

**National Governor's Association**  
**Reduction Goals and Strategies for Placement Reduction**  
**Montgomery County Plan**

- Increased Safety
- Reduced Reliance on Out of Home Care
  - Improved Permanency
  - Reduced Re-Entry

**County: Montgomery**

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**County Goals for Placement Reduction in Child Welfare**

1. Increase safety for children of all ages.
2. Reduce reliance on out of home care for children of all ages.
3. Improve timeframe for permanency for children of all ages.
4. Reduce re-entry of children following reunification.
5. Improve long-term outcomes for older youth discharged from placement to independence.
6. Reduce multiple placement settings for children in County custody.

Montco planning for safely reducing the number of children in placement incorporates goals identified in the Needs Based Plan and Budget (NBPB), Permanency Practice Initiative (PPI), Integrated Children's Services Plan (ICSP) and Children's Roundtable. Goals identified for the National Governor's Association (NGA) are consistent with County specific priorities identified through other venues and by stakeholders, providers, county categorical systems, Citizen Advisory Committee (CAC) and child abuse Multi-disciplinary Teams (MDTs) affiliated with OCY, the Criminal Justice Advisory Board (CJAB) and other venues. The goals of these various initiatives follow on the next page.

## **County NBPB Goals for FY 2008/09 and FY 2009/10 for Child Welfare**

1. Safely reduce the number of children in out of home placement by reducing length of stay.
2. Prevent placement out of home for an increased number of children.
3. Adequately address the mental health needs of school age children.
4. Improve placement stability for children of all ages.

## **County Integrated Children's Service Planning Priorities**

1. Develop information portability for county agencies and partners serving children and families.
2. Create a local service system which is driven by identified consumer needs, not funding resources, and which determines services to be provided, frequency of service delivery and level of care.
3. Assure efficient and appropriate service provision for children and families with multiple-system needs, through shared accountability and outcomes.
4. Develop and adopt a common screening tool and a common assessment process for use by all child and family serving systems.
5. Engage parents, youth and family members in both case and programmatic planning and evaluation for all human services.
6. Develop and deliver cross-systems training to all child and family serving county departments and their contracted provider agencies.

## **OCYF/OCFC Permanency Practice Initiative for Child Welfare**

1. Implementation of 3 month permanency reviews for children in placement.
2. Implementation of CPCMS.
3. Implementation of family-centered practice initiatives.
  - Family Finding
  - Family Group Decision-Making
  - Family Development Credentialing
  - Permanency 3/5/7/ Model
4. Roundtable Oversight of initiative and implementation of above.

## **County Children's Dependency Roundtable Goals**

1. To establish active leadership roles for judges in the child welfare and juvenile justice systems, consistent with the county's collaborative approach in child abuse and neglect case management and disposition.
2. To improve expertise by providing training and technical assistance.
3. To improve systemic response to dependency in order for children who are victims of abuse and neglect to achieve safety, permanency and well-being.
4. To reduce youth involvement in the juvenile justice system through early identification, accountability and competency development.
5. To improve countywide response to status offending youth through prevention and early intervention, reducing the number of truant and ungovernable youth.
6. To educate professionals and the public about effective interventions which reduce dependency and delinquency in our communities.

## **County Goals and Strategies for Placement Reduction**

### **Goal 1 Increased safety for children of all ages.**

#### **Problems**

1. Occurrence of child deaths attributable to abuse.
2. Increase in child dependency related to parental drug dependency.
3. Increase in child dependency attributable to unmet mental health treatment needs of parents.
4. Increase in family circumstances in which the daily needs of children are not met by parents or caretakers.
5. African American children are disproportionately represented in the child welfare system.

#### **Needs**

1. Increase safety of children in their own homes, preventing placement.
2. Achieve early identification of children at risk of dependency to prevent occurrence of imminent safety and risk factors resulting in reporting to OCY.
3. Increased partnership with education system to assure early identification of children at risk of CAN.
4. Achieve early identification and intervention for children whose family circumstances place them at risk for child abuse and/or neglect.
5. Improve child welfare service array to include more evidence-based programs (EBPs) in child welfare and juvenile justice.
6. Increase strengths-based, family-focused, child-centered service philosophy among child welfare and juvenile justice staff.

#### **Strategies**

1. Identify screening and assessment tools and employ them in all cases reported to OCY.
2. Review available data from perspective of disproportionality in child welfare service planning, including placements and permanency.
3. Request technical assistance to develop means by which County can become more effective in programming to address disproportionate number of African American children and families who receive services.
4. Expansion of community partnerships to provide services to families with children at risk of CAN (i.e. NFP, FC, faith-based, Boys and Girls Club, PAL, YMCAs).

5. Improve partnership with county Nurse Family Partnership (NFP) in shared cases to identify safety and risk factors which can be addressed in preventive service delivery.
6. Facilitate Placement and Clinical Reviews (PCRs) for OCY staff to assure use of family-centered practices to prevent placement in appropriate cases.
7. Increase screening, information and referral services and diversionary services available in County Family Centers.
8. Implement Family Group Decision Making (FGDM) for families whose children are at risk of child placement.
9. Employ structured decision-making (SDM) in decision-making related to child safety and risk assessment.
10. Expand use of Integrated Children's Services Plan (ICSP) forum to meet immediate and concrete needs of families to address safety and risk factors.
11. Expand Time Limited Family Reunification (TLFR) services to include aftercare services for participating families.
12. Implement Family Development Credentialing (FDC) for targeted in-home and placement provider agencies.
13. Increase collaboration with D.A., law enforcement and school districts to expand Safe Schools programs and focus on early identification of families with children at risk.
14. Provide training and education about prevention of child abuse and neglect for professionals who come into direct daily contact with children, including medical, educational, social service and law enforcement communities.
15. Provide targeted training and education for mental health, drug and alcohol and developmental disabilities professionals about child abuse and neglect to achieve increased early reporting of children at risk of child abuse and neglect.

### **Measurements and Timeline**

1. Inclusion of new Evidence-Based Programs to available service array, including FFSBS, MST, FFT and MDFC, 2009.
2. Implement Structured Decision Making tool for safety assessment, 2009.
3. Implement common family assessment tool across child welfare, juvenile justice, behavioral health and developmental disabilities, 2009.
4. Implement Ages and Stages Questionnaire (ASQ) for child development assessment for all children under age 5, 2009.
5. Establish documentation process, establish baseline and increase in number of families receiving appropriate assessments to support decision making, 2010.
6. Implement common child assessment tools and processes across categorical human service systems, 2010.
  - Ages and Stages Questionnaire (ASQ)
  - MAYSI
  - CANS
  - Safety Assessment (SA)
  - Risk Assessment (RA)
  - ASAM

- IQ for educational support
  - IQ for support of developmental disabilities
  - MH assessment and DSM diagnoses
7. Establish documentation process, baseline and monitoring process for cases with shared case planning and service delivery across systems (ED, BH, DD, JJ, DA, CAO), 2009.
  8. Implement placement prevention PCRs for dependent children, 2009.

## Goal 2 Reduced reliance on out of home care for children of all ages.

**The number of children placed out of home has declined significantly in recent years.**

### **Problems**

1. Pattern of new placements from AFCARS data documents that children are most frequently removed from their homes due for general protective reasons as opposed to child abuse.
  - Parental drug and alcohol dependency
  - Parental mental health treatment needs
  - General neglect, including inadequate housing
  - Child behavior
  - Parental inability to cope
2. Family-centered practices have not been fully utilized to develop safety and risk reduction that will allow children to remain safely in their own homes.
3. The current service array does not facilitate provision of needed in-home services for adults with children.
4. New placements in recent years have focused on the specific populations below.
  - 40% (99) of children in placement age 13 or older in FY 2007/08.
  - 42% (103) of children in placement age 5 or younger in FY 2007/08
  - 21% (52) of children in placement age 6 to 12 in FY 2007/

### **Needs**

1. Improve community-based service array incorporating increased number of EBP to meet needs of older youth in their homes.
  - School Wide Positive Behavioral Support (SWPBS)
  - High Fidelity Wraparound (HIFI)
  - Multi-Systemic Therapy (MST)
  - Functional Family Therapy (FFT)
  - Functional Family Support.... (FFSBS)
2. Increase family and community participation in meeting needs of young children and parents in their homes.
3. Improve well-being outcomes for children known to child welfare and juvenile justice (i.e. education, healthcare, mental health).

4. Increase capability of families to meet concrete daily living needs including housing, utilities, job training and employment, etc.).
5. Expand available array of in-home services for adults with mental health and drug and alcohol treatment needs whose children are at risk of child abuse and/or neglect.
6. Increase strengths-based, family-focused, child-centered service paradigm among child welfare and juvenile justice staff and providers.

## **Strategies**

1. Implement Family Group Decision Making (FGDM) for families with children at risk of placement.
2. Expand Family Group Decision Making (FGDM).
3. Implement Family Finding (FF) to identify family members to participate in support for families with children at risk of placement and to promote permanency for children in placement.
4. Increase Court participation in implementation of ASFA timeframes for child permanency through increased placement reviews and increased collaboration with the Orphan's Court.
5. Implement all family-centered practices included in the Children's Roundtable Permanency Practice Initiative (PPI).
6. Increase kinship care, formal and informal, to facilitate permanency for children in placement.
7. Expand County's Family To Family (F2F) program to include vendor foster care placements.
8. Increase collaboration with categorical human services to avoid placements that result from housing needs, parental D/A, child behaviors, parents inability to cope and neglect.
9. Implement Family Development Credentialing in county for OCY, JPO and vendor staff to facilitate transition to family-centered, strength-based practices and reduction in deficit focused practices.
10. Target communities and school districts for participation in early identification and increased collaboration to prevent placement of children.
11. Review available data from perspective of disproportionality in child welfare service planning, including placements and permanency.
12. Request technical assistance to develop means by which County can become more effective in programming to address disproportionate number of African American children and families who receive services.
13. Continue expansion of Time Limited Family Reunification Services (TLFR) offered by Family Centers.
14. Continue expansion of Child Abuse Prevention (CAP) services offered by Family Centers.
15. Continue Family Center programs which provide Parents As Teachers services to parents with preschool age children.

## **Measurements and Timeline**

1. Maintain trend of continued reduction of children entering placement with 5% decline in initial child welfare placements by end of 2009.
2. Maintain trend of continued reduction of children entering placement with 5% additional decline in initial child welfare placements by end of 2010.
3. Reduce average length of stay for very young and older youth by average 3 months by end of 2009 with no significant increase in rate of re-entries.
4. Increase in kinship placements by 10% in 2009 and 10% in 2010.
5. Include Concurrent Plan monitoring and documentation in all PCRs, vendor reviews and court proceedings, effective Jan. 1, 2009.
6. Establish 90 day Court placement reviews for all children under age 5 by March, 2009.
7. Establish 90 day Court placement reviews for all children over age 12 by June, 2009.

### **Goal 3 Improved permanency for children of all ages.**

#### **Problems**

1. Reunification for preschool age children is seldom achieved within 12 months.
2. Permanency for young children who are unable to be reunified with parents is seldom achieved within 12 months.
3. Reunification for adolescent youth is seldom achieved within 12 months.
4. Permanency goals for older youth do not include options of adoption, permanent legal guardianship (PLC), or reunification with relatives on a frequent basis.
5. Older youth are seldom placed in family settings.
6. Older youth do not have benefit of targeted planning for the achievement of permanency goals within 12 months following placement.
7. Older youth who become involved in the dependency system are often known to education and law enforcement, but these systems are not involved as frequently as desired in planning to assist the youth in achieving service goals.

#### **Needs**

1. Increase participation of other categorical human services in meeting needs of families in child welfare and juvenile justice systems.
2. Increase strengths-based, family-focused, child-centered service philosophy among child welfare and juvenile justice staff.
3. Reduce the length of stay for children of all ages.
4. Reduce the timeframe for children from goal change to adoption or PLC.
5. Reduce the number of children with goal of emancipation or long term foster care.

#### **Strategies**

1. Continue development of comprehensive service array of evidence-based in-home services to meet the needs of adolescents and their families.
2. Implement Family Group Decision Making for families with children who are in placement to develop safe and stable discharge from placement within 12 months.
3. Implement Family Finding to identify family or significant others for older youth and achieve permanency for reduction of youth who age out of the system.
4. Implement Family Finding to identify family and kin supports for families with children who are reunified following placement.
5. Expand kinship foster care program for dependent children.

6. Expand Family To Family (FTF) services for families with young children.
7. Implement Concurrent Planning monitoring in all OCY Placement and Clinical Reviews (PCRs), vendor case reviews and court proceedings.
8. Establish 90 day court placement reviews for all children under age 5 and over age 13.
9. Implement requirement to notify and invite partners across systems, GAL, providers, etc. to all PCRs, vendor reviews and court reviews.
10. Review available data from perspective of disproportionality in child welfare service planning, including placements and permanency.
11. Request technical assistance to develop means by which County can become more effective in programming to address disproportionate number of African American children and families who receive services.

### **Measurements and Timeline**

1. Reduced average length of stay, especially for preschoolers and for older youth, to 12 months by end of 2009.
2. Improved permanency options for older youth to include SIL, families and kin by reducing the number of youth who age out of the system by 10% by end of 2009.
3. Establish 90 day Court placement reviews for all children under age 5 by March, 2009.
4. Establish 90 day Court placement reviews for all children over age 12 by June, 2009.
5. Establish improved dependency court process for timely and efficient permanency planning for children with a goal of adoption and permanent legal custodianship by June, 2010.
6. Kinship care placement expansion by 10% in 2009 and 10% in 2010.
7. Increase array of in-home CAN prevention services for families with preschool age children by December, 2009.

## **Goal 4 Reduction in re-entry of children following reunification.**

### **Problems**

1. Older youth re-enter care at highest rate of all children involved in the child welfare system.
2. Reasons for re-entry of older youth most frequently include child behaviors and parental inability to cope.
3. Older youth are frequently placed in more restrictive, highly supervised programs and the programs do not promote development of skills, lifestyle and relationships necessary for positive outcomes upon discharge.
4. Older youth who re-enter placement in the dependency system are often known to education and/or law enforcement, but these systems do not have easy access to options which do not involve placement to address problem behaviors

### **Needs**

1. Improve aftercare service array which incorporates evidence-based programs (EBP) by assuring addition of the following to the service array.
  - MST
  - FFT
  - HIFI
  - SWPBS
2. Improve community supports for older youth who are at risk of re-entry.
3. Increase strengths-based, family-focused, child-centered service philosophy among child welfare and juvenile justice staff.
4. Increase availability of community-based and school-based programs with capability to serve older youth without involvement of the child welfare or juvenile justice systems.

### **Strategies**

1. Expand of EBP cited above which involve parents/caretakers in services while youth is in placement.
2. Evaluate youth and family child welfare cases to determine primary causes for re-entry and associated development of strategies to prevent re-entry for youth involved in child welfare and juvenile justice.
3. Increase collaboration among categorical human services, especially child welfare, juvenile justice and education in prevention of re-entry of older youth.
4. Assure appropriate assessments are completed and services in place prior to case closure, with documentation of same in case record.

5. Continue cross-system education regarding services available through categorical human services systems for youth involved in child welfare and juvenile justice, particularly education, behavioral health, drug and alcohol and developmental disabilities systems.
6. Establish PCR requirement to include partners across systems, GAL, providers for cases where adolescent youth are in placement.
7. Review available data from perspective of disproportionality in child welfare service planning, including placements and permanency.
8. Request technical assistance to develop means by which County can become more effective in programming to address disproportionate number of African American children and families who receive services.

### **Measurements and Timeline**

1. Implementation of family centered practices including both FGDM and FF as strategies to prevent re-entry in cases identified for intensive efforts to prevent re-entry by December, 2009.
2. Reduce re-entries for child welfare by 5% by end of 2009.
3. Reduce re-entries for child welfare by additional 5% by end of 2110.
4. Improve aftercare service array through collaboration with behavioral health system to implement providers with success in operating evidence-based programs (EBP) by assuring addition of the following to the service array.
  - a. MST (2009)
  - b. FFT (2009)
  - c. HIFI (2010)
  - d. SWPBS (2010)
5. Evaluation of youth and family circumstances where re-entries occurred in 2008 to use in development of additional strategies for reduction, 2009. Implement strategies in 2010.
6. Increase number of older youth receiving aftercare services and monitor re-entry rate at 6, 12 and 24 months following discharge by establishing baseline and developing data collection methodology by June, 2009.

## **Goal 5 Increase positive long-term outcomes for older youth discharged to self-sufficiency**

### **Problems**

1. Occurrence of early parenthood for youth discharged from child welfare on or after age 18.
2. Employment instability for youth discharged from child welfare on or after age 18.
3. Housing instability for youth discharged from child welfare on or after age 18.
4. Lack of community support systems for youth discharged from child welfare on or after age 18.
5. Contracted provider agencies do not prioritize IL goals for older youth to the extent necessary to assist youth in success upon discharge to self-sufficiency.
6. Lack of effective community-based behavioral health and developmental disabilities services for youth discharged from child welfare.
7. Limited family supports for youth aging out of the child welfare system on or after age 18.

### **Needs**

1. Improve self-sufficiency preparation of older youth prior to discharge through increased availability of IL prep and aftercare services.
2. Increase aftercare services for youth discharged from child welfare and juvenile justice after their 16<sup>th</sup> birthday.
3. Provide an increased number of older youth opportunity to participate in supervised IL programs at least 12 months prior to anticipated discharge from custody to independence.

### **Strategies**

1. Develop transitional programs for older youth leaving the child welfare and juvenile justice systems that provide intensive education, training, employment and case management needs in all regions of the county.
2. Increase youth voice in service planning and development of child specific case plans.
3. Establish housing priorities/vouchers for youth leaving the child welfare and juvenile justice systems.
4. Continue educational support for youth leaving the child welfare and juvenile justice systems.
5. Collaborate with Careerlink to improve services for aftercare population age 18 to 21 for youth leaving the child welfare and juvenile justice systems.
6. Improve programs and services for older youth with BH needs or DD for youth leaving the child welfare and juvenile justice systems.
7. Increase number of and appropriate transitional living programs for older youth with BH or DD for youth leaving the child welfare and juvenile justice systems.

8. Continue Housing 101 Program through establishment of eligibility for M.A. or behavioral healthcare funding.
9. Establish M.A. programs to assure healthcare benefits transition.
10. Establish M.A. programs to assure seamless transition to adult BH or DD case management and service systems upon discharge from the child welfare and juvenile justice systems.
11. Collaborate with EWD to establish transitional living supports with association to existing EWD outcome measures

### **Measurements and Timeline**

1. Youth in IL specific placements who will increase by 15%, 2009.
2. Youth over age 16 in placement will receive an increased number of specific IL preparation services from contracted provider programs, 2010.
3. Documentation of the following will be used to establish a baseline for practice and program improvements documented in 2009 - youth self report and documentation of participation and skill development from IL provider, county caseworker and other involved provider agency.
4. Program revisions based upon documentation of youth experiences in 2009 will be implemented in 2010.
  - Sufficient economic resources to meet daily needs.
  - Safe and stable place to live.
  - Academic or vocational/educational goals consistent with the youth's abilities and interests.
  - Sense of connectedness to other persons.
  - Connectedness to the community.
  - Avoidance of high risk behaviors.
  - Postponement of parenthood until emotionally mature and financially stable.
  - Access to appropriate physical and behavioral health services.

## **Goal 6 Reduce multiple placement settings for children in County custody.**

### **Problems**

1. A child's likelihood of multiple placement settings increases with length of time awaiting permanency.
2. Children with medical and behavioral health diagnoses experience placement disruptions and the highest number of placement settings.
3. Permanency is delayed for children and older youth who experience more than 2 placement settings.
4. Older youth are at increased risk for multiple placements.
5. Sibling groups are at increased risk for multiple placements and for separation from their siblings.

### **Needs**

1. Capacity to identify children at risk of disruption early and provide necessary services to support success of placement in the identified setting.
2. Capacity to identify and support the level of care and placement setting that best suits an individual child's needs.
3. Expansion of kinship care.
4. Development of agency contracting and provider performance which prioritizes utilization of providers who are able to meet the needs of a broad population of children and who do not discharge as a result of child's "failure to adjust" to a placement program/setting.

### **Strategies**

1. Evaluate reasons for placement instability through case reviews to determine risk factors for disruption.
2. Identify providers with capability to expand placement services to meet the needs of youth at increased risk of disruption including those with difficult behaviors, medical needs, children in sibling groups and children who are being discharged from higher levels of care such as an RTF.
3. Identify and implement structured decision-making capacity to determine youth at risk of disruption for intensive support in effort at pre-empting disruption.
4. Increase ICSP case review and planning capacity to include all new placements on Integrated Children's Review Team agenda.
5. Expand PCR attendance to include attendees with potential to assure success of placement.
6. Increase use of kinship care and make additional service and caretaking supports available for kinship caregivers.
7. Improve placement service array which incorporates evidence-based programs (EBP) by assuring addition of the following and making services available to children and youth in placement.
  - MST

- FFT
  - HIFI
  - SWPBS
  - MTFC
8. Review available data from perspective of disproportionality in child welfare service planning, including placements and permanency.
  9. Request technical assistance to develop means by which County can become more effective in programming to address disproportionate number of African American children and families who receive services.

### **Measurements and Timeline**

1. The number of children who have 2 or fewer placement settings will improve by 25% by end of 2010 (For those children who have not been placed in behavioral health residential settings).
2. The number of children placed in residential behavioral health treatment programs who experience two or fewer placement settings will increase by 25% by the end of 2010.