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Support Center for Child Advocates (*Child Advocates*)

Report on FY07 Client Outcomes

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Introduction

In 2005, the Support Center for Child Advocates began collecting expanded data on client outcomes, and now has data for both fiscal year 2006 and 2007. The process of improving the quality of data collection, analysis and application to whole-child practice will continue well into the future, but it is clear that the effort has already proven valuable. Outcomes data has brought attention to the special permanency and education needs of teen clients, access to behavioral health and trauma treatment for all clients, and possible shortcomings in developmental assessment and services for preschool children. These realizations have spurred *Child Advocates* to obtain additional funding and to assign particular staff to focus especially on the first two of these areas of practice. It is also clear that the outcomes process needs some additional fine tuning to define “positive” beyond just the list of permanency outcomes; there are a small number of cases closed by the court against the wishes of advocates with outcomes that are not particularly stable or desirable, and there are also a small number of cases with outcomes of TLC, APPLA and Independent Living that advocates may not view as positive. The revised outcomes form will include an additional item inviting case managers to underscore such cases.

Child Advocates collected outcomes data on about 90% of both the 198 cases closed in FY 2006 and the 231 cases closed in FY 2007. The remainder of the cases do not fit the outcomes data collection effort because they are kinship cases with only very brief consultative services or they are unusual cases such as civil litigation or financial issues. Outcomes data collection is an ongoing venture. At each case closing, each *Child Advocates* case manager, either staff social worker or staff attorney, completes a 65-item questionnaire that includes factual as well as case-manager’s assessment about the status of the client and services received; the form has sections on permanency (with whom and under what legal status the child lives for the future); well being, including behavioral health, physical health, education, and safety; and the results of criminal prosecution against perpetrators of child victimization. Each section has open fields for qualitative description of advocacy efforts as well as a checklist of possible barriers faced by clients in obtaining necessary services.

Permanent Living Situations

Child Advocates found that, in each of the last two fiscal years, 85-90% of cases closed with positive permanency outcomes. That is to be expected, because *Child Advocates* represents children until their court involvement is completed, and the court only rarely closes a dependency case without some level of permanency achieved. Even cases that were referred for other than dependency issues would be expected to end with solid permanent home situations, because *Child Advocates* would attempt to bring into Dependency Court any clients who were not in a adequately safe and nurturing home.

Positive Permanency Outcomes	FY06 = 90% n=164	FY07 = 85% n=175
Stabilized at home (never moved)	30%	25%
Stabilized with different parent	8.5%	2%
Reunified after placement	15%	19%
Adopted: ½ kin; ½ fost-adopt	9.5%	9%
Permanent Legal Custody (Dependency Ct)	8%	7%
Temporary Legal Custody	4%	5%
APPLA (long-term placement)	.5%	2%
Custody in DR Court	11%	7%
Independent Living w/support 2/3 teens w/ behav issues and failed placements; 1/3 teens w/ board extensions for college	2.5%	2.5%

Those 10%+ of children whose cases close without permanency were all older teenagers who have refused services, absconded or committed delinquent acts. On the whole, teens aged 15 and older closed with positive permanency outcomes, but at a lower percentage (69% positive as compared to the 85% positive in FY07). Nevertheless, this points out that all efforts need to be made to get clients into safe and nurturing homes before they grow into their later teen years, because teens can walk out and leave the system. In response, *Child Advocates* has already designated one staff attorney to work closely on teen issues. Another staff attorney represented a small group of older teens who were dependent because of immigration problems. While *Child Advocates* did obtain green cards or Special Immigrant Juvenile Status for 7 of these 8 clients, the immigration staff attorney adjudged their home supports to be quite tenuous.

Negative Permanency Outcomes	FY06 n=18	FY07 n=20
Adjudicated Delinquent	1%	1.5%
Missing	3.3%	4%
Aged out without permanency	3.3%	2%
Discharged without permanency	2%	3%

One of the most interesting findings in both years is that nearly half of all *Child Advocates*' cases end with the children living in their own family homes. This is despite the fact that referrals came to the agency for the very reason that the children were without proper care and control or were not protected by their own families; 2/3 of these clients whose cases closed were in out-of-home placement at some time. For 25% of all closed cases, services and advocacy resolved the issues that were threatening to require removal and alternative placement. 2% moved to a different birth parent without foster placement, and the remainder were reunified with their original parent(s) or family member after some period of external placement in a foster home, kinship home or

residential facility. Many more children were living in the legal custody of the same non-parent caregiver as they were at case opening. *Child Advocates* worked for and carried through to finalized adoptions for 17 children in FY06 and 18 children in FY07; about ½ of these children were adopted by family members and ½ adopted by unrelated foster parents.

In about one third of all closing cases, case managers cited barriers to achieving permanency, which are listed below by order of frequency. This group of 78 clients included two disrupted adoptions and two disrupted reunifications with parents.

Barriers to Permanency n=78 clients ~1/3 of closed cases	# of clients
Impaired by parent/caregiver problems	44
Impaired by client wishes	20
Impaired by client mental/phys/devel health problem	18
Bureaucratic mishandling	15
Multiple disrupted placements	12
Impaired by sibling problems	9
Awaited adoption or PLC +12 mos for bureaucratic reasons	5
Adoption or PLC disrupted	2
Reunified but disrupted by caregiver	1
Reunified but disrupted by client	1

Length of Representation

In the last two years, *Child Advocates* has closed cases after an average of 2.3 and 2.5 years respectively. This is remarkably faster turnaround from a decade ago, when *Child Advocates'* length of representation averaged over six years. This change is likely due to a combination of the agency's policy decision to close cases immediately after they close in court, as well as the changes in law that require the court and DHS to act more quickly on permanency. This change obviously drives an increase in total numbers of clients served per year as well as increased time dedicated to case openings, volunteer attorney assignment/training and closings.

Adoption cases are some of the longest in years of representation. Even with zealous advocacy, it often takes a long time - an average of 4 to 5.5 years - for *Child Advocates* and the child welfare system to decide to free a child for adoption, to legally terminate parental rights, to locate a new family and to finalize the adoption. Adoption cases in FY06 and 07 both averaged 12.6 months from TPR to adoption. Cases that ended with teens in structured Independent Living are even longer than adoption cases. These cases split between two very different types: teens with behavioral health issues living independently after years of unsuccessful placements, and high-achieving teens who wanted their cases to remain open so they could have support to attend college. *Child*

Advocates needs to continue learning how to speed up adoption and all other permanent arrangements, both for agency practice and in a continuing effort at system reform.

Criminal Outcomes

In FY 07, *Child Advocates* closed the cases of 71 children who had been victims of crimes where prosecution was considered or carried out. The District Attorney's Office referred cases to *Child Advocates* because there were impediments to prosecution such as families intimidating victims, preventing children from testifying or keeping children in dangerous conditions. Still, 63% of these cases had positive prosecution outcomes, either convictions or guilty/no-contest pleas; FY06 had 56% positive outcomes. Altogether, *Child Advocates* supported 27 clients who testified either at preliminary hearings, trials or both; only one of these testimonies failed to lead to a positive outcome, a case that was withdrawn because the child victim recanted between the prelim and the trial. Of the negative outcomes, 15 cases were withdrawn, 7 cases were nolle prossed and 4 resulted in acquittals, all because children were unable, unwilling, or unavailable to testify against the defendants.

Criminal Case Outcomes	n=71 Closed Cases	63% Positive Criminal Outcomes 27 child victims testified
	# of clients	Testimony and Circumstances
Convicted	14	All required victim testimony
Pled guilty or no contest	31	Victims testified in 12 of these cases; most of these cases has domestic violence as well
Acquitted	4	None of these victims was able to testify
Withdrawn (all sex abuse)	15	7 recantations; 1 victim testified at the prelim then recanted; 2 emotionally unable to testify, rest failed to appear
Nolle Prossed	7	

Health Outcomes

Child Advocates case managers were confident that almost 90% of children whose cases closed had health insurance coverage by case closing, and 80% were known to have received regular health care. That information was not known about clients who were missing or out of the jurisdiction, as well as some criminal cases where there was little to no contact or the only issue able to be engaged was the child victims' court testimony. As in FY06, case managers were less knowledgeable about dental care received by children aged three or above; this practice issue has still not been satisfactorily addressed. Eight cases closed from the Medically Needy Project (children whose medical needs created their dependent status), all with permanent homes/residential facilities. After foster placements, a family of six seriously malnourished children were finally reunified with greatly improved parents. One client, seriously injured by stepfather, could remain safely at home due to prosecution. One client in a vegetative state will remain in his placement as an adult. 10% of all closing clients (including those in the Medically Needy

Project) had chronic health problems, including asthma, malnourishment, seizure disorder, CP, heart disease and serious injuries from abuse. About 50% of all closing cases had at least one disability, including emotional/behavioral, chronic health, orthopedic, learning disabilities, mental retardation or sensory (vision, hearing, speech) difficulties, and that number is likely higher. For 15 clients, case managers cited barriers to regular healthcare, including 3 caregivers who failed to participate in their children's healthcare, 5 clients who refused healthcare, and 7 clients with health insurance enrollment problems. Of those with enrollment problems, 4 of the problems were corrected, 2 were not, and one client's treatment was impeded by insurance enrollment problems.

Health Outcomes			
n= 204	Have health insurance	Received regular health care	Received regular dental care
Yes	87.5%	80%	62%
No	8%	1.5%	2%
Some		4%	3%
Unknown	4%	14%	30.5%
N/A			2% (too young)

Behavioral health outcomes continue to be a source of confusion and concern. Attempts to correct data collection after FY06 have still not produced clear information. Given that most clients whom *Child Advocates* represents have suffered some kind of trauma (either from abuse, severe neglect, or removal from home), it would seem that nearly all clients would need some kind of behavioral health assessment. Yet outcomes data shows that only half of closing cases had these assessments. For 59 clients, case managers considered behavioral health assessments not to be necessary, and 41 clients did not receive assessments despite one-third of this small group having known disabilities. 40% of clients whose cases closed in FY07 were known to have some mental health diagnosis. About 35% of clients had mental/behavioral health treatment, which again seems disturbingly low for an abused/neglected population. 23 clients were in residential treatment facilities at least once, and 11 clients were hospitalized at least once for mental health problems. One FY07 client was hospitalized four times. Corresponding numbers for FY06 were 16 clients who had residential treatment and 11 clients who were hospitalized. Case managers continue to have trouble using the outcomes data collection form to capture both trauma-focused therapy and treatment for behavioral health problems such as schizophrenia. In addition to data collection improvements, *Child Advocates* has determined to clarify expectations for the mental/behavioral health portion of whole-child representation with this population, and has brought a behavioral health specialist on staff for this purpose.

Education Outcomes

The educational status of clients constitutes a major portion of client well being measures, and there are some clear improvements needed in agency practice. *Child Advocates* case managers assessed that about 80% of preschool clients seem to be meeting developmental milestones; for some reason, developmental level is unknown for 15% of clients. Federally and state-funded Early Childhood Intervention assures that families of young children with developmental delays have the resources and support they need to grow. *Child Advocates* found that only 63% of young clients thought to have needed Early Childhood assessments received them, and there is no clear strategy or expectation within the agency for assessing client's developmental status. Then only half of children who needed Early Invention Services were known to have received them, and almost 20% of young children who needed services did not get them before their cases were closed in court. *Child Advocates* may need to develop several strategies: to train case managers and volunteers to assess the developmental status of young clients; to bring developmental needs before the court; and to advocate for assessment and early intervention for those with developmental lags.

Preschool Education Outcomes n =39 cases			
Preschool	Meeting develop milestones	If indicated, received early intervention assessment	If indicated, received early intervention services
Yes	79%	63%	50%
No	5%	2%	17%
Unknown	15%	14%	33%

At case closing, 82% of clients who should have been enrolled in school grades K-12 were attending regularly. The remaining clients not attending school were either out of contact with *Child Advocates* or were older teens who had dropped out of school. It is difficult to get an accurate feel for overall client high school graduation rates, because so many clients' cases close in court, and SCCA loses touch with them, before the teens are old enough to have graduated. In FY07, 43% of clients of graduation age whose cases closed were known to have graduated high school. 54% had not graduated, and information was not available on one client who was missing. All but three of the possible high school graduates had one or more out-of-home placements, so the 43% graduation rate would seem to be higher than the 25% graduate rate of all teens who have been in the foster care system in Philadelphia.

School Aged Education Outcomes		
	Attending school regularly n =137	Graduated high school n = 28 possible
Yes	82%	43%
No	12%	54%
Unknown	6%	4%

Case managers cited barriers to the educational experience of 57 clients. The most common problem was clients' resistance to attending a particular school or attending school at all. Other issues included parents' refusal of medications needed for their child to return to school, clients' severe behavioral health problems that made it difficult for them to attend school, difficulties paying for quality day care, educational disruption by multiple moves, and language barriers.

Barriers to Education n = 57 clients	# of Clients
Client resistance to particular school or attending school at all	27
Problems transitioning back to school after placement	6
Problems enrolling	5
Difficulty obtaining IEP due to bureaucracy or parent/caregiver resistance	5
Other problem with district	3
Violence in school	2
District can't or won't provide the right school	1
Other	8

Safety

Case managers considered 90% of clients to be in safe circumstances at the time of case closing; 5% were considered unsafe and the safety status of 5% of closing cases was unknown. Of the 9 clients whom case managers had not considered safe at case closing, 5 were clients who were missing, one was an 18-yr-old client discharged from the court with no permanency plan because he was facing adult criminal charges, and 3 were kinship care cases where *Child Advocates* disagreed with the custody agreement reached in DR Court and DHS refused to intervene. 7 of the 9 clients whose safety situation was unknown were missing or closed in court without permanency plans. The other 2 clients were both criminal cases that were withdrawn by the DA when the family refused to cooperate, and thus the case manager could not determine the safety of the client.

There were 17 closing cases where case managers either didn't know or thought their clients were not safe from the (alleged) perpetrator of their abuse or neglect. Seven of these clients were not available for case manager investigations because they were missing or quickly closed in court. For the other 10 clients, it is unclear why advocates would close the cases without this important information or assurance of safety. The problem may also reflect confusion about terminology or question design.