

Summary of Forums Therapeutic Foster Care

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Introduction

In April 2008 the University of Connecticut Center for Excellence in Developmental Disabilities was contracted by the Department of Children and Families to conduct a series of public forums to inform the redesign of therapeutic foster care services. During the months of April and May the University conducted seven forums for foster families, one forum for youth and one forum for providers. This report is a summary of the findings from those forums.

I. Methodology **Scheduling and Recruitment**

Youth Forum: The Department of Children and Families identified the Youth Advisory Board meeting in April as a potential opportunity to elicit comments from youth. This meeting was held at Central Office with youth leaders from across the state on April 22, 2008. No recruitment was done for this forum, since this was a standing board with a meeting already scheduled. Unlike the two other forums, DCF staff were present at this forum. Food was provided by DCF, and each participant received a \$25.00 gift card.

Provider Forum: UConn and the Department identified May 16th at Connecticut Valley Hospital as the date for a statewide provider forum. Recruitment for this forum was done through posting on the DAS website as part of the Request for Information announcement. Since this RFI was already well publicized through the provider network, there was no need for further outreach on this forum. Food was provided for this forum.

Parent Forums: The process for scheduling and recruiting the seven parent forums was more complicated. UConn and the Department identified Bridgeport, Waterbury, New Haven, Hartford and Norwich as the locations for five therapeutic foster parent forums. Based on previous experiences UConn determined that the best method to identify locations, schedule the forums and recruit participants would be through the use of local foster parents who would serve as community brokers. It was assumed that these parents would know the networks in their communities, the locations that families would come to, and could determine the best times for people to attend. UConn recruited these community brokers through other parent networks and provider agencies. Each community broker was paid \$20.00 per hour for ten hours to assist in the recruitment, secure the location, identify any support needs for the participants in their area, and handle the calls from parents who wanted to attend. At the completion of their forum, these brokers submitted an invoice indicating the hours they worked and the activities and strategies they used.

Once the dates, times and locations were selected, UConn developed a flier listing all the forums, with the name and contact information for the local parent in each community as well as the contact information for UConn. Funds were allocated for interpreters, food at the forums, child care and transportation if needed, and each parent received a \$25.00 VISA gift card at the end of the forum.

This methodology assumed that therapeutic foster parents had some form of networking. However our methodology revealed the first issue in therapeutic foster care – the foster parents have no real network, and the community brokers had difficulty connecting with any specific groups who had easy access to the families. UConn assisted the brokers in identifying the other therapeutic foster care agencies in their communities, posted the announcements on numerous list serves used by families, and had the announcement posted on web sites. The brokers circulated fliers in their communities and contacted those therapeutic foster parents with whom they had contact. Some of the provider agencies also assisted in recruiting families by circulating the announcements. UConn maintained telephone contact with each broker, assisting them in planning outreach, and keeping count of the parents who had called to register so that food and other supports could be planned.

Initially, all parent forums were scheduled during the day. The local parents indicated that this was better because of challenges with child care in the evening. However, in order to ensure that those foster parents who were working would have an opportunity to attend two additional evening forums were scheduled for Bridgeport and Hartford. Thus a total of seven foster parent forums were held. On the day of each parent forum, the local parent assisted in the set up of the room, and food and beverages were provided by UConn.

Process

All forums were facilitated by Molly Cole, Associate Director at the UConn Center on Disabilities. Mrs. Cole had previous experience in facilitating parent forums for the Department and for other entities. The questions for each forum were developed by the Department and UConn. Questions for all three forums are in Appendix A.

Participants were asked to sign in at each forum. These sign in sheets will not be included in this report, because participants were assured that their identities would not be shared with the Department, and that no comments would be linked to individuals. At the parent forums, assurances were made at the beginning of each forum that no provider staff from that region were in attendance, and that no DCF staff were in attendance. Those providers who were also therapeutic foster parents were encouraged to attend forums in another region, so that parents in their region felt safe to comment about any therapeutic foster care agency.

Each forum began with a brief overview of the intent of the forums, the scope of the forums, and the linkage to the RFI and the redesign of therapeutic foster care. The facilitator then began asking questions and recorded responses on flip charts visible to all participants. The facilitator guided the discussion with questions and probe questions, but did not correct or challenge any comments made. Thus, the information in this report is taken solely from the running commentary and responses from the forums, with no attempt at correcting or changing any perceptions. These perceptions or misperceptions are a critical component of the information collected.

Each parent forum lasted approximately two hours. The youth forum lasted one hour and the provider forum lasted two hours. More time had been allocated for the parent and provider forums, but due to lower attendance, these forums were completed in less time.

At the conclusion of each forum, VISA gift cards were distributed and each parent signed for their card. This signature was a requirement of the UConn fiscal office. DCF provided the gift cards for the Youth Advisory Board, and no signature was required to disseminate those gift cards. No gift cards were distributed at the provider forum.

All sign in sheets, gift card logs and recorded comments were compiled for each forum. At the conclusion of the forums, the comments for each were summarized and categorized. Tables with categorized comments from each forum are in Appendix B. The sign in sheets were used to summarize attendance, and then they were destroyed.

Participants

A total of 81 parents attended the parent forums. This was significantly fewer than anticipated, but the challenges associated with limited networking opportunities across provider agencies did limit the attendance. Approximately 25-30 additional parents called to RSVP for these forums, but did not attend. The comments include those from two parents who were not able to attend but who did send e-mail comments. These parents were representative of all geographic areas, including rural, suburban and urban communities, and were ethnically diverse. Additionally each forum had participants from a minimum of three and a maximum of six different provider agencies. The Hartford forum and the New Haven forum were the only two that had participants who were foster parents but were not therapeutic foster care parents. There were two of these foster parents in Hartford and two in New Haven.

Fourteen youth attended the youth forum. These were members of the Youth Advisory Board to the Department, and they were transported by DCF staff, who also attended the meeting but did not speak.

Forty-one providers attended the provider forum. Not all providers signed in, but a head count indicated that there were forty-one persons present. Of those who signed in, there was representation from all geographic regions of the state.

II. Summary of Discussion

Foster Parent Forums

Recruitment/Retention

The forums opened with introductions and a discussion of why each person chose to become a foster parent and the implications of this for recruitment and retention of foster parents. All parents indicated that their primary reason for choosing to become a therapeutic foster parent was a desire to help children. Many of them had previous experience with friends who were foster parents, or whose own parents were foster parents. Many had children who were grown and wanted a “second” family. Some had encountered youth in their community who needed a home, and chose to help. However, when asked about how the Department could enhance the recruitment and retention of foster parents, the responses were consistently focused on the challenges they encounter in the foster care system and the disincentives to recruit other parents into such a difficult system. They spoke repeatedly of the “bad reputation” of the foster care system, and the challenges in attracting anyone into such a difficult system. One parent said, *“How can I ask my family or friends to become foster parents? They see the struggle I have doing this! They know the challenges and think I am crazy to keep doing it.”* Another said, *“No one wants to be abused, even foster families – who are abused by a system that does not respect us and does not support us.”*

Supports Needed/Support Received

The foster parents overwhelmingly felt that there is a need to provide better support to all foster parents. The parents generally felt that this was the best public relations and recruitment tool. These supports did not just include payment, but support to deal with challenging children, supports to access needed resources for the children, supports for better training and networking for foster parents, and DCF staff that were more respectful and treated the foster parents as partners. Generally they felt that it was easier to recruit for therapeutic foster care because the staff had lower caseloads and were generally more available to assist foster parents. Many spoke highly about their supportive relationship with their provider agency, although this was not consistent across providers.

Specifically, few of the attendees used CAFAP supports. Only six had used the Buddy Program and none found it helpful. Eight had used the CAFAP liaisons, and slightly more (14) had heard of them. However, the foster families consistently called these liaisons DCF staff liaisons. Many had used CAFAP training and while they liked the training, it was not the content that they commented on. Generally they liked the training for the networking opportunities. Many attended the CAFAP conference and liked it, both for some of the speakers, and again for the networking.

The need for networking opportunities was a consistent theme. Many parents commented at each meeting that they really enjoyed the opportunity to network with

parents from other agencies. For many, these forums were their first opportunity to talk across agencies, compare supports and needs. They repeatedly asked for more of these opportunities, including support groups within their agencies and opportunities for supports across agencies. They also requested other opportunities to communicate through newsletters.

Additionally, this cross agency dialogue revealed that there are striking inconsistencies in the way families are supported. Supports ranging from respite to training to emergency response were significantly different across provider agencies. Parents generally felt that emergency response was a critical support. Some parents felt that their agencies were incredibly supportive; they reported 24/7 availability of a person who would come out to the house, that there was no delay in response. Others reported that their agencies were seldom in their homes, that they received no support in emergencies and spend hours and days in emergency rooms on their own.

Respect As An Element of Support

Respectful relationships were identified as a significant support. *“We need to be respected. We are partners in the system, not a part of the problem. We are often seen as the enemy. View us as partners who have some skill and expertise, especially if we have been doing this for a while.”* Foster families generally felt that the agency staff are supportive and respectful and are more likely to treat them as partners in care. In sharp contrast, they consistently felt that the DCF staff were disrespectful and non-supportive, and generally held a negative view of the foster parents.

Advocacy and Information

While the foster families felt that their agencies could help them in some instances, they also said that they would like access to advocacy supports. *“We could really use advocacy – educational and other advocacy. We don’t really have anyone to help us with this.”* They repeatedly referred to their own legal issues when unsubstantiated allegations of abuse are made against them. *“Why do we have so many unsubstantiated claims on our records because we have kids placed with us who make these allegations in every placement? Isn’t there another way to deal with this?”* This consistent threat of abuse allegations left the foster parents feeling vulnerable and victimized by children in their care. Generally they felt unsupported by their agency and DCF in this process, and wanted advocacy to assist them. In two forums, the parents asked for a foster parent’s bill of rights.

Additionally they wanted advocacy to help them with other issues affecting their children, including access to community supports and educational advocacy. Regarding special education, they said that the surrogate parents offered some information and supports regarding special education, but generally these people did not know their child, and certainly were not aggressive in advocating for supports and services in the schools. They parents have received no training in special education laws and advocacy, and felt this could be helpful to them.

DCF Issues

There was a general theme of feeling disrespected and unsupported by the agency. *They barge into our homes, make demands of us, never say thanks and don't acknowledge our experience and the work we do.*" Parents made several consistent comments about the DCF staff. They included:

- High turnover and frequent reassignments, so that they don't know the workers and the workers don't know them
- Young and inexperienced workers, in sharp contrast to foster parents who are often seasoned parents with many years of experience. They felt that the DCF staff frequently showed no respect for this expertise and did not have the skill to partner with the foster parents.
- They felt that the inexperience allowed the children to manipulate the DCF workers, who often reacted by splitting the children and the foster parents.
- Infrequent visits from DCF leaves the foster parents feeling isolated.
- They felt that there are consistent difficulties in getting authorizations and signatures. Frequently, no one answers the phone, no one returns phone calls, and even the staff are confused about policies and protocols. There is little consistency across area offices regarding policies and practices.

The foster parents made some recommendations for training the DCF staff. These include:

- How to deal with children who have high need
- How to work with birth parents and properly supervise them
- How to partner with the foster family

The foster families also offered to serve as faculty for part of this training. This could serve to model partnership during the training as well as to share the real experiences of the seasoned and experienced parents.

Child Specific Concerns

Generally, all the parents agreed that any foster child would benefit from a therapeutic foster care setting, and that all foster children need therapy. They also felt that children who had been in the foster care system with repeated disruptions got worse with every disruption, and that they also learned how to "game the system" – manipulating the DCF workers. Because of this there was a perception that the children have more authority than the foster parents when children are placed with foster parents after many disruptions.

Additionally, there were many comments made about the physical needs of the children at placement. This is discussed in more detail under the payment section. However, the parents repeatedly asked that the children arrive with something other than garbage bags. *"Get these kids some luggage and stop sending them with garbage bags! Especially with bags full of someone else's clothes."*

Visitations and Relationships With Birth Parents

The foster parents were comfortable having a relationship with birth parents in most instances. However, in instances in which the birth parents are violent, are substance abusers, or have been abusive to the children, they expressed concern. They felt that contact with birth families needed to be case by case. The foster parents felt that all parties needed more training and support to maintain any relationship with birth parents. *“Many kids have a lot of anger issues when they see their birth parents. We all need strategies to deal with this.”*

They were consistently dissatisfied with the supervised visitation process. They felt that there was little done to prepare the children before, during and after visits with birth parents. Additionally, little seems to be done to mentor and prepare the birth parents before, during and after the visits. *“Birth parent visits are not well evaluated and no one is teaching, preparing and then reflecting with the child and the birth parent at each visit. You end up with reunification without assessment and training.”* During the visits, DCF workers are often not in proximity and don’t know what is being said or done. They follow any set protocol during the visits. Foster families stated that children come back from visits angry or defiant, because their birth parents have not enforced rules and protocols in place in the foster home. These rules related to diet, behaviors and consequences. The birth parents want the children to relate to them and come back to them, so they often say and do things that are inconsistent with treatment. Even in these instances, the reunification plan proceeds with no training or intervention with the birth parents. *“The reunification plan continues to be in place even when there has been no overnight visitation, no unsupervised visits, no evaluations, no teaching with the birth parents and no real work with the child.”*

Matching

There was significant variance across agencies on how the matching process occurred. In some instances, the child was simply dropped off. Other agencies used a pre-placement planning process that provided ample opportunity to identify potential challenges, plan interventions and ensure success prior to placement. Families who had access to this pre-placement planning process felt that there was a much higher likelihood that the placement would be successful than those who took children on an emergency basis and kept the child long term. *“Placements work when you and the worker learn and work together and plan the placement together as a team. The pre-placement planning process really helps all of us.”*

In several instances, long term placements occurred through a respite placement, with no planning. In other instances, emergency placements resulted in long term placements with no planning.

Most of the therapeutic foster families felt that the relationship they have with their agencies enhances the matching process. They felt that the agency staff know their strengths and skills and this knowledge enhances the potential for a successful match.

To that end, they felt that any centralized matching process that would by-pass this relationship would be detrimental and would result in more disruptions.

Additionally, the foster families felt that more preparation should be done with the children before and during the placement process, so that they are better prepared to handle the foster care system and are supported as they transition into someone's home.

Funding Issues

Significant to the parent discussions was the inconsistency in payment for additional supports across the provider agencies. Respite payments, respite days, supports for camp and community services, payments for damages and theft, and payments for clothing and other supplies varied significantly in each forum and across agencies. Consistent needs identified by parents include:

- Consistent access to a voucher or an up front payment when a child is placed. Usually, the children come with few clothes that fit them or are appropriate, few toys or school supplies. Emergency placements are of significant concern for these supports.
- Supports for child care when a child is repeatedly suspended from school. Parents report jeopardizing or losing jobs because they have to stay out of work.
- Supports to purchase camp and summer programs
- Supports for mileage. Many parents drive long distances for services and meetings relating to their child. Some parents have been assisted in accessing Medicaid funding for mileage reimbursement to medical appointments, but not all families receive this.

The system appears fragmented and difficult to access, with little guidance from many of the agencies in accessing needed supports. *“It’s a really hard system to access. You have to persevere and learn over time who to call to get the supports paid for.”* The parents frequently stated they wanted a guide book or a guide person to assist them in navigating the foster care system. They want to know:

- What we can expect
- The rules
- The supports
- Their legal and contractual rights.

The parents report that agencies get angry with them when they ask for financial assistance for some of these needs. *“Give us a clear directive on what the money is supposed to cover and where we can go to get these other needs met. We get mixed messages about other supports that might be available to us.”*

The foster parents have had very minimal increases in their payments over the last five years. Yet the costs of mileage, food, clothing, services have all increased significantly. *“We don’t do this for the money but we really lose money all the time.”*

Training

Foster parents had mixed reviews on pre/post licensure training. They felt that the basic PRIDE training was adequate, but needed to be supplemented by child specific training at placement. Regarding post licensure training, the parents felt that this was often redundant and not relevant to their needs. They go because they are required to go. *“The training was not very relevant, and did not deal with real life situations –legal issues, birth parents, special education, abuse allegations, therapy, and complex child needs...”* Some of the provider agencies appear to do a great job at post licensure training, but there is no consistency to this. *Our post licensure training is the same every year and we just keep on hearing the same things over and over. No one asks us what we need in training.”*

Provider Forums

Flexible System and System Capacity

Following an overview and introductions, the facilitator began the dialogue by asking about the different levels of care as they were articulated in the RFI. They felt that this plan would disrupt the children and that differing levels of care should be offered within one setting, so that the child has continuity. They felt that the proposed model would require that all families would use one clinical model that the child would have to fit into, in a “one size fits all” model. The providers believe that families have many approaches to working with the children in their care, and that this concept of one uniform clinical model would not be flexible and would not build on the strengths of the foster families. They believe that the Department should learn from past mistakes in Treatment Foster Care. That model failed because:

- There was a lack of flexibility in the model
- There were disincentives when the child improved

The providers discussed the challenges in accessing community based services. The capacity of the community system is already overloaded. There are agency costs associated with developing and maintaining community linkages. This is becoming increasingly challenging. *“No matter how well prepared we are, and how well prepared the foster parent are –the services are not in the community.”*

Increasing Complexity and Need of the Children

The providers were concerned about the ability of any program to serve some of the children in the community. The children who are described as Level Three in the RFI are children who cannot be placed in residential settings now. They felt that the RFI did not acknowledge the challenging behaviors of the children who are currently being served. They felt that the intent of the RFI was punitive – *“It seeks to punish agencies and families for attempting to serve children with these incredible needs if they do not succeed.”* The RFI indicates that the Department will seek placement for children whose

behaviors are more challenging than those children the agencies are not currently able to serve. *“How can we actively serve kids who are suicidal, fire starters, etc., in foster homes? This is a safety/treatment issue.”*

DCF Issues

The providers believe that the redesign of foster care needs to consider the system in its entirety – not a piecemeal redesign of specific components. Additionally, they believe that the redesign should consider the entire system, including DCF, in a top down restructuring.

There was substantial discussion of the inconsistency across Area Offices. The providers suggest that the Department develop a consistent referral process to be used in each office. Right now, each office has a different network and different process. Use the same protocol in all offices.

Referrals, Matching and No Eject/Reject

The providers experience is that the DCF information is incomplete and cannot be used as the sole criteria for placement. They felt that there was a compelling need for them to complete their own assessments before accepting or rejecting a placement. *Give us complete information at the time of referral. DCF needs to be consistent in determining what information they can share. This varies significantly from person to person and office to office.”* The placement process should be thoughtful, not speedy, in order to maximize success and minimize disruptions. Pre-placement planning, assessment and engagement of both the foster family and the birth family are critical to success. *“The connection to the birth family must occur at placement if reunification is to occur. Develop this relationship up front and support all parties. The rate of reunification will increase if the therapeutic foster family is involved with the birth family from the beginning. But it takes dollars to promote the bridge to the birth family because it will take more staff resources to make this happen.”*

The providers believe that a centralized matching process would essentially shut down the system. Their experience is that it does not work in residential and therefore it would not work in therapeutic foster care.

Recruitment, Retention and Support of Foster Parents

The providers believe that the plan for centralized training as proposed in the RFI will not promote recruitment and retention, but will lead to more disruptions. They bond with their families during the training, which forms a relationship that minimizes disruptions. Centralized training will remove this valued aspect of their program, and eliminates the opportunity for child specific training. The programs are flexible with their training. *“When our families don’t come to the training, we go to them. Training with our families is also a screener.”*

The providers felt that the process used by DCF for investigations and licensure is intrusive, assumes guilt on the part of the foster parent, and puts them on the registry. The RFI suggest that the foster parents will be penalized for unsubstantiated allegations.

Placement of increasingly complex children in foster homes caused substantial concern among the providers. They believe that ultimately they will lose foster families. *“We are expecting too much from families. These are difficult kids and the families are human. And they have lives and other commitments. Children are disrupted because families cannot do it any more, and we are not supporting them very well.”*

In addition to training and better support for foster parents the providers suggested that each agency should have a full time foster parent recruiter.

Rates/contracting

The providers reacted negatively to the proposal in the RFI that would offer incentives for successful placements and consequences to disruptions. *“The incentives/consequences proposal in the RFI is insulting. Don’t give us incentives to do our job well. Put the money into our rates. This is an offensive way to look at disruptions. These (disruption) are neither the agency nor the family failures.”* They suggest, instead, proposing rates that would adequately support the foster family since the Department will be expecting more from them. They believe that the financial penalties could have a significant, negative impact on system capacity.

The providers expressed concern that the re-bid of contracts will have a significant, and negative impact on the system. Further, they felt that the Department, through the RFI, assumes that foster families are transferrable to other agencies, and that this was an acceptable consequence. However, *“the core value of the agencies is the relationships we have with kids and families. Assume that the families are not transferrable to just any other agency.”* They believe that the financial penalties will lose foster parents, and will continue to promote a negative image of foster care, thus inhibiting recruitment of new foster parents.

The providers strongly urged the Department to address the complexity of rate setting by putting together a group of public and private providers to determine what is needed in a rate, based on actual expenses. They felt that this complex process should consider such things as ratios, turnover, vacancy rates, recruitment, after care, permanency and respite costs, as well as the increasing costs of taking on children with more complex needs and challenging, dangerous behaviors.

Provider Skills and Supports

The providers felt that the Department had expressed, through its RFI, a lack of trust in the expertise of the providers, assuming that the providers are the reason that the system does not work. They suggest that the department should look at what does work. They felt strongly that this RFI was critical of the providers.

Regarding skill and training the providers would prefer that the Department provide no training to the agency staff, although they felt that training trainers would be acceptable. They believe that the increased acuity levels would demand staff at a higher level than M.A., particularly for level two and three children. Staff ratios need to be kept at 8-10.

Cultural Competency

The providers stated that it is important for the Department to address the high rates of disproportional representation in order to address cultural competence. Both birth and foster parents are flawed in their ability to address cultural competence in placement. The providers felt that the issue is not cultural competency, but the need to engage natural networks and meet the concrete needs of children who are living in poverty.

Measuring Quality

The indicators of quality currently used by agencies are not standardized and this is a significant concern to the providers. They believe that the proposal to use disruptions as a measure will fail because the agencies will simply stop taking difficult children. Further, they felt that the proposed measures are not realistic, because no agency can meet proposed limits of only five homes rejected or the five day standard. They suggest using a Results Based Accountability model.

General Comments

The providers, as the foster families, enjoyed the opportunity to meet without DCF staff and have this focused discussion. They felt that it would have been more logical to hold these forums first, and then issue the RFI. Additionally, they believe that the RFI did not capture the variables that lead to success, based on other successful models across the country.

Youth Forum

What Makes A Foster Home Good?

The youth articulated very specific components of a good foster home. These included:

- The ability to maintain contact their birth family and have contact with siblings
- Honesty, openness and communication
- Optimism about the potential for success
- Consistency, setting the same boundaries for biological and foster children in the home
- A willingness to support the interests expressed by the youth (like attending sports events, or church)
- Personal privacy and safety

What Makes A Foster Home Bad?

The youth were equally articulate about those things that contribute to a bad foster placement, with potential for disruption.

- Feeling treated unfairly, or differently from others in the home
- Not feeling like you belong; always being introduced as the foster child; feeling like a stranger in someone else's house; having a lock on the refrigerator
- Disclosure of their personal information to others in the home, school and community.
- No consistent communication. *"She talked to my workers or others but would not tell me how she felt."*
- Getting attention only when you demonstrate negative behavior
- No support or interest in anything that the foster child does or participates in. *"They didn't attend my games or make sure I got to the games. They didn't even take me to the doctor."*
- Homes that are not culturally diverse
- Homes that are unsafe or unsanitary

Matching

The predominance of comments throughout the youth forum related to the matching process. They felt strongly that when they were matched to families that did not respect or want them, families that were not interested in them, there were disruptions. One youth summed it up: *'This is all about matching – just like a college roommate. My brother filled out a three page questionnaire to be matched with his college roommate. That's more information than anyone asked of me when they matched me with a family'* They believe that attention to the following will result in better matches:

- Color, ethnicity and race
- Interest and values
- Proximity to their community and schools
- Age of the other children in the home
- Religion
- Energy level and availability of the foster parents
- *"Don't put kids with bad habits with other kids who have the same habits, like a residential or group home placement."*

Services and Programs

The youth had used a number of services including therapy, mentoring, nutritionists, and many community recreation programs. They would like to see a group for foster teens to talk about sex—something they would not discuss with a foster parent. They said that access to services depended on both the social workers and the parents. Some social workers were very knowledgeable about programs for the kids, but not every social worker is interested or informed. The same held true of the foster parents.

The youth wanted choice about community programs, including religious programs. *“Make sure that everyone gets services if they want them, but services are optional and if I am old enough and mature enough I should be able to choose.”* They felt that the Department should use questionnaires to evaluate and decide about which programs are good.

Communications

The discussion about communication focused on a lot of challenges that the youth encountered in accessing their supports and in making choices about placement and programs. The youth were very concerned about their ability to maintain contact with their attorneys. They said that they don’t always know who their attorneys are, and don’t always know how to reach them. Communication with the attorney is often non-existent.

The youth really like to be able to meet the foster family and talk with them prior to placement, and they want to be able to have an open conversation with the worker about their placement options. Further, they felt that young foster children really don’t understand their rights, and that these need to be better explained to them. Lastly, their strongest message about communications was, *“Ask me what I want and what I think is best.”*

Respect and Trust

The youth were very disturbed at the lack of confidentiality within the foster care system. Everyone talks about them, everyone seems to know that they are foster children, and the social workers talk about their business at school, in front of other people. They felt that a good indicator of respect and trust was to delegate some responsibility to the youth, as with other children in the home. Lastly, they felt that respect and trust did not mean that you would not still feel like a foster child. *“It is not realistic to try and make me feel like I am not a foster child. I am.”*

Recruiting and Training

The strongest recommendation the youth had about training foster parents was to train them about each child’s individual needs, so that they could be well supported. Communication skills was another area that they felt was important to foster parent training. This included an ability to be open and honest with the youth, and to refrain from constantly reminding them of their situations and problems.

They had other comments about the availability of DCF workers. This included the fact that large case loads made it difficult for DCF workers to know and treat each child as an individual. They felt that the workers needed training in time management and setting priorities. They suggested that the Department use case aides, who could do the transportation, school visits, etc., which may not require a worker. Lastly, they urged the Department not to change workers for minor issues.

III. Summary

There were common themes articulated across all three groups.

1. There is an over-arching need for mutual respect and partnership among the agencies, DCF and foster parents. The parents, in particular, felt that they were not engaged as partners in the care of these children, despite their commitment and years of experience.
2. The Department should focus on a matching process that is planned and thoughtful, and engage in pre-placement visits and planning to decrease disruptions and increase the likelihood of a successful placement. Those parents and youth who experienced pre-placement planning spoke highly of the supportive nature of this process.
3. The Department needs to develop appropriate resources to support foster parents through training, networking, advocacy and support opportunities in order to enhance recruitment and retention. The foster parents repeatedly requested a guide book, information on what to expect, information and training on their legal rights, and access to other parents so they could share information and learn from each other.
4. Tall groups articulated the need to develop, communicate and enforce consistent policies and practices across all DCF Regional offices. Additionally they all discussed the difficulties encountered by frequent reassignment of staff.
5. There was general agreement among parents and providers that the therapeutic foster parent relationship with some of the provider agencies was supportive and increased the likelihood of successful placements. Not all parents experienced this degree of support.
6. Training of foster parents should include three components: a.) General, system level training that is consistent across agencies and area offices; b.) Child specific training with the agencies; c.) Needs based training on topics requested by foster parents.
7. Policies and reimbursement practices should be consistent across agencies, with rates that will adequately support the multitude of needs and increasing expenses associated with children who have complex or higher level needs.
8. Generally, the issues identified by the foster parents are reminiscent of issues identified by parents of children with special needs across the country as their parent movement developed. The need for respect, information, partnership and a family centered approach that is strength based are all components of the broader family movement, which defines family support as “whatever it takes” for a family to be successful in parenting their child.
9. All groups – the youth, the providers and the foster parents want ongoing opportunities to have dialogue across agencies.
10. Reunification and ongoing relationships with birth parents requires a standardized method of supervised visits combined with mentoring, pre and post visit dialogue and planning. The current process does not properly address the needs of the child, the birth parent or the foster parent.

IV. Acknowledgements

The University of Connecticut Center for Excellence in Developmental Disabilities would like to thank all of the participants in the youth, provider and parent forums. Their comments were thoughtful and they graciously shared some very personal and emotional stories with the facilitator. All the participants are to be commended for their commitment to improving the therapeutic foster care system in Connecticut. We would also like to thank the Department of Children and Families for providing a forum for the families, youth and providers to be heard.

Appendix A

Forum Questions

Parent Forum Questions

1. Please tell us why you became a foster parent
2. What is the most rewarding aspect of being a foster parent?
3. What supports do you receive through your private provider foster care agency that you find most helpful or you think are most needed?
4. a. What services and support have you accessed through the Connecticut Association of Foster and Adoptive Parents (CAFAP)?

b. In particular, have you utilized the following CAFAP services/support? What has been your experience with them?

 Helpline Buddy Liaison
 Support Group Training Conference
 Newsletter Conversation Weekly E-Mail
5. Have you utilized support/services through other family advocacy organizations? If so, what has been your experience with them.
6. What types of mental/behavioral health services do the foster children in your home receive? What types of mental/behavioral health services do you think they need?
7. What types of things do you find are not adequately covered through your foster care stipend?
8. If your foster parent stipend was increased how would it better support foster children in your home?
9. Would increased post-licensing training about children's mental health, include techniques for behavior management be helpful? What other training(s) would be helpful to you as a therapeutic foster parent?
10. Would additional pre-licensing training about children's mental and behavioral health (e.g., diagnosis, managing clinical issues, available services, etc.) would be beneficial?
11. What resources and supports would be needed to assist foster parents in meeting the expectations below? What are the barriers and challenges that might prevent foster parents from being able to successfully achieve the following outlined expectations?

- *Primary persons through whom effective care and treatment implementation for a child in therapeutic foster care will happen.*
- *Central input into treatment planning based upon their knowledge and observations of the child in their natural settings.*
- *Implement in-home treatment strategies that support children's increased behavior management, interpersonal skill development, problem solving and acquisition of independent living skills.*
- *Model and teach pro-social behavior and healthy daily living, self care skills*
- *Model family roles and decision making*
- *Celebrate and acknowledge the child's achievements*
- *Support opportunities for the child to pursue his or her talents, hobbies, or interests*
- *Advocate on behalf of the child(ren) in their care*
- *Arranging and attending medical, mental health, dental appointments and other necessary appointments*
- *Ensure the child's access to age and developmentally appropriate social, recreational and summer camp opportunities, including systemically setting aside money from the per diem to ensure funds are available*
- *Participate in therapeutic foster care treatment team meetings and other meetings related to the child's care provision (e.g., education, mental health, etc.)*
- *Reinforce the child's progress*
- *Participate in school functions and recreational activities related to the child*
- *Become involved with a child's family of origin, serving as role models and support system.*
- *Provide necessary transportation*
- *Cultivate healthy relationships between the child and their birth family or other significant tie.*
- *Daily documentation of child's behavior, progress and areas of challenge*

12. What supports and resources would be needed to better enable partnerships with foster children's family of origin?
13. What supports and resources would be needed to better assist in achieving permanency (e.g., adoption) for the foster children in your care?
14. What other things should be considered in redesigning and improving Connecticut's therapeutic foster care system?

Provider Forum Questions

1. What level of care structure might be developed to effectively address the distinct needs of children with varying clinical presentations?
2. How might the Department create a therapeutic foster care system that includes care levels that will best meet the needs of special populations? (e.g., children with mental retardation, pervasive developmental or autism spectrum disorders, sexually reactive children, fire-setting children, children with reactive attachment disorder, etc.)
3. What mechanism(s) might the Department use to support a uniform referral process and ensure that children, based upon an identified prioritization framework, are expeditiously admitted into the appropriate level of therapeutic foster care?
4. What staff constellation is recommended to best support the goals and objectives of Connecticut's proposed therapeutic foster care system? What qualifications should be required for any positions identified or recommended? Detail the responsibilities that should be accorded to each position, including any quantifiable expectations (e.g., units of service, frequency of care provision, etc.)
5. What mechanism for training delivery will best ensure that program staff and foster parents receive high quality training and support greater consistency across programs? If training is to continue to occur wholly or in major part through individual therapeutic foster care provider agencies, how can the Department ensure the quality and integrity of the training?
6. What barriers or challenges are likely to prevent the successful implementation of the identified care domains? What recommendations are proposed to allow children to attain expected goals under those domains?

Care will be informed by the following proposed core domains:

- Mental/Behavioral health
 - Social-Emotional
 - Health
 - Recreational and Spiritual
 - Educational/Vocational/Career
 - Life Skills/Daily Living
7. What innovations might the Department consider to better support the provision of culturally competent care? Please be sure to think about care that is gender specific, and responsive to children's racial, linguistic, spiritual, and sexual orientation identification.

8. What concepts and issues should the Department consider in developing rates under the redesigned system
9. What type of performance based contracting structure might the Department consider? How can such structure be implemented to ensure fairness and reasonable risks for providers, as well as support DCF's desire for accountability, reward exemplary service, and ensure quality care?
10. Other recommendations to improve and/or enhance Connecticut's Therapeutic Foster Care system.

Youth Forum Questions

1. What did/do you like about your favorite foster home?
2. What did/do you dislike about being in foster care?
3. What should we think about when matching children to a foster home?
4. How can we better include you in decisions regarding your care and planning?
5. What ways can we improve foster care so that kids are treated and feel like kids not in foster care?
6. What are the services, activities, resources or supports that you think foster children most need?
7. Are there any other ways to improve foster care?

Appendix B

Summary of Comments

Parent Forums

Provider Forum

Youth Forum

Summary of Therapeutic Foster Parent Forums

* Indicates a comment repeated in more than one forum

May, 2008

Why Become A Foster Parent?

To help a family member.

I saw needs in friends of my kids.

I wanted to give back because I was raised by a relative.

*I fell in love with a kid who needed a home.

*My children grew up and I wanted to help others- and change a life.

It expands your family.

You provide stability and a long term relationship to someone who really needs it.

*All kids deserve to be loved.

We wanted a large family.

*We saw a need for kids in our community.

My parents were foster parents. I did respite, then wanted to do more.

*I started by doing respite.

It's great to get paid for doing what you love to do!!

Recruitment and Retention of Foster Families

*Offer better support and you will turn around the bad reputation that foster care has right now.

Foster care is advertised as a job with a pay check. It's not. We are caregivers, and we are required to have another source of income. So you have to do this because you want to – but no one wants to be abused, even foster families—who are abused by a system that does not respect us and does not support us.

*People have a bad feeling about foster care. If we can have positive experiences then word of mouth recruitment of our friends would work.

People in our community know how rough the placements are and how little support we get. They are scared of taking it on.

Easier to recruit for therapeutic foster care because they have better supports and lower caseloads.

I was recruited by a friend.

I have been a foster parent for years, but last year I switched agencies. If every agency was as good as the one I am with now, there would be no problem recruiting. With many previous agencies I had constant allegations lodged against me. It was impacting my job and other parts of my life.

I have a long history in foster care. But I am quitting. The system is so unsupportive. There are 136's filed all the time, and the workers are so manipulated by the kids. We are always the bad guys and our authority is constantly undermined. A partnership? I don't think so. The system is so complicated. There are no long term relationships

*How can I ask my family or friend to become foster parents? They see the struggle I have doing this! They know the challenges and think I am crazy to keep doing it.

The best recruitment tool is to have more success stories than disasters!

I would never try to recruit anyone. DCF was so intrusive. It was horrible!

Parents won't do foster care because DCF is too controlling and the foster family always gets blamed.

Here's what the public knows about being a foster parent:

- Not enough money
- Challenging kids
- An unsupportive agency – DCF
- You don't get enough training
- The kids are bounced around and get worse with every placement.

*Unsubstantiated claims of abuse make people afraid to sign up for foster care—they risk their reputations, their homes and property and their safety, and for what? They are disrespected, underpaid and ignored.

Staff turn over is high and the system is chaotic.

How will you recruit someone to join this????

What Supports Do You Need Or Have You Accessed?

*CAFAP liaison rarely known or used—seen as DCF staff.

CAFAP covered camp.

*Liked the CAFAP trainings. Great networking

*I don't know what CAFAP is—my agency does everything for me.

*We don't know what the buddy program is—we made our own connections.

Not based on parents needs or concerns.

DCF and agency have high turnover—the constant is with the foster family—everything else changes, including the therapists.

*Our agency gives us great supports!!

In our agency the kids get lots of support but the family gets very little. And no one supports the other kids in the home.

They will get your needs met!

Make one call and they take care of it!

One agency: 24/7 supports! They are great. No delay in response to our needs. They are respectful, they meet my needs.

*Not like DCF helpline, which is not helpful.

*Agency has a high level of trust in the foster parent-much more than DCF.

We use behavior services and supports from our agency.

*My agency will not come to my house in an emergency. The only difference for me between DCF and my agency is that I see the agency folks more than DCF.

We need support during a crisis, not EMPS and not a visit next month.

We need trained social workers on call during a crisis.

*More support groups-they don't happen very often.

*We need more opportunities for networking

We need Newsletters and other opportunities for communication with other foster parents

***RESPECT:** We need to be respected. We are partners in the system, not part of the problem. We are often seen as the enemy. View us as partners who have some skill and expertise, especially if we have been doing this for a while.

Other foster parents in the agency are more supportive than the paid staff – we really need more support group opportunities.

*We could really use advocacy—educational and other advocacy. We don't really have anyone help us with this.

For respite-the foster parents help each other out and facilitate respite.

*We need a foster family bill of rights.

We are parents and we know how our house should be run! Back us up! I need control in my house!

*Be honest with us.

A treatment plan and team is really helpful but does not happen often.

*We need help in accessing health care. We don't have the diagnosis or history at placement.

*Give us all the information you have on the child at placement. This will minimize disruptions.

I was asked what I needed to avoid disrupting a child. I gave the agency a list. I got nothing—not one thing!!

*More community based services including camps and summer programs.

*Why do we have so many unsubstantiated claims on our records because we have kids placed with us who habitually make these allegations in every placement? Isn't there another way to deal with this?

DCF Issues

*The workers are young and inexperienced and they are manipulated by the kids.

*DCF workers don't know the procedures.

*No one answers the phone.

*DCF workers undermine our authority by siding with the kids, who manipulate them.

The workers won't stand up to anyone, They are young and inexperienced.

*The case loads are shifted so frequently that the workers don't know us or the kids.

*High turn over and you don't see them very often.

Need help getting DCF authorizations for treatment, hospitalizations. Papers get lost.

Infrequent DCF visits leave you feeling isolated and unsupported.

They leave you to go to court because they cannot get there and you have no one to help you with the process.

*Train the workers:

- How to deal with children who have high need
- How to work with birth parents
- How to be consistent with the foster family and partner with the foster family.

*There is no consistency across regions in DCF.

*DCF workers show us no respect.

They don't see us as partners.

They barge into our homes, make demands of us, never say thanks and don't acknowledge our experience and the work we do.

Child Needs

The children seem to have more authority than we do.

They know how to game the system, especially if they have been in it a while

*All foster children need therapy - not just those in therapeutic foster care.

Give all kids the same supports.

The kids can sense when you are committed to them.

*Get these kids some luggage and stop sending them with garbage bags!
Especially with bags full of someone else's clothes.

Visitations and Relationships with Birth Parents

Many kids have lots of anger issues when they see their birth parents. We all need strategies to deal with this.

Put a reunification team in place in each area office so that there are common processes, criteria and checklists, and so we are all prepared.

*Visitations are really hard on these kids—let them vent before coming back home to us—they need strategies and supports after a visit.

Some birth parents really need mentoring, but we don't always do this.

*DCF staff do not supervise in proximity, so they really don't know what is going on.

They have no expectations of the birth parents, and treatment and our rules are often undermined in a visit.

*These visits really need structure before during and after.

DCF supervised a visit for my child but the family and child speak Spanish and the DCF worker does not. So how did she supervise the visit??

The birth family is so dysfunctional that we lose ground with the child every time there is a visit. In these instances it (linkage to birth parents) is a really bad idea, but it still happens, and the supervision is terrible.

I encourage a relationship with the birth family, but we need ground rules. I meet with the birth parents and talk it through. Some kids have great coping skills, and others don't so you need to make sure they are supported in this process.

Visitation is a case by case process. In some instances birth parents should not be in the child's life at all.

*Birth parent visits are not well evaluated and no one is teaching, preparing and then reflecting with the child and the birth parent at each visit. You end up with reunification without assessment and training

Birth families often blame the foster families and play their kids against us.

*We really need help in making this connection work—it's pretty hard.

It's hard to have a relationship with really young parents. It's more like another child.

The child needs to know their parents and have some resolution about the nature of their relationship. The birth parent may love them, but may not be able to meet their needs right now. That does not mean that as an adult this child won't have that relationship. We need to help these kids have that vision.

*The reunification plan continues to be in place even when there has been no overnight visitation, no unsupervised visits, no evaluations, not teaching with the birth parents and no real work with the child.

Matching

*Placements work when you and the worker learn and work together and plan the placement together as a team. The pre-placement planning process really helps all of us.

*Match based on preferences.

The system usually doesn't use matching because so many placements are emergencies. It is really "finding a bed" in today's system.

In an emergency, matching cannot be planned, but should be evaluated before it becomes long term.

*Pre-placement planning works really well in my agency.

*We don't get pre-placement planning and we have to decide based on what is in the file, which is often inaccurate.

Don't centralize matching. This will result in more disruptions. The agencies know us and the matches are based on our relationships and preferences.

*If the kids are badly matched with foster families there will be disruptions.

Not every child can fit with a family, but we can give them relationships, even if they wind up in a group home or somewhere else.

*Sometimes they don't give us all the information before a match because they know we won't take the child. But that risks disruptions. Better to be honest and work with us.

*If you get a child without a good plan, with no supports, and no information, of course the placement won't last.

Although the match was not great, and didn't at all reflect our stated preferences, we made it work because we were committed to this child and so we avoided disruption. But it was much harder than if this had been a match based on our strengths and preferences as a family.

If the foster parents are seasoned they know what to ask about before a match is made. But the new parents really don't have that experience, and that is where other parents could help. And better training. And a longer pre-placement matching process to help you think it through.

If the agency provides the right supports the placement can be successful.

*If you don't match based on our preferences, then recognize that you will need to give us a little more help since you are asking us to do something that we have not identified as our strength.

Disruptions make the behaviors worse.

*The agency supports that are provided to us after placement are as important as the matching process.

We did not want to adopt this child. We stated this at the time of his placement. We knew he had long term support needs that we would lose after adoption. But we would have kept him permanently with us, just not losing those supports. DCF said no, and disrupted. He has had 5 subsequent placements. It breaks my heart.

*Respite and short term emergency placements are used as a substitute for matching. These grow into long placements with very little planning or support provided.

I really thought, before I was licensed that if I just loved these kids, they would be fine! Then reality set in.

If you spend time with the kids to assist in making the placements work, it will be better. Have more conversations with the kids about their expectations.

A good match is done by a pro-active team who anticipate need and make it happen.

Funding issues

*We are called out of work because of suspensions at school—we lose wages or have to pay for child care.

*Respite policies regarding payment vary across agency.

*Need standardized practices for respite and mileage.

7 days a year of respite is ridiculous. \$200/month won't cover camp.

*My agency negotiates additional supports from DCF (but it seemed to vary by worker, agency and office – nothing uniform).

Mileage reimbursement and knowledge about how to access Medicaid support for mileage to medical appointments varies across agency

The monthly amount should be based on age and needs—older kids are more expensive.

*Give us a clear statement of what the money is supposed to cover, and where we can go to get other needs met.

You are supposed to have a source of income. This is not like a job. But it is supposed to meet expenses and it does not.

*All agencies should pay the same amount for every type of service and support in addition to the base amount..

*Give us a voucher when the child is placed so that we can get their immediate needs met.

This is a job you have to love. You can't put a dollar value on what we do.

What happens to the kids stuff??? It seems to disappear!

*Minimal COLA's in last 5 years but the cost to buy items, services and programs has increased along with mileage.

When my child is suspended I have to pay out of pocket for child care or lose wages because I stay home.

*My agency pays for camp every year / My agency does not pay for camp.

We get no emergency funding.

*It's a really hard system to access- you have to persevere and learn over time who to call to get the supports paid for.

You have to know where to go to get extra funds – like CAFAP or DCF—no one tells you, even CAFAP and DCF!

I get two hours of respite daily.

We see staff from our agency in our home twice a week—it's great!

*The monthly stipend covers no extras—these are all out of pocket:

- Camp
- Clothing/food when a child arrives with nothing and you have to start from scratch.
- Toys and school supplies when a child arrives with nothing.
- Summer programs
- Mileage for all the meetings we have to go to.

You expect a lot from us for little money. And that's okay. BUT our stipends have not been increased in years. We cannot work and meet the needs of these really complicated kids. It's a huge commitment. These kids need someone available all the time. So give us enough money to be there.

Please survey the agencies to see what they all pay for and how much they pay. It's so different.

Some workers are great at getting things paid for.

I go to lots of meetings for my kids and I have lots of responsibilities, but I am well supported by my agency.

*The kids come with nothing and the \$300 clothing allowance is long gone before they arrive. They come with plastic bags full of someone else's clothing.

*Respite is used as a long term placement (2 six month periods with a two week break in between) at a lower rate .
*We don't do this for the money but we really lose money all the time.
*We are required to go to training but we don't get reimbursed or supported for child care and mileage.
*Front load the first payment so that we can buy the things these kids need when they arrive.
*No coverage across agencies for damage and theft – some agencies do assist with this.
When your child is hospitalized you have to pay for someone to stay with the other kids.
Training
It took me 4 years to learn to navigate the system.
We were not trained properly at the beginning.
*We liked the training. It gave us 40 hours with the same group and so we had good networking! The content was okay, the networking was great!
Pre-licensure training was good.
*They (agencies and DCF) don't ask us about training content.
We get pamphlets sent to us about other training, but we would have to pay for it, and the agency or DCF don't provide funds for this.
*The 8-9 weeks training was not very relevant, and did not deal with real life situations—legal issues, birth parents, special education, 136

<p>claims, etc.</p> <p>I had no idea the extent of the needs I was taking on when I agreed to do therapeutic foster care. I told DCF I could not take on too much, they said to try this. It was on the job training. That would be great if someone was with me in the home to actually train!</p>
<p>*I like the CAFAP conference.</p> <p>Our agency's training as really extensive and very good.</p> <p>*We need more training for children with complex medical needs and disabilities.</p>
<p>*I needed specific training on my child's needs.</p> <p>I got almost none of this child specific training. You go into foster care knowing nothing and need a lot of info,</p> <p>My agency is cutting back. We used to have really dynamic training but now it's not as good.</p> <p>Give the kids some training as they come into foster care. Many kids don't understand foster care, the relationship they can still have with their birth parents, and don't know how to function in a family. They need basic life skills. Foster teens need to get together.</p>
<p>*Use us as faculty to help train workers at DCF and in our agency,</p> <p>The pre-licensure training uses just the agency staff. They should bring in outside experts and make the training more consistent across the state.</p> <p>Our training post licensure is the same every year and we just keep on hearing the same things over and over. No one asks what we need in training</p>
<p>We need training on special education laws. Surrogates are not very helpful.</p> <p>The positive parenting course was wonderful and should be mandatory!</p> <p>We should be trained in teaming and treatment planning, and in what supports we can access.</p>

Summary of Therapeutic Foster Care Provider Forum	May 16, 2006
Flexible System and System Capacity	
Don't disrupt children to give them different levels of care in different placements; Provide different levels of care to a child where the child is. Services follow the child. Repeated moves damage the child.	
Provide ONE system of foster care to meet the needs of all foster children.	
How is the system designed to plan crisis services in advance?	
All families have limits; we take inexperienced families and they need a of of support in difficult circumstances. There is a limit to what they can do and what we can ask them to do.	
Let's learn from our mistakes. Treatment foster care failed because:	
<ul style="list-style-type: none"> • There was a lack of flexibility in the matching • There were multiple levels of care in one program • There were disincentives when the child improved 	
No matter how well prepared we are, and how well prepared the foster parents are—the services are not in the community.	
This model wants all families to use one clinical model, and the child must fit into it. This is not flexible. Not every family approaches children in the same way. There is no “one size fits all” model.	
The community based system is already bogged down. There are costs associated with developing and maintaining community linkages.	
Some parts of the system are not adequate – like dental health care.	

Increased Complexity of Children

How can we actively serve kids who are suicidal, fire starters, etc. in foster homes? This is a safety/treatment issue.

The children described as Level Three in the RFI: Are they safe enough to be in the family/community settings? Can we find enough long term care in families for these kids? Even residential settings won't take them.

The RFI does not recognize the challenging behaviors of the children we are serving. It seeks to punish agencies and families for attempting to serve children with these incredible needs if they do not succeed.

The RFI wants placement for even more difficult kids than those we are currently unable to take. We have beds and space now for the kids on overstays from the safe homes. We have approximately a 200 bed vacancy. Do some advance planning rather than crisis response. We cannot place level 2-3 now. We are getting referrals of kids 14 and older who have difficult behaviors. Yet the kids in the safe homes average age 9.

An increase in cases that are more difficult will strain workers. They will need more services.

DCF issues

The RFI is flawed: The document only addresses one half of the system. It presumes that there are issues that need to be addressed through a redesign of the therapeutic foster care system, but not at DCF.

Centralize the referral process in each regional office. Right now, they each have a different network and process. There is no standardized process for placement. Use the same protocol:

- Who is in a Safe Home?
- Who are the kids?

The system re-design needs to consider the whole system – a top down redesign. Don't do it piecemeal.

There is a disconnect between Central Office and the programs. The regional offices don't pay for the services or supports, mentors or in-home supports.
There is no ongoing consistency in the Area Offices.
Matching and No Eject/Reject and Referrals
Providers cannot just rely on DCF information to make this decision. It's not complete. They need to do their own assessment before accepting or rejecting a placement.
Both the foster family and the agency will face consequences of this.
When matching a child to a foster home the input data should still be collected face to face.
Emergency placements preclude thoughtful placements.
Payment will be driven by placement. The RFI misses the natural network as a placement option.
A centralized matching process would shut down the system. It does not work for residential and it won't work here either.
Give us complete information at the time of referral. DCF needs to be consistent in determining what information they can share. This varies significantly from person to person and office to office. This includes: <ul style="list-style-type: none"> • Access to evaluations that are done • After care requires information on the family they are placed with as well as to foster care. We need a more collaborative model that allows us to share information. • The placement process must be thoughtful, not just speedy.
The connection with the birth family must occur at placement if reunification is to occur. Develop this relationship up front and support all parties. The rate of reunification will increase if the therapeutic foster family is involved with the birth family from the beginning. But it takes dollars to promote the bridge to the birth family, because it will take more staff resources to make this happen.
Reunification and a relationship between the foster family and the birth family cannot work where there is trauma, sexual abuse.

Recruitment/Retention and Support of Foster Parents

How do we support foster families to maintain a relationship with a child—like through monetary supports – while a child is in residential placements?

The direction of this RFI will not lead to more recruitment and retention of foster parents. The plan will result in more disruptions.

CAFAP reports 2,000 calls (interest) in foster parenting but only 10% of these parents actually become licensed foster parents.

The process of investigation and licensure of foster parents is intrusive, assumes guilt and puts parents on the registry. In the RFI foster parents will be punished for unsubstantiated allegations.

We bond with our families during training and this helps with retention and the relationship also minimizes disruptions. The proposal to centralize the training will lose this valued component of our process. The centralization of training will take away from the good job at the agency, including child specific training. When our families don't come to the training, we go to them. Training with our families is also a screener.

Foster parents are not well prepared and there are not enough of them. Look at the professional foster parent program in other states as a model to adequately equip and support foster parents.

DCF foster parents get very little support.

We are expecting too much from families. These are difficult kids and the families are human. And they have lives and other commitments. Children are disrupted because the families cannot do it any more and we are not supporting them well.

There is enormous pressure put on foster families to adopt. Some of them just want to do foster care.

Each agency needs a full time recruiter.

Rates/Contracting

Establish rates that can adequately support the family.

The incentives/consequences proposal in the RFI is insulting. Don't give us incentives to do our job well. Put the money into rates. This is an offensive way to look at disruptions. These are neither the agency nor the family failures.

Financial penalties will ultimately have a negative impact on the agency and on the child.

The re-bid of contracts will have a significant impact on kids and families.

A shortage of beds should result in licensing more agencies. New RFPs could have the potential to put agencies out of business. This won't produce more beds.

We can all change and enhance the system. But putting us out of business will lose foster families and promotes a negative stereotype of foster care. This will jeopardize our relationships with the kids and families. The core values of the agencies are the relationships we have with kids and families. Assume that the families are not transferable to just any other agency.

This is a complex process—setting rates. It must consider ratios, turnover, and vacancy rates. Recruitment, after care, permanency and respite all have costs. More difficult kids cost more. We suggest you put together a group of public and private providers to determine what you need in a rate based on actual expenses.

Reimburse at a higher level so that stipends to families can increase since there are greater expectations for families.

Provider Skills and Supports

The RFI reflects a lack of trust in the expertise of the providers.

The RFI assumes that providers are the reason that the system does not work, and does not acknowledge what does work.

We felt good about the QM review and then the RFI came out. It seems like the mission is to criticize. There is a disconnect between QM and licensure.

The acuity levels will demand staff that are a higher level than a BA.
Keep the staff ratio at 8-10. Need MA level for level 2 and three kids.
We prefer that DCF not train our staff—although training trainers is okay. We need trainers who have actually done therapeutic foster care.
Reunification
The RFI only talks about reunification/adoption, with no mention of recruitment and retention. Long term foster care may be the most appropriate options for older kids.
Cultural Competence/Diversity
68% of the foster care system are people of color. Change your philosophy and change your mind set. (Both parents and the foster parents are flawed in their response to the issue of cultural competence as it relates to placement decisions.
You have to address the huge rates of disproportional representation to address cultural competence.
What is the Department doing with differential response, engaging natural networks and meeting the concrete needs of kids who are living in poverty?
Measuring Quality
The indicators of quality currently used by agencies are not standardized.
Using disruptions as a measure will not work – agencies will simply stop taking the difficult kids.
The measures are not realistic – No agency can meet only five homes rejected or the 5 day standard.
Use an RBA model – this is the difference between CQI and QA
Two areas for DCF monitoring: contracting expectations and liaison relationships.

General RFI Comments

Do more of these focused discussions before you issue an RFI, then develop it in response to the discussions.

The RFI did not capture the variables the lead to success, based on other successful models across the country.,
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Summary of Youth Forum	April 22, 2008
What Makes a Foster Home Good?	
I can contact my family,	
The foster parent is honest with me.	
I can be with my siblings.	
The foster family is optimistic about accepting me.	
The foster family is “in the 21 st ” century”—they understand me.	
They are consistent in what they expect.	
They don’t have a problem doing things for me.	
I have more independence than at a group home.	
They set the same boundaries for the bio and foster kids.	
I have personal privacy.	
I felt safe.	
They communicated with me.	
What Makes a Foster Home Bad?	
I was treated unfairly.	
They do things that make you feel like you don’t belong.	
The foster parents disclosed personal information about me to their bio kids.	
The foster parent disclosed personal information about me to her friends.	
I felt like they were only in it for the money because they only did things for me when the check came.	
I felt like a stranger in someone else’s home.	
I was always introduced as the foster daughter.	
I had a lack of freedom to do anything.	
I had no support—they were not interested in anything I was interested in, like sports. They didn’t attend my games or make sure I go to them. They didn’t even take me to the doctor !	
The condition of the home was not sanitary.	
I only got attention for negative behavior.	
The big foster homes made me feel like a number.	
She (foster mother) talked to my workers or others but would not tell me how she felt.	
They locked the refrigerator.	
The home was not culturally diverse.	

Matching

Match color/ethnicity and race.

Match my interests to the family.

Keep kids close to their community and schools.

Consider age – older foster parents with young kids is too hard.

Consider religion.

Don't put little kids and teens in the same home—too much conflict.

Don't match foster parents who are really busy with kids who are really involved in activities.

This is all about matching – like a college room mate. My brother filled out a 3 page questionnaire to be matched with his college room mate. That's more information than anyone asked of me when they matched me with a family.

Ask about my interest and values.

Don't put kids with bad habits with other s who have the same habits: like a residential/group home.

Services and Programs

Therapy

Mentoring

Have a sibling day, not a one hour visit

Nutritionist

Have a group for teens to talk about sex – things they won't discuss with their foster parent.

My social worker tells me about a lot of interesting programs But many social workers don't share information about programs with kids.

Make sure everyone gets services if they want them, but services are optional and if I am old enough and mature enough I should be able to choose.

Use questionnaires to evaluate and decide on programs.

Make sure religious programs are optional but available.

Communications

Make sure we know our lawyers and have contact with them.

My workers include me in everything.

Let us meet the family before we are placed with them.

Use more enforcement to attend case reviews.

Be honest about the placement options.

We need to have our own information in a newsletter – we are starting one on the web.

Explain better to young kids because they don't understand their rights.

Ask me what I want and what I think is best.

Respect and Trust

“Foster mother” is written at the top of my report card.

Respect my privacy and confidentiality – don't have the social workers talk about your business at school.

Give us the same amount of responsibility and trust.

It is not realistic to make me feel like I am not a foster child. I am.

Be in it for the child, not for the money.

Recruiting and Training

Let the parents know they are not doing us a favor.

Have meetings like this with the foster parents.

Train the foster parents about kid's individual needs.

Have more therapeutic foster families – there is a long wait.

Teach the foster families not to remind kids of their situation and problems.

Be real and honest with me.

DCF needs to investigate the foster families and be more involved.

Large case loads means that the DCF workers don't treat you like an individual. Split the responsibility with case aides, and let the social workers address more important things than visits and transportation.

Teach the DCF workers time management, setting priorities.

Don't change cases for minor issues.

