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February 25, 2005

TO: Directors, Public Children Service Agencies

FROM: Rick Smith, Deputy Director
Office for Children and Families

SUBJECT: PLACEMENT STABILITY REPORT

In response to the federal Child and Family Services Review (CFSR) of Ohio's performance in meeting the national standards for child welfare, the Ohio Department of Job and Family Services (ODJFS), Office for Children and Families is committed to working with Public Children Service Agencies (PCSA) to improve its performance in several areas. Placement stability is one of the areas necessitating improvement. By December 2005 Ohio's goal for placement stability was to increase the stability of children in foster care placements from 84.5% 2002 AFCARS baseline data to 86.4%. The following chart reflects the state's progress in achieving the goal.

| | FFY 2000 | FFY 2001 | FFY 2002 | FFY 2003 | Preliminary Data FFY 2004 | Target |
|------------------|---------------------|---------------------|---------------------|---------------------|--|---------------|
| Stability | 85.80% | 86.00% | 84.50% | 85.60% | 86.02% | 86.40% |

One of the strategies identified in the Program Improvement Plan for achieving its goal was to conduct a Placement Stability Survey to assess what policies and practices were being implemented by PCSAs to increase placement stability.

The results of the survey are reported in the attached document. The information contained in the report may assist counties in reviewing their own practices and as a result, agencies may decide to adopt new or different policies or practices to help achieve placement stability.

A formal presentation regarding the Placement Stability Report will be held March 23, 2005 via video conference. The video conference presentation will be scheduled for two sessions. The first session will be from 9:00 a.m. to 10:15 a.m. for PCSAs that begin with the letters A-L. The second session will be from 10:45 a.m. to 12:00 p.m. for the PCSAs that begin with the letters M-Z. Local PCSA Directors, please communicate this information to the appropriate staff and reserve your video conference room as soon as possible. Stand alone PCSAs have been invited to attend the overview at their local CDJFS. Any PCSA planning to attend the video conference at their local CDJFS should notify the CDJFS of its plans to attend by March 11th.



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Please notify Yvonne Gray by phone at (614)466-9274 or e-mail at grayy@odjfs.state.oh.us to confirm your attendance for this conference date and time. Please include the agency name, contact person and phone number. Confirmations will be accepted through March 21st.

The Office for Children and Families would like to thank all PCSAs that participated in the survey. As the State of Ohio continues its efforts to promote promising practices, your efforts in assisting us was greatly appreciated.

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Placement Stability of Public Children Services Agencies



Ohio Department of Job and Family Services
Office for Children and Families

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Introduction

There is agreement in the child welfare field that multiple placement moves disrupt the continuity of children's relationships with caregivers, their education, and medical care. Additionally, in 2004 the Child Welfare League of America reported that a higher number of placement changes were linked to greater behavioral disturbances, more placements in institutions, higher rates of delinquency, greater risks of school-drop-outs, and lesser chances for permanence through adoption or guardianship.

In the first six months of Calendar Year 2004, there were 7,192 children in initial placement during the reporting period. Of those children, 59% experienced no moves, 27% had one more, 9% had two moves, and 5% experienced three or more placement moves. In order for Ohio to work on reducing the number placement moves, the Ohio Department of Job and Family Services (ODJFS) wanted to explore the characteristics of children who had multiple placements and agency practices and activities that impacted placement stability.

Methodology

A survey was developed to elicit information from Public Children Services Agencies (PCSAs) on methods used to comply with the national standard on placement stability (See Appendix A). The federal definition of placement stability is: "all children who have been in foster care less than twelve months from the time of the latest removal, 86.7% or more children had no more than two placement settings". Twenty PCSA's were surveyed. Ten PCSAs were selected because, over three consecutive years, they met or exceeded the national standard. Ten PCSAs were selected that did not meet the national standard for three consecutive years. This procedure was utilized in order to conduct a comparative analysis of agency's practices, policies and activities that were being utilized by counties that had met the national standard versus those that had not. The twenty PCSAs included counties from each of the Child Protection Oversight and Evaluation (CPOE) population groupings (e.g., Small, Medium-Small, Medium, Large, Metro and Major-Metro). Eighteen of the twenty PCSAs responded. An equal number from each group.

The survey consisted of thirty-seven questions designed to elicit the following information:

- Children experiencing the greatest number of placement moves
- Type of substitute care placements
- Individuals involved in the initial placement decision
- Criteria used for determining placements
- Agency use of Supplemental/Concurrent Planning
- Number of workers assigned to a case
- Average caseload
- Case transfer process
- Services provided to children and substitute caregivers

- Efforts to preserve family connections
- Resource families recruitment strategies

FINDINGS

Children Experiencing the Greatest Number of Placement Moves

Counties were asked to rank, on a scale from one to five (one being the greatest and 5 being the lowest) the types of children experiencing the greatest number of placement moves. Twelve counties ranked unruly/delinquent children as experiencing the greatest number of placement moves. The remaining counties ranked neglected children, other children, sexually abused children and dependent children as experiencing the greatest number of placement moves. For counties that chose other as the number one choice, the children’s mental health and behavioral issues were cited as the reasons. ¹

The second ranked reason was sexually abused, physically abused and dependent children. Five counties ranked neglected children, sexually abused children and dependent children as the type of children experiencing the least number of placement moves. ² (See Table 1)

Table 1
Ranking of Children Experiencing the Greatest Number of Placement Moves

| Ranking | Type of Children and County Type | | | | | | | | | | | |
|---------|----------------------------------|----|-----------|----|-----------------|----|-----------|----|-------------------|----|----------|----|
| | Physically Abused | | Neglected | | Sexually Abused | | Dependent | | Unruly/Delinquent | | Other | |
| | Children | | Children | | Children | | Children | | Children | | Children | |
| | M | NM | M | NM | M | NM | M | NM | M | NM | M | NM |
| 1 | 0 | 0 | 3 | 0 | 1 | 0 | 0 | 1 | 5 | 7 | 1 | 2 |
| 2 | 0 | 3 | 1 | 1 | 3 | 4 | 3 | 0 | 2 | 1 | 1 | 0 |
| 3 | 3 | 2 | 1 | 1 | 1 | 3 | 3 | 1 | 1 | 1 | 0 | 0 |
| 4 | 4 | 1 | 1 | 4 | 1 | 0 | 1 | 2 | 1 | 0 | 0 | 1 |
| 5 | 1 | 2 | 3 | 2 | 3 | 2 | 2 | 3 | 0 | 0 | 0 | 0 |
| N/A | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 2 | 0 | 0 | 7 | 6 |
| Total | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |

“**M**” - in the above table and the following tables represent the PCSAs that have met or exceeded the national standard over the three year period.

“**NM**” - in the above table and the following tables represent the PCSAs that have not met the national standard over the three year period.

Irrespective of county type, the ranking order of children who had the greatest placement

¹ Some counties gave the same rank to more than one category

² Some counties did not rank some categories and it is identified as N/A

instability remained the same across all counties. A significant difference was not found among counties regarding which type of children experienced the greatest placement instability.

Types of Substitute Care Placements

When children are removed and taken into temporary custody, agencies utilize numerous types of placements to assure safety. The counties were asked to rank (one being the greatest and 5 being the lowest) the type of substitute care placements utilized. They were given the choice of least restrictive placement types to most restrictive.

With the lower number denoting the placement used most frequently, the average rankings for placement with licensed foster families was 1.50 and 2.00 ranking for placements with relative/extended family for counties that met the national standard. For counties that did not met the national standard the average ranking for placements with licensed foster families was 2.00 and 3.14 for relative/extended family for counties that did not met the national standard. There is a slight difference between the counties. (See Table 2)

**Table 2
Utilization of Placement Types (Average Ranking)**

| Placement Type | M | NM | ALL |
|--------------------------|------|------|------|
| Relative/Extended Family | 2.00 | 3.14 | 2.57 |
| Licensed Foster Families | 1.50 | 2.00 | 1.75 |
| Residential Facilities | 4.00 | 3.50 | 3.79 |
| Foster Care Network | 2.38 | 2.25 | 2.31 |
| Out of County Placements | 3.75 | 3.00 | 3.33 |
| Out of State Placements | 5.00 | 5.00 | 5.00 |
| Non-Custodial Mother | 2.50 | 2.33 | 2.40 |
| Non-Custodial Father | 3.25 | 2.67 | 3.00 |
| Guardian | 4.00 | 4.00 | 4.00 |
| Custodian | 4.00 | 3.75 | 4.00 |
| Other | n/a | 5.00 | 5.00 |

Individuals Involved in the Initial Placement Decision

Counties were asked who was involved in the initial placement decision. They were given the choice of caseworkers, caseworker supervisor, foster care specialist, parents, guardian, custodian, non-custodial mother, non-custodial father, foster parents/residential staff, relatives, court officials, GAL/CASA, mental health workers, family case conference, agency legal advisor, agency administrators, and service providers. Counties

were directed to check all that applied. In reviewing all of the individuals checked by the eighteen counties, it became evident that the decision to place a child was a group decision. However, it was observed that there was a clear distinction among counties regarding the composition of the teams and what role they played on a continuous basis.

For all of the counties, caseworkers and casework supervisors were involved in the initial decision-making process. The main difference among the counties was the use of a foster care specialist involved in the decision-making for the counties that achieved the national standard. In addition, these counties also had a higher rate of parent, GAL/CASA and service provider involvement. Some of the initial members of the group remained as a formalized group that made recommendations throughout the life of the case. There was less involvement of foster parents/residential staff, court officials, mental health workers and agency legal advisors in the decision-making process. Therefore, it can safely be assumed that the constant involvement of foster care specialists and parents in the placement decisions equates to increased placement stability.

Criteria Used for Determining Placements

Counties were asked to rank the criteria used most frequently when making a placement decision. The availability of relative placements was the foremost determining factor for substitute care followed by availability of foster care placements. (See Table 3)

When issues of disruptions occur in substitute care placements, ten out of eighteen counties have specific staff to deal with the situation. For counties meeting the national standard, family based case workers, kinship care coordinators or a placement unit staff were utilized. For counties not meeting the national standard, a utilization case manager, case work supervisor, utilization review committee or managed care contractor addressed these problems.

**Table 3
Criteria Used for Determining
Placement (Average Ranking)**

| Criteria for Placement | M | NM | ALL |
|---------------------------------------|------|------|------|
| Matching Process | 2.33 | 2.67 | 2.50 |
| Availability of Foster Care Placement | 2.67 | 2.78 | 2.72 |
| Availability of Relative Placement | 1.38 | 1.44 | 1.41 |
| Utilizes An Assessment Tool | 2.80 | 1.67 | 2.38 |
| Other | n/a | 2.00 | 2.00 |

Among the counties, only four utilized Genograms to identify potential relatives as caregivers. These counties completed the Genograms as a part of the assessment and investigation process. Also, the counties employed caseworkers whose primary responsibility was to address issues related to substitute care placement changes and/or disruptions.

Agency Use of Supplemental/Concurrent Planning

Agencies were asked if they established a Supplemental/Concurrent Plan for children removed from their homes. Thirteen counties established supplemental/concurrent plans: seven of the counties met the national standard and six did not. According to the responses many counties established Supplemental/Concurrent Plans at the initial placement. A few counties completed them at the first Semi-Annual Administrative Review or Annual Review.

Number of Workers Assigned to a Case

Counties were asked how many workers were assigned to a child/family substitute care case. All of the counties felt that having multiple workers assigned to a substitute care case help achieve placement stability.

Average Caseload

Counties were asked what the average caseload size is for each type of worker identified. Counties were given various choices of worker classifications. Some counties did not have all the classifications specified in the survey. Table 4 indicates that caseworkers employed in counties achieving the national standard had slightly lower caseloads for the individual classifications where a direct comparison was possible.

Table 4
Average Caseload of Workers

| Type of Worker | County Type | |
|--|-------------|------|
| | M | NM |
| Child Caseworker | n/a | 19.0 |
| Child Caseworker/Family Caseworker | 14.1 | 17.7 |
| Family Caseworker | n/a | 16.3 |
| Resource Caseworker (Placement Caseworker) | 19.5 | 18.6 |
| Generic Caseworker | 23.3 | n/a |
| Other | 14.5 | 18.0 |
| All Types of Workers | 17.7 | 17.4 |

Case Transfer Process

Counties were asked if they had a written policy or procedure for case transfers. Fifty-five percent of the counties surveyed indicated they do not have written policies or procedures. The predominate method of communication counties utilize for case transfers is face-to-face contact as well as written communication. One difference between the counties included the family in the face-to-face communication. This might have led to a more suitable and stable substitute care placement. (See Table 5)

Table 5
Type of Communication at Case Transfer

| Type of Communication | M | NM |
|-----------------------------------|---|----|
| Face to Face Between Caseworkers | 8 | 9 |
| Written Communication | 6 | 7 |
| Face to Face Including the Family | 8 | 5 |
| Face to Face Between Supervisors | 5 | 4 |
| Phone Contact Between Caseworkers | 4 | 5 |
| Phone Contact Between Supervisors | 3 | 2 |
| E-mail | 5 | 5 |
| Other | 1 | 1 |

It should also be noted that when a case transfers from one section to another section, counties usually assign a new caseworker. For counties achieving the national standard, the caseworkers were not changed. Services were continued uninterrupted and disruptions were possibly prevented because the caseworker was familiar with the entire case history. (Table 6)

Table 6
Assignment of New Case Worker at Case Transfer

| Sections | M | NM |
|--|---|----|
| From Assessment/Investigation to Substitute Care | 7 | 8 |
| From In-home/Protective Supervision to Substitute Care | 2 | 4 |
| From Substitute Care to Adoption | 4 | 9 |
| From Generic to Substitute Care | 1 | 1 |
| From Generic to Adoption | 1 | 3 |

The average length of time for case transfer differed among counties that met the national standard and those that did not. A discerning difference was observed regarding the average time for transferring a case from one section to another. Counties that met the national standard generally took about a month to transfer the case. However, for counties that did not meet the national standard they transferred cases much quicker, taking about two weeks for the transfer. It is important to explore in more depth whether the longer time span in transferring cases makes the transition smoother for children, allowing more time to adjust to the impending change. (See Table 7)

Table 7
Average Length of Time (Days) for Case Transfer

| Sections | M | NM | ALL |
|--|------|------|------|
| From Assessment/Investigation to Substitute Care | 24.8 | 10.4 | 18.0 |
| From In-home/Protective Supervision to Substitute Care | 34.7 | 17.0 | 24.6 |
| From Substitute Care to Adoption | 41.0 | 13.7 | 24.6 |

Excluding foster to adopt cases

Services Provided to Children and Substitute Caregivers

Counties were asked to rank, on a scale from one to five (one being the most important and 5 being the least important) the services offered that assisted in maintaining the

stability of the placement. A number of services were provided to foster children, as well as, to substitute caregivers. Though all the counties did not provide all the services, they provided core services. A considerable difference was observed. Counties that met the national standard ranked trained staff that assist the foster caregivers (1.33) as their most important service. For counties not meeting the national standard, having 24-hour access to resource staff was ranked as most important (1.67). The least important service to all counties was foster caregiver support groups, and foster caregiver organizations/buddy system. (See Table 8)

Table 8
Type of Available Services and Their Importance

| Services | County Type | | |
|---|-------------|------|------|
| | M | NM | ALL |
| Paid/subsidized respite care | 2.67 | 2.57 | 2.62 |
| Paid/subsidized day care | 2.67 | 3.40 | 3.00 |
| Trained staff to help foster caregivers | 1.33 | 1.75 | 1.53 |
| Regular training for foster families | 2.00 | 2.75 | 2.38 |
| Supportive multi systems (MH, Substance Abuse etc.) | 2.86 | 3.50 | 3.15 |
| Foster caregiver organization/buddy system | 4.00 | 4.00 | 4.00 |
| Foster caregiver picnic/get together | 3.50 | 2.50 | 3.00 |
| Foster caregiver newsletter | 3.50 | 4.00 | 3.75 |
| Provide transportation | 3.33 | 3.00 | 3.17 |
| 24 hour access to resource staff | 2.00 | 1.67 | 1.88 |
| Prepare child(ren)/foster families for new experience | 3.75 | 3.20 | 3.44 |
| Foster caregiver support group | 4.50 | 3.00 | 3.75 |

Counties that met the national standard reported additional services that they felt had a positive impact on placement stability, including but not limited to placing one child/sibling group per family and having cluster meetings. Increased per diem rate and/or mileage rate, mediation between foster family and caseworker, accuracy of placement level of care and placements with network agencies were listed as additional services that had a positive impact on placement stability in counties not meeting the national standard.

Efforts to Preserve Family Connections

Counties adopted many practices to preserve the child’s connection with non-custodial father, non-custodial mother, relatives and extended family members. The practice cited by the overwhelming majority of counties was regular/frequent visitation. Many of these relatives participated in case planning. Some counties had special programs such as fatherhood initiative, family-to-family, family unity meeting, using foster parents as mentors and parents helping parents.

Following a child’s placement in substitute care, the first parent-child visit occurred within a week. This was stated by fifteen counties. Two counties waited two to four weeks to have the first visit. A single county that did not meet national standard, took a

month or more to have the first visit between parents and children.

Two counties that met the national standard allowed five or more visits per month. The largest number of visits allowed was four irrespective of county type. At the other end, two that did not meet the national standard allowed only a single visit per month. The following table (Table 9) indicates that counties achieving the national standard arranged more frequent visits between parents and children.

Table 9
Number of Parent-Child Visits Per Month

| Visits | M | NM |
|--------------|---|----|
| One | 0 | 2 |
| Two | 3 | 0 |
| Three | 0 | 2 |
| Four | 4 | 5 |
| Five or More | 2 | 0 |

A majority of counties allowed substitute caregiver involvement in parent-child visitation, except for two counties. All of the counties that did not achieve the national standard permitted parents to have contacts with substitute caregivers in situations other than parent-child visitation. However, only six of the nine counties meeting the national standard allowed such contacts. The quality of visitation differed based on the county type. Substitute caregivers in counties meeting the national standard allowed visitation to take place at the caregivers own home and if not, caregivers transported children to the place where the visit occurred. However, the visitation at caregivers' home never happened in counties that did not meet the national standard, but transportation was provided for children to visit their parents. (See Table 10)

All the counties that did not meet the national standard indicated that non-custodial parents have contacts with substitute caregivers in the settings other than parent-child visitation. The same circumstances existed only in four counties that met the national standard. Contacts by counties which did not meet the national standard were mainly through telephone calls or letters. When contacts were made in counties that met the national standard, they were in person. (See Table 10)

Seven counties that did not meet the national standard had workers other than caseworkers visit the child. This was the case in four counties that met the national standard. If the substitute care was arranged through a network then the network staff was responsible for visitation. This was true for all counties. GAL, CASA, Help Me Grow staff, counselors (mental health and MR/DD case managers, therapists), school officials and service providers, had the responsibility of visitation and this pattern was similar in all counties. (See Table 10)

Table 10
Visitation by Parents, Substitute Caregivers and Workers

| | M | NM |
|--|---|----|
| Substitute Caregiver Involved in Parent-Child Visitation | 8 | 8 |
| Parents Contact With Substitute Caregiver Other Than Parent-Child Visitation | 6 | 9 |
| Non Custodial Parents Contact With Substitute Caregiver Other Than Parent-Child Visitation | 4 | 9 |
| Other Than Case Worker Any Other Staff is Responsible for Visiting The Child | 4 | 7 |

Resource Families Recruitment Strategies

Counties were asked to share one successful recruitment strategy for resource families. The predominant strategy for recruiting resource families for counties that met the national standard was word of mouth, primarily through current resource families. This assisted prospective families in understanding the plight of resource families. In contrast, the majority of counties not meeting the national standard depended on television, billboards, flyers, formal speaking events and formal recruitment plan/events to enroll substitute caregivers. In this instance, counties that utilized informal means to recruit substitute caregivers fared better in placement stability than the counties that used formal means.

CONCLUSION

The purpose of this survey was to review the internal policies, procedures and organization of county agencies to determine what practice might assist in promoting placement stability for children. This survey represents the perception of a single group of stakeholders, county PCSA employees. The survey did not include a case record review to determine on a case-by-case basis the reasons for children's placement moves. Child and family issues are very complex; therefore, the results of this survey may not have any relationship to the dynamics of the PCSA organization.

The counties in this study are very diverse in size, structure of organization and the clientele they serve. The duties and responsibilities of the workers are wide-ranging and sometimes unique to each county. The child caseworkers in smaller counties often assume multiple roles as the child caseworker, family caseworker, resource worker, whereas in larger counties these functions are assigned to different workers.

In summary, all counties have similar practices that may impact placement stability in their county. Children that have been adjudicated unruly/delinquent have the highest number of placement moves and continue to be a challenge for counties. Mental health and behavioral issues is another area of concern for counties. It is not known whether placement moves were due to foster caregivers not having sufficient background information on the child, if they had realistic expectations of the child, or if the foster caregiver had the appropriate training and necessary support to care for the child.

All counties had caseworkers and casework supervisors involved in the initial placement decision. Counties meeting the national standard had foster care specialists involved in decision making process. All counties expressed having multiple workers involved in the case had a positive impact on placement stability.

The average caseload per worker was almost equal between counties. The caseload size did not appear to significantly influence the placement stability of children in substitute care. Counties that did not meet the national standard transferred cases faster. Counties meeting the national standard did not assign a new caseworker when a case was transferred, however the child's family was involved in face-to-face communication at the time of case transfer. This survey did not explore the possibility that the reason it took so long to transfer cases was due to staff turnover.

The most effective strategy for recruiting resource families was 'word of mouth' for counties that met the national standard. Counties that utilized informal means to recruit substitute caregivers fared better in placement stability than the counties that used formal means.

To further validate these findings additional research is needed, including case record reviews and interviews with agency staff, caregivers, family members and the children in placement. Other areas that need exploration include: how staff turnover affects

placement stability, how involvement of non-custodial parents in case planning achieve placement stability; affects of length of stay, and characteristics of the children.

Appendix A
Placement Stability Survey

Placement Stability Survey

1) Agency Name _____

2) Contact Person, Title, and E Mail Address _____

3) What type of children experience the greatest number of placement moves in your agency? **(Please rank from greatest to least number of moves; 1=greatest and 5=least.)**

| TYPE OF CHILDREN | RANKING |
|----------------------------|---------|
| Physically abused | |
| Neglect children | |
| Sexually abused child | |
| Dependent children | |
| Unruly/delinquent children | |
| Other (specify) | |

4) In your agency, on average how many workers are assigned to a child/family substitute care case? **(Check as appropriate to your agency).**

| TYPE OF WORKER | NUMBER OF WORKERS |
|--|-------------------|
| Child Caseworker | |
| Child Caseworker/Family Caseworker | |
| Family Caseworker | |
| Resource Caseworker (Placement Caseworker) | |
| Generic Caseworker | Specify |
| Other | Specify |

5) If your agency has multiple caseworkers involved with the child, family and foster caregiver, do you think this has had an adverse impact on achieving stability of the placement? Yes No

If yes please describe

6) For each type of worker identified in #4 above, what is the average caseload size?

| TYPE OF WORKER | AVERAGE CASELOAD |
|--|------------------|
| Child Caseworker | |
| Child Caseworker/Family Caseworker | |
| Family Caseworker | |
| Resource Caseworker (Placement Caseworker) | |
| Generic Caseworker | Specify |
| Other | Specify |

7) Does your agency have a written policy or procedure for case transfer? Yes No

8) What is the average length of time it takes to transfer the case from one section to another? **(Complete as appropriate to your agency)**

| SECTION | DAYS TO TRANSFER |
|---|------------------|
| Assessment/Investigation to Substitute Care | |
| In-home/Protective Supervision to Substitute Care | |
| Substitute Care to Adoption | |

*This does not include foster-to-adopt placements

9) Is a new case worker assigned when a child is transferred from one section to another? **(Complete as appropriate to your agency)**

| | From Assessment/Investigation to Sub Care | From In-home/protective Supervision To Substitute Care | From Substitute care To Adoption | From Generic to Substitute Care | From Generic to Adoption |
|-----------------|--|--|--|--|--|
| New Case Worker | <input type="checkbox"/> Yes <input type="checkbox"/> No |

10) What type of communication occurs when a case is transferred? **(Please check all that apply.)**

| | |
|-----------------------------------|--------------------------|
| Face to Face between caseworkers | <input type="checkbox"/> |
| Written Communication | <input type="checkbox"/> |
| Face to Face including the Family | <input type="checkbox"/> |
| Face to Face between supervisors | <input type="checkbox"/> |
| Phone Contact between caseworkers | <input type="checkbox"/> |
| Phone Contact between supervisors | <input type="checkbox"/> |
| E-mail | <input type="checkbox"/> |
| None | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

11) When the case of a child in substitute care is transferred from one caseworker to another, what is the average length of time between the last face-to-face contact with the child by the original caseworker and the first face-to-face contact with the child by the new case worker? **(Please check response)**

1-3 days 4-7 days 8-14 days 14-30 days more than 30 days

12) When the case of a child in substitute care is transferred from one caseworker to another, what is the average length of time between the last face-to-face contact with the substitute caregiver by the original caseworker and the first fact-to-face contact with the substitute caregiver by the new caseworker? **(Please check response)**

1-3 days 4-7 days 8-14 days 14-30 days more that 30 days

13) Does your agency require a joint, introductory visit by both caseworkers to the child and substitute caregiver when a case is transferred? Yes No

14) Does your agency require the use of genograms to assist in identifying potential relative caregivers? Yes No

15) If yes, when is the genogram completed? **(Please check all applicable boxes)**

- As part of intake
- As part of the assessment/investigation
- Following case transfer

16) Does your agency have staff other than case workers whose responsibility is to address the issues related to substitute care placement changes and or disruptions? **(Please check)** Yes No

If yes, what are their responsibilities?

17) What type of foster care placements does your agency utilize in placing children? Rate them from type that is used most to the type used least. **(1=type used most, 5=type used least)**

| PLACEMENT TYPE | RANKING |
|-------------------------------------|---------|
| Relative/extended family placements | |
| Licensed foster families | |
| Residential facilities | |
| Foster care network | |
| Out of county placements | |
| Out of state placements | |
| Non-custodial mother | |
| Non-custodial father | |
| Parent | |
| Guardian | |
| Custodian | |
| Other (specify) | |

18) Please share one successful recruitment strategy for resource families (foster caregivers) used in your county.

19) Who is involved in the initial placement decision in your agency? **(Please check all that apply).**

| | | | | |
|----------------------------------|--------------------------|--------------------------|--------------------------|--|
| Case Worker(s) | <input type="checkbox"/> | Court Officials | <input type="checkbox"/> | |
| CW Supervisor(s) | <input type="checkbox"/> | GAL/CASA | <input type="checkbox"/> | |
| Foster Care Specialist(s) | <input type="checkbox"/> | Mental Health Workers(s) | <input type="checkbox"/> | |
| Parent | <input type="checkbox"/> | Family Case Conference | <input type="checkbox"/> | |
| Guardian | <input type="checkbox"/> | Agency Legal Advisor | <input type="checkbox"/> | |
| Custodian | <input type="checkbox"/> | Agency Administrator | <input type="checkbox"/> | |
| Non-Custodial mother | <input type="checkbox"/> | Service Providers | <input type="checkbox"/> | |
| Non-Custodial father | <input type="checkbox"/> | N/A | <input type="checkbox"/> | |
| Foster Parents/Residential Staff | <input type="checkbox"/> | Other (specify) | <input type="checkbox"/> | |
| Relatives | <input type="checkbox"/> | Other (specify) | <input type="checkbox"/> | |

20) If your agency has a formalized group which always meets to make recommendations on the initial placement of children, who are the members of the group? **(Please check all that apply).**

| | | | | |
|---------------------------|--------------------------|--------------------------|--------------------------|--|
| Case Worker(s) | <input type="checkbox"/> | Court Officials | <input type="checkbox"/> | |
| CW Supervisor(s) | <input type="checkbox"/> | GAL/CASA | <input type="checkbox"/> | |
| Foster Care Specialist(s) | <input type="checkbox"/> | Mental Health Workers(s) | <input type="checkbox"/> | |

| | | | |
|----------------------------------|--------------------------|------------------------|--------------------------|
| Parent | <input type="checkbox"/> | Family Case Conference | <input type="checkbox"/> |
| Guardian | <input type="checkbox"/> | Agency Legal Advisor | <input type="checkbox"/> |
| Custodian | <input type="checkbox"/> | Agency Administrator | <input type="checkbox"/> |
| Non-Custodial mother | <input type="checkbox"/> | Service Providers | <input type="checkbox"/> |
| Non-Custodial father | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| Foster Parents/Residential Staff | <input type="checkbox"/> | Other (specify) | <input type="checkbox"/> |
| Relatives | <input type="checkbox"/> | Other (specify) | <input type="checkbox"/> |

21)What are primary criteria utilized by your agency in arriving at a placement when the need for placement is an emergency, the decision to place is made by:

22)What criteria are utilized in determining the most appropriate placement setting for the child? Rank them according to the importance to your agency. (**1 being the most important and 5 being the least important**).

| CRITERIA | RANKING |
|---------------------------------------|---------|
| Matching Process | |
| Availability of Foster Care Placement | |
| Availability of Relative Placement | |
| Utilizes an assessment tool (specify) | |
| Other (specify) | |
| Other (specify) | |

23)Does your agency establish a Supplemental/Concurrent Plan for the children who were removed from their homes? (**Check appropriate box**) Yes No

If Yes, at what stage does your agency establish a Supplemental/Concurrent Permanency Plan? (**Please check all that apply**)

| | |
|-------------------|--------------------------|
| Initial Placement | <input type="checkbox"/> |
| First SAR | <input type="checkbox"/> |
| Annual Review | <input type="checkbox"/> |
| Other (specify) | <input type="checkbox"/> |

24)What type of supportive services are available for child(ren)/foster caregivers in your county? Rank what services assisted in maintaining the stability of the placement. (**1 being the most important, 5 being the least important. You may rank more than one service as a number 1**).

| SERVICES | RANKING |
|---|---------|
| Paid/subsidized respite care | |
| Paid/subsidized day care | |
| Trained staff to help foster caregivers | |
| Regular training for foster families | |
| Supportive multi systems (MH, Substance Abuse etc.) | |
| Foster caregiver organization/buddy system | |
| Foster caregiver picnic/get together | |
| Foster caregiver newsletter | |
| Provide transportation | |

| | |
|---|--|
| 24 hour access to resource staff | |
| Prepare child(ren)/foster families for new experience | |
| Foster caregiver support group | |
| Other (specify) | |
| Others (Specify) | |

25) In addition to supportive services, what other practices have impacted placement stability?

26) Please share one effective practice for working with non-custodial fathers to preserve connections for the child(ren).

27) Please share one effective practice for working with non-custodial mothers to preserve connections for the child(ren).

28) Please share one effective practice for working with paternal relatives to preserve connections for the child(ren).

29) Please share one effective practice for working with extended family members to preserve connections for the child(ren).

30) Following placement into substitute care, when does the first parent/child visit typically occur? (**Please check applicable timeframe**).

- 1-3 days 4-7 days 8-14 days 14-30 days more than 30 days

31) On average, how many visits per month does a child in substitute care have with his or her parent/guardian/custodian in your county? (**Please check applicable timeframe**).

- 1 2 3 4 5 or more

32) Are substitute caregivers involved with parent/child visitation? (**Please check appropriate box**).

Yes No If yes, please explain.

33) Do parents/guardians/custodians have contact with substitute caregivers other than parent-child(ren) visitation? (**Please check appropriate box**). Yes No (please explain)

34) Do non-custodial parents and foster parents have contact other than parent-child(ren) visitation?

(Please check appropriate box.) Yes No (please explain)

35) In addition to the caseworker, are there any other staff within or outside the agency that are responsible for visiting the child? (Please check appropriate box) Yes No
If yes, please indicate who they are.

36) Please share the greatest challenge facing your agency in maintaining placement stability.

37) Any other comments:

Thank you for participating in this survey. The results will be analyzed and a report will be written based on the results to demonstrate certain practices that may or may not reflect stability in foster care.

Appendix B: Counties Surveyed

Public Children Service Agencies Surveyed

| | |
|-----------------------------------|-----------------------|
| Gary Hannan, Director, | Ashland County DJFS |
| Dwayne Pielech, Director | Belmont County DJFS |
| James McCafferty, Director | Cuyahoga County DCFS |
| Dennis Mckay, Director | Defiance County DJFS |
| John Saros, Director | Franklin County CSB |
| Suzanne Burke, Director | Hamilton County DJFS |
| Lynn Rice Blair, Director | Jackson County DJFS |
| Buddy Martin, Director | Lawerence County DJFS |
| John D. Fisher, Director | Licking County DJFS |
| Dr. Gary A. Crow, Director | Lorain County CSB |
| Charles M. Spinning III, Director | Madison County DJFS |
| Michael Swisher, Director | Meigs County DJFS |
| Kim T. Diamond, Director | Putnam County DJFS |
| Robert Gallagher, Director | Ross County DJFS |
| Thomas L. Bey, Director, | Shelby County DJFS |
| Donald K. Pond, Director | Stark County DJFS |
| Robert A. Kubiak, Director | Trumbull County CSB |
| Thomas M. Roelant, Director | Wayne County CSB |