ANNUAL REPORT ON FOSTER CARE

An Update on the Status of Child Welfare Involved
Children and Families in Metropolitan Washington

2017 Edition

Metropolitan Washington
Council of Governments

ANNUAL REPORT ON FOSTER CARE
Prepared by the COG Child Welfare Data Work Group and the COG Child Welfare Directors Committee
June 29, 2018

ABOUT COG
The Metropolitan Washington Council of Governments (COG) is an independent, nonprofit association that brings area leaders together to address major regional issues in the District of Columbia, suburban Maryland, and Northern Virginia. COG's membership is comprised of 300 elected officials from 24 local governments, the Maryland and Virginia state legislatures, and U.S. Congress.

CREDITS
Report Editor: Surina Amin, COG Child Welfare Program Manager
Photo Credit: COG Board Chairman Matthew Letourneau with the 2018 Loudoun County Foster Parents of the Year (COG)

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EXECUTIVE SUMMARY

Each year the Metropolitan Washington Council of Governments (COG) surveys child welfare systems in the region. The purpose of the annual survey and report is to educate the public and other important stakeholders, of recent trends occurring in the region's foster care systems.

The data for this report is collected by the COG Child Welfare Data Workgroup, comprised of quality assurance representatives from COG's member jurisdictions.

The members of COG that participated in this regional survey and report are the District of Columbia, Frederick, Montgomery, Prince George's, and Charles Counties in Maryland, and Arlington, Fairfax, Loudoun, and Prince William Counties, and the City of Alexandria in Virginia. Foster care data, when available, will also be presented on the following independent cities: Bowie, College Park, Gaithersburg, Greenbelt, and Takoma Park in Maryland, and Fairfax, Falls Church, Manassas, and Manassas Park in Virginia.
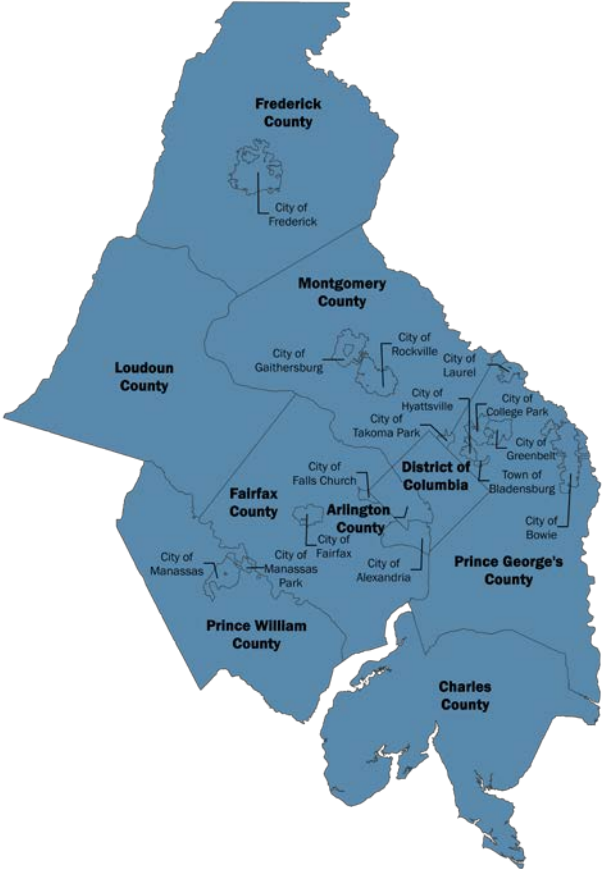
This report is intended to serve as an educational tool for those who may be unfamiliar with the foster care system and an update for those who are. The goal of this report is for readers to become more involved in the foster care system as advocates for vulnerable children and families in area communities.

2017 survey highlights include:

- The region received 68,079 calls alleging child maltreatment. Of those calls, 10,522 were investigated and 11,669 were accepted for alternative or differential response.
- Family Preservation Services reached 19 percent more clients compared to 2016, with 1,554 families across the region receiving services which aid in diverting thousands of children from entering the foster care system.
- The number of children in foster care in the region declined by 47 percent since 2008.
- Most children (74%) have been in the system for three years or less.
- Public agencies had 1,046 licensed resource homes on December 31, 2017 available to care for the 2,452 children in foster care. Forty-nine percent of children in foster care were in family-based placement on December 31, 2017.
- Last year, 212 youth aged-out of foster care without a permanent family.
- Last year, 218 children achieved permanency through adoption.

CHILD ABUSE AND NEGLECT

Annually, across the United States, hundreds of thousands of children are victims of child abuse and neglect. Federal legislation determines the standard of child maltreatment which provides states with minimum sets of acts or behaviors that define child abuse and neglect. The Child Abuse Prevention and Treatment Act (CAPTA) defines child abuse and neglect as: "Any recent act or failure to act on the part of a parent or care taker, which results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act which presents an imminent risk or serious harm."[1] From this framework, state statutes can implement further interpretation from the federal minimum standard to include additional factors of child maltreatment.

(Linus Lohoff/Flickr)

 According to the Center for Disease Control and Prevention, 1 in 4 children have experienced abuse or neglect at some point in their lives. Child neglect is the most common type of maltreatment perpetrated against children, accounting for 78 percent of all reports across the United States. [2]

Child abuse and neglect prevention efforts have significantly increased in the last decade with the understanding that adverse childhood experiences (ACEs) and trauma have serious lifelong impacts. While prevention efforts have significantly increased nationally, child protective services continue to receive millions of referrals each year.

Child Protective Services (CPS) is the first point of contact with the child welfare system. The goal of CPS is to identify, assess and provide services to children and families in an effort to protect children, preserve families, and to prevent further maltreatment. Reports of child abuse and/or neglect are made to CPS by concerned friends, neighbors or community members. The District of Columbia, Maryland, and Virginia have laws that require specific professions, known as mandated reporters, to report whenever they know or suspect that a child is experiencing abuse or neglect. These professions include, but are not limited to: teachers, athletic coaches, child care workers, physicians, nurses, law enforcement officers, and social workers. In Figure 1, CPS calls drop significantly during the summer months, which indicates that children who are impacted by abuse or neglect have less interaction during out-of-school time. The school system accounts for a significant number of CPS referrals. Montgomery County and City of Alexandria have launched mandated reporter trainings with local schools to train school staff on indicators of child abuse and neglect. Building strong partnerships with schools help to ensure the safety of children who might be at risk for child abuse and/or neglect.

Child Protective Services (CPS) hotline workers receive calls alleging child maltreatment and must make a determination based on the information received if the report meets their state's statutory criteria for further investigation. Data on the total number of calls received in 2017 indicates that collectively, CPS hotline workers across the region received 68,079 calls alleging child maltreatment.

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[1] CAPTA Reauthorization Act of 2010 (P.L. 111-320), § 5101, Note (§ 3)

[2] US Center for Disease Control and Prevention, Child Abuse and Neglect Prevention, Center for Disease Control and Prevention Website:

 https://www.cdc.gov/violenceprevention/childmaltreatment/index.html

Of those calls, 10,522 were investigated and 11,669 were accepted for an alternative or differential response.

Figure 1: Child Protective Services (CPS) Call Volume and Response, 2017
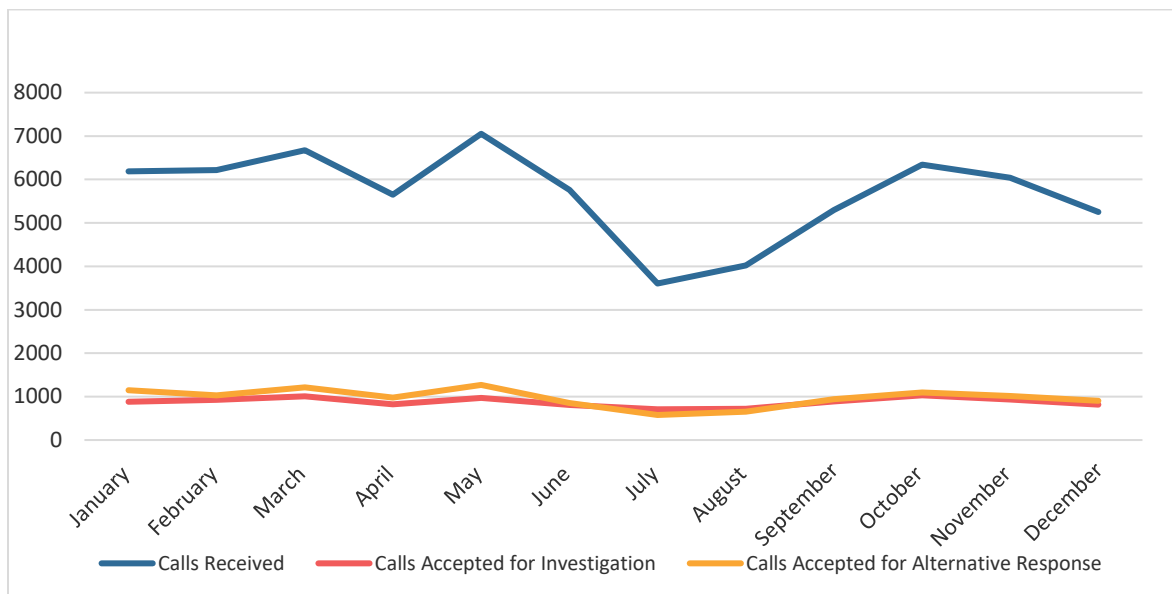
Source: COG

Differential response, also known as dual tract or alternative response, allows CPS to recognize the variation in the types of child abuse and neglect allegations received and utilize more than one method to respond to those allegations. The goal of differential or alternative response is to provide more effective and less intrusive services to families who are assessed as low to moderate risk. Differential response allows for agencies to respond with more flexibility, using strength-based approaches, to support families facing a variety of challenges. These support systems help sustain family connections and reduces the emotional and psychological trauma of a CPS removal.

The types of cases that are accepted for investigation, rather than differential response, pose imminent danger to the child, such as: sexual abuse, physical abuse, and severe neglect. During an investigation, a CPS social worker assesses the safety risk and determines if the risk is high enough to remove a child from their home. Allegations of child abuse and neglect are brought before a family court judge who determines if the abuse or neglect charges are substantiated or unsubstantiated. There are also instances where the judge rules that the child be returned home or with relatives while the family receives supportive services. Whenever agencies are able to safely do so, community-based intervention services are put in place, and children remain in their homes while services are administered.

PRESERVING FAMILIES WITHIN THEIR COMMUNITIES

The U.S. Health and Human Services Administration's definition of Family Preservation states that "(preservation) services are short-term, family-based services designed to assist families in crisis by improving parenting and family functioning while keeping children safe (and in the birth home)."[3] Family centered practice is at the core of child welfare agencies across the region. According to the Child Welfare Information Gateway "family centered practice is a way of working with families, both formally and informally, across service systems to enhance their capacity to care for and protect their children." [4] It focuses on children's safety and needs within the context of their families and communities and builds on family's strengths to achieve optimal outcomes." By embracing this approach, families in crisis may receive: shelter care, food assistance, transportation vouchers, day care vouchers, mental health assessments, mental health therapy, substance use assessment, work force training, and parenting classes to preserve the child in the home. In metropolitan Washington, 1,554 families were engaged in family preservation services on December 31, 2017.

Jurisdictions across the region use various protective factors to strengthen and preserve families. One of the research-based models used by several jurisdictions is the Protective Factors Framework, developed by the Center for the Study of Social Policy. The framework includes five factors which are focused on strengthening families to avoid out-of-home placements:

- **Parental resilience** – assisting families in developing problem solving skills, building and maintaining relationships, learning to seek help, and building coping skills
- **Social connections** – building capacity for families to engage friends, family members, and community members who can provide support or assistance
- **Knowledge of parenting and child development** – equipping families with accurate information about child development to promote healthy children. Agencies offer parenting classes and resources for parents to learn these essential skills
- **Concrete support in times of need** – families/caregivers must be able to meet the basic needs of a child including food, shelter, clothing, and health care which allow the child to thrive. Support services can be put in place to address these immediate issues but families who struggle with economic needs, mental health challenges, substance abuse issues and/or domestic violence must have supports in place to sustainably meet these critical needs
- **Social and emotional competence of children** – children who have experienced abuse or neglect can present with challenging behaviors. Building social and emotional competence of children is critical to improve the family system by promoting self-regulation of behaviors, healthy communication and resources for behavioral health needs.

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[3] US department of Health and Human Services, Administration of Children and Families, Child Welfare Information Gateway website:

https://www.childwelfare.gov/topics/supporting/preservation/

[4] Child Welfare Information Gateway, https://www.childwelfare.gov/topics/famcentered/

https://www.cssp.org/reform/strengthening-families/basic-one-pagers/Strengthening-Families-Protective-Factors.pdf

In addition to family preservation, the technique of diversion is another program employed by agencies to keep children within their own extended family members' homes. Diversion cases typically place children with a relative or fictive kin, such as godparents. Family involvement or partnership meetings (FIM or FPM) are the conduit for conversations with extended kin that result in diversion. Diversion techniques often lead to referrals to in-home services to provide support to families while keeping children safe in the home. Preservation and diversion services have been critical to reducing the number of children entering the foster care system and reducing the traumatic impact on the child.

Some jurisdictions employ Kinship Navigators, who actively seek out kinship options for children and support kinship families. The District of Columbia has made finding kin a top priority with the KinFirst program, which created a rapid turnaround process to make it easier for kin to take on the responsibility of caring for a young person. Frederick County along with several other Jurisdictions also employ Kinship navigators to provide referrals and information to relatives and to ensure families can obtain the services they need for the children in their care. According to the Annie E. Casey Foundation, "the rapid identification of kin and quick scheduling of family team meetings have allowed children to safely return to their parents with the appropriate services in a shorter amount of time. And those who cannot return home are moving more quickly to guardianship and adoption, often with the kin who were found so quickly."[5] Table 1. illustrates the percentage of youth placed within each jurisdiction compared to the percentage of youth placed outside of a jurisdiction and whether the placements are with kin. The implementation of kinship navigators across the region would increase the likelihood that youth are placed with relatives or fictive kin. [5]

Table 1. Geographic Placement of Youth 12/31/2017

	Inside Jurisdiction		Outside Jurisdiction	
Jurisdiction	With Relative	Without Relative	With Relative	Without Relative
District of Columbia	11%	37%	14%	39%
Frederick County	1%	50%	1%	48%
Montgomery County	15%	45%	9%	31%
Prince George's County	2%	44%	12%	43%
Charles County	12%	49%	13%	26%
City of Alexandria	2%	16%	18%	64%
Arlington County	6%	60%	3%	31%
Fairfax County	3%	47%	4%	46%
Loudoun County	2%	52%	10%	35%
Prince William County	0%	58%	0%	42%

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[5] Annie E. Casey Foundation, Every Kid Needs a Family Policy Report: http://www.aecf.org/m/resourcedoc/aecf-EveryKidNeedsAFamily-2015.pdf

Diversion Success Story – Prince George's County, Maryland

A family was referred to Progressive Life Center (PLC) for Intensive Family Preservation Services. The caregivers consisted of a 71-year-old father and a 51-year-old mother caring for three children and one grandchild. Additionally, they cared for other grandchildren. The caregivers' residence could be described as "deplorable and unlivable" conditions. The environment was not hygienically healthy for the children. Five individuals lived in a one-bedroom apartment which was overcrowded and a fire hazard.

Due to the conditions, the children could not stay in the home and were dispersed among family members. One of the children is a teenage mother. The family was given one month from the time that PLC received the case to secure housing or else they were facing eviction. PLC assisted the family in finding a brand-new apartment by paying for their application fees, and then by providing furniture assistance. Furniture purchased consisted of a bed for the caregivers, beds for the children, a dining room table and four chairs, a sleep sofa and loveseat.

With the assistance of PLC the caregivers will also be applying for health insurance, which will allow her to be connected to counseling/therapeutic services to cater to her emotional instability. Through the assistance noted above, the children were allowed to return to live with their caregivers in a safe and clean environment the family is content with their new living arrangements. Currently they are maintaining a safe and clean household for the children as well as tending to their mental and physical health.

Family Preservation Success Story – Frederick County, Maryland*

Sally and Jeff came to the attention of the agency due to substance dependency issues which led to safety concerns regarding caregiver impairment with their 6-month-old daughter, Morgan. Following investigation, a Child in Need of Assistance (CINA) petition and an Order of Protective Supervision (OPS) was filed. The family was referred to family preservation services to ensure the OPS was followed in addition to providing supportive services.

Sally was already engaged with substance dependency treatment and working with an in-home child developmental agency. Jeff was seeking substance dependency treatment but was inconsistent with the treatment. The social worker attempted to encourage Jeff to maintain treatment; however, he could not overcome his addiction. Jeff passed away to do an alleged overdose of heroine.

Sally independently accessed a parenting class in the community. She fully participated and graduated from the program. Sally reported she always struggled with anxiety and would become easily overwhelmed in the event of conflictual situations. These issues combined with trauma from her childhood would trigger her to want to use. However, through Jeff's and other family member's deaths, Sally continued to meet all court orders. She continued to engage with the Department and maintain mental health and substance dependency treatment. Sally sustained mostly negative urinalysis screens throughout services (approximately 1 year). She relapsed 2 times and admitted to it. She utilized the coping skills learned in therapy to prevent wanting to use again. By the end of services, it was apparent that Sally would ensure Morgan's needs were met and maintained sobriety. In fact, she showed no interest in using again due to love for herself and Morgan. Stephanie managed to find and sustain employment and is currently working toward establishing a stable residence for Morgan and herself.

*Names have been changed for confidentiality

OUT-OF-HOME PLACEMENTS

Children can enter foster care through several situations. Initially, with low to moderate risk cases, in home services are provided to preserve children in their homes. When a family continues to face challenges, children may be removed due to an increased safety risk. If it is determined that the risk is too high to leave a child at home and a relative or fictive kin is unwilling, unable, and/or not available to care for the child, the case is brought in front of a judge who must agree with the decision to place the child into an out-of-home placement in foster care. Children can also face out-of-home placements due to imminent risk or safety concerns which constitute an emergency removal. Foster families, now commonly referred to as resource families, are the next best option to provide the most family like and least restrictive setting for children who are in need of an out-of-home placement.

When a child is placed into foster care, it causes a significant amount of trauma and emotional distress. Typically, children that are removed from the home have suffered chronic and/or complex trauma as a result of the abuse and/or neglect. Complex trauma has serious implications for children – impacting physical and mental development which can result in significant mental and behavioral health challenges. Agencies continue to focus on a trauma-informed system of care that recognizes the gravity of the loss child endures and equips caregivers, social workers, and staff at all levels to effectively support children as they move through the system. Agencies have increased trauma-informed training for both foster parents and child welfare staff.

Across the region, fewer children have entered care in the past several years. However, some localities have seen a recent increase in foster care entries. Table 2. illustrates the number of children across the region that were in foster care on December 31, 2017. The number of children in foster care in the metropolitan Washington region has declined by 47 percent since 2008. The region had 2,452 children in foster care which is a 3 percent decline from 2016.

Arlington County, Frederick County, and Fairfax County experienced the largest (percentage) decrease in the number of children in foster care since 2016. Arlington County decreased its number of children in foster care by 29 percent since 2016. Frederick County experienced a 20 percent decrease and Fairfax County with a 18 percent decrease since 2016. Several jurisdictions continued to see a reduction in the number of children in foster care, such as the District of Columbia with 65 fewer children. However, several jurisdictions have seen an increase of children in out-of-home placements. Charles County experienced a 21 percent increase, Prince George's experienced a 7 percent increase, and Montgomery County experienced a 4 percent increase. Overall, the region experienced a 3 percent decrease in the total number of children in foster care since 2016.

Table 2. Children in Foster Care on December 31, 2017*

Jurisdictions	2008	2009	2010	2011	2012	2013	2014	2016	2017
District of Columbia	2264	2103	2007	1744	1430	1215	1068	945	880
Frederick County	140	175	157	142	148	128	108	94	75
Montgomery County	575	546	516	498	433	385	375	395	412
Prince George's County	608	599	592	595	593	515	462	469	504
Charles County	106	113	110	105	95	105	81	78	94
City of Alexandria	181	167	126	126	97	85	87	86	85
Arlington County	147	133	115	101	87	93	82	93	66
Fairfax County	394	370	337	326	289	252	246	241	198
Loudoun County	87	97	83	64	51	59	66	51	48
Prince William County	99	91	110	115	126	124	103	96	90
Total	4601	4394	4153	3816	3349	2961	2678	2549	2452
*Data from 2015 is not available									

Nationally, according to the Adoption and Foster Care Analysis and Reporting System (AFCARS), the most recent data indicates that 437,456 children are in the foster care system which is an increase from previous years[6]. However, the number of children in foster care in the region has declined by 47 percent over the past 9 years. The number of children entering the system has also declined. In 2017, 952 children entered foster care as compared to 1,063 entries in 2016. Most children in care (74 percent) have been in the system for three years or less.

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[6] Adoption and Foster Care Analysis and Reporting System (AFCARS), https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/afcars

DEMOGRAPHICS OF CHILDREN IN FOSTER CARE

Older youth continue to represent the largest percentage of children in the foster care system across the region. 57 percent of the population in foster care on December 31, 2017 were 11 years or older. The District of Columbia, Maryland, and Virginia have policies that extend foster care services to youth under 21 years old.

The American Community Survey (ACS) helps local officials, community leaders, and businesses understand the changes taking place in their communities. Table 3. illustrates 5-year data estimates from the ACS for children under 18 years old in households across COG member jurisdictions. From this data, the regional percentage of children in foster care illustrates some concerns of disproportionality among African American youth across the region.

Figure 2: Percent of Children in Foster Care by Age
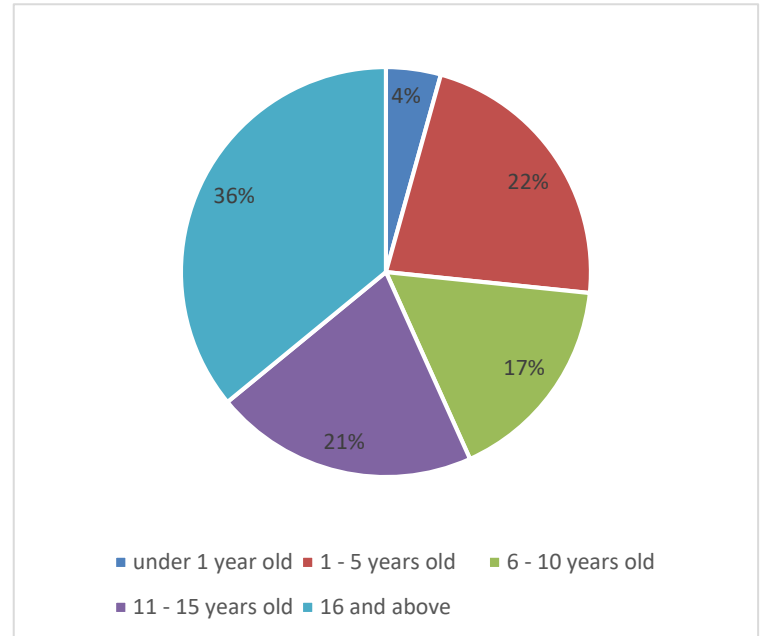
Source: COG

Figure 3: Racial Breakdown of Youth in Foster Care vs. Greater Washington Region
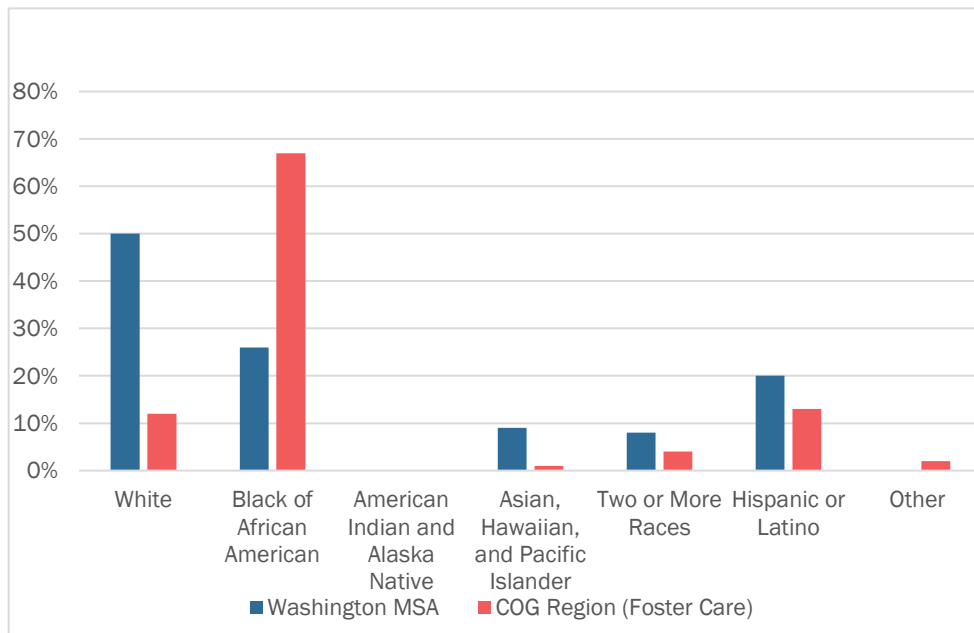
Source: COG

Across the metropolitan Washington region, African American youth continue to represent the majority population (67%) of children in the foster care system despite representing only 26 percent across the region. Older African American teens are more likely to age-out of the foster care system than their Caucasian or Hispanic counterparts.

The local child welfare community understands that racial disproportionality and disparities exists across the system and are working to evaluate practice and process to implement solutions to this challenge. According to the Child Welfare Information Gateway Issue Brief on Racial Disproportionality and Disparity in Child Welfare several potential explanations have been suggested including[6]:

- Disproportionate and disparate needs of children and families of color – potentially due to higher rates of poverty.
- Racial bias and discrimination by individuals at various stages of the system. For example, abuse/neglect is more likely to be reported for children of color.
- Child welfare system factors (lack of resources for families of color, challenges to recruit and retain and diverse workforce)
- Geographic context such as the child's state, jurisdiction and/or neighborhood.

On a national basis, it is often challenging to prove any of these theories to determine the root of racial disparity and disproportionality for children of color in the foster care system. However, local agencies are working to address these issues by analyzing data from each respective jurisdiction, recruiting and training a culturally competent workforce, recruiting and retaining culturally competent resource families and explicitly working to minimize disparate impacts.

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7 Child Welfare Information Gateway, Policy Brief: https://www.childwelfare.gov/pubPDFs/racial_disproportionality.pdf

RECRUITING RESOURCE HOMES THAT MEET THE SPEICAL NEEDS OF CHILDREN IN FOSTER CARE

Figure 4: Resource Family Recruitment, 2017

** *some jurisdictions count the number of individuals only*
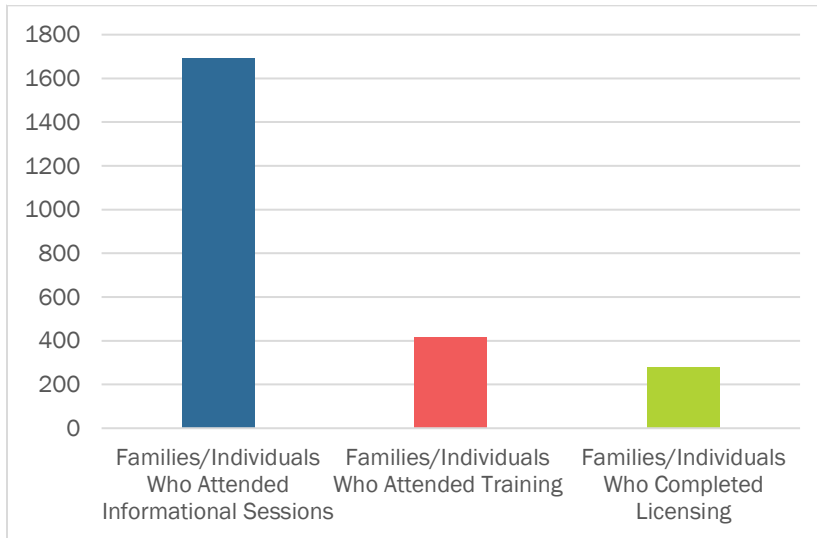
Collectively, agencies had 1,046 licensed resource homes on December 31, 2017. The number of homes has increased 11 percent since 2016. Across the region, 2,060 individuals or/and families attended agency information sessions to learn more about becoming foster/resource parents. 492 individuals attended PRIDE or MAPP training to start the process of becoming a licensed resource home while 273 families became licensed resource families.

Recruiting and retaining resource families continues to be a challenge across the nation. While the goal of child welfare agencies is to place children in family-like settings, there are typically more children in foster care than foster parents. Retaining families becomes a challenge as resource families are often faced with the challenges associated with being a foster parent. In an effort to support children and youth in foster care and to encourage the development of the most family-like and least restrictive settings for children placed in out-of-home care, the federal Preventing Sex Trafficking and Strengthening Families Act of 2014 requires states to establish and define a "reasonable and prudent parenting standard," which allows foster parents to make decisions on behalf of children, particularly when it comes to extracurricular activities, in a way most similar to that of the child's birth parent. The reasonable and prudent parenting standard not only aids in providing normalcy to the child but normalcy for resource parents to have more flexibility in decision making on behalf of the child.

Recruiting families for children with special needs continues to be a challenge across the metropolitan Washington region. In child welfare, the term "special needs" does not necessarily mean a child with medical or physical disabilities. Rather, it is used by states to refer to children for whom it is more difficult to recruit permanent families including older children, sibling groups, children from specific ethnic backgrounds, children with behavioral and/or emotional needs, and children with medical or physical disabilities. These children are therefore eligible for federal financial assistance when they are adopted. Federal and state adoption assistance programs are designed to help adoptive parents meet the children's needs which can be extensive and costly.

In metropolitan Washington, the vast majority of children in foster care fit the definition of having special needs due to their race, age, and membership in a sibling group. Utilizing federal financial assistance toward special needs adoptions as an incentive, agencies aggressively recruit homes for these children, who are also most at risk of leaving the system without a family.

Agencies use a variety of creative methods to educate the community of the need for resource families. The increased usage of social media via Facebook, Twitter, and Instagram coupled with a strong web presence has been increasingly used as a cost-effective recruitment strategy. Prince George's County launched a video series which addresses the myths and misconceptions of foster parenting. This video is shared online and plays in Prince George's County buildings. The District of Columbia implemented a landing page specifically for D.C. Children and Family Services which provides readily accessible information to prospective families. Fairfax County has built a partnership with local farmers markets in which they are able to capture families to education them on the needs of youth in foster care. Across the region, jurisdictions are working to engage more Spanish-speaking families to meet the cultural needs of Hispanic children in the foster care system. Jurisdictions also have a great need for families who have the capability and desire to take on larger sibling groups to prevent children from being separated.

Other traditional methods of recruitment, such as partnerships with faith-based organizations, displays at libraries, and exhibiting at community festivals continue to aid in the recruitment of resource families across the region. One of the strongest recruitment efforts come directly from the families through word of mouth. Families who share their stories often inspire others to pursue foster parenting.

Local agencies continue to use child-specific resource like AdoptUsKids, which is a free national photo listing to match children in need of permanent homes with families who are approved to adopt from foster care are being used by agencies across the region. COG has also partnered with the Heart Gallery sponsored by Adoptions Together to photograph youth in need of permanent families and share their stories with the metropolitan Washington region.

All of these recruitment strategies have helped area agencies sustain children in families during their time in foster care rather than congregate care homes. On December 31, 2017, 2,452 children were in foster care and on average 72 percent of these children were placed in families[8] while 17 percent were placed in congregate care.

Extensive attempts are made to avoid placement in congregate care settings. Agencies attempt to reduce congregate care with a focus on reunification and/or a focus on permanency. Agencies in the region aim to rely less on congregate care homes because children in group care are more likely to age-out of the system without any permanent connections. However, due to the lack of families who are unable and/or unwilling to take in teens, especially teens with behavioral health needs, congregate care becomes the only option. If a child is placed in a foster home, their permanency outcomes are far better due to the number of connections they have in the community and the greater likelihood that a foster family may allow the child to stay in their home past their 18th or 21st birthday. Agencies are also utilizing more oversite and levels of review prior to authorizing congregate care placements.

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[8] The sum of Agency Foster Home, Therapeutic Foster Care), Relative/Kinship, Pre-adoptive, and trial home visit were used to calculate the number of youth placed in families.

Table 3: Placement Type - Where were the children living during their stay in foster care on 12/31/2017									
Jurisdiction	Agency Foster Home	Private Foster Home	Relative/Kinship	Congregate Care	Pre-Adoptive Home	Trial Home Visit	Independent Living	Ascendance	Other
District of Columbia	20%	38%	25%	8%	2%	0%	4%	2%	2%
Frederick County	24%	20%	4%	28%	15%	6%	3%	0%	0%
Montgomery County	20%	17%	24%	15%	8%	7%	5%	1%	3%
Prince George's County	14%	40%	12%	16%	3%	2%	6%	5%	2%
Charles County	28%	13%	13%	17%	14%	8%	7%	0%	0%
City of Alexandria	24%	31%	15%	11%	9%	4%	6%	>1%	0%
Arlington County	24%	25%	7%	10%	2%	10%	22%	0.0%	0%
Fairfax County	30%	30%	7%	8%	8%	2%	12%	3%	1%
Loudoun County	42%	8%	0%	15%	21%	0%	15%	0%	0%
Prince William County	44%	0%	0%	39%	0%	5%	8%	4%	0%
Regional Average	**27%**	**22%**	**11%**	**17%**	**8%**	**4%**	**9%**	**2%**	**1%**

Source: COG

There are certainly cases where congregate group or institutional placements are warranted due to behavioral and psychological issues. Agencies also work to shorten each child's length of stay in these facilities, and create opportunities for children to do what is called "step down."

It is important to note that in all instances, retention of foster or adoptive parents is extremely important. All states across the country sponsor Foster Parent Month ceremonies in May, and Adoption Month ceremonies in November. However, year-round retention programs are critical to ensure the longevity of placements.

Each year, COG hosts the Foster Parents of the Year Awards and Reception event. Each jurisdiction selects foster parents who have done exceptional job with the children in their care. A video is made of each family and shared at the COG board meeting which is comprised of local elected officials from across the region. The videos serve as an important tool to highlight the qualities of strong resource families, to illustrate the need for resource families, and to inspire others to advocate on behalf of families and youth touched by the child welfare system. Previous Foster Parent of the Year videos are available on the Kids Need Families Facebook page.

TRANSITIONING YOUTH OUT OF FOSTER CARE

Majority of children who come into the foster care system are reunified with their birth family. However, across the region, just as many children aged-out of foster care (212) than were adopted (218) in 2017. The vast majority of adoptions occurred by foster parents or people who had a former relationship with the youth. Identifying excellent foster/resource parents, those who purposefully bond with the children that are placed in their homes, directly impacts the permanency outcomes of the children during their tenure in foster care. It also increases the likelihood that children will not age-out of foster care without a permanent home. Nationally older youth and teens ages 15-18 have lower adoption rates than younger children and wait longer to be adopted, often aging out of the system without a family.

Figure 5: Exits from Foster Care, 2017

	Reunification	Guardianship	Adoption	Age Out
▪ EXITS	436	131	218	212

Source: COG
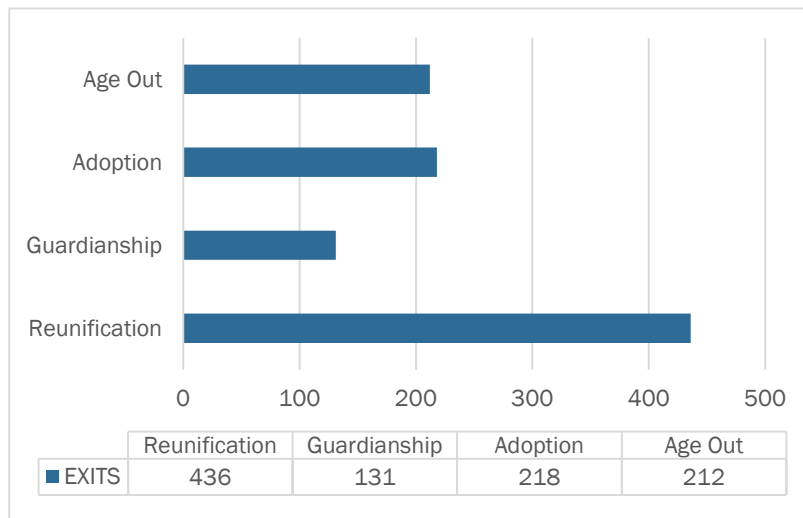
According to the Administration for Children & Families, "newly released data show that youth aging out of foster care are faring well in some outcome measures but a significant number experience homelessness, early parenthood and lack of medical insurance. By age 21, young people surveyed reported positive gains in many protective factors, yet there is still evidence that current and former foster youth continue to face challenges that can be barriers to adult independence."

Additionally, the report states that "by age 21, more than two-thirds (67 percent) of youth aging out of foster care reported having earned a high school diploma or GED. However, at age 21, about one-quarter of youth reported that within the last two years they had experienced homelessness (26 percent), given birth to or fathered a child (25%) or reported that they did not have Medicaid or some other health insurance (25%)."

Regionally, these barriers continue to be a challenge for transition aged youth. Housing instability and homelessness are some major concerns for youth aging out of foster care considering the lack of affordable housing units. While COG does not collect data on housing specifically for foster youth, agencies report that youth may often be couch surfing and/or returning to biological families who continue to face the same challenges which brought the youth into care. The lack of stable housing can also impact the mental and behavioral health needs of this population. We often see youth who are parenting and struggling to meet basic needs. In the region we have seen growing concerns for undocumented and unaccompanied minors who are child-welfare involved. Often, services are limited for youth due to their immigration status which provides barriers for those who are not only struggling with trauma, abuse and neglect, but also the uncertainty of their future including the ability to work and/or receive funding to pursue higher education goals.

The behavioral health concerns of transition aged youth are also a challenge when it comes to placements. A youth may be placed in a congregate care setting because of behavioral health needs like juvenile-justice involvement, running away, gang involvement, suicidal ideation, or sexually acting out. Many resource families across the region are unequipped to handle older youth with significant behavioral health needs. Although used as a last resort, congregate care facilities are often the only choice for youth who are multi-system involved and need a higher level of care.

Adoption Success Story

David entered foster care just before his 15th birthday. He had experienced years of instability starting when he was only 6 years old after his mother left him in their home country with extended family so that she could relocate to the United States. He has never known his father. After bouncing around between various relatives and experiencing physical and emotional abuse, David made the journey to the United States at age 11 to reunite with his mother. At this point, they had been separated from each other for 5 years and their reunification was difficult. David struggled with his mother's and his own mental health issues, and these struggles resulted in truancy issues at school. When he entered foster care, David was placed in a newly licensed, two-parent foster home. Although the initial foster care goal was reunification, David's mother showed that she was not willing to address any of the issues that led to the removal. Thankfully, David and his foster parents quickly developed a bond and began talks of adoption early on. This family has been able to meet David's needs and to integrate him into their lives seamlessly and have provided him with many new experiences. His adoption by his foster family was finalized only months before his 18th birthday. He doesn't feel ready for contact with his mother at this time, but his family will be there to support him in the future if he wishes to reestablish their relationship.

PREPARING YOUTH WHO WILL EXIT OUT OF FOSTER CARE

The Fostering Connections to Success and Increasing Adoptions Act of 2008 (H.R 6893/ P.L. 110-351) allowes states to receive federal Title IV-E reimbursement for costs associated with extending foster care support services to youth up to age 21.

Across the region, youth have the option of receiving foster care services if they are:
- Completing secondary education or enrolled in a program leading to an equivalent credential such as trade school,
- Participating in a program or activity designed to promote or remove barriers to, employment (ie. workforce development programs),
- Employed for at least 80 hours per month, or
- Diagnosed with a medical condition that enables the youth to meet the above criteria.

During 2017, 212 children aged out of the system. On December 31, 2017, 364 children had a non-permanency goal, Another Planned Permanency Living Arrangement, or Long-Term Foster Care, meaning they are at-risk of leaving the system without a family on their 18th or 21st birthday. Across the region, preparing youth to transition out of foster care begins at age 14. Youth are required to participate in independent living workshops that focus on a variety of topics, including but not limited to personal development skills, career exploration, job skills, money management, housing, transportation, and legal issues.

The Center for the Study of Social Policy has developed a research-informed framework called YouthThrive, which "is based on a synthesis of research on positive youth development, resilience, neuroscience, stress and impact of trauma on brain development to improve the well-being outcomes of all youth (ages 9-26) with a particular focus on youth in, or transition from foster care"[8] YouthThrive is designed to meet five protective and promotive factors to aid in the healthy development of adolescents and young adults. These factors include:

 1. Youth Resilience: Managing stress and functioning well when faced with stressors, challenges or adversity. The outcome is personal growth and positive change.

2. Social Connections: Having healthy, sustained relationships with people, institutions, the community and a force greater than oneself that promote a sense of trust, belonging and feeling that s/he matters.

3. Knowledge of Adolescent Development: Understanding one's behavior and stage of maturation in the context of the unique aspects of adolescent development (e.g., brain development, the impact of trauma); services that are developmentally and contextually appropriate (e.g., positive youth development strategies).

4. Concrete Support in Times of Need: Understanding the importance of asking for help and advocating for oneself; receiving quality services designed to preserve youth's dignity, providing opportunities for skill development and promoting healthy development (e.g., strengths-based, trauma informed practice).

5. Cognitive and Social-Emotional Competence: Acquiring skills and attitudes that are essential for forming an independent identity and having a productive, responsible and satisfying adulthood (e.g., self-regulation, executive functioning and character strengths).

Several local jurisdictions have engaged with CSSP's YouthThrive, or similar concepts, to this approach in their work with transition age youth in the foster care system. However, with the understanding that over 300 youth across the metropolitan Washington region are at risk of aging out without a permanent family, it is important to proactively work with this population to ensure positive outcomes into adulthood.

In addition to supports put forth by child welfare agencies, the larger community can play a significant role in improving out comes for transition aged youth. Across the country, funders have stepped up to partner with local jurisdictions by providing support for asset-building and financial literacy. Companies have opened their doors to mentorship programs and workforce development strategies including teaching skills like entrepreneurship. Organizations and community members can also provide mentors who build long term relationships with youth with a goal of providing a lifelong relationship, stability, and skills they need to be successful. Lastly, we have seen an increasing number of organizations who provide discounts to foster youth from electronics, clothing, furniture, and groceries, which can help fill the gap for youth who are making the transition to independence without the support of a family.

Each year COG, in partnership with local jurisdictions and the Children's Charity Foundation, provides scholarships through the Trailblazer fund, for who have or who are preparing to transition out of foster care. Since 2015, the Trailblazer fund has provided over $15,000 to youth across the region. Youth can request funds for housing, transportation, food, tuition and/or living expenses. Over the past three years, food and transportation have been among the largest needs for youth across the region. Often, youth report struggling to meet public transportation costs to get back and forth from school and work. Even small support can go a long way in helping the region's youth overcome their challenges to lead happy, healthy and productive lives.

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9 Center for the Study of Social Policy (https://www.cssp.org/reform/child-welfare/youththrive/about).

CONCLUSION

Over the past nine years, the region as seen a 47 percent decline in the number of children in foster care with a total of 2,452 children in the system on December 31, 2016. Local jurisdictions continue to focus on prevention efforts by trying to identify families earlier on and offer community-based intervention services to preserve and protect families. These robust prevention services and collaborative approaches have contributed to this significant decline in foster care numbers. However, it is important to note, that while the number of children in foster care has declined, agencies continue to struggle with an increasing number of complex cases which often require more resources and stronger systems collaboration to manage. Due to the nature of these complex cases, children who are entering the system often come with more complex needs, which can result in higher numbers of congregate care placements to meet these specialized needs.

While reunification continues to be the goal for children coming into the system, agencies still face the challenge of identifying permanency options for the children in their care. Across the region, agencies have focused on improving kinship placements and support for kinship families. When reunification and kinship placements are no longer an option – recruiting and retaining skilled resource parents continues to be a significant need for agencies. The region had 1,046 licensed resource homes to care for the 2,452 children in care with less than half of the regions youth in family-based placements (49%). Regional recruitment of licensed families continues to be a priority for COG members.

Disproportionality and equity for child welfare systems is a top priority across the region as we have experienced the overrepresentation of children of color in child welfare systems. While disproportionality does not impact each jurisdiction individually, collectively, as a region we see an opportunity to work together to address this reality and to put systems in place that equitably meet the needs of children and families of color. This includes recruiting and retaining a diverse workforce and implementing policies that explicitly look at practice through a racial equity lens.

The safety and well-being of the region's children continues to remain a top priority for COG and its members. The COG child welfare committees are committed to focusing on the following areas to address critical needs across the region:

- Chronic Abuse/Neglect
- Improve Integrative Services
- Racial Equity
- Recruiting and Retaining a Skilled Workforce
- Recruiting and Retaining Skilled Resource Parents
- Permanency for hard to place youth
- Improving outcomes for youth exiting foster care

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