



**NATIONAL RESOURCE CENTER
FOR FOSTER CARE
& PERMANENCY PLANNING**

at the Hunter College
School of Social Work

INFORMATION PACKET: *Adolescents in Residential Treatment and Foster Care*

By Ellen Lyons Miller

MAY 2002

129 East 79th Street • New York, NY 10021
TEL 212/452-7053 • FAX 212/452-7051
www.hunter.cuny.edu/socwork/nrcfcpp

A service of the
Children's Bureau/ACF/DHHS

Adolescents in Residential Treatment and Foster Care **Information Packet**

Adolescence is a time of confusion for most children entering the developmental stage (Erikson, 1997), even those youths with the best of bio/psycho/social/spiritual advantages. “The specific strength emerging in adolescence is fidelity, this maintains a strong relation to both infantile trust and mature faith” (Erikson, 1997 p. 73). However, some of our nation’s children experience the effects of poverty, violence, abuse, neglect and substance abuse. In a search for identity, adolescent youth without parental support, familial constancy or societal approval can face role confusion and depart from societal norms. Alcoholism, substance abuse, delinquency and gang involvement can occur during these formative years. Some of these children end up in foster care. By the time they reach adolescence, biopsychosocial stressors may result in behavior that requires residential treatment or therapeutic care. Experts estimate that between 30% and 85% of children in out of home placements suffer significant emotional disturbances (Gardner, 2001).

In a study conducted by Moore and Vandivere,(June 2000) stressful lives were examined as an outcome of child and family well being. The study concluded that in 1997, 22 % of all children under age 18 live in stressful family configurations. This study does not include the situation of foster care, where the children do not have one or both parents or kinship involvement. If our country’s children have this much stress as a result of social, demographic, economic, educational and health problems, it is not surprising that foster care youth would have at least the same or greater stress that results in emotional and or behavioral problems. The report indicates that among 12-17 year olds, 20% experience stressful family environments, resulting in emotional or behavioral problems as compared with 5% of youth not experiencing family stress. This figure indicates the need for further research into foster care adolescents, as they were not included in family configurations. Problem areas for foster care youth might include anger management, depression, poor social skills, and attachment disorders. These children are often troubled as a result of abuse and neglect in a previous living situation.

More than a decade ago the trends in foster care were under examination by the Department of Health and Human Services. In a 1990 report, the Office of Evaluations and Inspections, at the Offices of The Inspector General, examined the Trends in Foster Care (Department of Health and Human Services: Office of the Inspector General retrieved from <http://www.hhs.gov>, 1991). The study suggested that the number of children placed in group homes or residential treatment had increased, but at a lower rate than those placed in foster homes. This report may suggest that as recently as twelve years ago there were not sufficient amount of Residential facilities to house those foster youth that suffer the consequences of social problems; homelessness, substance abuse, an increased reporting of child abuse and violent crimes. This report precipitated analyses of data in the Health and Human Services foster care and data collection system.

Before 1994, there was no national system for collecting statistics regarding the children or families in the foster care system In 1986, Congress added section 479 of the Social Security Act, directing the Department to establish and implement a system for the collection of comprehensive adoption and foster care data in the United States. This alarming lack of documented information was counteracted by the development of The

Adoption and Foster Care Analysis and Reporting System (AFCARS), where State child welfare agencies were designated responsible for reporting on the children in each state's foster care system. The Adoption and Foster Care Analysis and Reporting System (AFCARS) was designed and implemented to provide extensive assessment of States to provide such data, which is reported twice a year. The first reporting period was October 1, 1994, through March 31, 1995. In the year 1999, the AFCARS report was issued where findings estimated 581,000 children in the foster care systems from October 1, 1998 through September 30th 1999(Child Welfare/Foster Care, retrieved from <http://faq.acf.gov>, September 27, 2001).

In March of 1998 the Child Welfare League of America began a survey looking at the total national availability of residential facilities. These facilities were from both the public and private sectors. Bullard and Healy, (1998) found nationally 9,326 facilities ranging from four bed group homes to 250 plus bed institutional residential facilities suggesting that the facilities can provide treatment (beds) for 223,941 individuals (Child Welfare League of America: Programs retrieved from <http://cwla.org/programs/groupcare/outcomes/.htm>, November, 1998). The number of beds, just fewer than 40% of the 1998 estimated foster care population (581,000) is not only inclusive of the foster care population. These beds are provided by facilities serving The Child Welfare System, Juvenile Justice System, Mental Health System as well as The Developmentally Disabled population. In a country whose children number at approximately 70 million at the year-end 1998(Childstats.gov: Population and Family Characteristics retrieved from <http://www.childstats.gov> 2000), Residential Treatment availability is about less the .031%. These data, do not address the specific situation of foster care youth, but maybe the best available data.

In order to study both the children and families that involve connections to the child welfare system, The Children's Bureau of the Administration on Children, Youth and Families, U.S. Department of Health and Human Services, has conducted a survey, The National Survey of Child and Adolescent Well Being (NSCAW)(retrieved from The Adoption and Foster Care Analysis Reporting System (AFCARS) <http://www.acf.dhhs.gov>, June 2001). This report was an information gathering tool focused on receiving the data directly from the children, families, caregivers, caseworkers, and teachers who were directly involved in functioning and well being of the person involved. The data collected provided information that out of home placements for children and adolescents needing Therapeutic treatment was limited. Also, the report suggested that when residential care was available there were limited trained providers of that care. This indicated that recruitment and training of care professionals was indeed needed to provide positive results in a Residential setting for foster care children and youth. The report also showed 70% of Residential treatment services at the state level, and 26% at a local level, are sub contracted.

Adolescents in Residential Treatment and Foster Care

Fact Sheet

General Statistics

(The following statistics have been compiled from websites listed in the resources section)

The number of Therapeutic/ treatment foster homes in the nation as of 1998 was 6,768. This has been calculated by a national report containing licensed, certified approved home and facilities. These figures do not take into account the age of children in residences. These figures do not include all states as some data in the report was found non applicable, such as provision of homes through different agencies, or no definition of the term therapeutic. (Child Welfare League of America, National Data Analysis System, Pre-defined: Licensed Homes and Facilities retrieved from, <http://ndas.cwla.org>, 1999).

The number of Residential Group Care homes for foster children as of 1998 was 2,620. This has been calculated by a national report containing licensed, certified approved home and facilities. This figure does not take into account the age of children in residences. These figures do not include all states as some data in the report was found non applicable or had been estimated. This figure can be skewed for in some states the term Residential Group care includes group homes. (Child Welfare League of America, National Data Analysis System, Pre-defined: Licensed Homes and Facilities retrieved from <http://ndas.cwla.org>, 1999).

In 1999 the U.S. Census Bureau estimated 23 to 24 million children between the ages of 12 to 17 years. The most recent data on living arrangement found in this report was from the year 1996, when estimated 313,000 (not age specific) of the nations children lived with foster parents. There is no specific data in this report of how many children in the foster care system resides in Residential Treatment communities or Therapeutic Treatment facilities (Childstats.gov: Population and Family Characteristics retrieved from <http://www.childstats.gov>, 2000/).

The U.S. Bureau of the Census compiled a report estimating the number of children in “child welfare systems” in the United States population. The results revealed that between the ages of 13 through the age of 17 there were 19,376,363 children in the year of 1998. This figure does not state placement of children to in or out of the home and does not address the number of adolescent youth in residential or therapeutic settings. However, in the same year only 9388 residential or therapeutic settings were estimated. Clearly these figures indicate that residential settings are less than .05% the number adolescent children in the nation (Child Welfare League of America, National Data Analysis System, Pre-defined: Ages of Children in the Population retrieved from <http://ndas.cwla.org>, 1999).

The Adoption and Foster Care Analysis and Reporting System (AFCARS) report for interim year 1999 estimated through year June 2001 estimated that there were 164,134 children and youths between the ages of 11 through 15 years and 90,293 youth between the ages of 16 through 18 years. For the estimated year these figures compiled 44% of the total children and adolescent population in foster care (U. S. Department of Health and Human Services, Administration for Children and Families, Administration on Children Youth and Families, Children Bureau retrieved from www.acf.dhhs.gov/programs/cb June 2001). The figures from the same report also indicated that 10% of the children and youth resided in institutional living settings, while 8% resided in group homes. The category of residential living was absent in the report. The

report also indicated 29% of the foster care population between the ages of 11 through 15 years of age and 11% of the foster care population ages 16 through 18 years (total population N=581,000) entered foster care in 1999, the amount of children that exited foster care in the same period was 24% ages 11 through 15 years and 21% ages 16 through 18 years. The report also indicates that 15% of the foster care youth ages 11 through 15 years and 2% of the youth ages 16 to 18 years are adopted from public foster care. Clearly more children have left the system than have entered the same system. This leaves the question of situational outcome of many of the exited children unanswered. Longitudinal studies may be indicated for further research on those children who exit foster care.

The growing problem of crime faces our nations youth. In a report from the U.S. Department of Justice, the National Crime Victims Survey revealed that 569,935 youths between the ages of 12 through the age of 17 were victims of violent crime in the year 1998. Once again these figures do not reflect placement of youth in or out of home or youth within the child welfare system, but strongly suggests the problem of violence addressing our nations youth and the need for treatment settings for those who suffer it's consequences (retrieved from <http://www.childstats.gov>, 2/14/02).

Adolescents in Residential Treatment and Foster Care

Websites

Children's Bureau www.acf.dhhs.gov/programs/cb/publications/index.htm

ChildStats.gov www.childstats.gov

A Website devoted to statistical information inclusive of population and family characteristics, indicators of children's well being, health, behaviors and social environment.

Child Welfare League of America (CWLA) www.cwla.org

440 First Street, N.W.

Third Floor

Washington, D.C. 20001

(202) 638-2952 Fax: (202) 638-4004

Founded in 1920, CWLA is the largest nonprofit organization for promoting policies and programs for protection and strengthening of America's children and families.

Foster Care Youth United <http://www.youthcomm.org/>

Youth Communication/ New York Center

Publishes NYC Teen and Foster Care Teen magazines, while educating and supporting journalism and writing for teens by teens.

The American Association of Children's Residential Centers info@aacrc-dc.org

51 Monroe Place, Suite 1603

Rockville MD. 20850

(301) 738-6460

A national listing of residential treatment services.

The Welfare Information Network www.welfareinfo.org

1401 New York Avenue, NW-Suite 800

Washington, D.C. 20005

(202) 587-1000 Fax: (202) 628-4206

A clearinghouse for information, policy analysis and technical assistance on Welfare Reform.

The U.S. Department of Health and Human Services www.acf.dhhs.gov

Administration for Children & Families

Administration for Children, Youth & Families

Commissioner's Office of Research and Evaluation and the Children's Bureau

The National Survey of Child and Adolescent Well Being

A national agency providing information and statistics on child and family welfare.

References

- Advocasey. The Annie E. Casey Foundation. Fostered or Forgotten? Retrieved February 16, 2001 from <http://www.aecf.org/publications/advocasey/fall2001/fostered.htm>
- Anderson Moore, K., & Vandivere, S. (June 2000). Stressful family lives: Child and parent well being. Child Trends, B-17, "New Federalism: National Survey of Americas Families".
- Balcerzak, E., A. (Editor) (1989). Group care of children: Transitions toward the year 2000. Washington, D.C.: Child Welfare League of America
- Bartholet, E. (2000). Nobody's children: Abuse and neglect, foster drift, and the adoption alternative. Boston: Beacon Press
- Bullard, L., B. National survey of public and private residential group facilities and their capacities. (personal communication February 2002)
- Burns, B., J. & Hoagwood, K. (February 2002). Community treatment for youth: Evidence-based interventions for severe and behavioral disorders (Innovations in practice and service delivery). New York: Oxford University Press
- Carman, G., & Farragher, B., J. (1994). Quality indicators for residential treatment programs: A survey instrument. Washington, D.C.: Child Welfare League of America
- Department of health and human services. (1990). The office of evaluations and inspections, at the offices of the inspector general: Trends in foster care (Department of health and human services: Office of the inspector general. Retrieved 1991, from <http://www.hhs.gov>
- Desetta, A. (Editor) (1996). The heart knows something different: Teenage voices from the foster care system: Youth communication. New York: Persea Books
- Durrant, M. (1993). Residential treatment: A cooperative, competency-based approach to therapy and program design. New York W.W. Norton & Company
- Erikson, E., H. (1997). The life cycle completed. New York: W.W. Norton & Company
- Gabel, S., & Prentice-Dunn (1989). Residential and inpatient treatment of adolescents. Netherlands: Kluwer Academic Publishers
- Gardner, P. (2001). Unmet mental health needs cause failure across youth serving institutions. Youth Law News XXII, (1).

Northrup, G. (Editor) (1994). Managing the residential center in troubled times. New York: Haworth Press

Polsky, H., W. (1962). Cottage six: The social system of delinquent boys in residential treatment. New York: Russell Sage Foundation

Stein, J., A. (1995) Residential treatment of adolescents and children: Issues, principles, and techniques (Nelson-Hall series in social work). Acton, Massachusetts: Burnham Inc.

U. S. department of health and human services, administration for children and families, administration on children, youth and families, Children Bureau (June 2001). The adoption and foster care analysis and reporting system (AFCARS) retrieved February 2002, from, www.acf.dhhs.gov/programs/cb.

Whalen, J., Executive Director. Green chimneys children's services & green chimneys school. info@greenchimneys.org (personal communication February2002).

Treatment Models

(This is an unbiased list of models that is geographically composed)

Kidspeace National Centers for Kids in Crisis, Inc.

www.kidspeace.org

5300 Kids Peace Drive Orefield, PA 18069-9101

(800) 257-3223 (610) 799-8888

Fax: Administration (610) 799-8001, Admissions (610) 391-8278

Chief Executive Officer: C.T. O'Donnell, President/CEO

Admissions Information: Richard Snyder, LSW, Director of Admissions

Established 1982, the organization offers a wide selection of services including a foster/care foster services program, adolescent residential treatment, therapeutic residential treatment, dual diagnosis treatment, sexual issue treatment and intensive residential treatment.

Green Chimneys Children's Services & Green Chimneys School

info@greenchimneys.org

400 Doansburg Road - Caller Box 719. Brewster, NY 10509-0719

Tel: (845) 279-2995, (718) 892-6810, Fax: (845) 279-2714

Residential treatment facility and residential treatment center sites including a specifically designed program for gay, bisexual, transgendered and questioning youth.

Chaddock

www.chaddock.org

205 S. 24th Street. Quincy, IL 62301

Ph. (217) 222-0034 Fax (217) 222-3865

E-mail: Agreening@chaddock.org

Chief Executive Officer: The Rev. Dr. Gene Simon, President and CEO

Admissions Information: Amber Anderson, Associate Director of Client

Established in 1853, services include intensive clinical/therapeutic adolescent residential programs, foster care specialized treatment issues, foster care support and advocacy services.

Lutheran Social Services of the South

<http://www.lsss.org>

P.O. Box 49589. Austin, TX 78765-9589

Ph. (512) 459-1000, (800) 938-5777 Fax (512) 452-6855

Chief Executive Officer(s): Dr. Kurt Senske, President and CEO, Sam Sipes,

Chief Operating Officer, David Yarborough, Vice President for Child & Family Services

The agency operates five children's residential treatment centers for emotionally disturbed youth and therapeutic foster care programs.

Albertina Kerr Centers

<http://www.albertinakerr.org>

424 N.E. 22nd Avenue. Portland, OR 97232

Ph. (503) 239-8101 Fax (503) 239-8106

E-mail: chrisk@albertina.org

Chief Executive Officer: Christopher J. Krenk, MSW, CEO

NRCFCPP Information Packet: Adolescents in Residential Treatment & Foster Care

Admissions Information: Marcia Hille, LCSW, Vice President, Kerr Youth and Family Center

The agency provides an array of services including treatment for children 8 through 18 that require sub acute and intensive residential treatment that is more structured than other children in foster care may need.

LeRoy Haynes Center for Children & Family Services Inc.

<http://www.leroyhaynes.org/>

233 West Baseline Road Box 400.LaVerne, CA 91750

Ph. (909) 593-2581 Fax (909) 596-3567 Admissions Fax: (909) 593-5201

E-mail: Valerie@leroyhaynes.org

Chief Executive Officer: Darrell T. Paulk, President & Chief Executive Officer

Admissions Information: Valerie Foster-Young

The services provided include a foster family agency and residential treatment for boys seeking to provide a safe and therapeutic environment for abused abandoned and neglected youth.