

May, 2009

Support Center for Child Advocates (*Child Advocates*)

Report on FY08 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 fiscal years 2006 through 2008. 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 98% of the 251 cases closed in FY 2008, an improvement from the 90% of both the 198 cases closed in FY 2006 and the 231 cases closed in FY 2007. A few 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 that do not really involve whole child representation. 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.

A newly revised outcomes form will be launched for FY10. The new form 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. Plans are underway to connect the outcomes data fields to whatever case management software *Child Advocates* selects and implements in FY10.

Permanent Living Situations

Child Advocates found that 90% of clients whose cases closed in FY08 had positive permanency outcomes, either in supportive homes or with adequate supports for independent adults. This is right in line with each of the previous two fiscal years, where 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	FY08 = 90% n=226
Level 1 Permanency	82%	69%	81%
Stabilized at home (never moved)	30%	25%	30%
Stabilized with different parent	8.5%	8.5%	6%
Reunified after placement	15%	19%	17%
Adopted: ½ kin; ½ fost-adopt	9.5%	9%	11%
Permanent Legal Custody (Dependency Ct)	8%	7%	12%
Custody in DR Court	11%	7%	4%
Level 2 Permanency	8%	9.5%	9%
Temporary Legal Custody	4%	5%	4%
APPLA (long-term placement)	.5%	2%	<1%
Independent Living w/support	2.5%	2.5%	<1%
Over 18 – has family, caregiver or institutional support (Category added FY08)			4%

About half the 10% of cases that closed without permanent loving homes had undesirable outcomes (the other half were mostly transferred out of the jurisdiction), and all but one of these clients were older teenagers who have refused services, absconded or committed delinquent acts. The one exception was a six-year-old boy whose case was closed by the court against Child Advocates' advice. The cases with negative outcomes were evenly spread between cases that originated in Dependency Court and cases that originated in Criminal Court. On the whole, teens aged 15 and older closed with 80% positive permanency outcomes, but that was 10% lower than for closing cases as a whole. 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 either walk out of the system or get themselves into legal trouble that impeded permanency. In response, *Child Advocates* has already designated one staff attorney to work closely on teen issues.

Negative Permanency Outcomes	FY06 n=18	FY07 n=20	FY08 n=14
Adjudicated Delinquent	1%	1.5%	<1%
Missing	3.3%	4%	<1%
Aged out without permanency	3.3%	2%	1%
Discharged without permanency	2%	3%	2%

One of the most interesting findings in both years is that about half of all *Child Advocates'* cases end with the children living in their own family homes, either never

removed or reunified. 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. Overall, 2/3 of these clients whose cases closed were in out-of-home placement at some time. For 30% 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 28 children (11% of the total closed cases) in FY08 and 17 children in FY07 (9% of the closed cases); 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 69 clients included four disrupted PLCs and two disrupted reunifications with parents. Unfortunately, staff did not take the time in their FY08 outcomes forms to add much data in this area, so there is a dearth of information. Data collection still needs to improve in completeness and subtlety around barriers to permanency. 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=69 clients ~27% of closed cases	# of clients
Impaired by parent/caregiver problems	15
Impaired by client wishes	11
Multiple disrupted placements	10
Reunified but disrupted by caregiver	9
Impaired by client mental/phys/devel health problem	6
Adoption or PLC disrupted	5
Awaited adoption or PLC +12 mos for bureaucratic reasons	4
Bureaucratic mishandling	3
Impaired by sibling problems	3
Reunified but disrupted by client	3

Length of Representation

Child Advocates' average length of representation continues to fall. In FY08, cases were closed after an average of 2.16 years, compared to 2.3 years in FY07 and 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: the longest-represented case had been open for 19 years, and a few others had been open for 16 years. These extraordinarily long cases were young men who had serious disabilities and needed long-term residential care. The longest case would likely have closed earlier with our client in a loving permanent home except for the foster father's military call-up in wartime.

This reduction in the 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 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. Increasing client numbers results in consequent pressure on staff time to complete more intake work, volunteer attorney assignments/training and case closings; each of these activities involve paperwork, court hearings, field visits and interpersonal activities.

Adoption cases averaged one year longer than cases as a whole, with an average of 3.3 years of representation. This is shorter than in previous years, even though the time between TPR and Adoption was actually longer than in the two previous years – 17 months as opposed to 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 08, *Child Advocates* closed the cases of 84 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, 56% (down from 63% in FY07 but identical to FY06) of these cases had positive prosecution outcomes, either convictions or guilty/no-contest pleas. Altogether, *Child Advocates* supported 28 clients who testified at preliminary hearings and 14 who testified at trial; 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, 24 cases were withdrawn, 8 cases were nolle prossed and 4 resulted in acquittals. Unfortunately, 3 child victims saw their trial testimony result in acquittal, a most unfortunate outcome.

Criminal Case Outcomes	n=84 Closed Cases	56% Positive Criminal Outcomes 28 child victims testified
	# of clients	Testimony and Circumstances
Convicted	21	15 required victim testimony
Pled guilty or no contest	22	Victims testified in 9 of these cases; most of these cases has domestic violence as well

Acquitted	4	3 of these victims testified at trial
Withdrawn (all sex abuse)	24	3 victims testified; 8 recanted; 21 unable to testify
Nolle Prossed	8	All physical abuse

Health Outcomes

Child Advocates case managers were confident that almost 90% of children whose cases closed in FY08 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 previous years, case managers were less knowledgeable about dental care received by children aged three or above, having no information about 25% of clients (30% unknown in FY07); this practice issue has still not been satisfactorily addressed. For 26 clients, case managers cited barriers to regular healthcare, including 11 caregivers who failed to participate in their children's healthcare, 1 client who refused healthcare, and 9 clients with health insurance enrollment problems. Of those with enrollment problems, 6 of the problems were corrected, 3 were not, and 5 clients' treatment was impeded by insurance enrollment problems. In addition, 8 closing cases were pregnant or parenting teens.

Health Outcomes			
n= 247	Have health insurance	Received regular health care	Received regular dental care
Yes	87.5%	80%	68%
No	8%	1%	4%
Some		4%	2%
Unknown	4%	15%	25%
N/A			2% (too young)

Sixteen cases closed from the Medically Needy Project (children whose medical needs created their dependent status), 88% with permanent homes/residential facilities and the remainder with neutral outcomes. Unfortunately, one client died of his medical condition. 20% of all closing clients (including those in the Medically Needy Project) had chronic health problems, including asthma, HIV/AIDS, leukemia, heart disease and juvenile arthritis. 58% 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 53 children should be eligible for SSI support. Of those, staff knew that 58% were actually receiving SSI by the time their cases closed; 30% 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	142 clients (58%)
Behavioral Health	101
Physical/chronic illness	40
Learning/ADHD	30
Developmental	14
Mental Retardation	6
Speech	5
Vision	1
Medically Needy Project	16

One healthcare issue that *Child Advocates'* staff have very little information about is the required physical exam within six weeks of out-of-home placement. For about half of clients that were known to have been placed, staff don't know whether children received the required time-sensitive assessment. Certainly, in some cases, children were placed before Child Advocates was appointed, and the staff person may have no access to the information. There is currently no clear internal instruction for staff to seek out this 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.

Behavioral health outcomes continue to be a source of confusion and concern. 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; this issue continues to cry out for internal policy clarifications as to what symptoms and abuse scenarios should automatically prompt staff and volunteers to refer clients and advocate for assessments. Not surprisingly, most clients who were assessed have some behavioral health diagnosis. Overall, 40% of clients whose cases closed in FY08 were known to have some mental health diagnosis. About 1/3 of clients had mental/behavioral health treatment, which again seems disturbingly low for an abused/neglected population. This constituted about 60% of those clients who were diagnosed as needing treatment, but does not address those who were never assessed. 20 clients were in residential treatment facilities at least once (average residential placements = 2.1, with one client in 7 different placements), and 14 clients were hospitalized at least once for mental health problems (average – 1.2). Child Advocates staff report that they have complete behavioral records on fewer than half of their clients. Case managers continue to have trouble using the outcomes data

collection form to capture both trauma-focused symptoms and therapy as well as treatment for behavioral health problems such as schizophrenia, perhaps because staff are loathe to apply behavioral health labels to clients understandably suffering post-trauma anxiety or acting-out. The revised FY10 form will have separate sections for problems resulting from trauma and chronic behavioral health diagnoses.

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 77% of preschool clients (very similar to last year) seem to be meeting developmental milestones, while 10% were not. 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 69% of young clients thought to have needed Early Childhood assessments received them. There is no clear strategy or expectation within the agency for assessing client's developmental status. 61% of children who needed Early Intervention Services were known to have received them, which is more than the 50% from last year, and there was no information available for most of the rest of these children because their cases 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		FY08 n =57 cases		FY07 n=39		
Preschool	Meeting developmental milestones	If indicated, received early intervention Assessment (n=51)		If indicated, received early intervention services (n=23)		
		FY08	FY07	FY08	FY07	
Yes	77%	79%	69%	63%	61%	50%
No	10.5%	5%	20%	2%	4%	17%
Unknown	12%	15%	12%	14%	34%	33%

At case closing, 84% 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. Staff considered 84% to be in the right school. However, only 65% of those students thought to need special education had their special education needs met. For nearly of quarter of those thought to need special education, staff did not know whether their needs had been met.

In School, Right School						
	Attending School		In the Right School		Spec Ed Needs Met	
	FY08	FY07				
	n=178	n =137	FY08	FY07	FY08	FY07
Yes	84%	82%	84%		65%	
No	11%	12%	9%		10%	
Unknown	5%	6%	7%		22%	

FY08 closing cases showed a poor rate of high school graduation. Only 26% of clients of graduation age were known to have graduated, as compared to 43% in FY07. 65% had not graduated, and information was not available on 3 clients who was missing. Three of the non-graduator were pregnant or parenting teens. Most had serious behavioral health problems or mental retardation, except for two immigration cases who came to this country with very little education or ability to speak English. On a more positive note, of the 8 students who have graduated high school, 5 were in college 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 who 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	
	n = 33 who should have graduated	n = 28 possible
	FY08	FY07
Yes	26%	43%
No	65%	54%
Unknown	9%	4%

Case managers cited barriers to the educational experience of 38 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 enrolling	6
Difficulty obtaining IEP due to bureaucracy or parent/caregiver resistance	5
Problems transitioning back to school after placement	2
Other problem with district	2
Violence in school	1
District can't or won't provide the right school	1
Other	10

Safety Outcomes

Staff considered 96% of clients to be in safe circumstances at the time of case closing; 1% were considered unsafe and the safety status of 3% of closing cases was unknown. Of the 3 clients whom case handlers considered unsafe at case closing, 1 was a young boy whose case was closed against *Child Advocates* wishes; 1 was an immigration case where the older teen moved out of the state; and the third was a quickly closed criminal case where prosecution was withdrawn. The closed cases where safety status was not known were clients who were living on their own or whose whereabouts were unknown.

There were 21 closing 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. 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

Safety from Perpetrator			
107	Yes	No	Unknown
Client safe from perpetrator	85 (80%)	6 (5%)	16 (15%)
No prosecution	27	1	7
Our client not needed in prosecution	3		
Withdrawn at Prelim	10	3 (1 recantation; 1 failed to appear; 1 unable to testify)	7
Convicted	17	1 (BW)	
Plead guilty	19	1 (Juv, stay-away dropped)	
Acquitted	3		1

Trial pending			1
Out of jurisdiction			1
Case closed in criminal court		5	16
Stayed with same caregiver		5	8

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