

Support Center for Child Advocates (*Child Advocates*)

Report on FY09 Client Outcomes

M. Christine Kenty, PhD

Introduction

In 2005, the Support Center for Child Advocates began collecting expanded data on client outcomes, and now has data for fiscal years 2006 through 2010. 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.

Child Advocates collected outcomes data on 95% of the 271 cases closed in FY 2009, all of the cases for which outcomes could reasonably be influenced by *Child Advocates*. A few cases do not fit the outcomes data collection effort because they are either very short cases, kinship cases with only very brief consultative services or unusual cases such as civil litigation or financial issues; none of these cases really involve whole child representation or direct advocate impact on outcomes. For every case that does influence outcomes, each *Child Advocates* case manager, either staff social worker or staff attorney, completes a 65-item questionnaire at closing 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.

A new computerized case management system will be launched for FY11, which will integrate all outcomes questions. The new cms will collect data on extended legal work in all courts and administrative hearings (protracted hearings, filing of motions, and appeals), and will further the clarification of data regarding behavioral health services and education outcomes.

Permanent Living Situations

Child Advocates found that 93% of clients whose cases closed in FY09 had positive permanency outcomes, either in supportive homes or with adequate supports for independent adults. This slightly higher than each of the previous three fiscal years, where 85-90% of cases closed with positive permanency outcomes. Such a high success rate is to be expected, because *Child Advocates* represents children until their court involvement is completed, and the court even more rarely closes a dependency case for a child under age 18 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 an adequately safe and nurturing home.

Positive Permanency Outcomes	FY06 = 90% n=164	FY07 = 85% n=175	FY08= 90% n=226	FY09= 93% n=252
Level 1 Permanency	82%	69%	81%	85%
Stabilized at home (never moved)	30%	25%	30%	26%
Stabilized with different parent	8.5%	8.5%	6%	6%
Reunified after placement	15%	19%	17%	19%
Adopted:	9.5%	9%	11%	15%
Permanent Legal Custody (Dependency Ct)	8%	7%	12%	14%
Custody in DR Court	11%	7%	4%	5%
Level 2 Permanency	8%	9.5	9%	8%
Temporary Legal Custody	4%	5%	4%	3%
APPLA (long-term placement)	.5%	2%	<1%	<1%
Under 18 – SIL or adeq supports	2.5%	2.5%	<1%	0
18 or over – has family, caregiver or institutional support (Category added FY08)			4%	4%

8% of the cases had undesirable outcomes; all of these clients were older teenagers who have refused services, absconded or committed delinquent acts. While Child Advocates was effective overall in achieving positive permanency outcomes for teen clients aged 15 and older, that was still 13% lower than for closed cases as a whole. One factor may be that older teens whose cases closed without permanency had been referred to *Child Advocates* at a much older age than clients over the whole caseload; these cases came at an average age of 14 as compared to the overall average referral age of 8.6. 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 either walk out of the system or get themselves into legal trouble that impedes permanency. *Child Advocates* has already designated one staff attorney to work closely on teen issues.

Undesirable Permanency Outcomes	FY06 n=18	FY07 n=20	FY08 n=14	FY09 n=15
Adjudicated Delinquent	1%	1.5%	<1%	1%
Missing	3.3%	4%	<1%	2%
Under 18-Discharged without permanency	2%	3%	2%	0
18 or over-Aged out without permanency	3.3%	2%	1%	3%

One of the most interesting findings in all four years is that about 45% of all *Child Advocates*' cases ended with the children living in their own family homes, either never removed, or removed and reunified. An additional 6% to 8.5% moved to a different parent. 25% of clients were never placed outside their homes during *Child Advocates*' representation. Overall, 70% of the clients whose cases closed in FY09 were placed out-of-home at some time, a bit higher proportion than in the last several years. For 25% of all closed cases, services and advocacy resolved the issues that were threatening to require removal and alternative placement. 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 39 children (15% of the total closed cases) in FY09, both a higher number and a higher proportion than the 28 children (11%) who were adopted in FY08. The proportion of adoptions has risen steadily during the years we have kept outcomes data. Not surprisingly, children who were adopted were referred primarily from Dependent Court Operations, though 8 children were criminal referrals. Children who were eventually adopted were referred to *Child Advocates* at a much younger age than for the caseload as a whole – average age 3 rather than 8.6 for the whole agency caseload. Adoptions were finalized for children ranging from ages 1.86 to 15.6.

In nearly one third of all closing cases, case managers cited barriers to achieving permanency, which are listed below by order of frequency. This group of 68 clients suffered heavily from parent and caregiver problems as well as their own problems and desires to leave placements. In order to understand why older teens continue to leave the system without permanent homes, *Child Advocates* will continue to study and address the nexus between teens' recurring behavioral health problems and history of disrupted placements. Some open cases of teens with histories of behavioral health issues and disrupted placements have already been highlighted and will hopefully receive heightened attention.

Barriers to Permanency n=68 clients ~27% of closed cases	# of clients
Impaired by parent/caregiver problems	40
Multiple disrupted placements	26
Impaired by client wishes	20
Impaired by client mental/phys/devel health problem	15
Awaited adoption or PLC +12 mos for bureaucratic reasons	13
Reunified but disrupted by caregiver	7
Bureaucratic mishandling	7
Adoption or PLC disrupted	5
Impaired by sibling problems	6
Reunified but disrupted by client	4

Length of Representation

Child Advocates' represented children whose cases closed in FY09 for an average of 2.2 years, just slightly longer than the average of 2.16 years for FY09 but still shorter than the average of 2.5 years in FY06. This is remarkably faster turnaround from a decade ago, when *Child Advocates'* length of representation averaged over six years. There were some outliers this year as in most years: three young men with serious disabilities were represented for 10, 15 and 16 years respectively because they need long-term residential care. *Child Advocates* represented one young woman with serious behavioral health problems for 10 years; unfortunately, she refused to accede to a board extension for the services she continued to need.

The shortened length of representation is likely due to a combination of the agency's policy decision to close cases immediately after they close in court and to manage staff to complete closings in a timely manner, as well as the changes in law and policy that require the court and DHS to act more quickly on permanency. Faster turn-around results in consequent pressure on staff time to complete more intake work, more volunteer attorney assignments/training and more case closings; each of these activities involve paperwork, court hearings, field visits and interpersonal activities.

Adoption cases averaged more than one year longer than cases as a whole, with an average of 3.4 years of representation. This interval was similar to last year, but 2 years shorter than for adoption cases closed in 2007. The time from TPR to Adoption finalization was actually longer than in the two previous years – 21 months as opposed to 17 months in FY08 and 12.6 months in both FY06 and FY07. *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 09, *Child Advocates* closed the cases of 77 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. Just slightly more than half (53%) of these cases ended with positive criminal outcomes, reduced yet again from 56% in FY08 and 63% in FY07. Positive criminal outcomes include cases ending either in convictions or guilty/no-contest pleas. Altogether, *Child Advocates* supported 33 clients who testified at preliminary hearings or at trial, more than in FY08. Unfortunately, seven of these testimonies failed to lead to a positive outcome; five defendants were acquitted despite victim testimony, and two cases were withdrawn despite victim testimony. Of the negative outcomes, 18 cases were withdrawn, 8 cases were nolle prossed and 5 resulted in acquittals.

Criminal Case Outcomes	n=77 Closed Cases	53% Positive Criminal Outcomes 33 child victims testified
	# of clients	Testimony and Circumstances

Convicted	12	10 required victim testimony
Pled guilty or no contest	29	Victims testified in 15 of these cases; most of these cases has domestic violence as well
Acquitted	5	5 of these victims testified at trial
Withdrawn (all sex abuse)	18	2 victims testified; 4 recanted; 11 unable to testify
Nolle Prossed	8	2 victims recanted; 6 nolle prossed for lack of evidence

Fortunately, most child victims of investigated or prosecuted crimes were considered by their Child Advocates' Case Manager to be safe at the time of case closing and to be protected from the perpetrators of the crimes. Three clients were considered to be living in unsafe housing, and case managers did not know if 14 child victims were safe from their perpetrator. Most of these situations involved families who did not allow their children to testify, victims who refused to testify, and children who moved out of the jurisdiction.

Barriers to Prosecution:	
Family resistant to SCCA intervention	21
Child recanted	17
Child failed to appear and /or missing	12
Family did not allow child to testify	8
Other	6
DA's poor relationship with family	4
Family discouraged by length of process	2
Serious threats against family	1
Child developmentally unable to testify	1
Defendant disappeared	1

Health Outcomes

Child Advocates' case managers have significantly more health care information and more healthcare records about clients referred from Dependent Court Operations and Penn Legal than from other sources. *Child Advocates'* case managers were confident that almost 90% of children whose cases closed in FY09 had health insurance coverage by

case closing. However, only 71% were known to be receiving regular health care at case closing, down from 80% in FY08: but 80% of FY09 closures had received at least some health care. The regularity of health care was not known about clients who were missing or out of the jurisdiction, as well as some criminal cases where there was minimal contact or the only issue able to be engaged was the child victims' court testimony. Case managers have more knowledge about those closing clients known to have chronic illnesses or health impairments, where almost 80% had regular health care. .

As in previous years, case managers were even less knowledgeable about dental care received by children aged three or above; 54% of applicable children were known to be receiving regular or at least some dental care, but case handlers were missing this information about 36% of clients, a higher percentage than in FY08.

For 27 clients, case managers cited barriers to regular healthcare, including 10 caregivers who failed to participate in their children's healthcare, 5 clients who refused healthcare, and 9 clients with health insurance enrollment problems. Of those with enrollment problems, 4 of the problems were corrected, 6 were never corrected, and 11 clients' treatment was impeded by insurance enrollment problems. In addition, 10 closing cases were pregnant or parenting teens.

Health Outcomes			
n= 256	Have health insurance	Received regular health care	Received regular dental care
Yes	89%	71%	54%
No	8%	3%	4%
Some		9%	4%
Unknown	4%	17%	36%
N/A			12% (too young)

26 cases closed from the **Medically Needy Project** (children whose medical needs created their dependent status). *Child Advocates* had just as high rates of achieving permanent homes for these Medically Needy clients as for the closing cases as a whole - 92%. Two Medically Needy clients (8%), both with serious behavioral health problems, received a great deal of residential and outpatient treatment but still chose to leave the social services system with inadequate family or institutional support.

25% of all closing clients (including those in the Medically Needy Project) had chronic health conditions or impaired health, including asthma, HIV/AIDS, seizure disorder, heart disease and diabetes. 62% 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. Staff

felt that 55 children should be eligible for SSI support. Of those, staff knew that only 42% were actually receiving SSI by the time their cases closed; 47% were known not to be receiving SSI, and facts were unknown for 11%. In some instances, Child Advocates worked to encourage caregivers to apply, but the caregivers refused. However, attention should be paid to determining what additional advocacy may be needed to obtain benefits for those children with known disabilities.

Type of Disability	162 clients (63% of closing cases)
Behavioral Health	115
Physical/chronic illness	59
Learning/ADHD	31
Developmental	21
Mental Retardation	8
Speech	13
Vision and Hearing	5
Medically Needy Project	26

Child Advocates' staff had better information for FY09 closures than for FY08 closures about the required physical exam within six weeks of out-of-home placement. 63% of clients placed out-of-home were known to have received required time-sensitive assessment, though that information was unknown for 42%. Certainly, in some cases, children were placed before *Child Advocates* was appointed, and the staff person may have no access to the information. In addition, information about follow-ups on recommended health and developmental treatment as well as referral to specialists is very spotty. Staff disclose that they do not have complete health and dental records on most clients.

With increased emphasis on behavioral health outcomes via the Outcomes in Behavioral Health Project, *Child Advocates* substantially increased the proportion of closing clients who actually received professional assessment. Of those closing clients thought to need behavioral health assessments, 75% received assessments as compared to 50% in FY08. Given that most clients whom *Child Advocates* represents have suffered some kind of trauma (either from abuse, severe neglect, or removal from home), staff are working to implement clearer guidelines and strategies in order to reach the goal of 90% assessment. Not surprisingly, more than half of clients who were assessed have some behavioral health diagnosis. Overall, 42% of clients whose cases closed in FY09 were known to have some behavioral health diagnosis. About 2/3 of clients who needed it received mental/behavioral health treatment, a proportion similar to FY08. This does not, of course, address those who were never assessed. 25 clients were

in residential treatment facilities at least once (average residential placements = 1.4), and 21 clients were hospitalized at least once for mental health problems (average – 1.6). *Child Advocates'* staff report that they have at least some behavioral health records on about half of their clients. *Child Advocates* hopes to generate better and more efficient data when the new case management software is in service

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 71% of preschool clients (lower than last year) seem to be meeting developmental milestones, while 12% were not. *Child Advocates* had little time to influence the developmental progress of this cadre of children, because they were all closed as preschoolers. 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 a higher proportion of preschool-aged clients (80% rather than the 69% from last year) thought to have needed Early Childhood assessments actually received them.** There is no clear strategy or expectation within the agency for assessing client's developmental status. 63% of children who needed Early Intervention Services were known to have received them, a percentage which has improved each of the last several years; this number may be artificially low because children's cases closed in court before services were completed, so that case managers had no access to the information. *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 FY09=57 cases; FY08=57 cases; FY07=39 cases									
Preschool	Meeting developmental milestones			If indicated, received early intervention Assessment			If indicated, received early intervention services		
	FY09	FY08	FY07	FY09	FY08	FY07	FY09	FY08	FY07
Yes	71%	77%	79%	80%	69%	63%	63%	61%	50%
No	12%	10.5%	5%	5%	20%	2%	3%	4%	17%
Unknown	14%	12%	15%	14%	12%	14%	33%	34%	33%

Regular school attendance by cases at close has been gradually inching up over the years of collecting outcomes data. For FY09 case closing, 85% of closing clients who should have been enrolled in school grades K-12 were attending regularly, just slightly higher than in FY08. The remaining clients were older teens, most with special needs, who had dropped out of school. Staff considered 88% to be enrolled in the right school, even though a few were not attending regularly. 71% of the 90 students thought to need special education had their special education needs met before case closing. For 20% thought to need special education, staff did not know whether their needs had been met, a slightly lower percentage of missing information than last year.

In School, Right School FY09 = 187; FY08 = 178; FY07 = 137							
	Attending School			In the Right School		Spec Ed Needs Met	
	FY09	FY08	FY07	FY09	FY08	FY09 = 90	FY08
Yes	85%	84%	82%	88%	84%	71%	65%
No	9%	11%	12%	5%	9%	8%	10%
Unknown	6%	5%	6%	7%	7%	20%	22%

FY09 closing cases showed a higher rate of high school graduation than FY08, but not reaching the 43% in FY07. 61% had not graduated, and information was not available on 3 clients who were missing. Most of the non-graduator had serious behavioral health problems or mental retardation, except for two immigration cases that came to this country with very little education or ability to speak English. On a more positive note, of the 10 students who have graduated high school, 6 had earned some college credits at case closing.

It is hard to make much meaning out of the high school graduation figures because we only have graduation data on those few older teens that are represented up until age 18 or above. Most clients' cases have long before been resolved with permanent homes and with the client attending regularly at an appropriate school; we never learn how many of these children graduate high school – it may be a very high percentage. Of the graduation age clients who did not graduate, most had either retardation or diagnosed behavioral health conditions along with histories of inadequate parenting, and many refused to go to school. Many remained clients of *Child Advocates* for the very reason that their issues were extremely difficult to resolve. Further study is needed to determine whether other advocacy targets might have assisted them to obtain diplomas.

Finish School			
	Graduated high school		
Clients who should have graduated	n = 28	n = 33	n = 28 possible
	FY09	FY08	FY07
Yes	36%	26%	43%
No	61%	65%	54%
Unknown	3.5%	9%	4%

Case managers cited barriers to the educational experience of 40 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 = 40 clients	# of Clients
Client resistance to particular school or attending school at all	30
Problems transitioning back to school after placement	7
Problems enrolling	5
Difficulty obtaining IEP due to bureaucracy or parent/caregiver resistance	4
Other problem with district	4
Other	15

Safety Outcomes

Staff considered 96% of clients to be in safe circumstances at the time of case closing and living with safe caregivers; 3% were considered unsafe at closing and the safety status of 1% of closing cases was unknown. Of the 8 clients whom case handlers considered unsafe at case closing, 1 was an older teen who was missing; 1 was a teen who had been reunified with an unstable mother against *Child Advocates'* advice, and 2 were adults 18 or over whose cases closed without permanency. The closed cases where safety status was not known were clients who were living on their own or whose whereabouts were unknown.

Child Advocates had fairly good knowledge of clients' safety circumstances. 93% of applicable client homes had been professionally assessed. In keeping with agency expectations, 89% of clients had been visited in person at least twice during the final year of representation. Of those clients who could be visited just before case closing, 98% were visited in person. While the expectation is to visit clients within 30 days of case closing, some were visited just outside that time window. 30 clients were not available to be visited in person, including some moved outside the jurisdiction, incarcerated, or missing, and some who did not care to be visited.

There were 21 closing crime victim cases where case managers either didn't know (16 cases) or thought their clients were not safe from the (alleged) perpetrator of their abuse or neglect (5 cases). In one case, the perpetrator was tried and acquitted, and then that child was transferred to another jurisdiction, so the case handler had no information. Most of the other clients were victims of crimes where the prosecution was withdrawn, or where the criminal process was already completed and *Child Advocates* had no further access to the victim by victims' choice. In these cases, it is unfortunate that advocates could not determine safety before the case was closed. This illustrates the difficult position of the advocate appointed only in criminal court