue its support for the long haul that it will take for these programs to achieve their goals.

#### **4.4 Maryland**

**4.4.1 Service availability.** Staffing resources vary considerably among the three jurisdictions involved in FAMILY TO FAMILY. In Baltimore City, resource constraints have limited new hires and forced DSS to rely heavily on contract workers. Social workers participating in focus groups identified the high turnover rate and lack of appropriate type and levels of education as major deterrents to consistent delivery of services. Workers in the groups who held bachelor’s degrees in fields other than social work said they were concerned over whether they had adequate skills to meet the needs of families and children in their caseloads. Prince George’s County, which is adjacent to the District of Columbia, reports that competition with higher paying agencies in the District makes it difficult to retain experienced workers. Staffing levels in Anne Arundel County have generally been more stable, however, the county

expects to lose five of its fifteen caseworker positions in July 1998, with potentially severe impacts on its worker caseload levels.

Each of Maryland's sites limited its efforts to a single FAMILY TO FAMILY unit during much of the implementation period. Therefore, considerable recent efforts have been devoted to worker training in preparation for broader implementation. Prince George's County trained all workers and supervisors on forming partnerships and working with family team meetings. In Anne Arundel County, the FAMILY TO FAMILY coordinator presented the model to workers and supervisors at weekly unit meetings until the entire agency had been exposed to the model. Although Baltimore City has sponsored extensive training in concurrent permanency planning and outcomes-based management, it has not specifically addressed the practice changes inherent to the FAMILY TO FAMILY model. As noted earlier, the statewide implementation plan relies heavily on training. It is not clear whether administrators in expansion counties will receive sufficient support to sustain substantial practice changes.

All sites attempted to improve access to needed services through a combination of grass-roots resource development and intensive casework. Based on reports of focus group participants, both strategies appear to have been effective. In Baltimore City, where a community organizer was part of the FAMILY TO FAMILY unit, and the coordinator convened meetings of community providers to help link local resources to families, workers in the FAMILY TO FAMILY unit were far more confident than their counterparts that they could locate needed services. In Prince George's County, where workers were teamed with parent aides to increase support to birth and foster parents, foster parents in the FAMILY TO FAMILY group were substantially more content with the process of arranging for services. In Anne Arundel County, however, both workers and foster parents reported that accessing needed services was a struggle, even for those families receiving intensive casework services. It appears that sparse resources in the county were compounded by poor communication about available services within the agency. More recently, Anne Arundel County implemented cross-agency efforts based in a local school to improve and coordinate service access. Foster parents working with FAMILY TO FAMILY generally reported greater satisfaction with their access to children's social workers. However, concerns about the workers' readiness to share information with foster parents persisted, suggesting that the change in practice style to a more team oriented approach is indeed a difficult one.

4.4.2 Foster parent resources. The three implementation sites faced somewhat different situations with respect to foster parent resources. Exhibit 4.19 shows the number of active (having at least one child placed) foster and kinship homes at the beginning of each fiscal year between 1995 (the first year for which data are available by county) and 1997. Although there is a steady increase in the number of available homes, the supply is not adequate to keep pace with the increasing rate of entries to care in Baltimore City, as will be discussed in the following section. Both Anne Arundel and Prince George's Counties have increased their supply of foster homes even as entries to foster care have declined.

Given a steadily increasing caseload, Baltimore City has historically faced substantial pressure to maintain the necessary level of available beds. The city's cadre of foster parents include many whose skills and attitudes were regarded by staff as less receptive to change, but who were able to function without demanding more support than was available from the department. During the active operation of the neighborhood office, efforts focused on converting existing foster parents to the FAMILY TO FAMILY practice model, as well as recruiting additional foster parents. Data from the focus groups held with foster parents in early 1997 suggested that the process of conversion was challenging. Many foster parents in the target neighborhood were unhappy at having been reassigned to the FAMILY TO FAMILY unit rather than the central office, and expressed concern that they would be unable to receive as many placements as they would like of children in their preferred age range. Although several expressed negative attitudes and expectations regarding birth parents, they described themselves as willing to work with them. Foster parents from outside the target neighborhood were much less willing to be in contact with birth parents at all. Most of the FAMILY TO FAMILY foster parents described a higher level of support from workers and parent aides than did the traditional foster parents.

Current plans within Baltimore City call for training in mentoring and teaming, provided through a contract with Catholic Charities. The city is adopting a dual assessment and home study process for prospective foster and adoptive families, as well as for kinship care providers who wish to convert to foster care.

In Anne Arundel County, by contrast, a steady reduction in entries to foster care has allowed the county to focus its foster home resource efforts on retraining and supporting existing foster homes, rather than recruitment. Recruitment efforts are focused primarily on

neighborhoods with high rates of placements. The county expects foster parents to participate in five-day meetings, and to assume a progressively more active role in mentoring and supervising visits over the course of the placement. Although the transition to the new model was acknowledged to be difficult for some, workers were generally surprised at how willing most were to accept it. The county's declining caseloads allow it the luxury of suggesting that those who are unable to adapt to the new model may need to reconsider whether they want to continue foster parenting.

Exhibit 4.19: Active Foster Home and Kinship Care Homes: 1995 - 1997

	1995	1996	1997
Foster Homes			
Anne Arundel County	96	102	114
Prince George's County	355	268	316
Baltimore City	1,228	1,439	1,711
Kinship Care			
Anne Arundel County	41	35	33
Prince George's County	38	65	72
Baltimore City	1,935	2,078	2,118

Although the county no longer offers an extended stipend to foster parents who maintain contact with the birth parents following reunification, foster parents are encouraged to continue the relationship. Foster parents participating in focus groups were consistently familiar with FAMILY TO FAMILY, which they associate with mentoring and extended contact with birth parents. The model was accepted as the standard practice within the agency, even among those foster parents who had not worked directly with FAMILY TO FAMILY placements (the focus groups were held prior to agency-wide implementation). Concerns raised by foster parents centered on the agency's handling of allegations of abuse against foster parents, and workers' willingness to share information on children prior to placement.

Prince George's County's training efforts focused primarily on staff during the early years of the implementation period, although all new foster parents have been trained in the

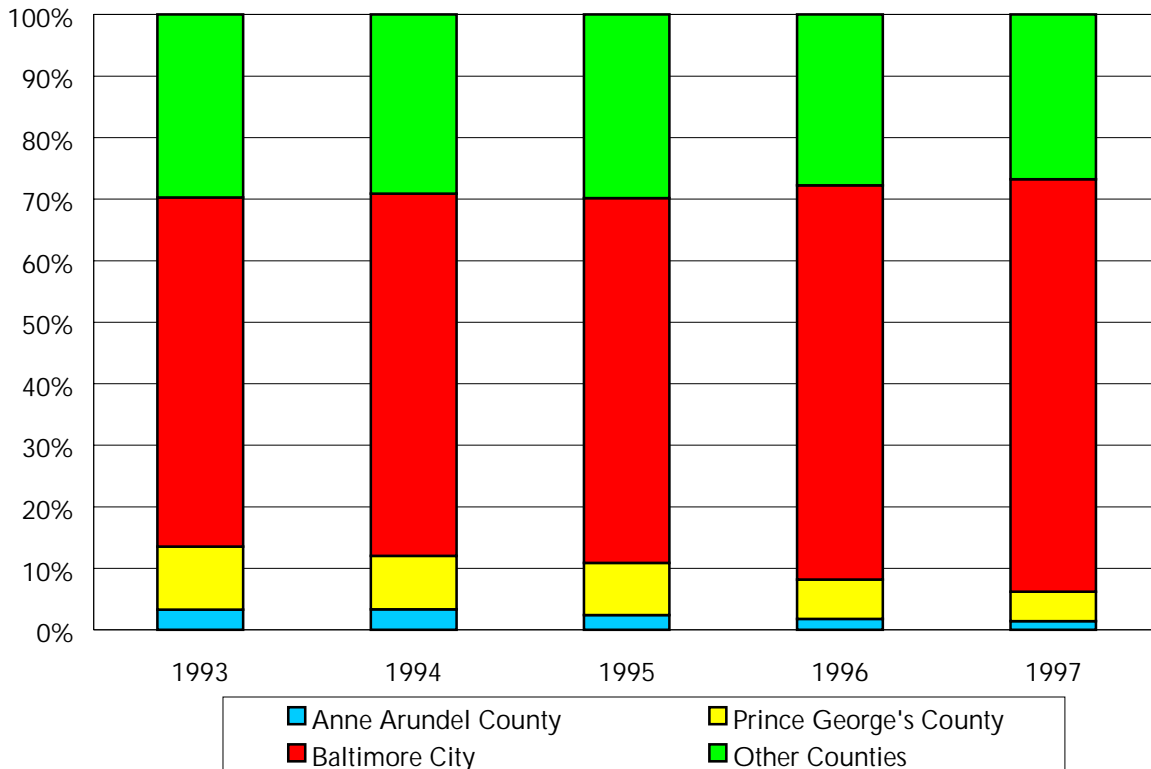
FAMILY TO FAMILY since early 1997. The county sponsored the production of a professional-quality videotape presenting the experiences of workers, foster parents and birth parents in working with the new model. This is used in training both workers and foster parents, as well as presenting the model to Maryland's expansion counties. Among foster parents participating in focus groups, the additional contact available to those working with the FAMILY TO FAMILY unit (prior to county-wide implementation) was evident. They were substantially more content with their experience in arranging services for children and with their access to workers. They were also more likely to say that they felt appreciated and respected, and to be confident that they would be supported in the event of an allegation of abuse. As in many sites, even those foster parents who were willing to work with birth parents expressed concern that agency was focusing on the birth parents' needs to the detriment of the child's best interests, suggesting the need for ongoing reinforcement of the ways in which FAMILY TO FAMILY improves long-term outcomes for children.

**4.4.3 Volume and pattern of initial placements.** Statewide, entries to care have remained fairly stable between state fiscal years 1993 and 1997<sup>1</sup>, ranging between 3,432 to 3,952 initial entries per year. Among the three FAMILY TO FAMILY sites, however, there are markedly different patterns during those years, as shown in Exhibit 4.20. Baltimore City's entries to care have generally increased each year, with the exception of a slight decrease between 1994 and 1995. Entries for 1997 totaled 2,650, an increase of 36 percent over those in 1993. In Anne Arundel County, by contrast, entries to care have fallen steadily since 1994, with fewer than half as many children entering care in 1997 as in 1993. Data compiled by staff at Anne Arundel County show that costs for in-home care declined proportionally over the same period, from \$4.5 million in 1993 to \$2.7 million in 1996. Placements in Prince George's County have also declined throughout the FAMILY TO FAMILY implementation period, from 353 new entries in 1993 to 190 in 1997.

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<sup>1</sup>All years cited from data refer to state fiscal years (SFY), July 1- June 30.

Exhibit 4.20: Entries to Care in Maryland: 1993 - 1997



Reductions in the number of entries in Anne Arundel County and Prince George's County appear to be the result of specific program efforts undertaken in those counties. In Anne Arundel County, gatekeeping efforts in place prior to FAMILY TO FAMILY begin with a staffing meeting held prior to any placement. The process includes either the director or deputy director of child welfare, who challenge workers to explore all possible alternatives to placement. In addition, the court system in the county is generally supportive of plans based on family preservation and other in-home services. In Prince George's County, a review is held for any child identified by the investigations workers as being at risk of placement, so that alternatives to placement can be identified and services put into place as rapidly as possible.

Although there are no marked trends in entries to care by race, some changes in age patterns are evident, as seen in Exhibits 4.21, 4.22, 4.23. Statewide and in Baltimore City, children aged 6-12 have increased as a proportion of total entries, while other age groups have each fallen slightly. In both Anne Arundel County and Prince George's County, however, adolescents (ages 13 and above) have increased as a proportion of total entries, although the number entries among adolescents has declined, as for all age groups. This is of particular concern given the difficulty in finding placements for adolescents, and their tendency to remain

in care until emancipation. The two counties have responded to this trend with efforts to recruit foster homes for adolescents and to provide respite care and wraparound services as an alternative to placement. Both ventures are in collaboration with county juvenile justice agencies.

Although each of the FAMILY TO FAMILY sites shows certain trends in initial placements, the variations among them, as shown in Exhibit 4.21, are far more striking than the changes over time shown in Exhibits 4.22, 4.23, and 4.24. Baltimore City has traditionally made heavy use of kinship care placements. Between 1993 and 1997, nearly half of all entries to care were placed with relatives receiving only AFDC support. The trend since 1995 shows a slight decline in the use of kinship care. Initial placements with relatives who are licensed foster parents account for fewer than five percent of entries, although it is widely believed that a substantial number of kinship care placements with non-licensed relatives subsequently convert to relative foster care status. Although relatives' right to request this change is protected under terms of the L.J. vs. Massinga consent decree, these conversions are of concern due to the extended length of stay in child welfare custody and increased costs associated with them. However, available data do not allow reliable identification of these conversions. Data on current caseloads indicate that nearly 10 percent of children in care statewide were in relative foster care placements, most of them in Baltimore City. Foster care placements<sup>2</sup> have become more common during the same time period, from 31.3 percent of all entries in 1993 to 38.2 percent in 1997. Shelter and group care accounted for approximately 10 percent of initial placements.

Anne Arundel and Prince George's County are much less likely to use kinship care, and more likely to use foster care, than Baltimore City. Placements with relatives, in either kinship care or relative foster care, accounted for approximately one-fifth of entries between 1993 and 1997. Although trends over time are unstable, use of relatives as initial placements appears to be declining over time in Anne Arundel County, but increasing in Prince George's County. Both counties rely heavily, and increasingly, on foster care, which accounted for 82 percent of entries in Anne Arundel County and 73 percent in Prince George's County during the same five-year period. Group care accounted for less than 5 percent of entries.

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<sup>2</sup>Foster home placements include regular, emergency, treatment and private agency foster homes.

Exhibit 4.21: Initial Placement Types in Maryland: 1993 - 1997

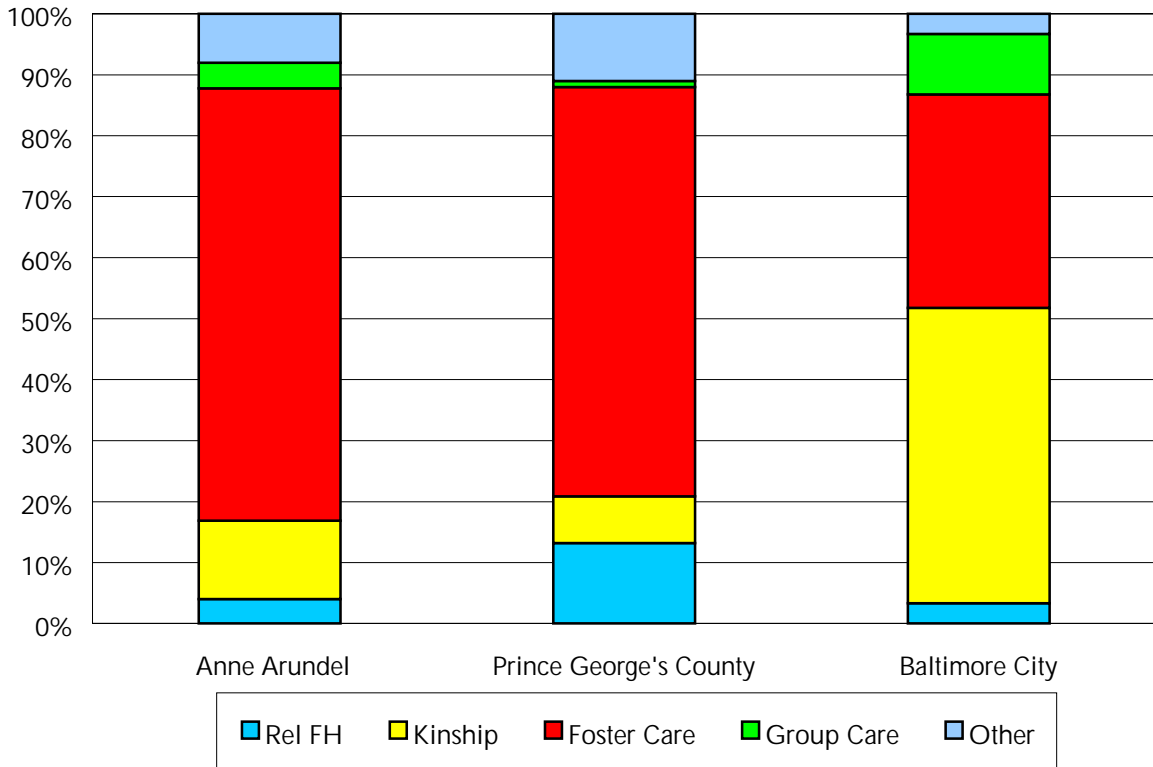


Exhibit 4.22: Initial Placements for Children Entering Care in Baltimore City: 1993 - 1997

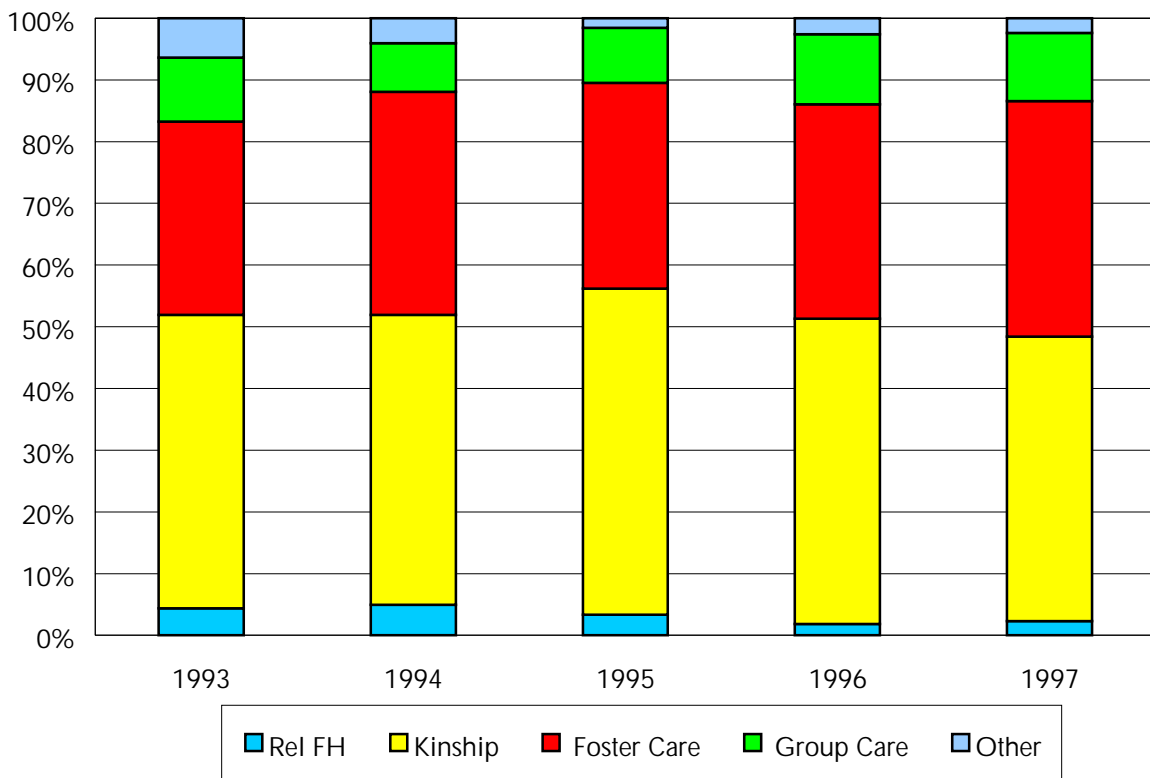


Exhibit 4.23: Initial Placements for Children Entering Care in Anne Arundel County: 1993 - 1997

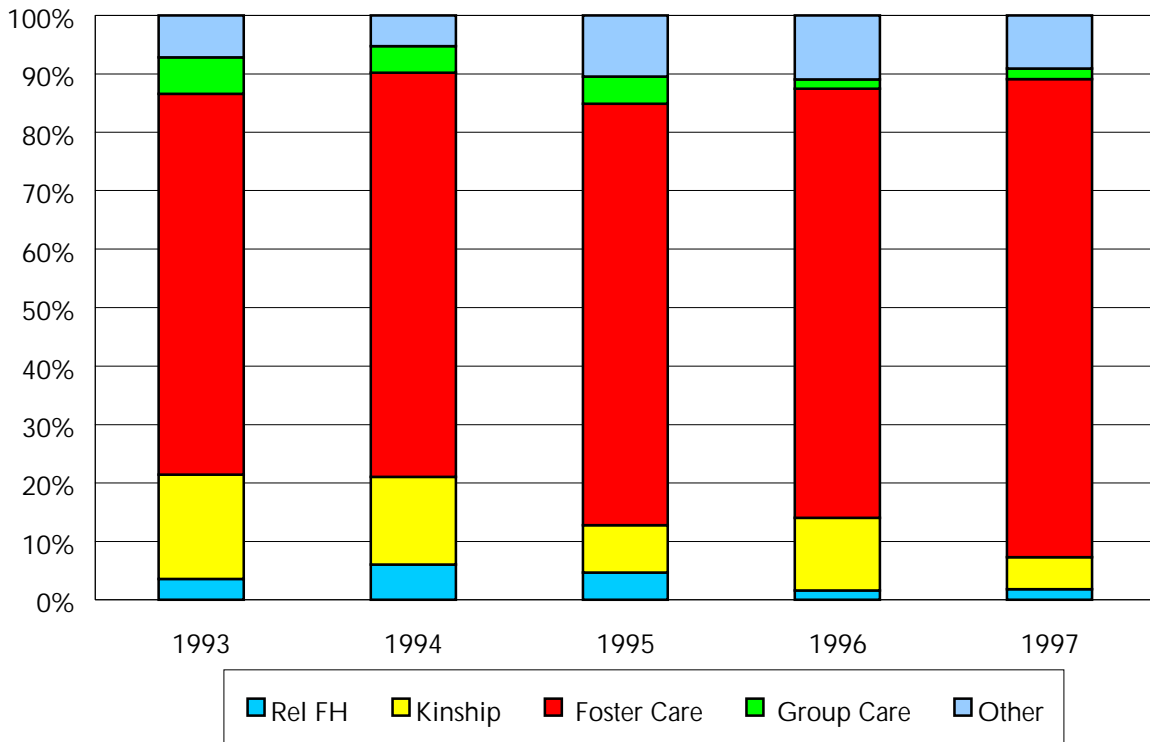
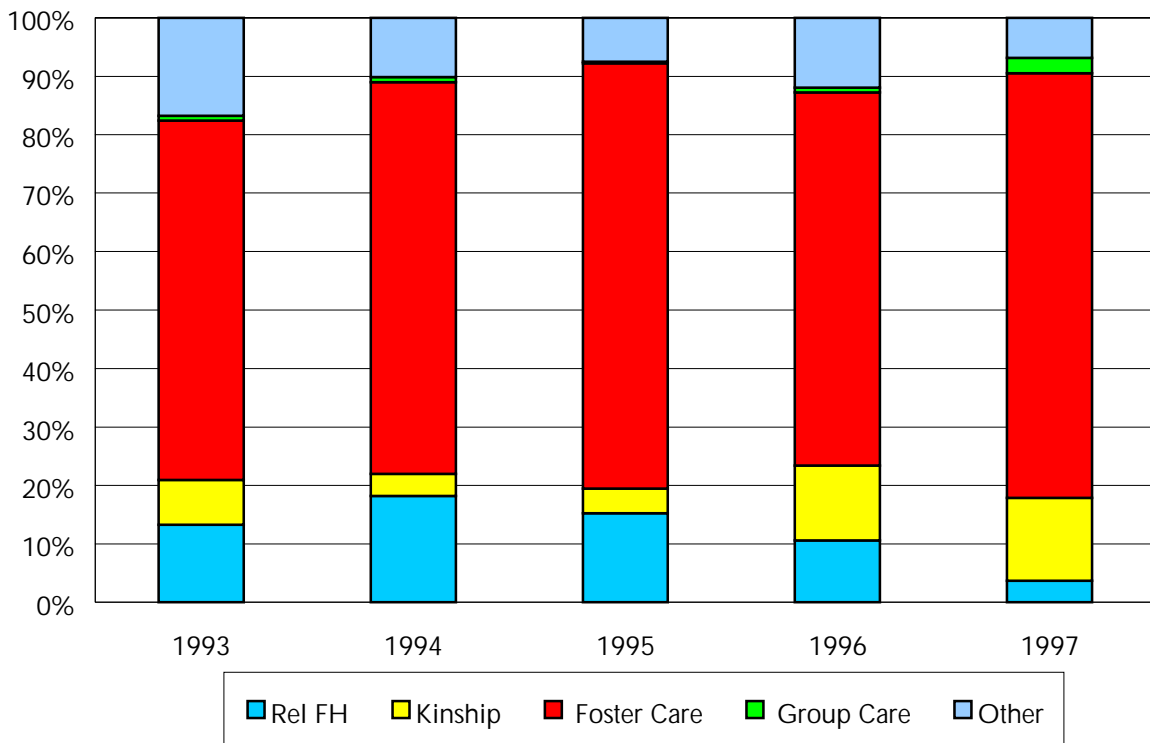


Exhibit 4.24: Initial Placements for Children Entering Care in Prince George's County: 1993-1997



Possible explanations for the contrast in use of relatives include the less-densely settled character of Anne Arundel and Prince George's County, which may be associated with fewer family members living nearby and available for placement. Because those counties have substantially reduced their entries to care over time, it is also possible that some cases in which extended family members are willing to become involved are being handled without custody.

**4.4.4 Neighborhood-based implementation.** Efforts among Maryland's implementation sites have been mixed with regard to movement toward neighborhood-based implementation. Baltimore City's pilot program was the most explicitly neighborhood-focused, including team members with family ties to the neighborhood, a staff position devoted to community organizing, and cases referred to the FAMILY TO FAMILY unit on the basis of neighborhood residence. Although the city has expressed a goal of expanding neighborhood placement as geographic assignments are implemented and additional foster parents recruited, it has not allocated resources explicitly for community-based placement. Anne Arundel County's relatively large size and low population density made neighborhood-focused strategies difficult to implement, although specific efforts such as foster parent recruitment and school-based interagency case management teams have been attached to communities where cases are concentrated. Prince George's County's early implementation strategy focused on a single community, but low numbers of placements and potential foster parents led to a shift to county-wide implementation.

## 4.5 Pennsylvania

**4.5.1 Service availability.** Philadelphia's strategy to increase the availability of services to families was based in its system of grants to private foster care providers. Each of the grantee agencies was expected to allocate staff time to community development, supporting linkages with other community-based organizations and assisting in the development of community services and activities. In addition, grantees were responsible for organizing a community advisory board to bring together professionals and concerned residents who could build support for FAMILY TO FAMILY in the community. A DHS community organizer was assigned to each zip code in order to support this process and maintain a liaison with DHS.

Grantee agencies agree that this requirement has encouraged them to do more community-focused work, but cite several problems with the process. One agency

representative described DHS as approaching community development with the same orientation toward performance expectations and prescriptive standards that it uses in contracting for other services. Representatives from other agencies agree that contractual constraints may have inhibited the development of more creative approaches that match the needs and resources of specific communities.

The requirement established by DHS that grantees develop and maintain an advisory board to support FAMILY TO FAMILY provides an example of the problems that have been experienced by the agencies. Agencies found that many of the professionals they identified as potential board members were already involved in similar groups. Combining forces with these other community groups might have launched support for FAMILY TO FAMILY from an existing base of organization. In spite of DHS assertions to the contrary, some agencies believed that DHS required them to create a board specifically devoted to FAMILY TO FAMILY. At the same time, agencies found it difficult to recruit non-professionals to the board because their perceptions of priorities for children and families tended to focus on issue such as drugs, crime and school quality rather than reforming family foster care. The overall effect was that many agencies found it difficult to sustain active membership in the boards.

Many advisory boards have broadened their focus over time to a more holistic view of family support and well-being. Boards have sponsored or participated in events such as an open house on summer recreation opportunities, a Black history celebration, or health fair. These events have the added advantage of presenting to the community a new image of DHS as a family-friendly agency. Some boards have focused on foster parent recruitment, by enlisting their members in outreach efforts to churches and other community groups with which they are affiliated.

The interaction between grantee agencies and the DHS community liaison specialist (CLS) was not well defined initially, and considerable time was spent by both DHS and grantees in developing a job description for the role. DHS staff see their role as one of identifying resources, looking for strategies to fill unmet needs, acting as an ambassador for DHS and channeling community concerns to caseworkers. Private representatives generally describe the CLS they work with as helpful. However, there have in some instances been difficulties in negotiating roles with respect to the advisory board and confusion as to who sets the pace and priorities for the community development process.

**4.5.2 Foster parent resources.** As noted earlier, Philadelphia's foster homes are predominantly recruited and supported by the city's network of private providers. Therefore, it is not surprising that DHS turned to these providers to help develop foster homes that would operate within the FAMILY TO FAMILY model.

The initial strategy implemented by DHS was to recruit new foster homes in high-placement neighborhoods through its grants to private providers. Providers linked to each zip code were charged with recruiting new foster parents in that zip code. Despite considerable efforts with both their recruiting staff and the community advisory boards, results were for the most part disappointing. As noted earlier, some agencies did not have a strong base in some of the neighborhoods to which they were assigned. Many of the high-placement target neighborhoods present problems encountered in other FAMILY TO FAMILY sites, with economic pressures and sparse support services limiting the supply of potential foster parents. DHS estimates that approximately 100 new foster homes were recruited by the agency grantees. Citywide, DHS continued to support recruitment efforts with public service announcements and area-wide telephone lines.

With the full support of the grantee agencies, DHS eventually broadened its focus to include conversion of existing foster homes to the FAMILY TO FAMILY model. Each agency undertook training programs for its own foster parents, in addition to city-wide training events offered by DHS. Several innovative training approaches have emerged, including a mentoring curriculum developed by two grantee agencies with support from the Nelson Foundation, and a DHS-sponsored training carried out through a contract with Temple University that used a drama troupe to role-play interactions between birth and foster parents. DHS has developed a survey of attitudes and beliefs related to foster parenting in general and mentoring in particular, which each agency has administered to its current foster parents. Results, still being tallied, will be used to guide ongoing training efforts. Although workers are also targeted for training, some agencies noted that their training needs have not been as thoroughly addressed.

Agencies believe that their foster parents have, for the most part, accepted the FAMILY TO FAMILY model as the new standard practice for the city. They consistently report the message they have received from DHS is being conveyed to foster parents: those who are not willing or able to work within the new model will be limited to respite and emergency care. It is difficult to assess whether there are sufficient homes available to implement this policy. At

present, 37% of the foster homes under the auspices of DHS and the nine private agencies are designated as FAMILY TO FAMILY homes.

**4.5.3 Volume and pattern of initial placements.** In the year prior to the start of FAMILY TO FAMILY in Philadelphia, initial entries to out-of-home care rose to 2,180 children. As Exhibit 4.25 indicates, admissions declined steadily over the following three years, falling to 1,680 in 1995 or 500 fewer than in 1992. The number rose to 1,801 children in 1996, however, the chart indicates that the increase in admissions was accommodated by foster home placements rather than congregate-care placements. If such a shift persists and expands, it would mark an important change in how children enter out-of-home care in Philadelphia.

Exhibit 4.25: Initial Placements for Children Entering Care in Philadelphia: 1990 - 1996

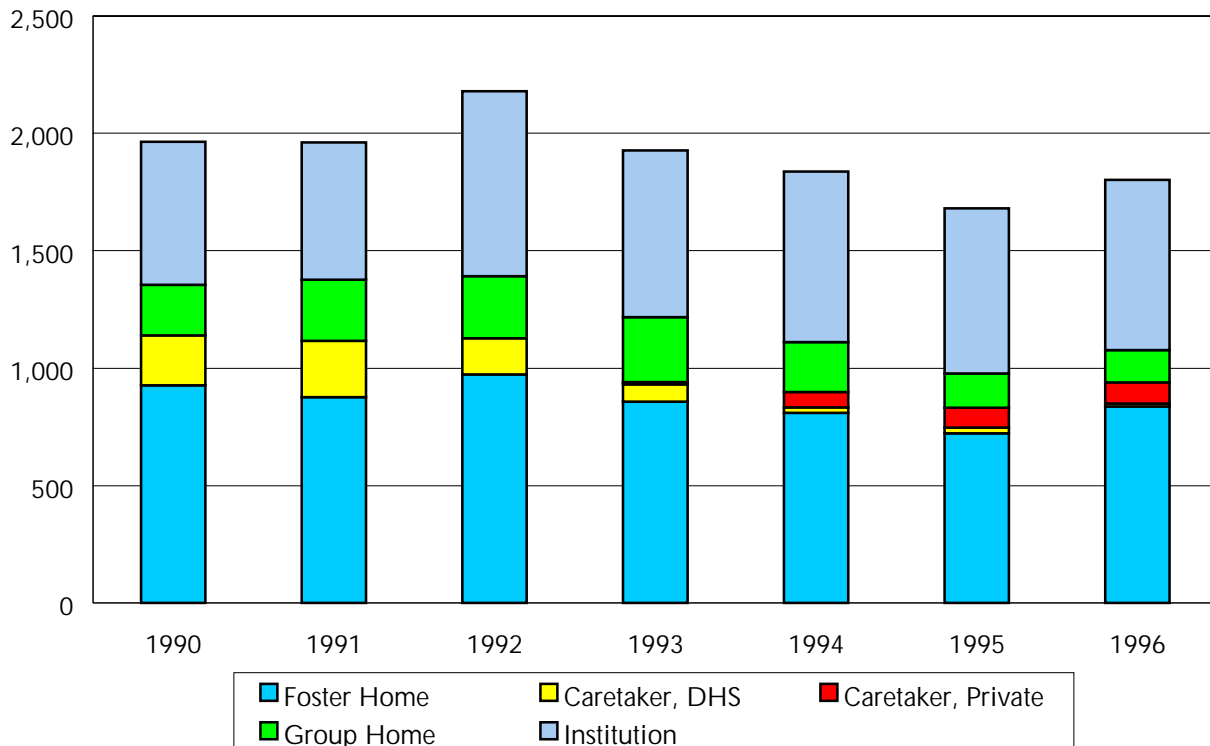
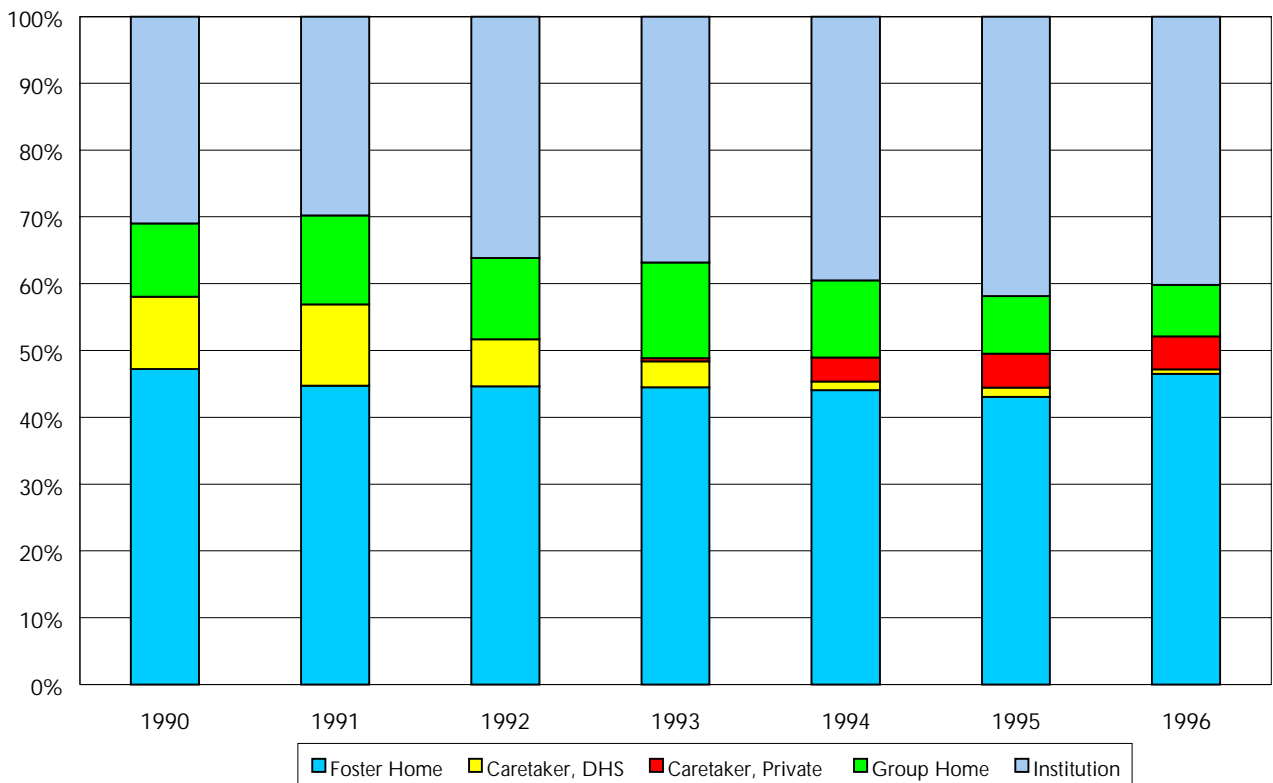


Exhibit 4.26 shows Philadelphia's growing reliance on institutional and group home placements in the period from 1990 through 1993. While 42 percent of initial placements were to one of these types of placements in 1990, the rate grew to just over 50 percent among children who initially entered out-of-home care in 1993. Accompanying this trend was a decline in the number and proportion of initial placements with relative caretakers. Whereas 10 percent or

more of initial placements were with relatives in 1990 and 1991, fewer than five percent of children began their placement experiences with relatives in more recent years. This corresponds to a shift from DHS caretaker homes to private provider caretakers. In 1993, Philadelphia began to use private providers to support and monitor placements in caretaker homes, in much the same way it has relied on private providers for foster home resources. By 1996, DHS caretaker placements accounted for less than one percent of entries.

Exhibit 4.26: Initial Placements for Children Entering Care in Philadelphia: 1990 - 1996



As Exhibit 4.27 indicates, the growth in private agency caretaker placements replaced DHS caretakers to some extent, but the overall trend for caretaker placements, DHS and private agency combined, was declining use. Some DHS staff expressed the opinion that placements in caretaker homes may have declined because private agencies more consistently sought police and child abuse record clearances for caretaker homes than did DHS workers. It is also possible that informal placements with relatives, supported by services such as day care, have been substituted for some caretaker placements.

Exhibit 4.27: Caretaker Placements As a Percent of All Entries to Care in Philadelphia: 1990 – 1996

	1990	1991	1992	1993	1994	1995	1996
DHS caretaker	10.9	12.2	7.1	3.8	1.3	1.4	0.7
Private agency caretaker	0	0	0	0.5	3.6	5.1	4.9
Total caretaker placements	10.9	12.2	7.1	4.3	4.9	6.5	5.6

Placements to congregate care include those settings designated as either group homes or institutions. Initial placements to group homes rose somewhat between 1990 and 1993, then declined from 277 placements among the 1993 cohort to 138 placements among the 1996 cohort. Initial placements to institutions rose proportionately from approximately 30 percent of all entries in 1991 to just over 40 percent in 1995, however the absolute number changed very little, increasing from 709 placements in 1993 to 724 in 1996.

The distinction between group homes and institutions is based on size, with facilities having a capacity of 25 or more beds classified as institutions. The categories are not clear-cut, however, because the classification is based on the total number of beds managed by a provider, rather than the number of beds in a specific facility. Thus, a provider operating five group homes with six beds each would be coded as an institution, making it difficult to interpret the significance of these changes over time.

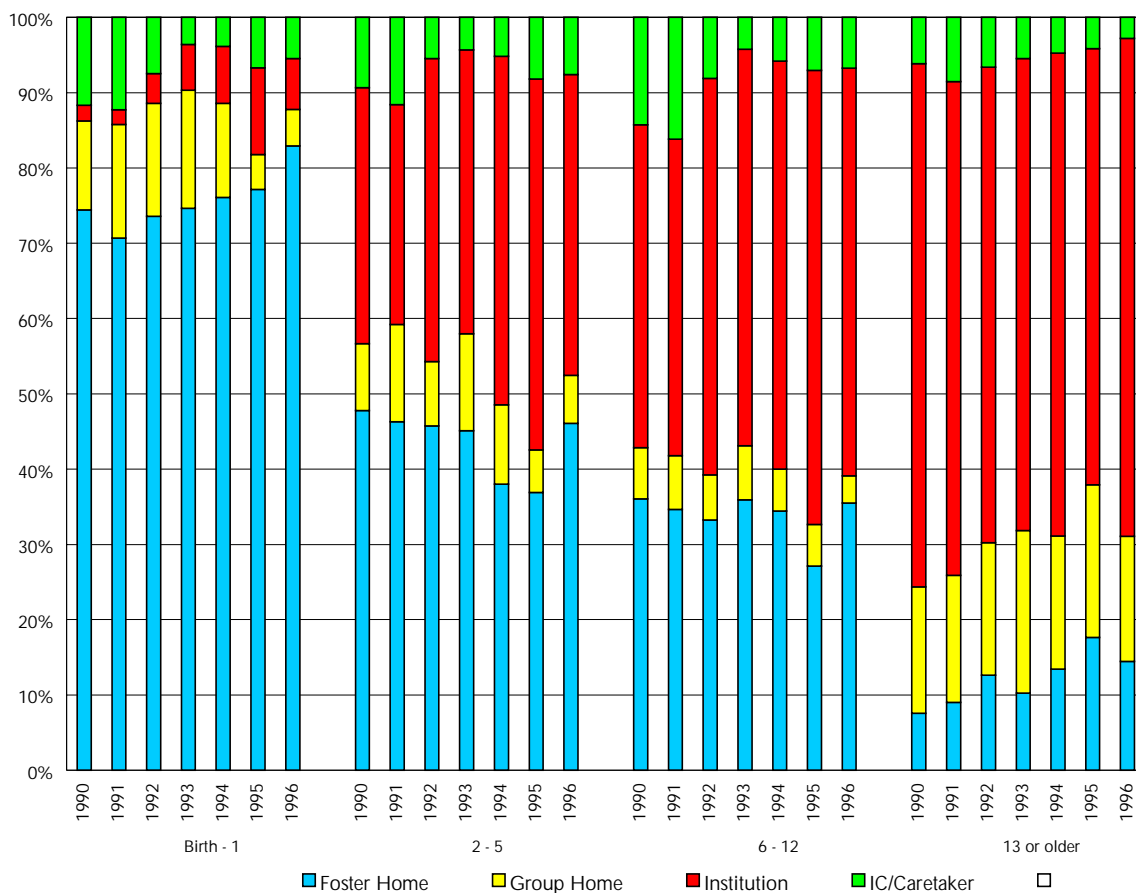
When admissions to group homes and institutions are combined, as in Exhibit 4.28, congregate care placements constituted approximately half of all initial placements from 1993 through 1995. Thus, in spite of a clear shift in the use of facilities labeled as group homes, congregate care settings continued to be used extensively at the beginning of children's experiences in out-of-home care in Philadelphia. It is noteworthy, however, that a proportionate reduction in congregate care placements occurred among children who entered care in 1996. Continued movement in this direction would represent a significant change in patterns of care in Philadelphia.

Exhibit 4.28: Congregate Care Placements As a Percent of All Entries to Care in Philadelphia: 1990 - 1996

	1990	1991	1992	1993	1994	1995	1996
Group homes	11.0	13.3	12.2	14.4	11.5	8.6	7.7
Institutions	31.0	29.8	36.1	36.8	39.5	41.8	40.2
Total congregate placements	42.0	43.1	48.3	51.2	51.0	50.4	47.9

Staff of the Philadelphia DHS attribute the shift in placement type to a change in the age distribution of children entering care in recent years. As shown in Exhibit 4.29, entries among the youngest children (that is, those less than two years of age), declined as a proportion of the total from 36 percent to 28 percent of entries between 1990 and 1996. Entries of adolescents increased by approximately the same degree. Because infants are the children most likely to be placed in caretaker (relative) homes, and adolescents in congregate care, the shift in age distribution might account for some of the changes in placement patterns described above. An examination of placement patterns by age group, however, shows that a decrease in placements with caretakers (both DHS and private agency) has occurred in all age groups. Combined caretaker placements, as a proportion of all entries, declined most sharply for children under two years of age and those between six and twelve years, which had been the age groups most frequently placed with caretakers. Congregate care placements remained fairly constant as a portion of entries for adolescents, while increasing for other age groups. Foster home placements increased only among infants and adolescents.

Exhibit 4.30: Initial Placements by Age Group and Cohort



**4.5.4 Neighborhood-based implementation.** The strategy of funding private providers to recruit foster homes in high-placement neighborhoods was intended to facilitate placement of children in their own neighborhoods. By all estimates, this strategy has not been broadly implemented. Staff of DHS report that approximately 70 children have been placed in FAMILY TO FAMILY homes in their own neighborhoods. Agencies report that there does not appear to be any conscious effort on behalf of intake workers to match children and neighborhoods, and that intake workers are often unable to determine the neighborhood which a child has an attachment. In addition, it is not clear whether DHS is doing any assessment to determine whether a placement is appropriate for a FAMILY TO FAMILY home, that is, whether the birth parent is available and willing to work with the foster parents.

An enhanced centralized referral unit will reportedly allow better matching of children, agencies, and homes, but it is not clear when this will be in operation. At the same time,

comments from both DHS and agency staff suggest that neighborhood placement is seen as a secondary consideration. The views expressed were that that people frequently cross neighborhoods to maintain church or family ties, and children are routinely bussed across the city to schools. Therefore, foster care placements one or two zip codes away from a child's home are considered to be acceptable.

#### 4.6 Cross-State Assessment

This description of changes in program operations in FAMILY TO FAMILY sites reveals both the challenges grantees continue to confront and the promise of their accomplishments. While it is challenging to change the way any public bureaucracy operates, the challenge seems even more daunting and skepticism is reinforced when the commitment to change is not clear and consistent. One of the frustrations for frontline participants in FAMILY TO FAMILY in Alabama and New Mexico was the change in direction that occurred in both states after two to three years of aggressive implementation. Public pronouncements by new leaders sent messages that ran counter to the philosophy of the initiative. Reorganizations, reassignments, and resignations eliminated mid-level supports that had been vital to establishing FAMILY TO FAMILY and that would have been essential to its expansion and perpetuation.

The situations in these states, where those committed to the approach represented by FAMILY TO FAMILY and pre-existing efforts had to work with one hand tied behind them, stands in sharp contrast to sites such as Cuyahoga County and Philadelphia in which there was consistent and persistent commitment to the new direction. Also, as this chapter indicates, staff, foster parents, and other participants in these communities are not uniform in their commitment to the principles of the initiative, but those who have been more directly involved through training or experience feel that they are on the right path. Moreover, while the development of neighborhood-based foster care has been slower than expected, there are clear indications that it is feasible, but that trust between the agency and community requires time and experience. Indeed, it cannot occur without a firm and consistent commitment by agency leaders and staff.

When and where this type of commitment has existed, FAMILY TO FAMILY grantees in Alabama, New Mexico, and Ohio have demonstrated that the changes in operation called for by the initiative can be accomplished and that they can produce the intended results. For example,

Placement Review Teams (PRTs) in New Mexico, administrative staffings in Anne Arundel County, and the Family Team Meeting (FTM) in Cuyahoga County are somewhat different approaches to assessment and decision-making, but share the feature that they engage more and diverse participants. The result in both settings is that fewer children enter out-of-home care and those who must be removed from their homes are placed in less restrictive forms of care.

Similarly, although forms and approaches to training vary across sites, recently-trained foster parents are consistently more likely to express a commitment to the partnership role model called for by FAMILY TO FAMILY. The recruitment process in Cuyahoga County, which seeks to communicate to potential foster parents how much they are valued, also demonstrates the importance of nurturing a relationship with applicants as the first step in developing a good working relationship. At the same time, the experience of private foster care providers in Philadelphia demonstrates that expectations for existing foster parents can be shifted to a new model of foster care. Collectively, approaches that facilitate contributions by interested persons from target neighborhoods can help establish the foundation for community-based child welfare services.

The net effect of changes in program operations associated with FAMILY TO FAMILY, again tempered by the time when the assessment is made and the place in which it is made, is that fewer children enter less restrictive forms of out-of-home care. This is evident in those states and communities in which the initiative was pursued most aggressively. Yet, it is equally apparent that child welfare programs operate in a dynamic environment and that changes in direction must be made sometimes in response to environmental pressures or new information. For example, the substantial increase in the number of children entering care in Cuyahoga County in the last year resulted from a combination of factors—more newborns with positive tests for toxic substances, a change in agency policy regarding the status of older siblings of such children, increased reliance on kinship care, and a formal assessment of agency risk-assessment procedures.

This illustration also points to the dynamic nature of performance indicators in child welfare. The goal of reducing reliance on out-of-home care, for example, cannot be reduced to a simplistic numbers game. Although the data suggest that there are significant opportunities to reduce the number of children entering out-of-home care, there also are valid reasons why that

number might increase. These reasons have to do with changes in social and economic conditions as well as information that may suggest the need for different standards to be applied in making placement decisions. However, while different communities will respond in different ways to such changes, the results of their responses should not go undetected. If communities monitor the type of data now being used by FAMILY TO FAMILY grantees and seek to understand when and why changes occur, it will be difficult to charge that their child welfare systems are out of control.