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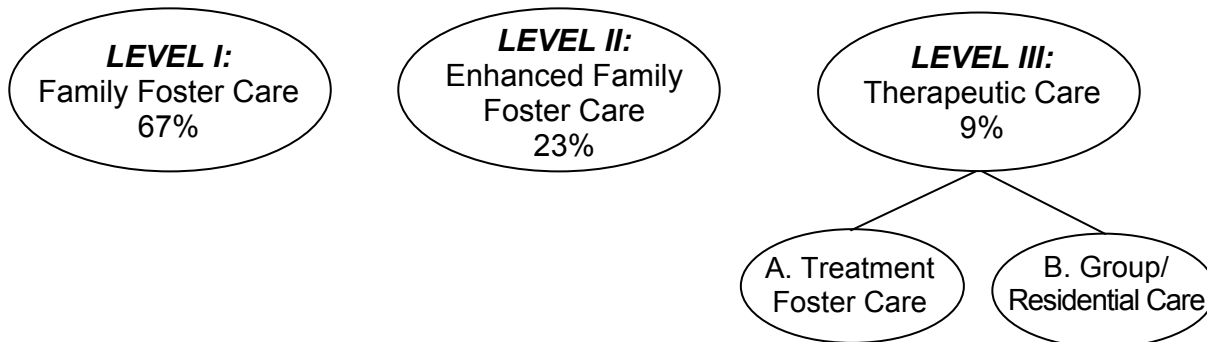
Long-Term Foster Care in Washington: Children’s Status and Placement Decision-Making

EXECUTIVE SUMMARY

The 2000 Legislature directed the Washington State Institute for Public Policy (Institute) to compare placement decisions and funding methodologies for residential care services for children in long-term foster care and to examine the best practices in other states (EHB 2487). This report addresses placement decision-making and the state’s funding methodologies. A separate report describes innovative practices in other states and reviews the literature on foster care;¹ some findings from that report are incorporated into this document.

Only a small percentage of children coming into contact with the child welfare system enter placement, and many children placed into care do not remain longer than a few months. In Washington, a high percentage (41 percent) of the approximately 7,000 children placed each year leave care within the first month, and close to half (48 percent) leave within the first three months of placement.²

In April 2000, 7,150 children in Washington State were in long-term foster care (90 days or more). The placements were divided into three levels:



¹ Lee Doran and Lucy Berliner, *Placement Decisions for Children in Long-Term Foster Care: Innovative Practices and Literature Review* (Olympia, WA: Washington State Institute for Public Policy, February 2001), Document Number 01-02-3902.

² Children’s Administration, *Children Leaving Out-of-Home Placement* (Olympia, WA: Department of Social and Health Services, December 2000), CAMIS Report EMISLOSZ.

This study was designed to answer the following research questions:

- As a group, how are Washington's children in long-term foster care functioning and behaving?
- Are these children placed in the right settings?
- Does the state have an adequate supply of placement options for its foster care population?

Through interviews and administrative data, we learned about the history and functioning of a representative sample of children at each level of care. Approximately two-thirds of the children were placed in Level I family foster care. The median payment for family foster care is \$344 per month, \$639 for enhanced family foster care, and \$3,417 for therapeutic care.

Study Findings

The Costs of Placement Failure

National research on foster care children and placement reveals, first and foremost, the connections between events and outcomes.³ In simple terms, these connections can be expressed as follows:

- Children in foster care longer than three months often enter this system with psychological injuries and vulnerabilities, as well as behavioral problems.
- Behavior problems can create difficulties in a child's placement and ultimately lead to multiple placements. Multiple placements are also associated with worse outcomes for children.
- Even for children with few impairments, being moved from setting to setting often increases their problems.

Given the harm associated with multiple placements, the clear ideal is connecting children with the most appropriate setting at the onset of their foster care experience, taking into account their psychological and physical needs.

Children's Problems and Needs as Rated by Their Caregivers

- The majority of 4- to 17-year-olds in foster care have difficulty getting along at home, at school, and in the community; many children have severe functional impairments.
- In family foster care, most children under 4 years old do not have developmental problems—motor, speech, social, emotional lags. However, most children from this age group who were placed in enhanced family foster care were described as having developmental problems.
- Most children in family foster care do not have problems relating to caregivers; however, most children in other care levels were identified as having signs of attachment difficulties.

³ For an examination of this research, see: Lee Doran and Lucy Berliner, *Placement Decisions for Children in Long-Term Foster Care: Innovative Practices and Literature Review* (Olympia, WA: Washington State Institute for Public Policy, February 2001), Document Number 01-02-3902.

Matching of Placement to Children's Problems and Needs

- A standardized assessment of children's problems revealed that, for the majority of children in foster care, their current placement level and supports received corresponded with the degree of their problems.
- A large majority of caregivers and caseworkers rated the placement as meeting key goals and as a good match for the child; this finding was true at all levels of care.
- Impairments reported for children placed in enhanced family foster care (Level II) and those in treatment foster care (Level III A) overlapped substantially. This overlap indicates that state policies guiding placement in these care levels is somewhat ambiguous.
- The children who appear at the greatest risk for placement failure are those in enhanced family foster care (Level II) and rated with severe impairments; they appear to need more services and/or supervision. Almost half (44 percent) of children in enhanced family foster care are in this category.
- Even though the majority of children in family foster care and enhanced family foster care were rated as moderately or severely impaired or as having clinically significant behavioral problems, most had *not* received any mental health or support services in the previous month.

Foster Parents

- A third of foster parents undertook the foster parent role because of an individual child, and 20 percent of caregivers are related to the children.
- Caring for foster children often interferes with normal family activities and frequently requires a constant level of supervision to prevent harm to others.

Placement Decisions

- Federal and state laws require that children be placed in the least restrictive, most family-like setting.
- Moving children from family foster care to a higher care level significantly increases placement costs; Level II care is almost twice as expensive, and Level III costs ten times as much. Placements at the higher levels are not always available when needed. Children often have repeated failures at a lower care level before they are placed in a higher level.
- Foster parents are not always fully informed about the children's history or problem behaviors.

Placement History

- The placement history of children in long-term foster care varies greatly. For children in family foster care, the median number of prior placements was 3, with a median duration of 1.2 years each. For the highest case level, therapeutic care, the medians of prior placements and duration were twice as high, with 6 prior placements and 3 years' duration. Almost a third of the children in therapeutic care had 10 or more placements.

Satisfaction With Children's Administration Caseworkers

- Caregivers at all levels of care were generally satisfied with the Children's Administration caseworkers.

Funding Methodologies

- The state redesigned its reimbursement system for foster care, and this new system went into effect in 2000. The payments are designed to reimburse foster families for their required effort and cost rather than the child's condition.
- The previous reimbursement rates for Level II care have been maintained to allow more time to determine appropriate levels.