



**Testimony of Kimberly Ricketts
Managing Director, Casey Family Programs
Oregon House Committee on Human Services and Housing
June 17, 2015**

Good afternoon. I'm Kim Ricketts, Managing Director of Strategic Consulting at Casey Family Programs, the nation's largest operating foundation dedicated to safely reducing the need for foster care and building communities of hope across America.

I want to thank you for holding this hearing and examining some of the opportunities and approaches around ensuring that Oregon's foster care system is continuously working on and improving safety for its vulnerable children. I'd also like to thank and acknowledge the other panelists today who've shared valuable information with this committee.

Casey Family Programs was founded in 1966 and has been analyzing, studying and informing best practices for nearly 50 years. We work with child welfare agencies in all 50 states, the District of Columbia and Puerto Rico, and with the federal government on child welfare policies and practices.

We partner with child welfare systems, families, policymakers, community organizations, American Indian tribes and courts to support practices and policies that increase the safety and success of children and strengthen the resilience of families.

We are pleased to be here to share our national expertise and experience with this committee and the state of Oregon. Our work with the Oregon Department of Human Services in 2015 includes technical assistance around Oregon's "Safe and Equitable Foster Care Reduction" work, data-driven decision making, ongoing implementation of Differential Response, IV-E waiver implementation and permanency for long stayers, as well as providing information on best practices on safety in foster care.

There's an enormous amount of goodwill in this room today, along with a powerful desire to improve the institutions our children and families depend upon. I'd also like to take this opportunity to commend the chair and this committee for recognizing that a mindful and collaborative approach with DHS, the child welfare agency here in Oregon, and other concerned stakeholders is a productive path to meaningful and improved outcomes for Oregon's children.

I think it's important to speak briefly about the general structure and approach of our child welfare agencies across the U.S. At root, almost all child welfare agencies are built for triage. They deal with only those children who come to the attention of the system.

- The first step of the triage is that staff must determine whether a report of abuse and neglect should be screened in or out.



- The second step is to determine whether abuse or neglect took place.
- And the third step is to decide whether services are warranted for those children who we determine have been victims.

What we know is that for every 1,000 American children, on average 41.2 will be the subject of a child welfare investigation. Of those, nationally, 9.1 in one thousand will be determined to be victims of abuse or neglect.

Today this committee has convened with a focus on how to improve safety in child welfare and in particular foster care, and what practices can help ensure that a department is focused on and continuously striving for increased safety.

There is also increased national attention on improving the safety of children in the child welfare system, including through the establishment by Congress of a national commission – the Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF) – chaired by Casey Family Program’s Executive Vice President of Systems Improvement, David Sanders. In fact, in April 2015, the CECANF hosted a public meeting in Portland to hear from DHS, other state departments, stakeholders and others about what Oregon is doing to protect its most vulnerable children and what else could or needed to be done here in Oregon and nationally.

So, let us describe what we mean when we talk about a focus on safety.

In the broadest sense, when safety is at the front and center of what a child welfare system does and how it responds, it means that a department:

1. Revises policies for case openings and closures and improved team decision-making;
2. Requires background checks for each resident in the child’s household;
3. Requires DHS to integrate with physicians, nurses and behavioral health experts to ensure that the child’s health is assessed as part of the overall assessment;
4. Assesses risk factors more regularly, with more frequent face-to-face meetings.

Today I want to talk about several specific key practices that research and field experience have shown can improve safety in foster care and child welfare. I’m breaking these into three categories: screening and certification of foster parents; training for foster parents; and procedures for placing children in out of home care.

Research has shown that when foster families are partners with the child welfare system and are seen as members of the professional child welfare team, they are more satisfied and more likely to provide longer care for children, and to better support birth families (Lutz & Agosti, 2005).



So the question is how do we screen, train and retain quality foster parents. Casey Family Programs recently participated in extensive work in this area along with the Michigan Department of Human Services Foster Care and Adoption Program and the Children's Research Center.

Let's talk first about screening:

It's important to note, that while there are no uniform national standards specific to screening foster parents, Casey's work and research with other partners has identified that there are 'best practice' principles related to screening and assessment. The Child Welfare League of America and the University of Kansas School of Social Welfare define 'best practice' principles related to screening and assessment as follows:

- Employ a comprehensive assessment
- Screen all family members
- Include all feedback
- Maintain high standards
- Focus on strengths
- Acknowledge differences in kinship assessments

From the work in Michigan and specific to the 'best practice principles,' when working with foster parent applicants, the Michigan work suggests that departments and agencies:

1. Adopt one or more of the foster parent applicant assessment exercises that can be used by foster parent screening staff of all ability levels
2. Add one or more of the Resource Family Assessment questions currently being used by Casey Family Programs (as revised on 9-27-13)
3. Pay special attention to identified risk factors for maltreatment in foster care
4. Consider adding one or more specific assessment tools. These can include tools such as the short form of the Parenting Stress Index; the caregiver section of the Child and Adolescent Needs and Strengths (CANS); the Casey foster parent applicant assessment tool; and other assessment tools

Another strong tool is one that Oregon currently uses: the SAFE Home approach to assessing foster parent applicants. SAFE is a structured evaluation process that assists practitioners in identifying and addressing both strengths and areas of concern that may impede current functioning, as well as safe and effective parenting during the home study process. See <http://www.safehomestudy.org/Home.aspx>

Key policy changes go hand in hand with these assessment tools and techniques. It's important for jurisdictions to pay special attention to identified risk factors for

maltreatment in foster care, and consider if any policy changes in licensing requirements and/or targeting of resources and training is warranted.

In one concrete example, the state of Michigan is working to change policy to automatically generate a flag in their Statewide Automated Child Welfare Information System if one or more risk factors are present – to prompt creation of the safety and support plan.

I have referenced three times now the identified risk factors for maltreatment so let me take some time to outline what the literature and research identifies as those known risk factors:

- Caseworker reservations about the home (even if they meet all requirements)
- A foster child sharing a bedroom with another family member
- Young, female foster caregivers due to lack of supports and/or the presence of unrelated paramours in the home
- Foster caregivers who placed restrictions on whom they would care for, such as excluding infants or teens; (Zuravin, Benedict, & Somerfield, 1993)
- Prior complaints about the foster parent and criminal history

Additionally, a 2006 study of California county agencies found that agencies with the highest rates of caseworker turnover had the highest rates of maltreatment recurrence.

And, information from results of the first round of the Child and Family Services Review in 2004 showed that placement instability and exposure to multiple care providers can increase the likelihood of maltreatment in care.

Now, I'd like to turn our attention to best practices and tools in foster parenting training and support.

We know from multiple studies that foster care agencies lose between 30% and 50% of their foster families each year due to lack of agency support, involvement, and communication (Linares & Montalto, 2003). Furthermore, foster parents discontinue service due to lack of resources and support provided by child welfare agencies, dissatisfaction with agency services and policies, and a lack of training provided by the agency.

It is also well documented that foster parents who feel well trained and supported are better prepared to provide appropriate and quality supports to foster children in their care.

So, one of the most important techniques for any agency is to focus on continuous review and improvement. That means regularly revisiting foster parent training and support methods to include the best practice components (including evidence-based practices).

It also means integrating research findings into in-service training, in practice models, and the certification process.

Here are other findings from our recent collaborative work in Michigan:

1. First, among applicants accepted for licensing and/or child placement, pilot-test the Family Advocacy and Support Tool (FAST) as a tool to help identify how best to support a child in a placement home.
2. Second, add a support component to the foster parent training plan for the most challenging placements, similar to curriculum by Project KEEP – Keeping Foster Parents Trained and Supported – and other evidence-based training and support programs.
3. Third, if not all foster parents can be actively supported because of staff workload, identify families who need a higher level of support, and ensure they get additional help, including (a) 24-hour, in-home crisis services, and (b) team meetings where either the placement support worker or child case worker is in the foster home twice a month or more.
4. Fourth, consider providing an extra day of staff training on how to engage kinship care parents. This is a service that Michigan is now implementing.

Other best and promising practices for training includes, but is not limited to: Project KEEP; the PRIDE model – Parent Resources for Information, Development and Education – from which Oregon’s own training curriculum was modeled; and the Together Facing Challenges approach, which is specific to treatment foster care. In addition to support for foster parents, we know that the basic practice principles recommend supports such as:

- Adequate foster care payment rates
- 24-hour crisis line specifically for foster parents
- Respite care opportunities
- Mentoring and peer support programs led by other foster parents

There are other training and support approaches that are worth considering, including these four strategies that New Jersey has implemented:

1. Variable child visitation schedules: During the first month a child is placed, there are three face-to-face visits. During the second to third months, there are two face-to-face visits.
2. A 24-hour contracted crisis intervention service is made available to the foster parents. (Washington, DC is planning to do this as well.)
3. Foster parent resource coordinators: New Jersey provides a staff member with experience and skills in supporting foster parents, who acts as a roving resource to support caseworkers and parents.
4. Increased use of respite care during the first year of placement to provide foster parents with more time to “recharge.”



Lastly, let's talk about placement:

As referenced earlier, placement stability or instability can be a pre-determinant of maltreatment in care; therefore the approach of "first placement, best placement" that many child welfare agencies employ is critical.

Some basic practice principles specific to placement stability include but are not limited to:

- Effective training and supports for foster parents (for example, the KEEP approach was shown to reduce the likelihood of placement disruptions in San Diego)
- Matching – which requires a child welfare agency to have more foster homes available than needed. For instance, when I was the Commissioner of New Jersey's Department of Children and Families, we had more than double the number of foster homes we needed. That enabled us to match the placement of children in the most appropriate home within their school district versus placing simply based on availability.
- Targeted, need-specific training for foster parents i.e., – infant and toddlers; adolescents; disability-specific; special needs
- Frequency of face-to-face visits with foster parents and children

While this is certainly not an exhaustive account of the evidence-based, best and promising practices specific to safety in foster care, it is representative of effective best practice principles and examples of specific practices available to Oregon and other states. Oregon DHS is already employing some of the practice principles and models supported by the research and literature.

Finally, I would just suggest that solutions are not limited to the Child Protection Agency. Most children in the agency are served for neglect and many are known to others beyond the Child Welfare agencies. Other agencies involved through health, mental health, domestic violence, substance abuse, law enforcement and education are critical. Child Protection can't do it alone. Ensuring that agencies work together seems to be a strategy that's been successful. Don't leave the work to social workers alone.

Child safety is a community responsibility and as you're looking at current policy, we strongly recommend that you encourage agencies to work together, and finally, set policy on what works, not based on anecdotes or individual cases.

Thank you very much for your attention and focus on the safety of children in foster care. I'm happy to answer any questions and am always available for further conversation or consultation.