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Director

# Placement Stability



# How Foster Care Placements Can Harm A Child's Brain

- <https://www.kansascity.com/news/special-reports/article238316928.html>

# Why Placement Stability

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- Healthy, secure relationships
- Fewer school changes
- Less trauma and distress
- Fewer mental health and behavioral problems
- More consistent therapy
- Increased probabilities for academic achievement
- Increased opportunities to experience lasting, positive relationships with adults





# When kids have frequent moves\*:

- 
- Impacts daily functioning and adjustment
  - Increases the time to achieve permanency
  - Compounds the issue of being separated from one's parents
  - Can result in separation from siblings, relocation to a new geographical area, and experiencing a sense of not belonging
  - More likely to be re-victimized or exploited

\*Not talking about moves TOWARDS permanency



# Frequent moves impact reunification

## Research

- Only 13 percent reunite after their second placement; and
- A mere 5 percent reunite after the third placement.

Goerge, R. M. (1990). The reunification process in substitute care. Social Service Review, 64(3), 422-457.

## Number of placements



**85.6%**

Percentage of all children in foster care for less than 12 months who had no more than two placement settings

**66.1%**

Percentage of all children in foster care for at least 12 months but less than 24 months who had no more than two placement settings

**35.7%**

Percentage of all children in foster care for at least 24 months who had no more than two placement settings

# Children who are vulnerable to placement disruption:

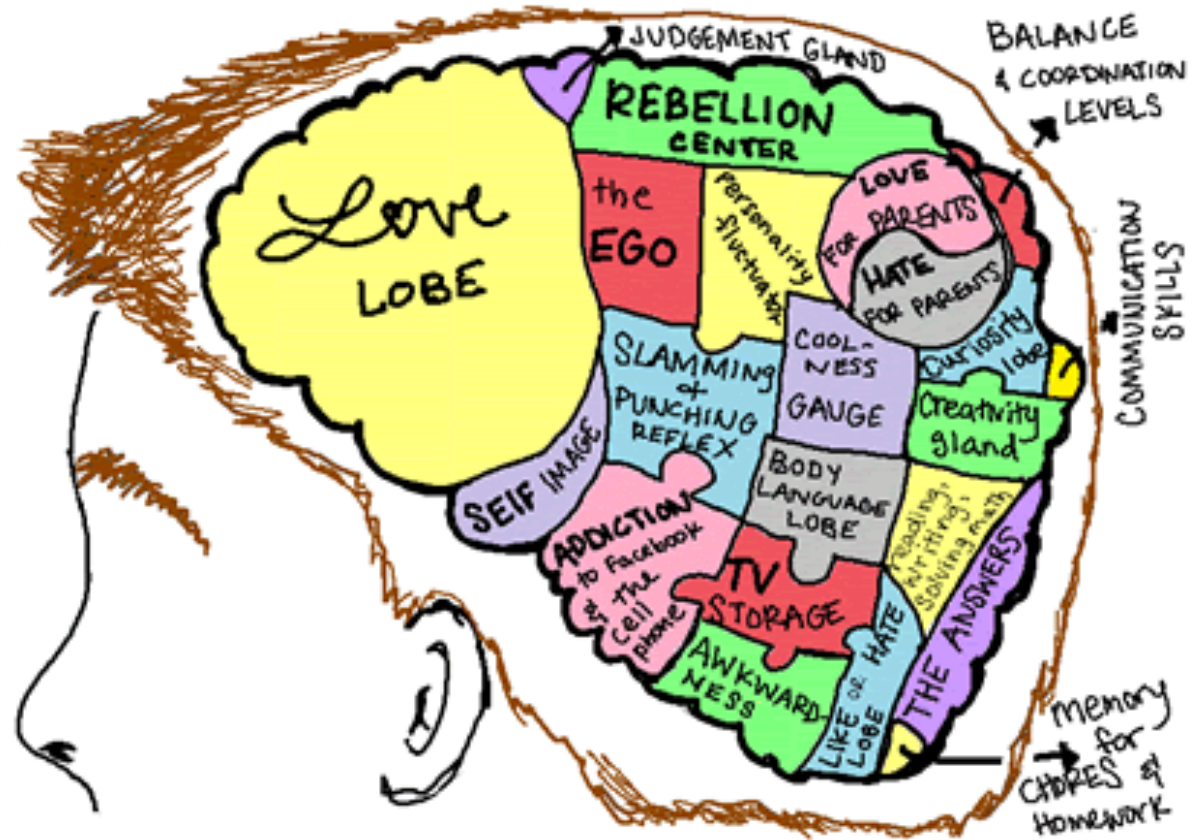
## CHILD

- Victims of physical or sexual abuse
- Older youth
- Diagnosed emotional disturbance
- Health challenges/medical diagnosis

## SYSTEM

- 1<sup>st</sup> placement is congregate care
- Homes with 3+ children
- Expectation for child to adapt without assistance of caregiver
- Staff turnover

# THE AVERAGE TEENAGE BRAIN



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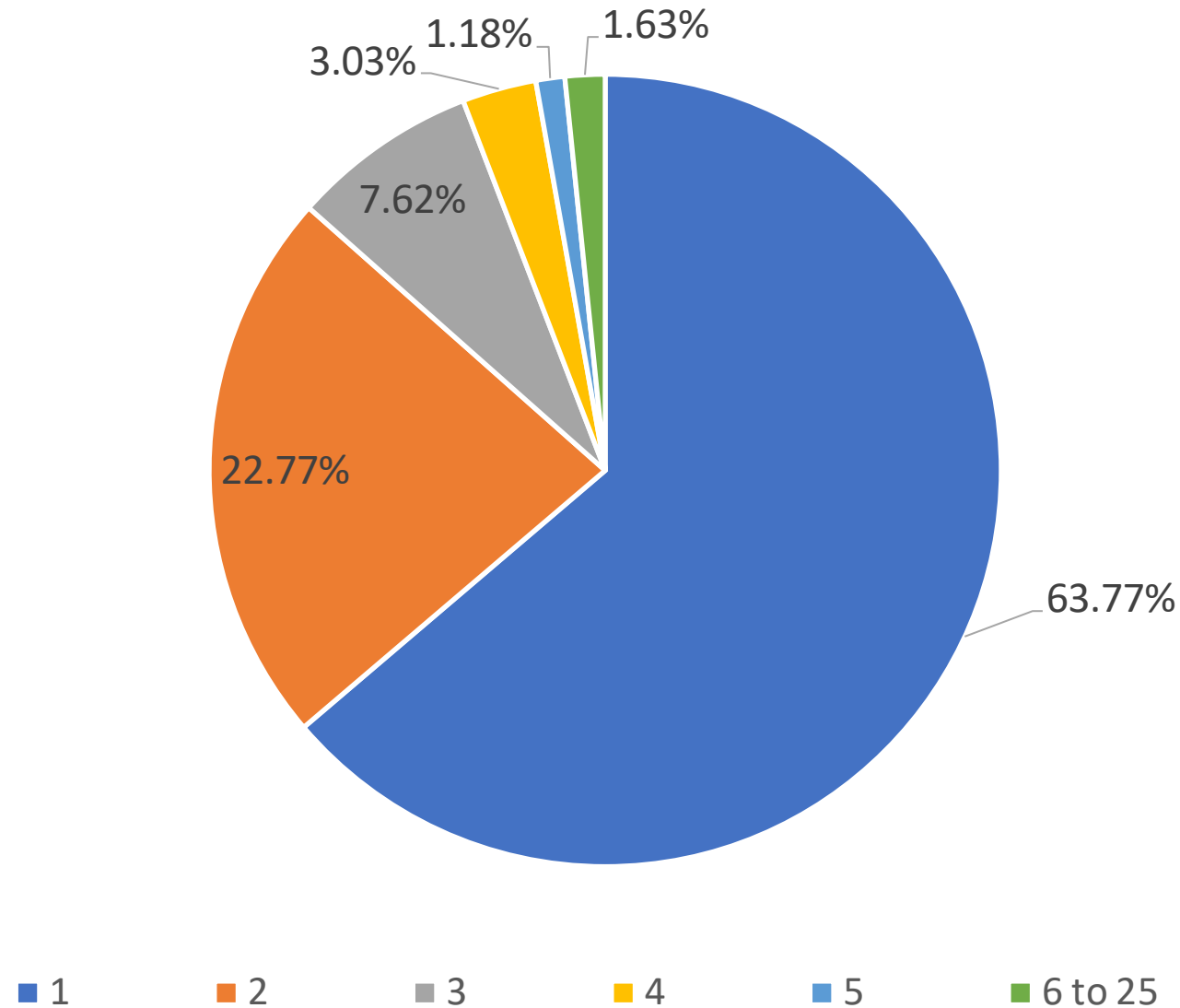


# Stability of Foster Care Placement

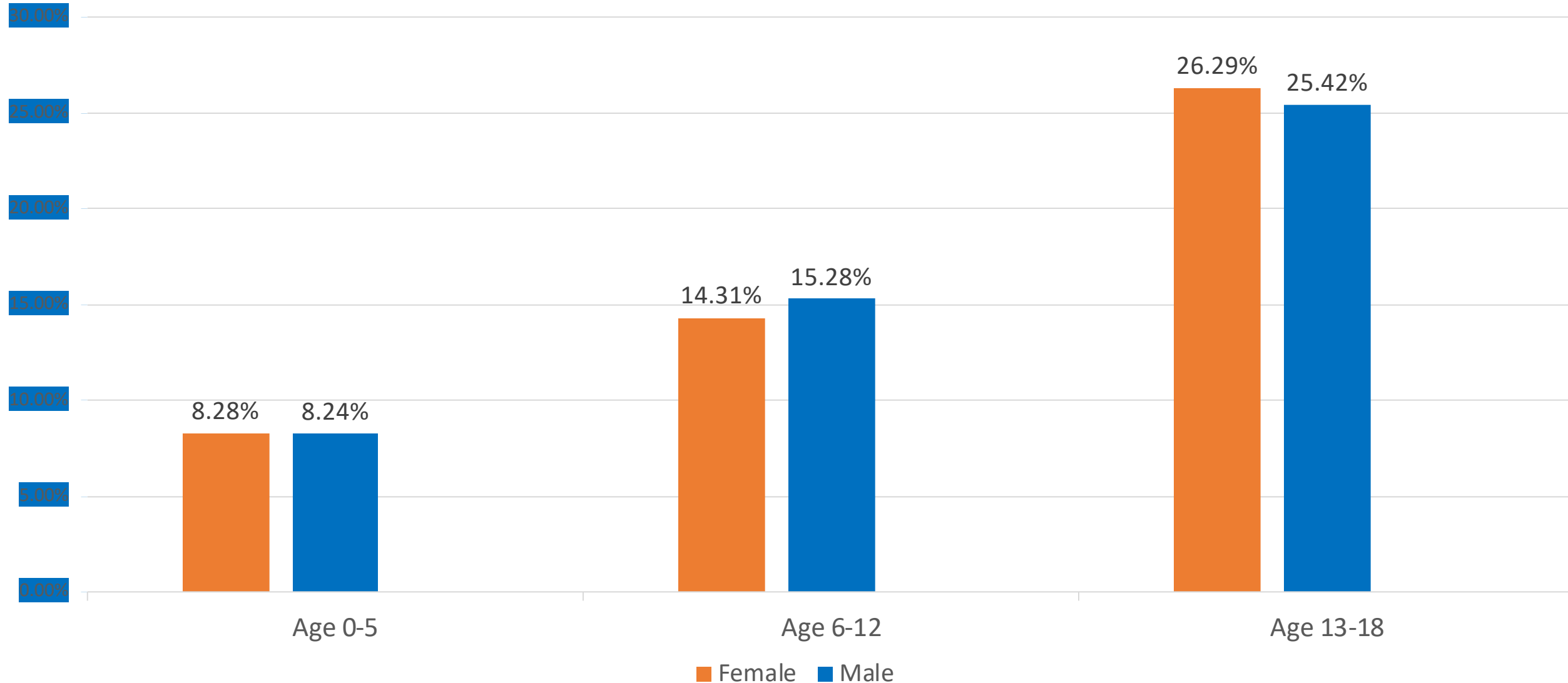
Federal quality assurance rolling trend report (Aug 2019 – Jan 2020) Item 4 – Stability of Foster Care Placement stands at 71%

Statewide “Placement Moves During First 12 Months in Care per 1,000 Children – **4.6**. National Standard **4.1**

# 2019 Number of Placements



# 2019 “2+” Placement Moves (Lateral or < Permanency)



# If They Moved, Where Did They Go?

From Child Caring Institution to –

- 1 Another CCI
- 2 DFCS Foster Home
- 3 CPA Foster Home

- From CPA Foster Home to –
- 1 Another CPA Foster Home
- 2 DFCS Foster Home

# If They Moved, Where Did They Go?

From Relative to –

- 1 DFCS Foster Home
- 2 CPA Foster Home

- From DFCS Foster Home to –
- 1 Another DFCS Foster Home
- 2 CPA Foster Home
- 3 CCI



# Hoteling

- “High end” kids that have had frequent placement disruptions or enter care without high level treatment already in place
- FC entries that are late in day, weekend/holiday entries, etc



# Kinship Exception Form Relationship Types

Putative Father

Paternal Grandmother

Paternal Cousin

Paternal Grandfather

Paternal Great Grandparent

Paternal Aunt

Step Mother

School Personnel

Coach

Daycare Provider

Legal Father

Maternal Grandmother

Maternal Grandfather

Maternal Cousin

Maternal Great Grandparent

Maternal Aunt

Step Father

Neighbor

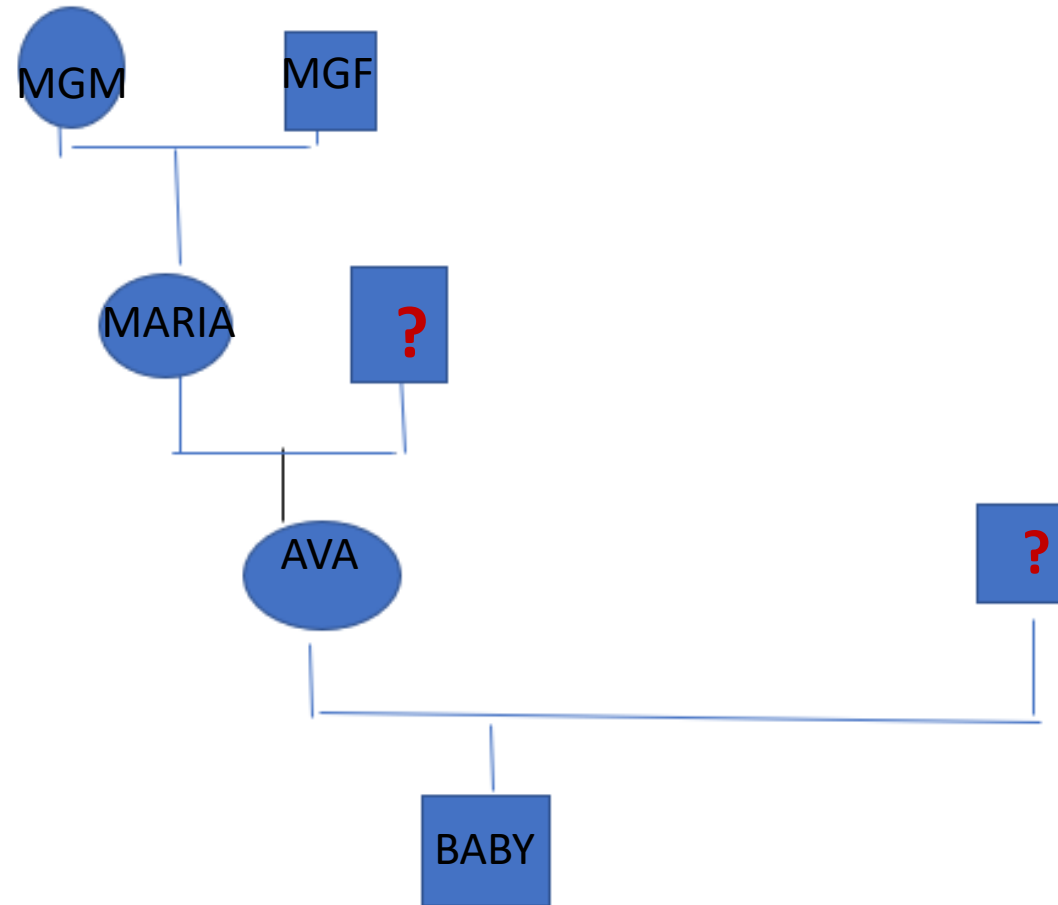
God Parent

Pastor

# Kinship Exception Form – Barrier Codes

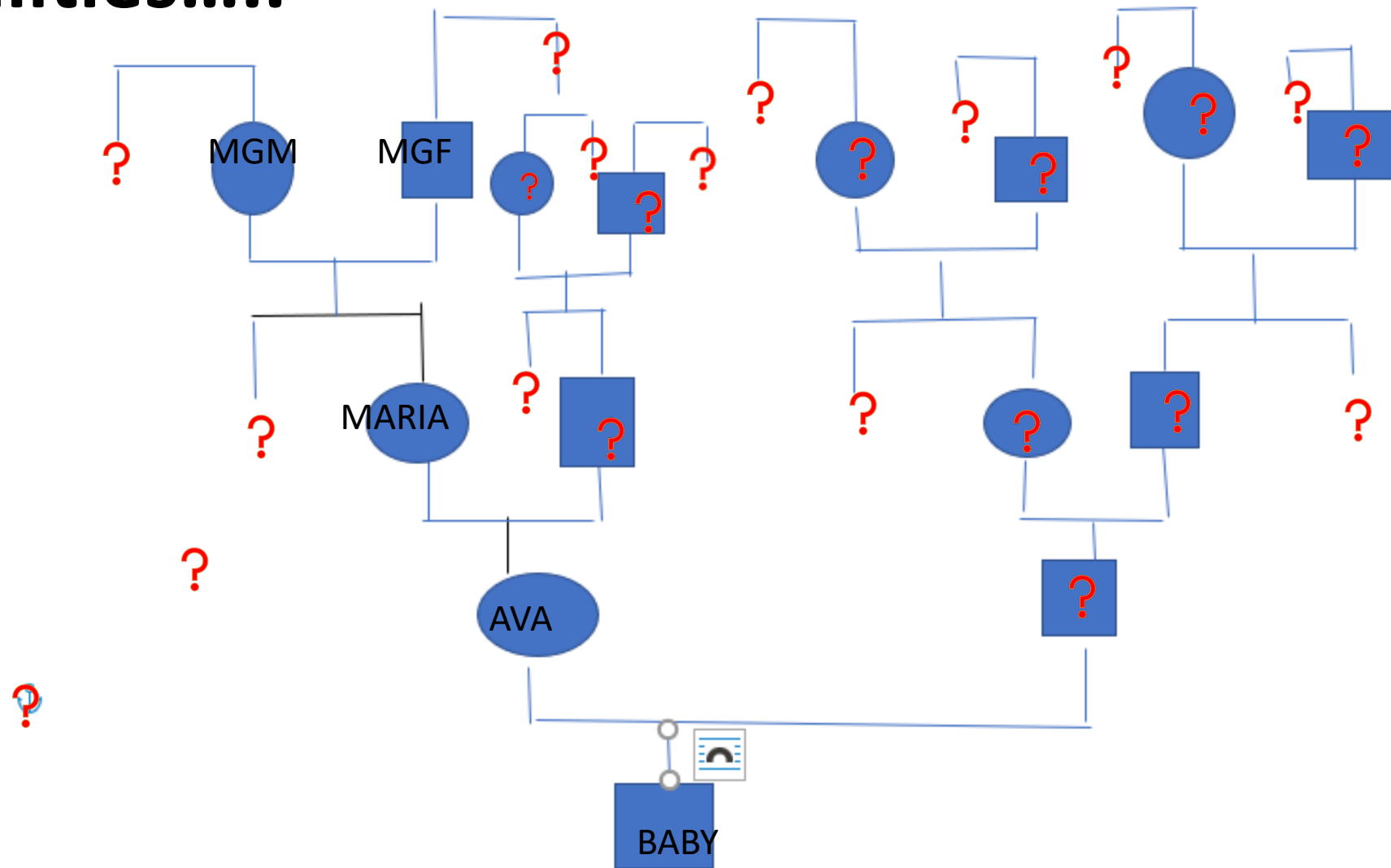
- Removal home/Failure to Protect
- No Prior interaction w/the Child
- Failed Home Study
- Alleged Child Perpetrator
- Incarcerated
- Untreated Health/Mental Health
- Failed Background Checks
- Deceased
- Under Age 18
- Court Order Restriction
- Failed Drug Screen
- Domestic Violence
- Lives Out of State/Country
- Inadequate Housing/Finances
- Verified/Reported Sexual Offender
- Unable to Locate
- Unable to Provide Adequate Supervision
- Non-waivable DFCS/Criminal History
- Resource Unwilling
- Waivable DFCS/Criminal History

## What we knew at the time of removal....



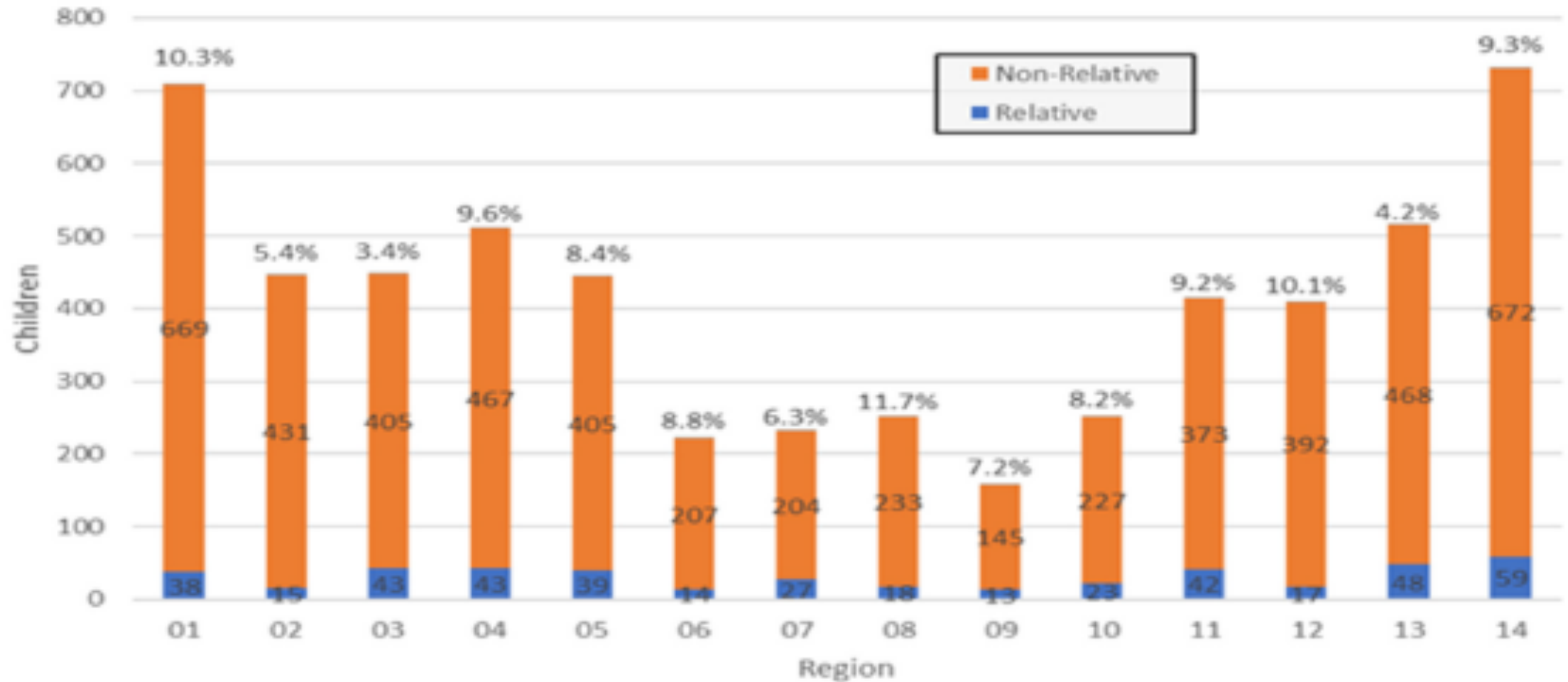


# Possibilities.....



# DIVISION OF FAMILY & CHILDREN SERVICES

First Placement with Relative  
Foster Care Entry January-October, 2019



## 19.20 Case Management: Diligent Search

- Emphasizes the need for DFCS staff to conduct timely identification and notification to relatives.
- Updates the policy to explain that the Court *may* excuse DFCS from considering a relative (as defined under O.C.G.A. § 15-11-211(c)) as a placement resource, if after receiving the required notice, the relative fails within six months of the notice date, to demonstrate their interest and willingness to provide a permanent home for the child.
- Updates the definition of fictive kin as reflected in HB 472 to “a person who is a not related to the child by blood, marriage, or adoption but who prior to his or her placement in foster care is known to the family, has a substantial and positive relationship with the child, and is willing and able to provide a suitable home for the child.”
- Requires providing the Diligent Search Notification Form by certified mail with return receipt or verified email to relatives.
- Requires uploading the receipt for the certified Diligent Search Notification Form to each relative into Georgia SHINES within 72 hours of the SSCM receiving it.
- Updates the Diligent Search Notification Form.

# Expediting Kinship Placements for Children in Foster Care

- Key Steps are **REQUIRED**
  - Complete all the requirements for an emergency placement.
  - Review the CPS and Criminal History results
  - Determine if waivers are required
  - Confirm the caregivers willingness to complete the foster home approval process in 120 days, **AND** their permanent commitment to the child.
  - Notify the foster parent and court of intention to change placements.

## General strategies to improve placement stability:

- Placing children with relatives or family members when possible
- Placement matching to make optimal first placements for children
- Improving services to children in care
- Programs that support foster caregivers to better address children's needs
- Caseworker retention
- Staff training



# Individualized placement stability plans:

- What are situations that make it more likely for THIS child to experience a placement move? (not just child issues, also what would make it so overwhelming for a caregiver that they give up)
- What are red flags or warning signals that the above might occur?
- What can be done to prevent THIS child from experiencing a placement move? (support to both child AND caregiver)
- What can we do if we notice red flags/warning signs?
- What can we do if the above strategies are not working and the caregiver requests a placement change?

# PREVENTION

- Early and detailed assessments of the needs of the child, identifying risk factors to assist with placement planning.
- Providing support and training for caregivers on caring for special or new needs of the child.
- Anticipating caregiver needs based on knowledge of the child's needs and proactively providing support.
- Conducting frequent purposeful contacts with children and caregivers. Highlight the positives!
- Ensure frequent parent/child, sibling visitation, as appropriate.
- Providing timely services to address behavioral health or other needs the child may have.
- Providing services to the child and caregiver to assist in addressing conflicts.
- Refer to CCTU Team.

# When we notice “red flags”

- Respond timely to caregiver requests for support and intervention.
- Provide or refer the caregiver for training on caring for special or new needs of the child.
- Conduct more frequent purposeful contacts with children and caregivers.
- Provide timely services to address behavioral health or other needs the child may have.
- Provide services to the child and caregiver to assist in addressing conflicts.
- Contact CCTU Team
- FTM

# What if Plan A and B are not working?

- PAUSE - **P**lacement **A**ssistance **U**tilizing **S**tability **E**xploration **T**eam
- CCTU
- Family Preservation – High End Needs Youth

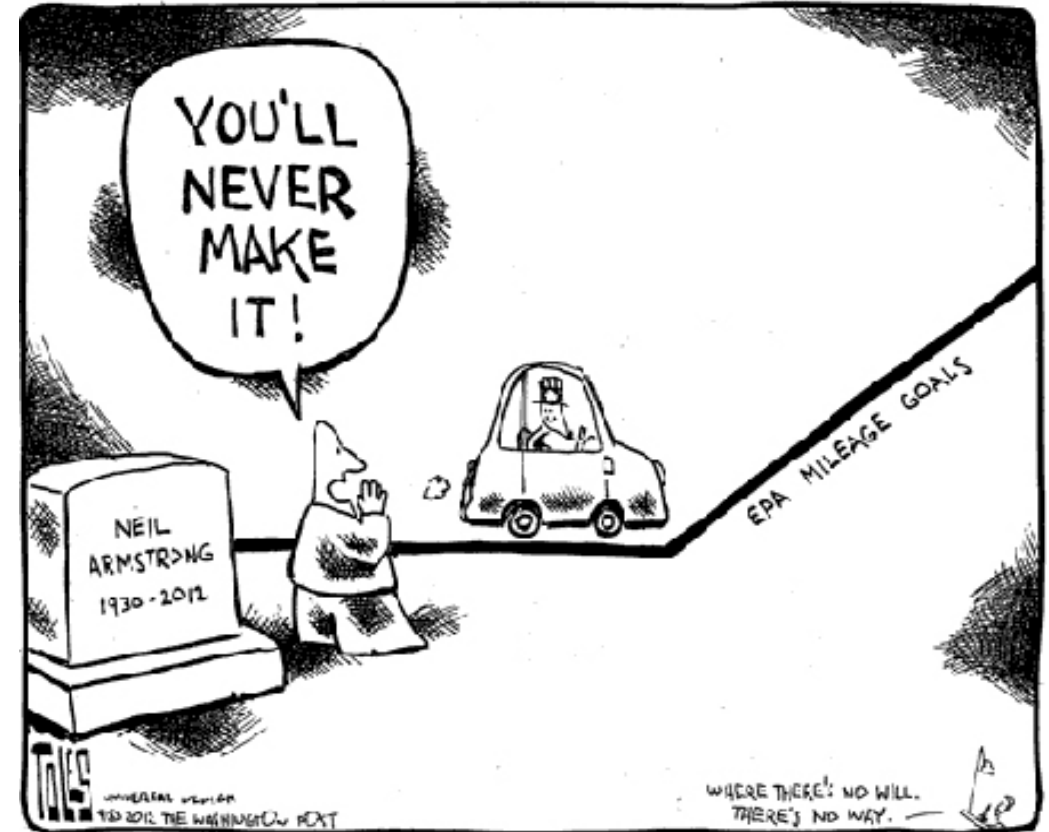
# Therapeutic Support Specialists

Licensed professionals with the ability to engage the field in intensive practice guidance and consultation on cases that require a meticulous level of insight to navigate the complexities within our state systems, policies and regulations. Responsible for immediate and on-going assessment of medical necessity, treatment and discharge planning of inpatient admissions to psychiatric residential treatment facilities, crisis stabilization units and other acute inpatient behavioral or physical health facilities.

- Navigation and transition towards Family First Prevention Services Act
- Engaging Partners/State Level System Navigation (DCH, DPH, DBHDD, DFCS)
- Amerigroup Managed Care
- Connect public and private stakeholders through coordinated systems management to guarantee fluid delivery of child welfare services.
- Emerging Adults 18-21 with moderate to severe cognitive and developmental disabilities and no imminent transition plan
- Technical assistance and Training - Facilitate on-going training and technical assistance for DFCS field staff and RBWO providers to foster better communication and partnership.
- Tracking & Trend Analysis - Monitor and track trends associated with admissions, denials, length of stay, and discharges of high-end youth.
- Entries and exits of all DFCS children/youth receiving treatment services (PRTF, CSU, Acute IP)
- Lead the state through education and action to eliminate human trafficking and the sexual exploitation of children.
- Utilization Reviews – Placement Roundtables (Congregate Care to FBC/TFC)
- Assigned to Amerigroup Complex CC Team

# FOCUS - Target Populations

- Severe Medically Complex
- SA & Human Trafficking
- Out of State Treatment
- Hoteling
- PRTF & Acute Hospitalizations
- Emerging Adults I/DD, Severe MH, BH
- Family Preservation



# Therapeutic Support Specialists

## **Blue Team – Sandra Wimbush**

- Region 1 – Assada Sanders
- Region 2 – Nia Meadows
- Region 3 – Malakeia Scott
- Region 4 – Julie Edwards
- Region 5 – Lakeisha Hampton
- Region 6 – Natalie Williams
- Region 14 – Toneshia Webber

## **White Team – Matashia Collier**

- Region 7 – Latoya Jackson
- Region 8 – Hadley White
- Region 9 – Deshanda Dow-Ester
- Region 10 – Clinton Crawley
- Region 11 – Kendra Harmon
- Region 12 – D. Shante Washington
- Region 13 – Ennisia Henderson



# Severe Medical Conditions

CHOA Egleston – Julie Edwards

CHOA Scottish Rite – Malakeia Scott

Lead Supervisor – Sandra Wimbush

The Therapeutic Support Specialists assigned to Children's Healthcare of Atlanta two pediatric campuses will serve as liaison's and engage in close proximity with the medical social work team and physicians in coordinating services, training, monitoring and placement resources for our children with severe medical and neurological conditions. These conditions have complexities that fall above the standard RBWO program designation of SMFWO and require a high level skill-set to navigate and integrate the child from the hospital back into the community.

- Autism and Neurodevelopmental Disorders
- Brain and Nervous System
- Digestive System and Metabolic Disorders
- Genetic Disorders and Birth Defects
- Airway and Adolescent Health



# PRTF Assignments

Lead Supervisor – Matashia Collier

- Coastal Harbor – Kendra Harmon
- Devereux – Ennisia Henderson
- Hillside – Hadley White
- Laurel Heights – Tia Dillard
- Lighthouse – Latoya Jackson
- Youth Villages – D. Shante Washington



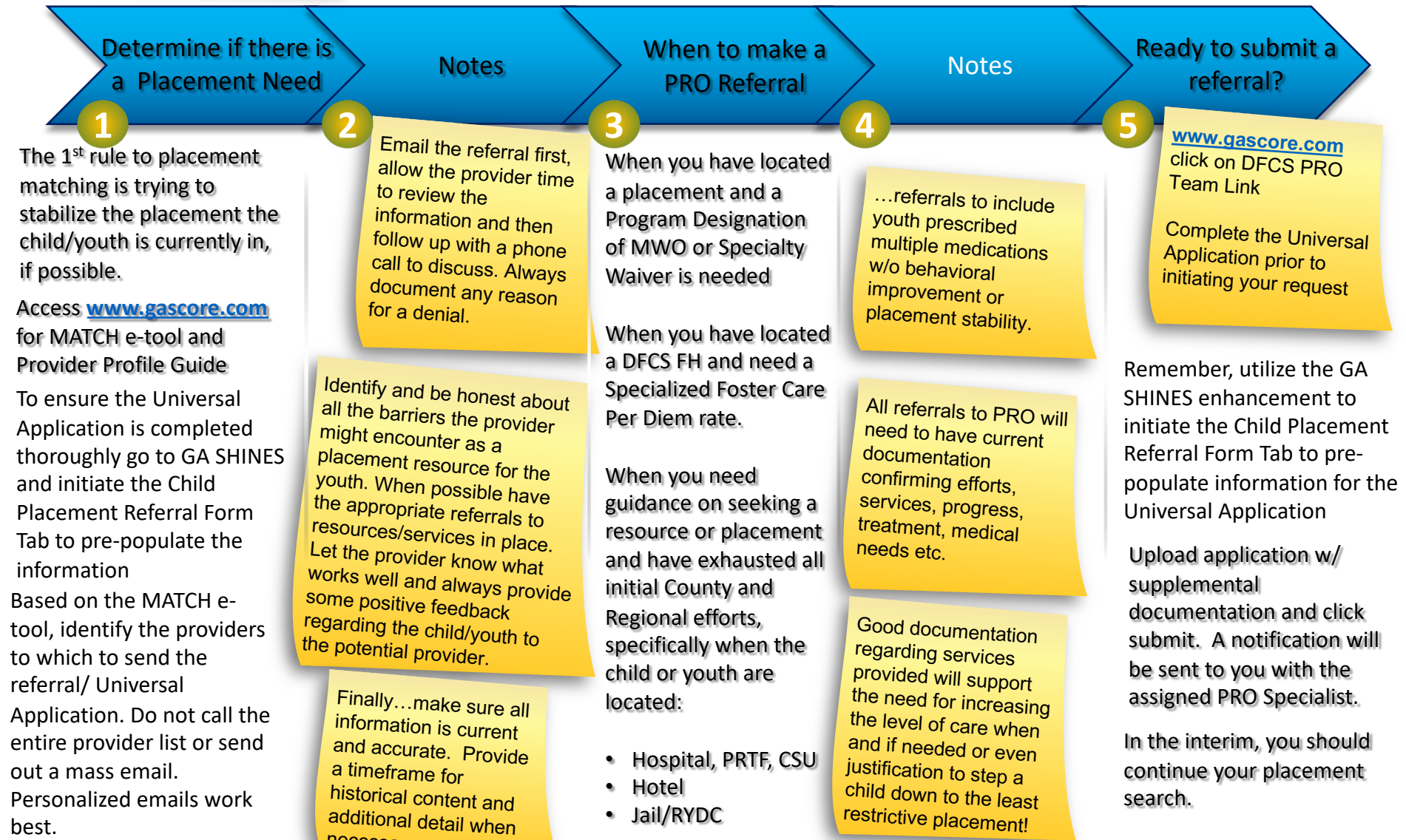


"It takes both sides to

build a bridge"

-Fredrik Nael

# CCTU Referral Process



If a move is unavoidable:

- Child Passport
- Transition Planning
- Contact between prior caregiver and new caregiver



#### 4. CURRENT MEDICAL DIAGNOSES

Diagnosis	Actual Diagnosis	Diagnosed Date
ADD/ADHD		02/07/2019
Other(Specify)	Disruptive Mood Dysregulation Disorder	02/07/2019



#### 5. HISTORICAL MEDICAL DIAGNOSES

Diagnosis	Actual Diagnosis	Diagnosed Date	Diagnosed End Date
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#### 6. MEDICATION

Medication Name	Frequency	Reason	Start Date	End Date
Guanfacine 1mg	1 Time a Day	Mood	10/05/2019	
Atarox 10mg	1 Time a Day	Anxiety	10/05/2019	

# OUTCOMES

- We will use our plan to maintain placement stability for children in our care, so they will be safe from physical, emotional and sexual harm.
- We will use our plan to help caregivers from becoming overwhelmed and frustrated with the child in his/her care, so the child will have stability and is safe from harm emotional, physical and sexual harm.