A REPORT TO CONGRESS ON ADOPTION AND OTHER PERMANENCY OUTCOMES FOR CHILDREN IN FOSTER CARE: FOCUS ON OLDER CHILDREN

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In recent years, increasing national attention has been focused on the need to find adoptive homes for children in foster care. The Adoption Promotion Act (the Act), passed in 2003, supported these efforts by reauthorizing the Adoption Incentive Program, a key outcome-focused tool for promoting adoption, and also introduced a special focus on the need to find adoptive homes for children ages 9 and older.

Congress included in the Act a requirement for a report that presents the strategies and promising approaches being undertaken to achieve permanency outcomes for children in foster care. In keeping with the legislative requirement, this report addresses not only adoption, but also the achievement of other permanency outcomes for children, with a special focus on older children. The challenges faced in attempts to achieve these outcomes are summarized, along with strategies for addressing these challenges. Many examples of Federal leadership are presented, as are State and foundation-led initiatives. The report concludes with a summary of the progress that has been made in addressing these issues and the strategies that show promise of improving outcomes for children in foster care.

1. BACKGROUND[1]

Children enter foster care when they are unable to live safely with their families, usually due to abuse or neglect in the family home. At the end of fiscal year (FY) 2003, there were 523,000 children in foster care, a reduction from the high of 567,000 children at the end of FY 1999. While there are fewer children in care, a higher proportion of them are ages 9 and older (58 percent, up from 53 percent in FY 1998). As a result of the abuse and neglect they have experienced, many of these children face significant challenges, including physical and mental health problems, developmental delays, educational difficulties, and psychological and behavioral problems (Freundlich & Wright, 2003). In FY 2003, a little more than one-quarter (27 percent) of the children in foster care had a diagnosed disability.[2]

Foster care is meant to be temporary, and a permanency or case plan must be established for each child in foster care, stating a goal for a permanent living arrangement upon the child's exit from care. Nearly all children begin with the goal of being reunified with their families;

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[1] Unless otherwise noted, the data in this section are from the U.S. Department of Health and Human Services (U.S. DHHS) Adoption and Foster Care Analysis and Reporting System (AFCARS), including published AFCARS reports online at http://www.acf.dhhs.gov/programs/cb/dis/afcars/publications/afcars.htm (2000, 2001, and 2005) and special data analyses conducted for this report (U.S. DHHS, 2004c).

[2] These disabilities include mental retardation, visual or hearing impairments, physical disabilities, emotional disturbances, and other diagnosed conditions that require special care (e.g., HIV-positive or chronic illnesses).

when this is not possible, other permanent living arrangements are sought, such as living with another relative, guardianship, or adoption. However, some children, particularly older children, have plans established for them that do not include a goal of leaving foster care and transitioning into the home of a permanent family. Instead, they are prepared to be emancipated from foster care into adulthood on their own. Still others simply have goals of long-term foster care or do not have permanency goals established.

Youth who are emancipated[3] from foster care without a permanent family are at high risk for many poor outcomes. One longitudinal study of youth aging out of foster care found numerous challenges as these youth were transitioning to adulthood (Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001). One in five (22 percent) had lived in four or more places within 18 months of discharge from care; more than one-third (37 percent) had been physically or sexually victimized, incarcerated, or homeless during that time period; and these youth had considerably more mental health challenges than others in the same age group. In addition, more than one-third (37 percent) had not completed high school, and only 61 percent were employed after 18 months, earning a median wage of $4.60 per hour (Courtney et al.).

A former foster youth who emancipated from foster care was filling out a job application. He was asked to provide an emergency contact person. "He wrote 911. He had no one else." (Holtan, 2004, p. 35).

Transitioning to adulthood is a challenging stage for all youth. But youth in foster care often have already lost parents, siblings, familiar neighborhoods, and schools. They often have moved frequently and have not developed the kinds of supportive, committed relationships that could sustain them during difficult times. While helping these youth develop supportive relationships is crucial, helping them find permanent families provides the greatest opportunities for lifelong support.

For the purposes of this report, therefore, permanency is defined as a legal, permanent *family* living arrangement, that is, reunification with the birth family, living with relatives, guardianship, or adoption. The goal of emancipation is not included in this definition of permanency because it does not provide for a legal permanent family for the child (although the child may have a long-term emotional connection with a family). At the end of FY 2003, 24 percent of all children in foster care, including 33 percent of children ages 9 and older, did not have case plans that included permanency goals for living with a family. While this represents some progress for older children (at the end of FY 1998, 43 percent of older children did not

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[3] Emancipation is the case outcome for youth who exit foster care because they have reached the age of majority.

have permanent family goals), it still leaves too many youth at risk of aging out of foster care without the support of a permanent family.

Establishing a permanency goal is an important first step, but child welfare systems also must act on those goals. Children should transition from foster care to permanent families as quickly as possible to maximize healthy development while maintaining safety. Lengthy stays in foster care and the multiple placements that often result (e.g., moving among foster families or group homes) can have a negative impact on children's mental health and well-being and their ability to make a smooth transition back to their birth families or to new permanent families (Freundlich & Wright, 2003; Illinois Department of Children and Family Services, 2002).

Half of all children in foster care at the end of FY 2003 had been in care for at least 18 months; this is a reduction from the median length of stay for children in care at the end of FY 1998 (21 months). Children ages 9 and older stay in foster care longer than younger children, but their median length of stay also decreased, from more than 26 months (26.4) at the end of FY 1998 to less than 25 months (24.6) at the end of FY 2003. While these reductions look promising, another view of the data shows that almost 31 percent of youth ages 9 and older who were in foster care at the end of FY 2003 had been in care for 4 or more years. Four years in foster care can affect a child for a lifetime. While foster care provides a temporary placement for children in need, the instability of foster care over many years does not provide the necessary environment for most children to successfully accomplish developmental tasks, nor does it promote the development of a lifetime support system for children.

With significant Federal leadership, State child welfare agencies have been placing increasing emphasis on achieving adoption outcomes for children in foster care as one strategy to reduce lengths of stay and enhance permanency outcomes. Between FY 1998 and FY 2003, the number of children adopted with public child welfare agency involvement increased from 35,000 to 50,000 children.[4] The proportion of children adopted from foster care who were ages 9 or older also has increased, from 28 percent in FY 1998 to 32 percent in FY 2002. However, the proportion of children waiting for adoption[5] who were ages 9 or older increased from 39 to 49 percent during this same period. These data may indicate that State child welfare agencies are having some success finding adoptive families for older children and that they are more often considering adoption as a permanency option for older children; however, they also show the

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[4] These data include adoptions of children from foster care and adoptions of some children who were not in foster care but received other support from the public child welfare agency (e.g., a child who was not in foster care but received title IV-E adoption subsidy assistance).

[5] Children waiting for adoption include those who have a permanency goal of adoption and/or whose parents' rights have been terminated.

need to strengthen efforts to secure adoptive families for thousands of older children still waiting to be adopted.

While the data show that permanency outcomes for children in foster care are moving in the right direction, there still is much to be done. There are fewer children in foster care, but those still in care are getting older, and many face significant mental, emotional, and physical challenges. More children are being adopted from foster care, including more children age 9 and older, but the proportion of children waiting for adoption who are age 9 or older has increased at an even faster pace, and many have been in care far too long. Foster care is an essential safety net for many children, but child welfare systems must continue to address the complex issues involved in achieving family permanency for these children, employing strategies that show promise. All children, including older children and teenagers, need permanent families throughout their lifetimes—someone to tell the news of a new job, someone to call when the car breaks down, someone who always cares.

2.   CHALLENGES AND STRATEGIES

Numerous challenges have been documented in efforts to achieve permanency for children in foster care, especially for older children. At the same time, several strategies show promise for overcoming these challenges. Challenges discussed in the following sections address a lack of permanent families, lack of services, inadequate permanency planning, resistance from youth, staff issues, and court and legal issues. Strategies presented include those related to recruitment of families, pre- and post-placement services, involvement of youth in permanency planning, staff enhancements, court reform, and child welfare system reform. Some of these strategies are applicable to achieving adoption and other permanent family outcomes for all children in foster care, and some are especially relevant for older children.

2.1   Challenges to Achieving Permanency[6]

The following sections summarize many of the challenges faced in securing and supporting a permanent family living arrangement (i.e., achieving permanency) for children exiting foster care, especially older children and include challenges to achieving adoption as well as other permanent family outcomes such as guardianship, placement with relatives, and family reunification.

Lack of Permanent Families. Many State agencies and community programs cite a lack of adoptive and other permanent families as a major challenge to achieving permanency for older youth (Landsman & Malone, 1999; Macomber, Scarcella, Zielewski, & Geen, 2004; Tello &

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[6] "Permanency" means a safe, permanent living arrangement with a family, for each child leaving foster care.

Quintanilla, 2003; Winkle, Ansell, & Newman, 2004). The shortage of adoptive family resources for older youth may be due to families' initial preferences for younger children and concerns about assuming responsibility for older youth who may have emotional and behavioral difficulties resulting from abuse and neglect or lengthy stays in foster care. Foster and kinship families may be hesitant to adopt or assume guardianship for fear of losing financial benefits available to youth in foster care (e.g., through federally funded independent living programs) that are critical to meeting children's unique needs. Some kin choose not to adopt because they feel it would disrupt the relationship with the youth's parents (their kin). Additionally, many States have been inconsistent in seeking paternal relatives as placement resources, thereby limiting permanency opportunities for children in foster care (U.S. DHHS, 2004b).

Lack of Services. A number of studies and programs cite a negative impact on permanency outcomes from a lack of services for birth families, children, and prospective or permanent families (Fostering Results, 2004; Freundlich & Wright, 2003; Landsman & Malone, 1999; U.S. DHHS, 2004b; Winkle et al., 2004). Adequate provision of services to birth families is necessary to achieve reunification or demonstrate that reasonable efforts were made to reunify a child with his or her birth parents in termination of parental rights hearings.

Insufficient post-placement supportive services for children and prospective permanent families also can delay permanency. Children and families must be adequately prepared to choose a permanent family living arrangement as a goal and be successful in that choice. Similarly, insufficient post-placement and post-adoption services may result in some potential families not choosing permanency because they do not believe they can be successful without adequate supports. Without post-placement and post-adoption services, some potential permanent families do not succeed and the placements disrupt prior to adoption finalization or dissolve after finalization. Several studies have indicated that children who are older at the time of adoption have adoptive placements that are at the greatest risk of disruption and dissolution (Barth, 1992; Freundlich & Wright, 2003).

Inadequate Permanency Planning. As foster care is meant to be a temporary arrangement, a permanency plan should be developed for each child in foster care, identifying the desirable permanent family living arrangement for the child and the tasks required to accomplish that goal. Anything short of such a plan is inadequate permanency planning; this can take a number of forms. Some children in foster care do not have any permanency goal established (U.S. DHHS, 2004), indicating a lack of focus on permanency. In other cases, the goals of long-term foster care (U.S. DHHS, 2004b) or emancipation (Mallon, 2005) are used inappropriately, and there is little focus on finding a permanent family for the child. Sequential permanency planning also can lengthen a child's stay in foster care. Sequential permanency planning involves establishing and working on only one permanency goal at a time (e.g.,

reunification), changing goals and shifting efforts (e.g., to adoption) only after the first goal has proved unattainable. Problems also exist when a goal (such as reunification) is maintained for too long even when little progress has been made and achievement of the goal is unlikely (U.S. DHHS, 2004b).

Federal reviews of State child welfare agency performance have found that very few States are in substantial conformity with Federal outcomes for the achievement of timely permanent family living arrangements for children in foster care; timely achievement of adoption is one of the weakest indicators in this area (U.S. DHHS, 2004b). A State by State analysis of foster care adoption reported that 42 States identified barriers to establishing or changing a child's permanency goal to adoption (Macomber et al., 2004). In addition, a review of the Federal findings from a youth development perspective noted that inadequate permanency planning was a barrier for older youth in 17 of 45 States reviewed (Winkle et al., 2004). See Section 3.2, "Child and Family Services Reviews," for more information.

Youth Resistance. Youth themselves may resist the idea of seeking a permanent family other than their birth family for many reasons (Charles & Nelson, 2000; Macomber et al., 2004; Mallon, 2005). Many youth maintain strong emotional ties to their birth families, even if visitation is no longer occurring. They may resist the idea of adoption because they feel it is disloyal, they hope for reunification, or they believe it will separate them from siblings. They also may resist permanency with another family if they fear rejection or have no confidence in their own ability to be successful in relationships.

> **Reasons given by teens for not wanting to be adopted:**
>
> "I don't want to lose contact with my family."
> "I'll just mess up again."
> "I don't want to betray my birth family."
> "No one will want me."
> "Mom said she would come back."
> "I want to make my own decisions."
> "I don't want to risk losing anyone else."
> (Mallon, 2005, p. 29)

Staff Issues. The ability of child welfare staff to perform their jobs has an obvious impact on permanency outcomes for children, and high rates of staff turnover and heavy workloads can contribute to difficulties in achieving permanency (Charles & Nelson, 2000; DePelchin Children's Center, n.d.; Landsman & Malone, 1999; Macomber et al., 2004). Heavy workloads can prevent staff from devoting the efforts needed to find and support a permanent

family for each youth. In addition, turnover in child welfare staff can result in inconsistent and lengthened service delivery as the new staff person attempts to learn the case history and build a relationship with the youth. Solid evidence of the link between staff activities and outcomes for children is provided by the Federal Child and Family Services Reviews, which found significant associations between the frequency and quality of caseworker visits with children and with birth parents and the timely achievement of permanency outcomes, especially reunification (U.S. DHHS, 2004b).

Some staff problems are specific to achieving permanency for older youth. Many studies document resistance from child welfare and residential treatment staff about seeking permanent families for older youth (DePelchin Children's Center, n.d.; Louisell, 2004; Mallon, 2005; Winkle et al., 2004). Often, this resistance seems to stem from workers' beliefs that many older youth are "unadoptable." This belief may be due to the youths' emotional or behavioral disturbances, an impression that prospective adoptive families do not want older children, or an idea that older youth no longer need a family as they are close to the age of adulthood. Another area of resistance involves staff reluctance to pursue youths' family members as permanent placements, which may stem from concerns about biological parents' ability to overcome the problems that resulted in foster care placement (such as substance abuse) and concerns that extended family also may be afflicted with these problems and/or unable to keep the youth from harm. A number of States cite as a barrier a lack of staff training on specific issues related to achieving permanency for adolescents (Winkle et al., 2004).

> Quote from a former foster youth: "I said no to adoption when they first asked me, … Back then, before I realized that it would never happen, I thought I was going to go home, so I didn't even think about being adopted…. No one ever asked me again either – so the message I got was – who would want to adopt me? … If I had known that being adopted was a possibility, especially during the bad times, I think I would have felt differently." (Mallon, 2005, pp. 43-44).

Court and Legal Issues. Courts must approve permanency plans and permanent placements for children in foster care; therefore, court systems have a significant influence on achievement of permanency outcomes. Yet numerous studies cite widespread court-related problems in these efforts.

A recent review of foster care adoption found that more than 84 percent of States reported barriers to adoption in the courts and legal systems (Macomber et al., 2004). Barriers identified in this report, as well as in the Federal Child and Family Services Reviews (U.S. DHHS, 2004b) include the reluctance of some judges to terminate parental rights for children until a permanent family has been identified and delays in scheduling trials for termination of rights. Other court-related barriers include overloaded court dockets (Fostering Results, 2004;

Macomber et al., 2004; U.S. DHHS, 2004b) and lack of cooperation between courts and child welfare agencies (Macomber et al., 2004).

2.2   Strategies to Address Challenges

A number of publications present comprehensive lists of recommendations or lessons learned regarding strategies to achieve permanency for children in foster care, especially for older children (Center for the Study of Social Policy, Center for Community Partnerships in Child Welfare, 2003; Charles & Nelson, 2000; Flynn, 2004; Landsman & Malone, 1999; Louisell, 2004; Macomber et al., 2004; Mallon, 2005). These recommendations were derived either from reviews of numerous program reports or from discussions among professionals experienced in working with adolescents in foster care. Common elements of these recommendations, supported by evidence from other programs, are presented in the following sections; many address multiple barriers.

Recruitment Strategies. Strategies to recruit permanent families for children in foster care fall into three categories: general, targeted, and child-specific.

- **General** recruitment strategies are primarily those aimed at the general public that focus on the need for adoptive families for all children in foster care.

- **Targeted** recruitment efforts focus on a specific group of children, such as adolescents or Hispanic youth. The former National Center for Resource Family Support listed components of an effective targeted recruitment campaign (Casey Family Programs, 2003), including the following:

  − Agencies must have good data and truly "know" the children.
  − Agencies must understand what types of families are most likely to adopt these children.
  − Recruitment messages must clearly identify the children's issues.
  − Agencies must select communication strategies that will be seen or read by those most likely to adopt the targeted children.

  Targeted campaigns often are used to recruit families for minority children. For example, recruitment efforts for Hispanic or Latino youth have used Spanish-language media (including television, radio, and print) and presentations at Hispanic community events (Tello and Quintanilla, 2003; Stanford, Zaid, & Saliba, 2004).

- **Child-specific** recruitment efforts are those that seek a family for a specific child, and this type of recruitment is increasing. Efforts include website photolistings of children waiting for adoption, profiling specific children in television spots, and matching parties at which children waiting for adoption can meet prospective adoptive families. Many programs that seek permanency for adolescents focus on

recruiting permanent families from people the youth has known, including extended family, fictive kin (adults who have played an important role in the youth's life and whom the youth considers to be family), and adults with whom the youth is building a relationship, such as foster parents. The key to these efforts is involving the youth in the recruitment strategies, especially in identifying adults with whom the youth has either a current or past connection. One report stated that teens "were resistant and appropriately apprehensive about recruitment activities done 'to' and 'for' them" (Mallon, 2005, p. 21). Engaging older youth to recruit prospective permanent families for themselves may be a particularly promising recruitment strategy. In fact, a report on States' Child and Family Services Reviews from a youth development perspective noted this practice as a strength for the States that employ it on a large scale (Winkle et al., 2004).

Most programs cited in this report used targeted and/or child-specific recruitment strategies.

Quote from a former foster youth: "I always thought that I was adoptable even though I was 16 years old, but my social worker kept saying I was too old every time I asked him about it. I worked after school at this hardware store and the guy who owned it was so kind to me. He was such a good guy and I always talked to him…. I invited him to my case conference because my social worker said I could invite anyone who I wanted to, and at that point he asked about adoption. I was shocked at first, but it made sense. We finalized my adoption three months ago. That day was the happiest day of my life." (Mallon, 2005, p. 27).

Pre- and Post-placement Services. Pre- and post-placement services for the child and prospective permanent family can significantly affect achievement of permanency outcomes. These services help the child and family choose an appropriate permanent living arrangement and help smooth the transition and increase the chances for long-term success.

Post-placement services should involve exploring various permanency options (such as adoption or guardianship) to help the child and family make an informed decision about the outcome that best suits them. Counseling and discussions with the child and prospective permanent family about their visions and expectations for permanency also are key. Anticipating the realities of the permanent relationship can help them foresee the joys and prepare for the challenges. One study of long-term successful adoptive families of teens found that a key to their success was that, "Adoptees did not expect to find the ideal family and parents did not expect to find the ideal children" (Flynn, 2004, p. 2).

Availability and provision of post-placement and post-adoption services also have shown to be influential in successful permanency outcomes. Post-placement and post-adoption services can be provided to the child and/or the permanent family and generally fall into four categories:

material assistance (e.g., financial and medical assistance), clinical services (e.g., crisis intervention, counseling, respite care, and residential treatment), educational and informational services (e.g., information and referral to community services), and support networks (e.g., support groups and social gatherings) (Freundlich & Wright, 2003). Some caregiving families may be reluctant to consider a permanent placement if they believe they will lose financial or supportive services. Several studies found that the most meaningful services for each family depend on the composition of the family, the children's ages, and the children's special needs (Freundlich & Wright, 2003). Some States have used Adoption Incentive bonus awards to enhance post-placement and post-adoption services (Ledesma, 2000). A recent review of all States' adoption programs indicates that 35 States reported efforts to enhance services and subsidies as a promising approach (Macomber et al., 2004).

Permanency Planning and Expanded Permanency Options. Keys to successful, timely permanency for children in foster care include concurrent planning, team approaches to permanency planning, and an array of permanency options.

Concurrent planning is a structured approach that involves working on reunification with the birth family while developing and implementing an alternative permanency plan, such as relative placement or adoption. If efforts toward reunification are unsuccessful, progress may already have been made toward another permanency outcome, reducing the child's length of stay in foster care. Complementing concurrent planning is dual licensure of foster/adoptive parents; thus, if the child is freed for adoption and the foster family wishes to adopt, the time to permanency is shortened because the foster family already has completed the necessary training, home study, and other certification or licensure requirements for adoption (Lutz & Greenblatt, 2000).

A key strategy for enhancing permanency outcomes involves a team approach, such as Family Group Conferencing or Family Unity Meetings (Landsman & Malone, 1999; Louisell, 2004; Walter R. McDonald & Associates, 2000). The central theme in these approaches is the engagement of many people who have an investment in the child; these may include the biological parents, extended family, foster parents, caseworker, counselor, and the youth (when appropriate). Often, the youth is encouraged to invite adults of his or her own choosing. The team is uniquely created for each child; the team members collaborate to establish a permanency plan and work toward achieving its goals.

Another key aspect of effective permanency planning is having an array of permanency options to offer the youth and prospective permanent families, especially when traditional arrangements such as adoption and relative placement are not viable. One option that is being extensively tested is subsidized guardianship in which a family can assume legal responsibility

for a child without terminating the birth parents' rights, and the guardianship family can receive financial support to help meet the child's needs. Mallon (2005) states "… [T]he challenge is to arrive at the best permanency outcome in a timely manner that offers the greatest measure of emotional and legal permanency for every child or youth" (p. 12).

When adoption or another legal permanent solution is found to be unattainable, many adolescent permanency programs focus on developing and supporting meaningful, lifelong connections between the youth and caring adults. They emphasize that permanency often is in the mind of the youth and that the legal arrangement may be less important to the youth than the quality of the relationship (Charles & Nelson, 2000; Landsman & Malone, 1999; Mallon, 2005).

Youth Involvement. One key to achieving successful permanency outcomes for older youth is their involvement in their own case planning, including talking with them about their visions for permanency, asking them to identify potential permanent families from among people they have known, and involving them in team discussions about potential permanency plans and progress toward carrying out those plans. While it is important to engage youth in these discussions and activities, many programs caution that exploring and achieving permanent family living arrangements for teens is a process, not a one-time event. If youth initially resist the idea of pursuing a permanent family, staff can explore reasons for youth's resistance and often turn "No!" into "Yes" (Mallon, 2005).

> "One teen liked the way his caseworker approached him about adoption. 'He kind of asked me what it would be like if I could describe my perfect family. After I gave him a description, he said that he would try to find one for me.'" (Flynn, 2004, p. 4).

Staff Enhancements. Numerous publications and program reports identify staff improvements as primary strategies for enhancing permanency outcomes for children in foster care, especially older children. Having enough staff with minimal turnover is believed to enhance staff's ability to perform the demanding work consistently (Center for the Study of Social Policy, Center for Community Partnerships in Child Welfare, 2003; Landsman & Malone, 1999; Mallon, 2005). Also, many States have proposed training enhancements in their Program Improvement Plans (Winkle et al., 2004).

Specialization of staff and specialized training for staff are other key issues. The Quality Improvement Center on Adoption proposes that the best chance for achieving positive adoption outcomes involves using staff who specialize in adoption rather than staff who have mixed caseloads (e.g., both reunification cases and adoption cases) (Atkinson, 2002). In 2004, 45 States reported efforts to enhance adoption outcomes by improving case management services,

often through the use of specialized adoption staff or additional training on adoption (Macomber et al., 2004).

Many programs that focus on permanency for adolescents believe hiring and training staff who are especially effective with teens is vital (Flynn, 2004; Louisell, 2004). A review of State Child and Family Services Reviews identified specialized staff who work with teens as a strength in some States and noted that a number of States have plans to enhance staff training on permanency for teens (Winkle et al., 2004). Such training can be combined with networking and other forms of support to assist many types of staff (such as child welfare, residential, and court staff) in understanding the permanency needs of adolescents and learning strategies to achieve permanent family outcomes for them (Charles & Nelson, 2000). Effective strategies include staff communicating with youth about possibilities for permanency and holding conversations to address the youth's concerns (Mallon, 2005).

Court Reform. A number of studies cite the need for improvements in the court system to enhance permanency for children in foster care. Court improvement recommendations of the Pew Commission on Children in Foster Care (2004) include better tracking systems, increased collaboration between court and child welfare agencies, more input from children and families in court hearings, better representation for children and families in court, and stronger judicial leadership in child abuse and neglect cases. The American Bar Association's Center on Children and the Law (n.d.) recommends such strategies as more efficient docketing systems, deadline tracking on individual cases, early provision of information to judges, more efficient creation and distribution of court orders, more efficient scheduling and noticing of hearings, and the early appointment of counsel. A number of programs recommend hiring more court staff to support these activities and training court staff (including judges, attorneys, and guardians *ad litem* [court-appointed attorneys or trained volunteers who represent the best interests of the child]) to promote a greater understanding of the permanency needs of children in foster care (Center for the Study of Social Policy, Center for Community Partnerships in Child Welfare, 2003; Charles & Nelson, 2000; Kirk, 2001; Mallon, 2005). In 2004, 36 States reported progress related to permanency hearings, such as improvements in scheduling of trials and the use of child welfare "bench books" (reference books) for judges (Macomber et al., 2004). The goals of these strategies include strengthening court staff's support of the child welfare system's focus on permanency (including permanency for older youth) and reducing court-related delays.

Child Welfare System Reform. Some studies cite a need for larger systems reform to enhance permanency for children in foster care. These suggestions include explicit State policies regarding the expectation of permanency for all children in foster care, including older children (Louisell, 2004); strong management support for the implementation of efforts to enhance permanency (Tello & Quintanilla, 2003; Walter R. McDonald & Associates, 2000); improved

public-private collaboration to strengthen service provision (Atkinson, 2002; Stuart Foundation, n.d.; Walter R. McDonald & Associates, 2000); and more flexible child welfare funding to better meet the individual needs of children and families (Cornerstone Consulting Group, 2001; Pew Commission on Children in Foster Care, 2004). The Administration for Children and Families (ACF) support the President's child welfare program option that would allow States the option to receive Federal foster care funds as a flexible grant for five years or maintain the program as it is currently funded. The option would provide States with the flexibility to develop a continuum of services to promote children's safety, permanency, and well-being.

3. FEDERAL LEADERSHIP IN PROMOTING ADOPTION AND OTHER PERMANENCY OUTCOMES

The Federal Government has played a crucial role in promoting adoption and other permanency outcomes for children in foster care, especially older children. Federal contributions to these efforts include the passage of key legislation with specific mandates regarding permanency, review and accountability mechanisms for State performance, implementation of national adoption initiatives, and funding demonstration programs across the country to test promising strategies.

3.1 Key Legislation

Congress has passed several important pieces of legislation in the last 25 years that promote permanency for children in foster care, including older children. This section summarizes six key laws that demonstrate the Federal government's leadership on these issues.

Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272). The Adoption Assistance and Child Welfare Act of 1980 is one of the earliest Federal laws that focused extensively on adoption and permanency planning for children in foster care. This legislation was passed in response to widespread discontent with the public child welfare system, including concerns about children's lengthy stays in foster care. P.L. 96-272 set forth a number of landmark measures, including:

- The requirement that States make "reasonable efforts" to prevent removal of children from their homes and make it possible for children in foster care to return home.

- The requirement that States place children in foster care in the least restrictive setting.

- The requirement that States make adoption assistance payments available to families who adopt children with special needs when the children meet the statutory eligibility requirements; a Federal match for these payments also is authorized.

- A foundation for States to define "special needs" so they may include diagnosed disabilities, membership in a sibling group, racial or ethnic minority status, and age.

In addition, this Act authorized federally funded training for States to help them implement relevant programs.

Adoption and Safe Families Act of 1997 (P.L. 105-89). The Adoption and Safe Families Act (ASFA), passed in 1997, revised numerous sections of titles IV-B and IV-E of the Social Security Act to help States move children out of foster care into safe, permanent homes more quickly. Some of the relevant provisions include:

- Reduced timeframes. The timeframe for holding permanency hearings was reduced from 18 to 12 months.

- Expedited termination of parental rights. States must file a petition with the courts to terminate parental rights in certain circumstances, including when a child has been in out-of-home care for 15 out of the most recent 22 months. Certain exceptions to these filings are allowed, such as when it is determined that terminating parental rights is not in a child's best interests and when the State has not made reasonable efforts to reunify a child with his or her family.

- "Fast track to permanency." States are not required to pursue reasonable efforts to prevent removal of children from their homes or reunify children with their birth parents if certain circumstances exist, such as when parents have already involuntarily lost parental rights to a child's sibling or subjected a child to aggravated circumstances (as defined in State law, including abandonment and chronic abuse). ASFA also clarified the meaning of "reasonable efforts" noting that the child's health and safety are of paramount concern.

The Adoption Incentive Payment Program was created in ASFA. It was the first Federal performance-based incentive in child welfare, to reward States for increasing the number of adoptions of children from foster care. It also extended and expanded the authority for the Federal Child Welfare Demonstrations. The latter program allows States to request waivers of certain provisions of titles IV-B and IV-E of the Social Security Act to test new approaches to delivering and financing child welfare services aimed at improving outcomes for children. See more in Section 3.3, "Federal Adoption Initiatives," and Section 3.4, "Federally Funded Programs."

Foster Care Independence Act of 1999 (P.L. 106-169). The Foster Care Independence Act of 1999, also known as the Chafee Act, focused on improving outcomes for older youth in foster care and those who are aging out of (emancipating from) foster care. The Act revised the program of grants to States and expanded opportunities for independent living programs to provide educational, financial, employment, housing, and other supportive services to prepare

youth for emancipation from foster care and transition to adulthood. The Act also required development of outcome measures for independent living programs, identification of data elements, and development of a data collection system to track the youth who are or were participating in these programs, the services provided, and the States' performance on the outcome measures.

Promoting Safe and Stable Families Amendments of 2001 (P.L. 107-133). These amendments to title IV-B, subpart 2 of the Social Security Act expanded the Promoting Safe and Stable Families (PSSF) program which provides funding to States to support the operation of a number of programs, including community-based family support and preservation services, time-limited reunification and adoption services, and educational vouchers for youth aging out of, or being adopted from, foster care. Services provided using PSSF funds may include promotion of healthy marriages, post-reunification and post-adoption services, and promotion of timely court actions to expedite permanency for children in foster care.

Adoption Promotion Act of 2003 (P.L. 108-145). The Adoption Promotion Act of 2003 focused attention on encouraging adoptions of children ages 9 and older. Its key provision was the reauthorization of the Adoption Incentive program and, at the request of President Bush, the addition of bonus awards for adoptions of children ages 9 and older. Under this Act, States are eligible to receive financial awards for increasing the number of children adopted from foster care above established baselines. States are awarded $4,000 for each child adopted from foster care above the baseline; $4,000 for each child age 9 or older above the baseline; and if a State qualifies for either of these bonuses, and additional $2,000 for each child who has special needs and is under age 9 above the baseline. The Act authorized up to $43 million for bonuses for fiscal years 2004 through 2008.

Keeping Children and Families Safe Act of 2003 (P.L. 108-36). The Keeping Children and Families Safe Act of 2003 reauthorized a number of Federal programs, including the Child Abuse Prevention and Treatment Act (CAPTA), the Abandoned Infants Assistance Program, and the Adoption Opportunities Program. Provisions included Federal funding to implement programs aimed at increasing adoptions of older children from foster care, with an emphasis on child-specific recruitment strategies. The Act also expanded post-adoption services for families adopting children with special needs and made recommendations to facilitate interjurisdictional adoptions. In addition, the Act ordered the U.S. Department of Health and Human Services (HHS) to study the factors influencing successful adoption outcomes.

3.2 Child and Family Services Reviews

The 1994 amendments to title IV of the Social Security Act mandated the development of regulations to review States' child and family services. In response, the Administration for Children and Families (ACF) developed and implemented the Child and Family Services Reviews, a results-oriented, comprehensive monitoring system designed to assist States in improving outcomes for the children and families they serve. The Child and Family Services Review process assesses States in two areas:

- Outcomes for children and families in safety, permanency, and child and family well-being. There are seven outcomes; each is measured using a number of indicators. Six national standards pertaining to aggregate data indicators have been developed related to these outcomes that set benchmarks for States to achieve.

- Systemic factors that directly affect the States' abilities to deliver services that can achieve the designated outcomes.

The review process involves three stages:

1) Each State begins by conducting a Statewide Assessment of its services and outcome achievement based on data and input from stakeholders.

2) Staff from ACF review data and conduct intensive onsite visits to review cases and interview stakeholders. A final report is produced to present findings regarding substantial conformance with each outcome, systemic factor, and national standard.

3) For each outcome and systemic factor with which a State is not in substantial conformity, the State must develop a Program Improvement Plan to document how it intends to move toward substantial conformity.

Upon completion of the first full round of 52 reviews, no State was found to be in conformity with Permanency Outcome 1: "Children have permanency and stability in their living situations." Only seven States were found to be in substantial conformity with Permanency Outcome 2: "The continuity of family relationships and connections is preserved for children" (U.S. DHHS, 2004b). Full information on the 52 States' conformity with the outcomes, ratings on indicators and systemic factors, and the number of States meeting the national standards is presented in the Appendix.

Common challenges related to the permanency indicators included a lack of consistent, appropriate concurrent planning (i.e., simultaneous development of an alternative plan) in 26 States; maintaining the goal of reunification too long before reconsideration in 24 States; the tendency to adopt a goal of long-term foster care without thorough consideration of adoption or

guardianship in 15 States; and in 12 States, not filing termination of parental rights petitions in a timely manner with inadequate documentation of reasons (U.S. DHHS, 2004b).

Analyses of the association between indicators for well-being and permanency outcomes revealed that all of the following factors supported substantial achievement of Permanency Outcomes 1 and 2 noted above: caseworker visits with children and birth parents; services to children, birth parents, and foster parents; and involvement of birth parents in case planning. Analyses of the association between systemic factors and permanency outcomes revealed that having sufficient services and being able to individualize services for children and families were related to ensuring permanency and stability for children in foster care. In addition, implementation of frequent case reviews (at least every 6 months) and the consistent implementation of 12-month permanency hearings were significantly associated with achievement of timely adoptions for children (U.S. DHHS, 2004b).

3.3   Federal Adoption Initiatives

Through HHS, the Federal Government sponsors a number of initiatives aimed at enhancing permanency for children in foster care, especially the permanency outcome of adoption. The following sections describe three major Federal adoption initiatives: the Collaboration to AdoptUsKids, Adoption Incentive Bonuses, and the Adoption Excellence Awards.

The Collaboration to AdoptUsKids. The Collaboration to AdoptUsKids is a major national ACF initiative designed to "recruit and connect foster and adoptive families with waiting children throughout the United States" (Collaboration to AdoptUsKids, n.d.). In October 2002, ACF entered into a 5-year cooperative agreement with the Adoption Exchange Association and other partners to implement this initiative, and the Collaboration has convened a national workgroup of adoption experts to provide guidance and advice. The components of this initiative include:

- **National recruitment campaign.** In July 2004, the Collaboration to AdoptUsKids and ACF, in partnership with the Ad Council, launched a major national multimedia campaign to recruit adoptive families for children in foster care. This campaign includes television, radio, print, and Internet public service announcements. A culturally relevant Spanish language campaign launched in 2005.

- **Recruitment response teams.** The Collaboration to AdoptUsKids has established recruitment response teams in all 50 States, Puerto Rico, and the District of Columbia to respond to inquiries from prospective adoptive families generated by the national recruitment campaign. These teams provide information and assist prospective

adoptive parents to connect with State and local agencies for adoptive home studies and services.

■ **Website photolisting.** A major component of the AdoptUsKids initiative is the website photolisting (www.adoptuskids.org) of children waiting for adoption across the United States. More than 4,500 children profiled on this website have been placed for adoption since the website launched in July 2002; almost 70 percent are ages 9 and older (H. Owens, personal communication, April 1, 2005). The website is hosted by the Northwest Adoption Exchange.

■ **Training and technical assistance.** Ten days of free training or technical assistance per year are made available to States, territories, and tribes to address foster and adoptive family recruitment and retention issues. Technical assistance in building capacity to respond to the inquiries generated by the national recruitment campaign also is provided. The Collaboration already has produced five *Answering the Call* publications to support recruitment efforts:

– *Family Pocket Guide* to help prospective adoptive families through the process.
– *Practitioner's Guide* to help staff retain parents recruited.
– *Recruitment Work Plan Guide for Adoption and Foster Care Program Managers* to help State adoption and foster care managers design and implement effective local and Statewide recruitment programs and effectively respond and coordinate with the national campaign.
– *Lasting Impressions: A Guide for Photolisting Children* to help staff enhance child-specific photolisting recruitment efforts.
– *Finding Common Ground: A Guide for Child Welfare Agencies Working with Communities of Faith* to help staff build effective partnerships with faith communities to recruit and support foster and adoptive families for children in out-of-home care.

In addition, guides and manuals are being created or updated on issues such as overcoming geographic barriers to adoption, matching children waiting for adoption with potential adoptive families, and recruitment of adoptive and foster families. Benchmarking strategies are being used to improve performance. Training and technical assistance providers in the Collaboration are the Adoption Exchange in Denver, CO, and the Children's Bureau's National Child Welfare Resource Center for Adoption.

■ **Recruitment summits.** Annual summits are held for adoption and foster care managers and other stakeholders to discuss best practices related to recruitment. The 2004 summit, Answering the Call, invited representatives of faith communities from across the country along with State adoption and foster care managers, State child welfare directors, and other adoption and foster care professionals to discuss strategies for collaborating to recruit and support adoptive and foster families at the State and local levels.

■ **Parent support network.** Annual mini-grants are awarded to adoptive parent support groups, and a national network of support groups is being developed.

■ **Research.** AdoptUsKids includes two studies to expand knowledge about adoption from foster care. One is a prospective study that will follow families through the adoption process to learn about the barriers to adoption. The other study involves interviewing families who have adopted children with special needs to learn about factors contributing to the long-term success of special needs adoptions. Reports from both studies are expected in 2006.

AdoptUsKids also includes a national evaluation component to examine process objectives and outcomes; the Child Welfare League of America is implementing this evaluation.

Adoption Incentive Bonuses. The adoption incentive payments program was created in ASFA to provide financial rewards to States for increasing numbers of adoptions from foster care above established baselines. The awards can be used to pay for any child welfare services allowed within titles IV-B and IV-E of the Social Security Act.

All 50 States, Puerto Rico, and the District of Columbia have received bonuses for exceeding their baseline number of adoptions for at least one year.[7] Two surveys have been conducted to examine how States are using their adoption incentive bonuses (Cornerstone Consulting Group, 2001; Ledesma, 2000). The surveys found that some States chose to use the funds for one-time expenses as there is no certainty of continued bonuses, while others chose to initiate strategies that require ongoing support. In general, however, States used these funds to support activities they believe show promise of success in increasing the number of adoptions and/or reducing the time children spend in foster care prior to adoption. Examples of these activities include hiring or contracting for more adoption staff, enhancing adoptive parent recruitment efforts, contracting for adoptive family home studies, providing pre-adoption legal services, training for staff and adoptive parents, and enhancing post-adoption services. Overall, the States "… are reinvesting these funds in the way the Congress intended" (Ledesma, p. 1).

Based on its findings, Cornerstone Consulting Group (2001) offered a number of suggestions related to the adoption incentive payment program, including:

■ Place more emphasis on improvements in the adoption process that lead to better outcomes (e.g., improved court processes or more timely adoptions), not just on increasing numbers of adoptions.

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[7] More information about the annual bonus awards, including lists of States receiving awards, can be found in the ACF press releases dated 9/24/1999, 9/20/2000, 9/10/2001, 9/24/2002, 9/12/2003, 10/14/2004, and 09/20/2005 online at http://www.acf.hhs.gov/acf_news.html.

■ Reform the existing Federal child welfare financing structure to have a greater impact on outcomes (Cornerstone Consulting Group).

In 2003, the Adoption Promotion Act reauthorized and expanded the adoption incentive payment program to provide additional incentives for adoptions of children ages 9 and older. The Act also revised the baselines from which numbers of adoptions are counted to determine eligibility for the awards, making States that had already increased numbers of adoptions more likely to qualify for awards.

Adoption Excellence Awards. Prompted by the Adoption 2002 initiative, HHS began the Adoption Excellence Awards program in 1997. Each year, nominations are solicited for States, agencies, organizations, businesses, individuals, and families that have demonstrated excellence in providing safe, stable, nurturing adoptive homes for children in foster care. These awards "demonstrate the Department's national commitment to expedite rebuilding the lives of those children and achieving permanency for those waiting for adoption" (U.S. DHHS, 2004a, p. 1).

Each year, the Department identifies a number of award categories, such as interjurisdictional adoptions, judicial or child welfare system improvement, support for adoptive families, faith-based initiatives, individual and/or family contributions, and business contributions/initiatives. In 2004, the Department added a new category, increased adoptions of older children (U.S. DHHS, 2004a).

3.4   Federally Funded Programs

ACF, through the Children's Bureau, funds training and technical assistance for child welfare systems and numerous research and demonstration programs across the country to test and replicate strategies that show promise for improving outcomes for children and families. The following sections describe the Children's Bureau's, training and technical assistance network, the child welfare (title IV-E) waiver demonstrations, and the Children's Bureau's discretionary grant programs; these are followed by selected profiles of individual State efforts funded through these programs.

Training and Technical Assistance. The Children's Bureau funds a training and technical assistance network that currently includes 11 national resource centers, the Collaboration to AdoptUsKids, and two information clearinghouses. Each national resource center focuses on a specific aspect or topic within the child welfare field and provides up to 10 days of training or technical assistance per year to State or local public agencies and tribes. Most also provide other services, such as publications and networking. Since the implementation of

the Child and Family Services Reviews, the resource centers focus primarily on services designed to assist States with their Statewide Assessments and Program Improvement Plans.

Three national resource centers are particularly relevant to this discussion of permanency, including permanency for older youth.

- **The National Child Welfare Resource Center for Adoption** assists States and tribes to improve the effectiveness of adoption and post-adoption services. Examples of focus areas include adoption of older children and youth, timeliness to adoption, assisting staff in assessing and preparing families and children for adoption, and developing post-adoption services.

- **The National Resource Center on Family-Centered Practice and Permanency Planning** assists States and tribes in providing family-centered practices that support the safety, permanency, and well-being of children and families. Examples of focus areas include family engagement strategies, recruitment and retention of resource families (e.g., foster, kinship, guardianship, and adoptive families), concurrent permanency planning, and effective post-permanency services.

- **The National Resource Center on Youth Development** assists States and tribes in helping youth in care meet the goals of safety, permanence, and well-being. Examples of focus areas include positive youth development, family group decision making, permanency planning for adolescents, and preparing youth for transition to adulthood.

Through a new cooperative agreement in September 2004, the Children's Bureau is promoting enhanced collaboration among the network of national resource centers to improve provision of training and technical assistance to the States. It is hoped that this approach will result in better coordination of these supportive services to States and tribes and ultimately in better outcomes for children and families.

Child Welfare Waiver Demonstrations. Child welfare waiver demonstrations test new approaches to delivering and financing child welfare services to improve outcomes for children in foster care. By waiving certain provisions of titles IV-B and IV-E of the Social Security Act, this program gives States greater flexibility to use these funds for various services aimed at improving the safety, permanency, and well-being of children and families served by the child welfare system. Since 1996, 17 States have implemented 25 projects; as of May 2005, nine States are actively implementing 14 different waiver projects (James Bell Associates, 2005).

One of the requirements for these waiver projects is a rigorous evaluation plan using an experimental and control or comparison group. This requirement provides more confidence in the results, but many projects are finding it difficult to isolate effects of the waiver from effects of other programs and initiatives operating at the same time.

Assisted Guardianship. Seven States (Delaware, Illinois, Maryland, Montana, New Mexico, North Carolina, and Oregon) are conducting or have conducted projects to facilitate permanence through assisted or subsidized guardianship when neither reunification nor adoption are appropriate permanency outcomes for a child. Under these demonstrations in which subsidized guardianship has been tested, the State discharges children from foster care and the court transfers legal custody of the child from the State to the guardian (usually a relative, although in some cases unrelated foster parents or fictive kin also are eligible). To help the family meet the needs of the children, the State provides a monthly stipend to caregiving families that is equal to or less than the monthly foster care payment. Some projects also provide additional services to support these families including access to medical, mental health, and social services typically available to adoptive families.

Three States – Illinois, Montana, and Oregon – have focused portions of their efforts specifically on older children. Montana has not yet reported permanency outcomes but has reported findings from family interviews indicating that guardians value their increased ability to make decisions on behalf of children and youth in their care on such matters as health care, education, and family visits. In addition, family members report that the self-esteem of the children improves when they exit foster care and enter guardianship (James Bell Associates, 2004a).

Illinois has conducted the largest and most rigorous evaluation of subsidized guardianship. Over a 5-year period, Illinois transferred custody of 6,822 children from the State to private guardians. The State's final evaluation found that the availability of subsidized guardianship as an alternative permanency option helped increase overall permanency rates for children and youth in foster care. Children assigned to the experimental group in which guardianship was available had a 7 percent higher permanency rate (including adoption, guardianship, and reunification) than children in the control group. The evaluation also found that guardianship was comparable to adoption in keeping children safe, providing a stable home and sense of belonging, and ensuring children's physical and mental well-being (Westat, 2003).

One surprising finding from the Illinois evaluation was that the availability of guardianship did not have as great an impact as expected in achieving permanency for older youth in foster care. Based on prior research, Illinois expected that guardianship would assist more youth ages 14 to 18 achieve permanence and exit foster care. In fact, smaller percentages of older youth in the experimental group entered guardianship or were adopted compared to younger children; the majority of the older children either remained in State custody or aged out of care. In exploring the reasons behind this finding, Illinois officials learned that many youth stayed in the system because they did not want to lose access to the Chafee Foster Care Independence Program and State-funded transition programs that are available only to youth who

exit the child welfare system between the ages of 18 and 21 without a permanent and legal relationship with a family. Illinois will test the impact of offering independent living/transition programs to youth who are adopted or enter subsidized guardianship at or after the age of 14 as part of a five-year extension of their subsidized guardianship demonstration. It is hoped that by offering transition supports to these groups, as well as to youth who age out of foster care, a barrier to permanency may be removed (Testa, Cohen, & Smith, 2003).

Adoption Services. One State (Maine) focused its title IV-E initiative specifically on enhancing adoption services. The project consisted of two interventions: adoption-competency training for clinical social workers, case managers, psychologists, and psychiatrists, and post-adoption support services, including case management, parent education, information and referral, support groups, respite care, advocacy, crisis stabilization, therapeutic services, and residential treatment.

No statistically significant differences were found between the experimental and control groups in terms of permanency outcomes, although some statistically significant positive differences in favor of the group receiving post-adoption supports were noted in areas such as strengthening the family members' attachment to the adopted child and improving trust between the caregiver and adopted child (James Bell Associates, 2004b).

Flexible Funding. Four States (Indiana, North Carolina, Ohio, and Oregon) implemented initiatives that enabled counties or local entities to use capped amounts of title IV-E funds more flexibly to provide an array of services to prevent foster care placements and facilitate permanency for children in foster care. Examples of services funded through these include assessment, substance abuse and mental health services, family decision meetings, new utilization review and quality assurance mechanisms, in-home parenting services, post-adoption services, and subsidized guardianships.

Results on permanency outcomes from the flexible funding demonstration initiatives varied. Indiana found that children served through the initiative had shorter lengths of stay in foster care and were reunified more often with their birth parents than were children in the control groups (Institute of Applied Research, 2003). North Carolina found that children in the waiver counties had higher risk profiles than children in the comparison counties, but their lengths of stay in foster care decreased at similar rates. The higher risk profile for children is due to the waiver counties' success in reducing the likelihood of children entering care; those who did enter were generally more troubled (Usher, Wildfire, Meier, & Duncan, 2002).

Ohio's and Oregon's evaluations did not find any statistically significant differences in permanency outcomes between experimental and comparison groups. Possible reasons for the

lack of significant findings on permanency outcomes in Ohio include the fact that Ohio is a county-administered system that has great variability in implementation among counties (which can blur Statewide measurements), and counties already have flexibility in spending local tax funds, which comprise more than half the agencies' budgets. This latter factor makes it difficult to isolate the effects of the waiver (Ohio Department of Job and Family Services, Office for Children and Families, n.d.). However, they both report some significant findings on other issues. Ohio saw improvements in agencies' targeting services (especially prevention services) to areas of noted insufficiency. Oregon reports significant differences in the prevention of foster care placement between the experimental and comparison groups and surmises that the types of services implemented with flexible funds made available through the waiver were those most effective in maintaining children at home (Lehman, 2004).

Proposals for New Waiver Projects. In 2004, 14 States submitted new proposals for child welfare demonstration projects. Of these, six States were proposing projects involving subsidized guardianship, and six were proposing projects focusing on kinship or reunification permanency outcomes. Two specifically mentioned older children in their target populations of children to be served (U.S. DHHS, 2004d). Two States (Minnesota and Wisconsin) have received approval for their demonstration projects, but have not yet begun implementation (U.S. DHHS, 2005); both projects will test subsidized guardianship strategies to enhance permanency outcomes for children in foster care.

Children's Bureau Discretionary Grant Programs. Each year, the Children's Bureau announces the availability of funds for discretionary research and demonstration grant programs and designates specific priority areas within each program. These grant opportunities allow State, tribal, local, and private agencies to test innovative programs designed to improve outcomes for children and families served by child welfare systems. One of the grant programs is Adoption Opportunities, most recently reauthorized by the Keeping Children and Families Safe Act of 2003. Examples of specific priority areas related to adoption in the last 4 years include:

- Adoptive placements for children in foster care (FY 2001, four projects funded; FY 2003, eight projects funded)

- Evaluations of existing adoption programs (FY 2001, three projects funded)

- Developing projects for increasing adoptive placement of minority children (FY 2002, four projects funded)

- Projects to improve recruitment of adoptive parents in rural communities (FY 2003, 10 projects funded)

- Field-initiated service demonstration projects; includes adoption of children ages 9 and older as a topic of special interest (FY 2004, six projects funded)

- Demonstration projects in post-adoption services and marriage education (FY 2004, seven projects funded).

Another example of ACF's efforts to improve adoption outcomes is the selection of adoption as one of the topics for a Quality Improvement Center. In FY 2001, the Children's Bureau, funded a group of Quality Improvement Centers to test the feasibility and benefits of managing grant-funded research and demonstration projects regionally rather than from the central office, as has been traditionally done. The Quality Improvement Centers plan for and award grants on selected topics with input from a regional advisory group, and are designed to enhance information sharing to improve child welfare services. The Quality Improvement Center on Adoption has developed a success model for adoptions based on input from stakeholders involved in all stages of the adoption process (Atkinson, 2002). This model has three essential elements: public-private collaborative partnerships, staff adoption specialization, and use of evidence-based practices in three areas – comprehensive assessments of children, pre-placement preparation of children and adoptive families, and post-adoption support of adoptive families. The Quality Improvement Center on Adoption has solicited proposals and funded research and demonstration grants to test the impact of using this model; results are expected in 2006 (Atkinson).

Program Profiles. The following sections offer profiles of selected federally funded or federally supported local programs to illustrate the breadth of efforts aimed at achieving adoption and other permanency outcomes for children in foster care, especially for older children. Each profile presents the program's strategies, outcomes, and lessons learned.

California – Eastfield Ming Quong Children and Family Services Wraparound. As part of California's Federal title IV-E demonstration, Eastfield Ming Quong (EMQ) Children and Family Services used State funds to work with the Sacramento Department of Health and Human Services to move 30 youth from high-level group home placements to family-living settings; the youth were primarily over age 11 (Louisell, 2004).

> **Strategies.** EMQ sought and supported family members to become permanent placements for these youth, and recruited and supported foster families who facilitated family connections for the youth. Multidisciplinary teams provided wraparound services to support the family placements.

Outcomes. Within 6 months, all 30 youth stepped down to family living arrangements: 19 youth went to live with parents or extended family members, and 11 youth went to live with foster families who support their continuing search for relatives.

Lessons Learned. Some child welfare and group home staff were resistant to moving the youth out of the group home settings into families. Support for the philosophy of permanent families for teens, especially from public and private agency management, was reported to be critical to overcoming this resistance (Louisell, 2004).

Success story: EMQ discovered that a youth had three generations of family living in a small town in Iowa; staff went to Iowa to meet the family. The youth's father and his current wife and children relocated to California to work toward reunification. When that is achieved, they intend to move back to Iowa where they have extended family support (Louisell, 2004).

Colorado – Project UPLIFT. Project UPLIFT was operated by two county agencies of the Colorado Department of Human Services and was funded by a Federal Adoption Opportunities grant. The program sought to connect adolescents with caring adults to create supportive, permanent relationships. Many of the youth served had multiple barriers to permanency, including criminal charges and developmental and mental health disorders (Louisell, 2004).

Strategies. Dedicated adolescent connections workers engaged the youth to identify important people from their past, and the workers sought out and supported these adults in becoming permanent connections for the youth.

Outcomes. Of the 56 youth referred to the project, 47 have connected with at least one supportive adult. Of these, two youth have been reunified with their birth parents, and 12 are in the process of being adopted.

Lessons Learned. Involving youth is key to achieving permanent, supportive relationships for them. Overcoming biases of child welfare and residential staff against contact with biological families is a significant endeavor; open communication and relationship-building were reported to be key strategies to accomplishing this (Louisell, 2004).

> Success story: A youth was making no progress in a residential treatment center. The 15 members of the youth's treatment team were adamantly opposed to letting him see relatives. Two project members went to a team meeting and asked if anyone in the room was willing to make a commitment for the rest of his or her life to this youth. No one spoke. The team eventually agreed to contact between the youth and a relative if the relative would agree to participate in joint therapy sessions. Since that occurred, the child has left the residential treatment center and is living with the relative. "The youth never had a reason to improve his situation until he had hope." (Louisell, 2004, p. 8).

Indiana – Intensive Family Reunification. As part of Indiana's Federal title IV-E demonstration, the Marion County Juvenile Court used State contract funds to implement the Intensive Family Reunification (IFR) program, which aims to reunite adolescents (both delinquents and victims of child abuse and neglect) in institutional placements with their families (Louisell, 2004).

Strategies. IFR implements services in three phases over a 15-month period. The first phase begins immediately upon referral and lasts 42 days; it involves preparing the youth, the family, the residential staff, and other relevant parties for the youth's return home. In Phase 2, intensive services are provided for 3 to 4 weeks, using the Homebuilder's Intensive Family Preservation model to support the reunited family. Phase 3 provides services to increase the family's independence during a 12-month period. Services include case management, parent education, and links to community-based services.

Outcomes. In the last several years, IFR has worked with 35 youths per year; on average, 70 percent of them went home within the first 42 days. Of these, 85 to 90 percent remained in the home through Phase 2, and 74 percent remained home for 1 year following reunification. Follow-up research on 250 youths served by IFR in the last 10 years revealed that 52 percent of them remained with their families into adulthood.

Lessons Learned. Resistance from residential staff to returning the youth home was addressed through training and networking among project and residential staff (Louisell, 2004).

Kentucky – Kentucky Adoption Opportunities Project. The Kentucky Adoption Opportunities Project (KAOP) was a collaboration of the State child welfare agency, the courts, and the county attorney's office in one urban and one rural county. KAOP sought to expedite permanency for high-risk children in foster care. These children were primarily younger children whose parents were coping with multiple risk factors, including substance abuse, mental illness, mental retardation, or family violence (Martin, Barbee, Antle, & Sar, 2002).

Strategies. KAOP implemented three permanency planning activities for high-risk children served in the project. These were: risk assessment and concurrent planning, one child/one legal voice (a dedicated project attorney and guardian *ad litem* for each child), and early placement in kinship or foster/adoptive homes.

Outcomes. In the urban county, the length of stay for children served by the project was 12 months, compared to 32 months for children in the general foster care population. In the rural region, the length of stay for children served by the project was 17 months, compared to 25 months for children in the general foster care population.

Lessons Learned. The final evaluation reported the following lessons learned: early, accurate assessments of parental and child needs were critical to identify relevant services; collaboration among treatment providers was important to ensure each treatment plan complemented the others to facilitate success; dedicating one attorney to each case helped ensure continuity and seems to have had an impact on reducing lengths of stay; and early placement in kinship and foster/adoptive homes contributed to continuity for the children. The evaluation also reported that court delays continued to pose barriers to expediting permanency (Martin et al., 2002).

New York – You Gotta Believe. You Gotta Believe (YGB) is a youth homelessness prevention program that finds permanent homes for youth, primarily teenagers, in foster care in New York City. YGB has received funding from a local grant and a Federal Adoption Opportunities grant (Louisell, 2004).

Strategies. YGB staff work with teens to identify and locate adults who have been important to them, and they recruit adoptive families from the general public. Staff provide training to the families and certify the homes for adoption. Staff also offer post-placement crisis intervention, group services, and social activities.

Outcomes. From 1995 to 2001, when YGB operated as a volunteer agency, an average of three youths per year were placed in permanent homes. Since the agency received significant funding in 2001, an average of 20 youths per year have been placed in permanent homes.

Lessons Learned. The report indicated that child welfare staff often did not believe that finding permanent families for these youths was possible. This issue was addressed through training. (Louisell, 2004).

Success story: One youth who was violent, had stopped going to school, stopped getting out of bed in the morning, and beat up his future adoptive father before the adoption finalization. The youth had never stayed longer than 1 year in anyone's house. All his former foster parents had abandoned him. Fortunately, he now had a parent who functioned parentally and orchestrated not only the hospitalization but also the best residential treatment center the system could pay for. The youth stabilized. "The day he came home and saw everything where he left it – that was the day he believed he had a father." (Louisell, 2004, p. 52).

Texas – Familias Para Niños. The Familias Para Niños project was a collaboration between two private adoption agencies – DePelchin Children's Center and Spaulding for Children in the Houston-Fort Bend counties of Texas. With funding from a Federal Adoption Opportunities grant, the project aimed to increase the number of Hispanic/Latino children placed for adoption from foster care (Stanford et al., 2004).

Strategies. Familias Para Niños employed a number of strategies: specialized media adoptive family recruitment campaigns, use of linguistically compatible staff, and post-placement supportive services to adoptive children, families, and extended families, including support groups and information and referral.

Outcomes. The project exceeded all its primary objectives. The key objective related to permanency was to place 67 Hispanic/Latino children in adoptive homes; 124 were actually placed, and 59 percent of these children were age 5 or older. The project received 1,651 responses to the media recruitment campaign (150 responses had been the objective). Of these, 196 families followed through to complete an adoption application and 53 Hispanic/Latino families were approved (50 had been the objective).

Lessons Learned. Recommendations based on the project's experiences and successes include the need for strong management support, culturally sensitive and properly translated tools and materials, bilingual staff, enough services for Spanish-speaking clients including Spanish PRIDE training (a foster/adoptive parent training curriculum), and expanded recruitment to include extended family as kinship adoptive placements (Stanford et al., 2004).

4. STATE, FOUNDATION, AND LOCAL EFFORTS

While the Federal Government's leadership, initiatives, and funding are providing the impetus for progress in achieving permanency for children in foster care, there also are many non-Federal efforts occurring in the States. These include changes in State laws, public agency systemic reforms, foundation-sponsored initiatives, and local programs operating with non-Federal funds. The following sections describe some of these efforts that, combined with

federally supported efforts, illustrate the drive for improving child welfare services in the United States.

4.1 Changes in State Laws

The National Conference of State Legislatures (2004) published a report on changes in States' child welfare laws during 2002 and 2003. One State (Ohio) tightened the eligibility criteria for post-adoption subsidies due to budget constraints; the rest of the changes strengthened legislative support for permanency. Examples include:

- Colorado law now states that hearings for adoption or relinquishment will be given priority on the docket.

- Nevada and Oregon established procedures for placement of children in permanent guardianships.

- North Carolina created a Special Needs Adoption Incentive Fund to remove financial barriers to adoption of children by their foster parents.

- South Dakota repealed provisions requiring foster parents to care for children for at least 2 years before being eligible to adopt them (National Conference of State Legislatures, 2004).

One example of the impact of changes in State law comes from Texas. The National Governors' Association Center for Best Practices (2000) reports that Texas passed new laws in 1997 that shortened the time in which court-approved adoptions could be contested from 2 years to 6 months, reduced the time between permanency reviews from 6 to 4 months, and established shorter timeframes for terminating parental rights in child abuse and neglect cases. From 1996 to 1999, the number of adoptions from foster care in Texas increased 238 percent, and the time between termination of parental rights and adoption finalization decreased from 29 to 14 months.

Finally, in support of permanency for adolescents, California recently passed a new law that requires child welfare agencies to take actions so no child leaves foster care without a lifelong connection to a committed adult (Mallon, 2005).

4.2 Public Agency Systemic Reforms

The following profiles highlight large-scale reform initiatives driven by public child welfare agencies in several States. These initiatives have demonstrated or show promise of significant systemic improvements in achieving adoption and other permanency outcomes for children in foster care, including older children.

Illinois. In State Fiscal Year (SFY) 1997, the Illinois Department of Children and Family Services (DCFS) implemented the Illinois Permanency Initiative supported by the passage of State laws mirroring provisions in the soon-to-be-passed Federal Adoption and Safe Families Act (Illinois Department of Children and Family Services, 2002). Among the measures included in these laws were elimination of long-term foster care as a permanency goal, reduction in permanency planning timelines to 1 year, and a requirement for DCFS to use concurrent permanency planning strategies. At the same time, DCFS developed and adopted a comprehensive strategic plan, the Child and Family Services Plan, that requires all activities performed by DCFS and its contractors to clearly focus on achieving one or more of three primary goals: safety, permanency, and well-being. Some of the specific strategies employed in Illinois' comprehensive reform include:

- An increase in the investment in family reunification services from $600 to $8,000 per family.

- The implementation of performance-based contracting to align financial incentives for contractors with permanency for children. This strategy won a 2000 Harvard Innovations in American Government Award.

- The implementation of a title IV-E funded subsidized guardianship demonstration.

- The transition to specialized workers for adoption and guardianship cases.

The results of this comprehensive reform are impressive. Illinois moved more than 22,500 children to adoption and guardianship during the 3-year period of SFY 1999 through 2001, which is 33 percent more than the 17,000 children moved to permanency during the entire preceding decade. In addition, the lengths of stay for children in foster care were reduced by 40 percent, from a peak of 40 months to 26 months (Illinois Department of Children and Family Services, 2002).

Michigan. In 1997, Michigan implemented structured decision making (SDM) in public and private purchase-of-service (POS) agencies in 10 pilot counties to expedite permanency for children entering foster care (Wagner, Johnson, & Caskey, 2002). Some of the major innovations included structured assessments for developing the initial service plan within 30 days to evaluate the strengths and treatment needs of family caregivers and children; a reunification assessment for developing the updated service plan every 90 days to evaluate progress toward case plan goals; and management information reports to monitor SDM implementation. Some of the key permanency results included:

■ **Reduced time to permanency.** Sixty-seven percent of children served by public agencies in pilot SDM counties had achieved permanency 15 months after entering foster care, significantly higher than the 56 percent of children served by public agencies in comparison counties. Forty-eight percent of children served by POS agencies in pilot counties had achieved permanency 18 months after SDM implementation, significantly higher than the 42 percent of children who achieved permanency during that timeframe in comparison counties.

■ **Higher rates of permanency.** Twenty-one percent of children served by public agencies in pilot counties were adopted compared to 18 percent of children served by public agencies in comparison counties; reunification rates for pilot and comparison counties were 26 percent and 22 percent, respectively (both differences were statistically significant). Twenty-two percent of children served by POS agencies in pilot counties were reunified, significantly higher than the 17 percent of children reunified in the comparison group of POS agencies. There also was a significant difference for children ages 5 and older—47 percent of these children achieved permanency in the pilot POS agencies, compared to 38 percent in the comparison group.

These findings suggest that the SDM strategies were considerably more effective than existing case management procedures in expediting permanency for children in both public and private agencies (Wagner et al., 2002). SDM is continuing in Michigan and is being supported by a new management information system to facilitate more consistent implementation.

New York. New York has implemented statewide reforms and special initiatives in New York City, which has 70 to 80 percent of New York's foster care population, to improve adoption outcomes for all children in foster care as well as other permanency outcomes for adolescents in foster care. Three initiatives are discussed here; coordination among these initiatives is provided by cross-team membership of key advisory board members.

In 2003, the statewide Adoption Now initiative was launched with the goal of reducing the time to adoption finalization from 3.5 years to 1 year. Adoption Now is a collaboration of the courts, New York City Administration for Children's Services, and New York State Office of Children and Family Services. Strategies include reviewing cases to identify barriers, changing procedures to ensure orders for termination of parental rights are submitted in a timely manner, increasing judicial resources focused exclusively on adoptions, expediting appeals processes for termination of parental rights cases, and holding roundtable discussions with foster care agencies to identify remaining barriers and discuss best practices (New York City Administration for Children's Services, 2003).

The New York State Office of Children and Family Services also has implemented a promising system-wide initiative in New York City. With a Federal Adoption Opportunities

grant, the Longest Waiting Children project was implemented in 2001 to achieve permanency for 65 children who have been in foster care an average of 10 or more years. Strategies included the use of Multidisciplinary Adoption Action Team Meetings (which include birth families, relatives, foster parents, caseworkers, therapists, and others), the creation of individual adoption plans (individualized plans, modeled on the Individual Education Plans used for students in special education programs, developed with and for each youth), and the engagement of each youth in their own permanency planning. The initiative exceeded its goal and achieved permanency for 78 children as of December 2004 (Badeau, 2005).

In addition to the Longest Waiting Children project, the New York City Administration for Children's Services began implementing the Families for Teens initiative under the new policy entitled Family-Based Concurrent Planning for Youth Goals of Independent Living, established in June 2003. This policy limits the use of independent living as a permanency goal and is designed to shift the culture of the child welfare agency to ensure "that no child ages out of foster care without a lifelong connection that is as legally secure as possible to a caring adult committed to functioning in a parental capacity" (Louisell, 2004, p. 24). Active youth participation is required in crafting and carrying out the permanency plan, and there is a focus on recruiting members of the youth's family or other caring adults from the youth's past to serve as permanent placements. Training and consultation have been provided to staff to support implementation of this policy.

Washington. In 1998, a statewide coalition of more than 300 people from 90 public and private agencies and tribes developed *The Washington Permanency Framework, A Five Year Plan for Ensuring Permanent Families for Children in Foster Care* (Families For Kids Partnership, 2003), which set the vision in Washington for, "A permanent family, in a timely manner, for each child in foster care" (p. 3). The coalition identified six areas needing strategic action to achieve systemic change: expediting permanence, kinship families, alternative (nonkin) permanent families, effective practice with the youngest children, permanence for adolescents, and community involvement. Specific strategies employed include:

- Concurrent planning, which was written into law and for which training is provided to staff.

- Family Group Conferences to facilitate permanency planning.

- An increase in financial support for adoption of children with special needs.

- Court improvements, including expedited appeals for Termination of Parental Rights hearings, leadership training for judges, and the creation of a judicial "bench book" to use as a reference guide in juvenile proceedings.

The results of these comprehensive efforts are inspiring. Since 1999, more than 1,000 children have been adopted each year, almost triple the number of adoptions in the early 1990s. The lengths of stay in foster care for children who were adopted decreased 20 percent from 46 months in 1996 to 37 months in 2002. The proportion of children remaining in foster care for 2 or more years decreased from 44 percent in FY 1997 to 36 percent in FY 2002 (Families For Kids Partnership, 2003).

4.3   Foundation Sponsored Initiatives

Public agencies are not alone in their efforts to enhance permanency for children in foster care; a number of private foundations also provide guidance and financial support for improving child welfare services and outcomes for children. The following sections describe a number of foundation-sponsored initiatives that focus primarily on enhancing permanency for children in foster care, including older children.

Dave Thomas Foundation for Adoption. The founder of Wendy's International created the Dave Thomas Foundation for Adoption in 1992. The Foundation focuses on increasing awareness of the need for adoption of children from foster care, supporting model adoption programs, and influencing public policy to enhance the adoption process. The Foundation particularly highlights adoptions of children with special needs, including older youth.

The Dave Thomas Foundation provides grants to programs in the United States and Canada to promote adoption. In 2004, the Foundation awarded 18 grants for programs to test various strategies, including recruitment, case review, and post-adoption support. Three of the grant-funded programs specifically target permanency for older youth in foster care.

Other Dave Thomas Foundation activities involve promoting national awareness of adoption. "A Home for the Holidays" is an annual television program featuring successful adoption stories, hosted by the Foundation, CBS, the Children's Action Network, and Wendy's. The Foundation partners with Wendy's Restaurants to publicize and promote adoption locally. In addition, the Foundation has provided more than 100,000 copies of *A Child Is Waiting… A Beginner's Guide to Adoption* to educate the general public about how to adopt (Dave Thomas Foundation for Adoption, n.d.).

Freddie Mac Foundation. The Freddie Mac Foundation sponsors a number of initiatives to promote adoption of children from foster care. The most well-known may be "Wednesday's Child," which came under Freddie Mac Foundation sponsorship in 1992. Now operating in six cities, Wednesday's Child is an Emmy-nominated television program that appears on local newscasts, profiling children in foster care who are available for adoption. The children featured are usually those who are harder to place, including older children, children

with disabilities, and sibling groups. Since it began, more than 600 children profiled on Wednesday's Child have been placed with adoptive families, and more than 20,000 viewer inquiries have been generated (Freddie Mac Foundation, n.d.).

Freddie Mac also sponsors the Angels in Adoption Celebration along with the Congressional Coalition on Adoption Institute (CCAI) to honor individuals whose commitment to adoption has made a significant difference in the lives of children. CCAI works in collaboration with the Congressional Coalition on Adoption, a bipartisan group of more than 180 Members of Congress, to promote public policies that support adoption (Freddie Mac Foundation, 2003). In addition, Freddie Mac is a sponsor of National Adoption Day, which raises awareness and promotes the importance of the courts, advocates, and adoptive families in the adoption process. During National Adoption Month, courts across the country convene to finalize adoptions. In 2004, more than 3,400 adoptions were finalized on National Adoption Day (National Adoption Day, 2004).

Pew Charitable Trusts. The Pew Charitable Trusts support policy solutions and information sharing in a number of areas of public interest, including foster care reform (Pew Charitable Trusts, n.d.). In 2003, the Trusts launched a three-part initiative, Home At Last, to enhance permanency outcomes for children in foster care and prevent placement of children in foster care:

- The Pew Commission on Children in Foster Care was created and funded to examine the U.S. child welfare system and make practical, evidence-based policy recommendations. This Commission released its final report in May 2004. The report, *Fostering the Future: Safety, Permanence and Well-Being for Children in Foster Care,* recommends broad national reforms for Federal child welfare financing and strengthened court oversight of State child welfare systems.

- Fostering Results, a public education and outreach campaign, was funded to engage influential national and local leaders in reform efforts. Meetings, media coverage, and reports such as *A View from the Bench: Summary of Key Findings from a National Survey of Dependency Court Judges* are being used to raise awareness and educate the public and policymakers about the need for foster care reform.

- The third component of the initiative provides funds to a number of national organizations to further promote the initiative's recommendations. Public forums and other strategies are being used to educate policymakers and other leaders, the media, and the public about the benefits of implementing the recommendations.

Stuart Foundation. The Stuart Foundation supports a number of human service initiatives, including efforts to strengthen child welfare systems, primarily in California and Washington. This program area includes an emphasis on promoting permanency policies and

practices that support prevention of foster care placements, early permanency for children in foster care, and maintenance of permanent placements. The Stuart Foundation awards numerous grants each year for projects that aim to accomplish these objectives (Stuart Foundation, n.d.).

The Stuart Foundation, in conjunction with the Walter S. Johnson Foundation, also funds the California Permanency for Youth Project, whose vision is that all youth leaving foster care will have a lifelong connection to a caring adult. The project raises awareness among child welfare staff, legislators, and courts; influences public policy and administrative practices; and provides technical assistance to four counties in California to implement new practices. The project also recently published *Model Programs for Youth Permanency* to share promising practices and lessons learned in achieving permanency for older youth in foster care (Louisell, 2004).

In addition, the California Permanency for Youth Project sponsors an annual Permanency for Youth Convening that brings together practitioners, policymakers, and researchers to strategize approaches for achieving permanency for older youth in foster care. In 2004, the Convening focused on building knowledge regarding permanency for older youth, especially through public-private partnerships and public child welfare agency leadership, and developing strategies to ensure youth permanence is a core outcome to which child welfare agencies are committed (California Permanency for Youth Project, 2004).

W.K. Kellogg Foundation. The W.K. Kellogg Foundation implemented the Families for Kids (FFK) initiative in 1993 with the goal of ensuring permanent family connections for children who cannot return to their birth parents (Walter R. McDonald & Associates, 2000). The initiative focused on eliminating the backlog of children waiting for adoption and on removing systemic barriers to permanency within child welfare systems. To set the stage for awarding program grants, the Foundation set forth six practice standards: family support, coordinated assessments, consistent casework, timely permanence, stable placements, and backlog reductions.

In 1995 and 1996, 11 three-year grants were awarded to community agencies in seven States as part of this initiative; eight sites subsequently received transition grants. These sites worked toward a common vision and participated in a multisite evaluation. A final report documents many positive outcomes from the cluster of grantees, including the following permanency outcomes:

- The number of children in the grantee sites for whom adoption or guardianship was finalized each year almost tripled from 3,800 children in 1992 to more than 11,000 children in 1999.

- The increase in numbers of children achieving permanency was not solely due to higher numbers of children in foster care – the *rate* of permanency achievement increased 17 percent in the first three years of implementation, from 60 to 69 per 1,000 children in foster care. This increase was true for all age groups except for children under age 1, for whom there was a slight decline from the second to third year (Walter R. McDonald & Associates, 2000).

Some of the practices believed to contribute to these accomplishments include building a constituency of stakeholders that supports systemic improvements to enhance permanency, focusing on supporting foster family adoptions (most of the increase in adoptions was from foster families rather than recruitment of new adoptive families), using targeted recruitment practices, practicing family group decision-making, offering guardianship as a permanency option, and employing concurrent planning strategies. There is evidence that these strategies have resulted in long-lasting systems change:

- There have been legislative changes in all sites.

- Several States have expanded FFK programs to additional communities.

- Several sites have rewritten policy and practice manuals to reflect new values and vision.

- A number of sites increased funding for child welfare staff through the budget process (Walter R. McDonald & Associates, 2000).

4.4   Local Programs

The following profiles of local agency programs illustrate the innovative individual efforts of public and private agencies to improve permanency for older children in foster care. Each profile presents the program's strategies, outcomes, and lessons learned.

New York – Empowered Transitions. Family Focus Adoption Services in Little Neck, NY, operates Empowered Transitions, a model of recruitment, matching, and placement that empowers both the child and the prospective adoptive family to determine the timeframe for making final decisions about adoption. The project is funded through a contract with the public child welfare agency (Louisell, 2004).

> **Strategies.** Empowered Transitions recruits and trains prospective adoptive families who are then matched with a child age 4 or older awaiting adoption from foster care. The family and the child each have their own advocate, and visitation takes place at a pace and for a duration determined by the child and the family. No commitment is made until both agree.

Outcomes. Since the project began in 1988, 750 children have been placed in adoptive homes; 136 of these children have been age 10 or older, and the adoption disruption rate has been only 3 percent.

Lessons Learned. The report states that resistance from public agency staff to the lengthy visitation periods has been addressed as staff have seen the success of the model (Louisell, 2004).

North Carolina – Court Improvement Project. The North Carolina Court Improvement Project (CIP) was implemented with funding from the North Carolina Administrative Office of the Courts in two judicial districts between 1997 and 2000. CIP focused on legal reform to expedite permanency for all children in foster care (Kirk, 2001).

Strategies. CIP instituted numerous rules to reduce the number of contested cases and reduce the number of days lost due to continuances or failure to schedule, conduct, or complete hearings. These rules included day-one conferences for parties to the case to fully disclose evidence and allegations, immediate appointment of counsel for each parent, appointment of a guardian *ad litem* at the time of the petition, and shorter timeframes for hearings and conferences at all phases (detention, adjudication, disposition, and permanency reviews). In addition to these specific rules, general rules for guidance were issued to send a message to court clerks, lawyers, social workers, and judges. Some of these general rules included statements to the effect that:

- Juvenile cases are to receive top priority and are to be docketed ahead of most other cases.

- Lawyers for children and parents shall appear at hearings, regardless of conflicts.

- One judge shall preside over all hearings for each case.

- Continuances shall not be granted except in extreme circumstances.

Outcomes. The program successfully accelerated the time to permanency for children in foster care. The median number of days to case closure decreased 39 percent from 404 days prior to CIP to 245 days during CIP. For cases moving to termination of parental rights or relinquishment, the median number of days decreased 50 percent from 680 to 340 days.

Lessons Learned. The evaluation found that the key to success was strict adherence to the new rules, all of which worked in conjunction with one another. The day-one

conference was highlighted as a particularly important component of the CIP model (Kirk, 2001).

Washington – Family Assessment and Stabilization Team. Catholic Community Services of Western Washington, the State of Washington Region 5, and Pierce County Mental Health teamed up to implement the Family Assessment and Stabilization Team (FAST) project. Funding is provided through the State mental health and child welfare agencies. The goal of FAST is to secure permanent placements for youth ages 9 to 17 who are in crisis, defined as youth who are at imminent risk of hospitalization or who are homeless with no family connections. This initiative is broader than child welfare; not all youth served are in foster care. (Louisell, 2004).

> **Strategies.** Staff provides an array of mental health and social services to assess and stabilize youth. They then search for and engage the youth's family to solicit permanent family placements for the youth and provide post-placement supportive services. Most interventions are completed within 3 months.

> **Outcomes.** Of the 288 youth who completed services in 2003, 88 percent were living with their family or extended family at the time of their exit from the program.

> **Lessons Learned.** The report states that the resistance of the child welfare agency staff, court appointed special attorneys, and court staff to relative placements has been addressed through collaboration among staff (Louisell, 2004).

"… staff were surprised at the high percentage of extended family members who said, 'Absolutely! I'll be there!' And equally surprised (and saddened) to hear, 'I've been searching for my grandson for 10 years. I tried to take him in when his mother went to prison, but the state said he had to go to foster care. I've been here the whole time, wanting him.'" (Louisell, 2004, p. 31).

These many State, foundation, and individual program efforts are evidence of increasing interest and success in addressing the challenges to achieving permanency.

5. SUMMARY

Overall, this evidence indicates the need for concern as well as a reason for hope. The Federal Child and Family Services Reviews have shown that very few States are currently achieving Federal permanency outcomes, but these reviews also are generating valuable knowledge about the specific challenges that must be addressed in State child welfare systems.

States are being held accountable for implementing promising strategies identified in their Program Improvement Plans. While data show that many children in foster care are still without permanency plans and are remaining in care too long, they also show that increasing numbers of children are achieving permanent outcomes (including adoption) when they exit foster care, and growing proportions of these children are older youth. State agencies and local programs need help to improve these outcomes. Some recent examples of information, guidance, financial support, and incentives for enhancing permanency outcomes include:

■ In 2003, the Adoption Promotion Act added a new type of bonus to the Adoption Incentive Payments Program for adoptions of children ages 9 or older.

■ In 2004, the Children's Bureau Discretionary Grant Program priorities included permanency for older children as a special emphasis.

■ In 2004, HHS added an award category for adoptions of older children for the Adoption Excellence Awards.

■ In 2004, the Collaboration to AdoptUsKids launched its national multimedia adoptive family recruitment campaign. The Collaboration also is studying the factors that contribute to successful special needs adoptions, primarily adoptions of older children, and barriers to adoption from foster care.

■ In 2004, the California Permanency for Youth Project published *Model Programs for Youth Permanency* to share lessons learned from successful programs across the country.

■ In 2005, the Child Welfare League of America published *Toolbox #3: Facilitating Permanency for Youth*, written by the Director of the Children's Bureau's National Resource Center for Family-Centered Practice and Permanency Planning, to provide guidance for State agencies and local programs in implementing promising strategies to achieve permanency for adolescents.

To assist States in their efforts to implement innovative and promising practices, the President has proposed a child welfare program option that would provide flexibility in Federal title IV-E foster care funding to States for child welfare services. This option would assist States in developing a continuum of services that promote children's safety, permanency, and well-being. States would have the choice of receiving a fixed allocation of IV-E foster care funds as a flexible grant for a 5-year period or remaining within the current entitlement structure. For States choosing the option, current restrictions on uses of funds would be removed to include services such as subsidized guardianship and other permanency efforts, foster care payments, training, family preservation, and administrative activities. Enactment of this proposal, or a similarly flexible funding structure, will go a long way toward supporting States' efforts to improve permanency outcomes for children in foster care.

Although many challenges to achieving permanency remain, there are many promising strategies being employed across the country to address them. To continue the progress underway, it is imperative that Federal and State governments and foundations continue their support of demonstration programs and initiatives that promote permanency, especially permanency for older children in foster care. At the same time, it is important to synthesize and share the results and lessons learned from these projects so all States can benefit from the knowledge being generated. Some of the most promising strategies from these programs are:

- Child-specific and targeted adoptive family recruitment efforts, such as website photolistings, recruitment campaigns that reach the types of families most likely to adopt the types of children available and in which the children's issues are clearly conveyed, and engaging older youth to identify important people in their lives as prospective permanent families.

- Adequate pre-placement services for children in foster care and for prospective permanent families to prepare them for permanency, including counseling about their expectations for permanent families and information about permanency supports.

- Adequate post-placement services for families and their children to stabilize and support the placements, including financial and medical assistance, counseling and other clinical services, and support groups.

- Concurrent permanency planning and an array of permanency options, including subsidized guardianship.

- Involvement of older youth in their own permanency planning, including as members of family decision-making teams.

- Training for staff about effective permanency strategies for children, especially strategies for adolescents.

- Workforce recruitment and retention strategies that attract and maintain enough high-quality staff to perform the demanding work.

- Court reforms that reduce delays and educate court staff about the permanency needs of children and adolescents in foster care.

- Financial reforms that provide States more flexibility in the use of Federal funds to implement systems that meet the unique needs of each child and family.

The field is building a collection of promising and evidence-based practices; the next steps are to share this knowledge and provide the necessary supports for replication, evaluation, and sustainability that will keep the field moving in the right direction. All children in foster care, including adolescents, need safe, permanent, loving families. These strategies will help achieve that goal.

REFERENCES

American Bar Association, Center on Children and the Law. (n.d.). *Using non-judicial staff to help achieve permanency for children.* Retrieved June 4, 2004, from http://www.abanet.org/child/courtstaffing.html

Atkinson, A. J. (2002, July 30). *Quality improvement center on adoption: Assessment of adoption needs in Virginia and QICA research design.* Retrieved July 6, 2004, from United Methodist Family Services of Virginia, Inc. website: http://www.umfs.org/adopt/qica/qica_needs_assessment-study_design.pdf

Badeau, S. (2005, April). *Finding families for New York's longest waiting children.* New York, NY: Author.

Barth, R. P. (1992). Adoption. In P. J. Pecora, J. K. Whittaker, & A. N. Maluccio (Eds.), *The child welfare challenge* (pp. 361–397). New York, NY: Aldine de Gruyter.

California Permanency for Youth Project. (2004, April). *3rd National Youth Permanence Convening: Outcome and Goals 2004.* Agenda for meeting, California.

Casey Family Programs, National Center for Resource Family Support. (2003, March). *Resources on individualized and targeted recruitment for adoption.* Washington, DC: Author.

Center for the Study of Social Policy, Center for Community Partnerships in Child Welfare. (2003, April). *Child welfare summit: Looking to the future. An examination of the state of child welfare and recommendations for action.* Retrieved July 5, 2004, from http://www.cssp.org/uploadFiles/CSSP_ChildWelfare_FINAL.pdf

Charles, K., & Nelson, J. (2000, April). *Permanency planning: Creating life long connections. What does it mean for adolescents?* Retrieved July 6, 2004, from University of Oklahoma National Resource Center for Youth Services College of Continuing Education, National Resource Center for Youth Development website: http://www.nrcys.ou.edu/nrcyd/publications/monographs/mono.pdf

Collaboration to AdoptUsKids. (n.d.). *The Collaboration to AdoptUsKids: A service of the Children's Bureau. Year one: Fiscal year 2003.* Baltimore, MD: Holt International Children's Services.

Cornerstone Consulting Group, Inc. (2001). *A carrot among the sticks: The adoption incentive bonus.* Retrieved July 6, 2004, from http://www.cornerstone.to/what/carrot.pdf

Courtney, M. E., Piliavin, I., Grogan-Kaylor, A., & Nesmith, A. (2001). Foster youth transitions to adulthood: A longitudinal view of youth leaving care. *Child Welfare, 80*(6), pp. 685–717.

Dave Thomas Foundation for Adoption. (n.d.). *About us*. Retrieved July 19, 2004, from
http://www.davethomasfoundationforadoption.org/html/about/index.asp

DePelchin Children's Center. (n.d.). *Final report. Kin can: Changing systems to change
children's lives.* Houston, TX: Author.

Families For Kids Partnership. (2003). *Washington permanency report 1998-2003.* Retrieved
July 7, 2004, from http://www.childrenshomesociety.org/PermReport98.03.pdf

Flynn, C. (2004, Summer). Successful adolescent adoptions. *NRCYD Update.* Tulsa: University
of Oklahoma National Resource Center for Youth Services College of Continuing
Education, National Resource Center for Youth Development. Retrieved July 27, 2004
from http://www.nrcys.ou.edu/PDFs/YD%20UPdate/ydusum04.pdf

Fostering Results. (2004, July). *View from the bench: Obstacles to safety & permanency for
children in foster care.* Urbana-Champaign: University of Illinois, School of Social
Work, Children & Family Research Center. Retrieved July 21, 2004, from
http://www.fosteringresults.org/results/reports/pewreports_07-01-04_judicialsurvey.pdf

Freddie Mac Foundation. (n.d.). *About Wednesday's Child*. Retrieved July 6, 2004, from
http://adopt.org/wednesdayschild/home/wed-child-page.htm

Freddie Mac Foundation. (2003). *Together we can: 2002 philanthropic annual report.* Retrieved
July 6, 2004, from http://www.freddiemacfoundation.org/news/pdf/fm_02_annualrpt.pdf

Freundlich, M., & Wright, L. (2003). *Post-permanency services.* Retrieved July 6, 2004, from
Casey Family Programs Center for Resource Family Support website:
http://www.casey.org/NR/rdonlyres/A96DC62B-190E-4F5C-A21B-
984B0269C8E0/123/post_permanency_services.pdf

History of National Adoption Day and *National Adoption Day 2004*. (2004). Retrieved February
17, 2005, from http://www.nationaladoptionday.org/2004/index.asp

Holtan, B. (2004, July/August). Defining permanence for older kids. *Fostering Families Today,*
p. 35.

Illinois Department of Children and Family Services. (2002, June). *Annual progress and services
report: Federal Fiscal Year 2002*. Retrieved July 21, 2004, from
http://www.state.il.us/dcfs/docs/FFY%2002%20Final%20APSR02.pdf

Institute of Applied Research. (2003, September). *Indiana title IV-E Child Welfare Waiver
Demonstration Project: Final evaluation report*. Retrieved July 9, 2004, from
http://www.iarstl.org/papers/INFinalReport.pdf

James Bell Associates. (2004a, May). *Summary of child welfare waiver demonstration programs.* Arlington, VA: Author.

James Bell Associates. (2004b, May). *Summary of title IV-E child welfare waiver demonstration projects.* Arlington, VA: Author.

James Bell Associates. (2005, June). *Summary of the title IV-E child welfare waiver demonstrations.* Washington, DC: U.S Department of Health and Human Services. Retrieved July 20, 2005, from http://www.acf.hhs.gov/programs/cb/initiatives/cwwaiver/summary.htm

Kirk, R. S. (2001, March). *Final report on the evaluation of the North Carolina Court Improvement Project.* Retrieved July 6, 2004, from University of North Carolina, Jordan Institute for Families website: http://ssw.unc.edu/jif/reports/CIPFinalReport.pdf

Landsman, M. J., & Malone, K. (1999, June). *Achieving permanency for teens: Lessons learned from a demonstration project.* Iowa City: University of Iowa School of Social Work, National Resource Center for Family Centered Practice.

Ledesma, K. (2000). Incentive payments reinvested in program improvement. *The Roundtable: Journal of the National Resource Center for Special Needs Adoption, Spaulding for Children, 14*(1), 1–2.

Lehman, C. M. (2004, May). *Oregon's title IV-E waiver: Impact of flexible funds on child outcomes.* PowerPoint slides from the National Meeting of Waiver States, Washington, DC.

Louisell, M. J. (2004). *Model programs for youth permanency.* Retrieved July 6, 2004, from California Permanency for Youth Project website: http://www.cpyp.org/Files/ModelPrograms.pdf

Lutz, L. L., & Greenblatt, S. B. (2000). *Dual licensure of foster and adoptive families: Evolving best practices.* Retrieved July 9, 2004, from Casey Family Programs National Center for Resource Family Support website: http://www.casey.org/NR/rdonlyres/5F5620F6-743E-4FC0-BE36-0DB04BE81157/128/casey_dual_licensure.pdf

Macomber, J. E., Scarcella, C. A., Zielewski, E. H., & Geen, R. (2004). *Foster care adoption in the United States: A state by state analysis of barriers & promising approaches.* Washington, D.C.: The Urban Institute. Retrieved February 1, 2005, from www.urban.org/UploadedPDF/411108_FosterCareAdoption.pdf

Mallon, G. P. (2005). *Toolbox No. 3: Facilitating permanency for youth.* Washington, DC: CWLA Press.

Martin, M. H., Barbee, A. P., Antle, B. F., & Sar, B. K. (2002). Expedited permanency planning: Evaluation of the Kentucky Adoptions Opportunities Project (KAOP). *Child Welfare, 81*, 203–224.

National Conference of State Legislatures. (2004, March). *State child welfare legislation: 2002-2003*. Retrieved July 6, 2004, from http://www.ncsl.org/programs/cyf/childlegislation.pdf

National Governors' Association Center for Best Practices. (2000, October). *A place to call home: State efforts to increase adoptions and improve foster care placements.* Retrieved July 6, 2004, from http://www.nga.org/cda/files/001026ADOPTIONS.pdf

New York City Administration for Children's Services. (2003, December). *Top 12 performance report.* Retrieved July 9, 2004, from http://www.nyc.gov/html/acs/html/whatwedo/opireport_updates.html

Ohio Department of Job and Family Services, Office for Children and Families. (n.d.). *ProtectOHIO year 5 evaluation report: Executive summary.* Retrieved July 19, 2004, from http://jfs.ohio.gov/ocf/pohioyr5/YR5ExecSummFinalRpt.pdf

Pew Charitable Trusts. (n.d.) *Foster care reform.* Retrieved August 5, 2004, from http://www.pewtrusts.com/ideas/index.cfm?issue=30

Pew Commission on Children in Foster Care. (2004). *Fostering the future: Safety, permanence and well-being for children in foster care.* Retrieved July 19, 2004, from http://pewfostercare.org/research/docs/FinalReport.pdf

Stanford, R., Zaid, S., & Saliba, M. (2004, March). *Familias para ninos: Final report.* Houston, TX: Familias Para Ninos.

Stuart Foundation. (n.d.). *Stuart Foundation program areas*. Retrieved June 14, 2004, from http://www.stuartfoundation.org/grantmaking.html

Tello, J., & Quintanilla, M. (2003). *Final evaluation: Innovations increasing adoptive placements of Hispanic/Latino children.* West Covina, CA: Latino Family Institute, Inc.

Testa, M. F., Cohen, L., & Smith, G. (2003, February). *Illinois subsidized guardianship waiver demonstration: Final evaluation report.* Chicago: Illinois Department of Children and Family Services.

U.S. Department of Health and Human Services. (2000, April). *The AFCARS report #3: Interim estimates for fiscal year 1998 as of April 2000.* Retrieved July 6, 2004, from http://www.acf.hhs.gov/programs/cb/publications/afcars/ar0400.pdf

U.S. Department of Health and Human Services. (2001, June). *The AFCARS report #6: Interim FY 1999 estimates as of June 2001.* Retrieved July 6, 2004, from http://www.acf.hhs.gov/programs/cb/publications/afcars/june2001.pdf

U.S. Department of Health and Human Services. (2004a). *Adoption Excellence Awards: 2004 nomination guidelines.* Retrieved June 21, 2004, from http://www.acf.hhs.gov/programs/cb/initiatives/aea2004guide.pdf

U.S. Department of Health and Human Services. (2004b). *General findings from the federal Child and Family Services Review.* Retrieved on September 28, 2004, from http://www.acf.hhs.gov/programs/cb/cwrp/results/statefindings/genfindings04/index.htm

U.S. Department of Health and Human Services. (2004c). *Special analyses of AFCARS 2002 data and data reporting on ages 0-8 and 9+.* Unpublished analyses. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

U.S. Department of Health and Human Services. (2004d). *Summary of state proposals for new child welfare demonstration projects authorized by section 1130 of the Social Security Act and opportunity for public comment.* Retrieved July 6, 2004, from http://www.acf.hhs.gov/programs/cb/initiatives/cwwaiver/proposals/index.htm

U.S. Department of Health and Human Services. (2005, April). *The AFCARS report #10: Preliminary FY 2003 estimates as of April 2005.* Retrieved July 20, 2005, from http://www.acf.hhs.gov/programs/cb/publications/afcars/report10.pdf

Usher, C. L., Wildfire, J. B., Meier, A., & Duncan, D. (2002, July). *Evaluation of North Carolina's title IV-E waiver demonstration.* Retrieved from University of North Carolina, Jordan Institute for Families website: http://www.unc.edu/%7Elynnu/waiver2001.pdf

Wagner, D., Johnson, K., & Caskey, R. (2002, September). *Evaluation of Michigan's foster care structured decision making case management system.* Retrieved July 6, 2004, from National Council on Crime and Delinquency, Children's Research Center website: http://www.nccd-crc.org/crc/pubs/mi-fc_eval.pdf

Walter R. McDonald & Associates. (2000, June). *Families for kids: Final cluster evaluation report.* Retrieved July 6, 2004, from W. K. Kellogg Foundation website: http://www.wkkf.org/Pubs/YouthED/FFK_Final_Evaluation_Report_00252_03778.pdf

Westat. (2003, May). *Evaluation of the Illinois subsidized guardianship waiver demonstration: Final report.* Chicago: Illinois Department of Children and Family Services.

Winkle, E., Ansell, D., & Newman, A. (2004, March). *An analysis of State's Child and Family Services Reviews and Program Improvement Plans from a youth development perspective.* Retrieved July 6, 2004, from University of Oklahoma National Resource Center for Youth Services College of Continuing Education, National Resource Center for Youth Development website: http://www.nrcys.ou.edu/nrcyd/publications/pubspdfs/summaryv2.2.pdf

APPENDIX
CHILD AND FAMILY SERVICES REVIEWS
FINDINGS FROM THE FIRST ROUND OF 52 REVIEWS

TABLE 1 - Findings on the Outcomes, Indicators, and National Standards

Number and Percent of the 50 States and Two Territories Achieving Substantial Conformity with the Seven Outcome Measures, Number and Percent Receiving a Rating of "Strength" on the 23 Indicators (Items), and Number and Percent Meeting National Standards

Outcomes and Indicators	Number (%) Achieving Substantial Conformity	Number (%) Receiving a Rating of "Strength"	Number (%) Meeting National Standards*
Safety Outcome 1 - Children are, first and foremost, protected from abuse and neglect	6 (11.5)		
Item 1: Timeliness of investigations		21 (40.4)	
Item 2: Repeat maltreatment		17 (32.7)	17 (32.7)
Safety Outcome 2 - Children are safely maintained in their homes when possible	6 (11.5)		
Item 3: Services to prevent removal		21 (40.4)	
Item 4: Risk of harm		17 (32.7)	
Permanency Outcome 1- Children have permanency and stability in their living situations	0		
Item 5: Foster care re-entry		26 (50.0)	26 (50.0)
Item 6: Stability of foster care placements		5 (9.6)	14 (26.9)
Item 7: Permanency goal for child		5 (9.6)	
Item 8: Reunification, guardianship, and placement with relatives (for FY 02-04). Independent living services (for FY 2001)		12 (23.1)`	19 (36.5)
Item 9: Adoption		6 (11.5)	14 (26.9)
Item 10: Other planned living arrangement		17 (32.7)	
Permanency Outcome 2 - The continuity of family relationships and connections is preserved for children	7 (13.5)		
Item 11: Proximity of placement		49 (94.2)	
Item 12: Placement with siblings		36 (69.2)	
Item 13: Visiting with parents and siblings in foster care		16 (30.8)	
Item 14: Preserving connections		21 (40.4)	
Item 15: Relative placement		21 (40.4)	
Item 16: Relationship of child in care with parents		21 (40.4)	
Well-being Outcome 1 - Families have enhanced capacity to provide for children's needs	0		
Item 17: Needs/services of child, parents, and foster parents		1 (1.9)	
Item 18: Child/family involvement in case planning		5 (9.6)	
Item 19: Worker visits with child		13 (25.0)	
Item 20: Worker visits with parents		7 (13.5)	
Well-being Outcome 2 - Children receive services to meet their educational needs	16 (30.8)		
Item 21: Educational needs of child		16 (30.8)	

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Outcomes and Indicators	Number (%) Achieving Substantial Conformity	Number (%) Receiving a Rating of "Strength"	Number (%) Meeting National Standards*
Well-being Outcome 3 - Children receive services to meet their physical and mental health needs	1 (1.9)		
Item 22: Physical health of child		20 (38.5)	
Item 23: Mental health of child		4 (7.7)	

* Meeting the national standard for maltreatment in foster care was part of the assessment of substantial conformity with Safety Outcome 1. However, there was no specific item corresponding to maltreatment in foster care because the incidence is very low and it was determined that cases selected for the sample would rarely involve maltreatment in foster care.

Source: http://www.acf.hhs.gov/programs/cb/cwrp/results/statefindings/genfindings04/ch1.htm

TABLE 2 - Findings on the Systemic Factors

Number and Percent of the 50 States and Two Territories Achieving Substantial Conformity with the Seven Systemic Factors and Number and Percent Receiving a Rating of "Strength" for the 22 Indicators (Items)

Systemic Factors	Number (%) Achieving Substantial Conformity	Number (%) Rated as "Strength"
I. Statewide Information System	45 (87)	
Item 24: System can identify the status, demographic characteristics, location, and goals of children in foster care		45 (87)
II. Case Review System	13 (25)	
Item 25: Process for developing a case plan and for joint case planning with parents		6 (12)
Item 26: Process for 6-month case reviews		42 (81)
Item 27: Process for 12-month permanency hearings		26 (50)
Item 28: Process for seeking Termination of Parental Rights in accordance with ASFA		22 (42)
Item 29: Process for notifying caregivers of reviews and hearings and for opportunity for them to be heard		26 (50)
III. Quality Assurance System	35 (67)	
Item 30: Standards to ensure quality services and ensure children's safety and health		44 (85)
Item 31: Identifiable QA system that evaluates the quality of services and improvements		31 (60)
IV. Training	34 (65)	
Item 32: Provision of initial staff training		34 (65)
Item 33: Provision of ongoing staff training that addresses the necessary skills and knowledge		27 (52)
Item 34: Provision of training for caregivers and adoptive parents that addresses the necessary skills and knowledge		38 (73)
V. Service Array	23 (44)	
Item 35: Availability of services		25 (48)
Item 36: Accessibility of services in all jurisdictions		9 (17)
Item 37: Ability to individualize services to meet unique needs		30 (58)
VI. Agency Responsiveness to the Community	49 (94)	
Item 38: Engages in ongoing consultation with critical stakeholders in developing the Child and Family Services Plan		46 (88)
Item 39: Develops annual progress reports in consultation with stakeholders		40 (77)
Item 40: Coordinates services with other Federal programs		45 (87)
VII. Foster and Adoptive Parent Licensing, Recruitment, and Retention	43 (83)	
Item 41: Standards for foster family and child care institutions		51 (98)
Item 42: Standards are applied equally to all foster family and child care institutions		43 (83)
Item 43: Conducts necessary criminal background checks		50 (96)
Item 44: Diligent recruitment of foster and adoptive families that reflect children's racial and ethnic diversity		21 (40)
Item 45: Uses cross-jurisdictional resources to find placements		47 (90)

Source: http://www.acf.hhs.gov/programs/cb/cwrp/results/statefindings/genfindings04/ch1.htm