WASHINGTON OFFICE OF THE FAMILY AND CHILDREN'S OMBUDS

Youth's Perspectives on Group Care

Outreach to Youth Living in Washington's Group Homes

2016

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EXECUTIVE SUMMARY

At the Mockingbird Society's 2015 Leadership Summit, youth from the Everett chapter called for an evaluation of Washington's group care facilities.[1] Specifically, they wanted information about the quality of group care, lengths of stay, outcomes, permanency rates, demographics, and services provided to foster youth while in group care. The Everett chapter believes that this information is necessary to improve the experiences of youth in care.

Also in 2015, OFCO identified an alarming number of children being temporarily placed in motels and DSHS offices because no other appropriate placement could be identified. OFCO found that many of these children had significant mental health and treatment needs and had previously been placed at group care facilities. Many of these youth also require the services provided through the Behavioral Rehabilitative Services (BRS) program, or have received them in the past.

In the months following the Leadership Summit, OFCO met with members of the Everett Chapter and Mockingbird Society staff to discuss an examination of group homes that provide treatment programs for youth with high service needs. The process of this study included: a review of laws and policies governing group care and BRS; group home site visits to **all facilities in Washington licensed as a group home with a BRS contract** (9 facilities were visited), **72 surveys of youth**, **63 group home staff surveys**, and **34 individual interviews** with youth residing in group homes.

Key Findings Include:

- Following cuts in BRS funding, Washington has seen a gradual decrease in the use of group care placement over the past five years. In 2015 6.5% of Washington children in out-of-home care were placed in non-family settings.
- 44% of the children placed at BRS facilities OFCO visited are 12 years of age or younger and 80% were males.
- Youth in group homes want more freedom and opportunities to participate in activities.
- LGBTQ+ youth discussed challenges they face in group homes, including isolation and bullying.
- Youth appreciate frequent and quality contact with their assigned caseworkers.
- Many facilities had physical space to accept more children for placement but could not hire enough staff to meet required staffing ratios.

Key Recommendations Include:

- **Facilitate contact between youth and their sources of support:** Children and youth expressed a need for more contact and social engagement with friends, relatives, and family. Group home staff should facilitate this contact, as well as youths' participation in extracurricular and social activities.

[1] The Mockingbird Society is a non-profit advocacy organization that works to improve foster care and end youth homelessness.

- **Meet the needs of LGBTQ+ identifying youth:** Group home staff and professionals should have training that focuses on creating and maintaining a safe environment for LGBTQ+ youth and provides them with specific strategies for identifying and responding to harassment and discrimination.
- **Increase number of group home staff:** More qualified group home staff is needed to meet the placement demand for children with high service needs and to expand opportunities for activities, community engagement, social connections and participation in normal childhood experiences.
- **Improve data collection and analysis:** Data analysis should examine the demographic characteristics of children being placed in group homes, their mental health and behavior diagnoses, lengths of stay, placement stability, re-entry to group care, and resource availability.
- **Continue efforts to improve training and support for caseworkers and reduce caseloads:** Highly skilled, clinically informed caseworkers are essential for improving outcomes for children in group homes.
- **Increase caseworker contact with youth placed in group homes:** Youth were clear that more time and contact with their caseworkers is a priority. When caseworkers have smaller caseloads and remain assigned to a family/child for an extended period of time, they have the capacity to develop and maintain relationships with youth.
- **Expand alternative placement options**: Although high quality group care can be essential to ensure a child's safety and stabilization, youth, especially young children, are best served in family-like settings. It is essential that Washington increase capacity for non-congregate care placement options that can meet the needs of some of our must vulnerable and needy children.
- **Increase judicial oversight of children in group care**: When children are placed in group care facilities, court review hearings should be held every three months.
- **Attorney representation is necessary to protect the rights and interests of children in group care**: Because the fundamental liberty interests and rights of children in group care are at greatest risk, state law should require that these children be represented by attorneys.

OFCO thanks the Mockingbird Society and in particular Fredrick Kingston, Courtney Millan, Cecily Ferguson, Erin Shea McCann, and the Everett Chapter for their insight and assistance in designing this report.

INTRODUCTION

When youth cannot remain at home, do not have an able and willing relative with whom they may live, and cannot successfully be managed in a foster home, they are often placed in "group care." Group care is a residential program that houses youth with complex behavioral and emotional issues requiring a more structured and therapeutic environment than can be provided in a relative or foster home. Stays in group care are meant to last only as long as is needed to stabilize the child so they can return to a less restrictive placement.

The Office of the Family and Children's Ombuds (OFCO) periodically reviews "the facilities and procedures of state institutions serving children, and state-licensed facilities or residences".[2] In 2001, OFCO visited and interviewed children in foster care and placed with relatives.[3] In 2007, OFCO visited 22 group homes across Washington to speak directly with youth about their experiences. OFCO has always believed that the youth involved are best positioned to inform public dialogue about what is working with group care and what needs improving.

In 2016 OFCO again visited group homes across the state, this time focusing on group homes providing specialized treatment through the Behavioral Rehabilitative Services (BRS) program. The BRS program is a "temporary intensive wraparound support and treatment program for youth with extreme, high level service needs used to safely stabilize youth and assist in achieving a permanent plan or less intensive service."[4] Children may receive BRS in the family home, trained therapeutic foster homes, or residential facilities. Over the course of this project OFCO visited nine facilities that provide services through BRS and spoke directly with youth about their experiences.

OFCO had two primary objectives for these visits:

1. Learn from youth receiving BRS in group homes about their experiences in order to inform stakeholders about what is working and what needs improvement, in order to better serve youth with the highest level of service needs; and

2. Provide outreach to youth living in group homes about what OFCO does and how to access services if they need help.

This report provides a framework for understanding group care and BRS, describes the project, details youth and staff feedback, and offers recommendations to improve the group homes serving youth with the greatest service and treatment needs.

[2] RCW. 43.06A.030.
[3] All OFCO reports are available at: ofco.wa.gov.
[4] Department of Social and Health Services. Behavior Rehabilitation Services Contractor Handbook. Section 1.1.

GROUP CARE IN WASHINGTON

Group Homes in the Continuum of Care

There is widespread nationwide agreement that children who must live apart from their parents have better outcomes and experiences when placed in family, home-like settings.[5] State law and department policy require that children must be placed in the least restrictive setting available and near the family home, consistent with the child's "best interests, special needs, and well-being".[6, 7] Levels of care, from least to most restrictive, are as follows:[8]

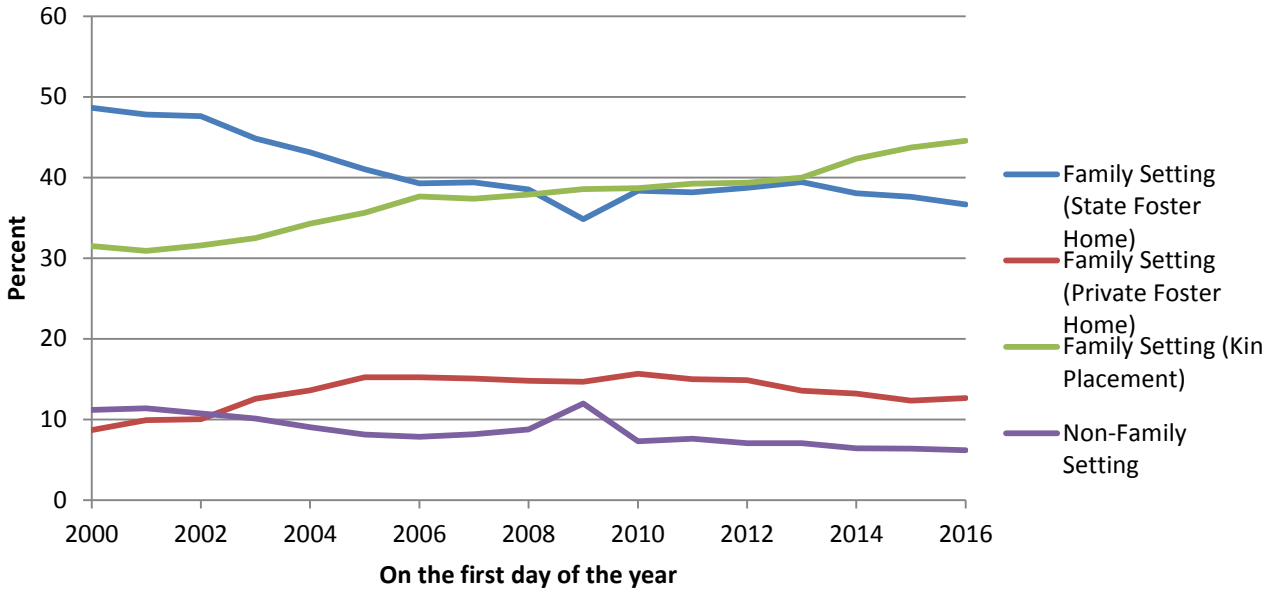
- Child's own home;
- Relatives or child's tribe;
- Responsible adult placement (suitable, non-relative adult who has a pre-existing relationship with the child or family);
- Family foster home;
- Group home;
- Psychiatric facility; and
- Other institutions accessed only through court commitment.

While more restrictive, group homes are often the only remaining option for children and adolescents with complex behavioral and emotional needs, who are not able to be safely managed in relative or foster care. The goal for children residing in group homes is to transition to a less restrictive placement as soon as the child can successfully function in a family-like setting.

As a percentage of all children placed in out-of-home care, relatively few live in "non-family" settings, such as group homes and psychiatric facilities. On the first day of 2015, **6.5% of Washington children in the care and custody of DCFS who were in out of home care were placed in non-family settings** (e.g., a group home).[9] Over the past five years, Washington has seen a gradual decrease in the use of group care placements, which is consistent with a national trend toward a more limited use of group care.[10] Figure one shows the percentage of children in different placement types on January 1 of each calendar year.

[5] *A National Look at the Use of Congregate Care in Child Welfare*, U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, (May 2015). Report found at: http://www.acf.hhs.gov/sites/default/files/cb/cbcongregatecare_brief.pdf.
[6] Children's Administration. Practices and Procedures Guide, Section 4261.
[7] RCW 74.14A.020.
[8] Practices and Procedures Guide, Section 4261.
[9] Partners for Our Children Data Portal Team. (2016). [Graph representation of Washington state child welfare data 7/18/2016]. Placements in Family Settings. Retrieved from http://www.vis.pocdata.org/graphs/family-settings.
[10] *A National Look at the Use of Congregate Care in Child Welfare*, U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, (May 2015).

Figure 1: **Placements in Family and Non-Family Settings**[11]



Types of Group Care Programs

The term "**group care**" broadly encompasses licensed facilities in Washington that are not foster homes, and that are maintained and operated for groups of children on a 24 hour basis.[12] "**Group home**" is a specific license issued by the department for residential care of children.[13] There are **34 facilities in Washington with a group home license**.[14] All of the facilities visited by OFCO were facilities licensed as group homes that provide specialized treatment through the Behavioral Rehabilitative Services (BRS) program.

Other kinds of group care facilities that can be licensed by the Department of Social and Health Services' (DSHS) Division of Licensed Resources (DLR) include:[15, 16]

- Crisis residential center (CRC), for youth requiring brief out-of-home care and crisis intervention (there are currently **7 facilities** licensed as a semi-secure CRC and **4** licensed as a secured CRC)[17];

[11] Partners for Our Children Data Portal Team. (2016). [Graph representation of Washington state child welfare data 10/28/2016]. Placements in Family Settings. Retrieved from http://www.vis.pocdata.org/graphs/family-settings.
[12] RCW 74.15.020.
[13] DSHS Division of Licensed Resources. *Minimum Licensing Requirements for Group Care Facilities*. https://www.dshs.wa.gov/sites/default/files/CA/fos/documents/WAC-388-145.pdf.
[14] Darcey Hancock, DLR Administrator. Email to OFCO. July 22, 2016.
[15] See WAC Chapter 388-145 for the list.
[16] Not all facilities licensed through the Department accept children in the care and custody of DSHS, and not all have contracts with the department.
[17] Semi-secure CRCs are not locked facilities but are operated in a way that reasonably assures youth will not run away. Secure CRCs are designed and operated to prevent youth from leaving without permission. WAC 388-145-1895.

- Emergency respite center, commonly known as a crisis nursery, which provides emergency, short-term care for nondependent children (**2 facilities**);
- Group receiving center, which provides for the basic needs of children placed by DSHS, usually for 30 or fewer days (**1 facility**);
- Overnight youth shelter, a licensed facility that provides overnight shelter to homeless or runaway youth (**4 facilities**);
- Resource and assessment center, which provides short-term emergency care for up to 72 hours to children who have been removed from their home by Child Protective Services (CPS) or law enforcement (**2 facilities**); and
- Staffed residential home, a licensed facility that provides 24 hour care to six or fewer children (**84 facilities**).

Group Care Oversight

In order to be licensed as a group care facility, a facility must meet minimum licensing requirements designed to ensure children are safe, healthy, and protected from abuse and neglect.[18] A license is granted for three years at a time.[19] If a facility violates licensing requirements the Department may modify, deny, suspend or revoke its license. While the licensing process is complex, major requirements include:[20, 21]

- Ensuring that anyone with unsupervised access to children has completed a satisfactory background check;
- Evaluating the physical setting of the facility and requesting an inspection from the Department of Health and the Washington State Patrol's Fire Protection Bureau;
- Submitting a written program description outlining the program's mission and goals, policies covering staff qualifications, and on-going training and staff development; and
- Providing a written description of the agency's policies and procedures.

In addition to their duty to report suspected child abuse or neglect, group care staff must report other types of incidents to CA intake and to the child's DSHS caseworker, such as: serious injury or psychiatric care that requires medical treatment or hospitalization; improperly administered or excessive physical restraint; drug or alcohol use by a child; inappropriate sexual behavior by or toward a child; or any property damage that is a safety hazard.[22]

If a violation of licensing regulations is alleged, DLR investigates, and, if the complaint is found to be "valid,"[23] takes the necessary steps to remedy the violation.[24] If CA receives a report alleging a child has

[18] The full list of minimum licensing requirements for each type of group care facility can be found at https://www.dshs.wa.gov/sites/default/files/CA/fos/documents/WAC-388-145.pdf.
[19] WAC 388-145-1345.
[20] WAC 388-145-1335.
[21] For staffed residential facilities in family homes, the licensee must also include a written plan to the child's DSHS caseworker for the supervision of children if the licensee works outside of the staffed residential home.
[22] Full list detailed in WAC 388-145-1535.
[23] "Valid" means based on the facts obtained in the investigation, there is reasonable cause to believe a licensing violation occurred. "Not valid" means there is reasonable cause to believe a violation did not occur *or* it cannot be determined if a licensing violation occurred.

been abused or neglected while in licensed care, the report is investigated by a DLR/CPS Investigator. DLR/CPS investigations result in a determination that the allegation of child maltreatment is either "founded" or "unfounded."

Basic Elements of a Group Care Program

The look, feel, and operation of group homes differ widely from facility to facility. Some group homes operate like large foster homes and have the physical appearance of home-like residences. Other group homes are structured like larger residential treatment facilities, having the license capacity to care for more than 50 children. All group care programs are required to "provide a safe and healthy, age-appropriate home-like living environment that meets the medical, psychological, physical and developmental needs" of the children living there.[25] This includes, but is not limited to:

- A clean and home-like environment;
- Basic necessities such as safety, adequate amounts of food, and appropriate clothing and recreational activities; and
- An environment that has the necessary structure, routine, and rules to provide for a healthy life, growth and development.

BRS-contracted group homes also have several other requirements they must meet in order to safely serve youth. For example, they must have the capacity to offer a range of supervision and safety strategies, which might include children having individual sleeping rooms or extra staff for supervision. They must have adequate supervision and program coverage 24 hours a day, 7 days a week.[26] While BRS staffing ratios are negotiated regionally and specified in each contract within DSHS/CA standards, CA reports that there is usually one staff for every three youth with high service needs in BRS programs.[27]

Youth Served in Group Care

Group care programs can serve children who are six years of age or older, who meet at least one of the following conditions:[28]

- Cannot be safely or effectively managed in foster care;
- Need temporary placement awaiting a more permanent placement;
- Need emergency placement during a temporary disruption in their current placement;
- Have emotional, physical, or mental disabilities;
- Need a transitional living setting;
- Need respite care from a licensed provider; or
- Are ages sixteen or older and need to acquire independent living skills.

[24] Practices and Procedures Guide. Section 5150.
[25] WAC 388-145-1745.
[26] BRS Contractor Handbook. Section 10.4
[27] Michael Campbell, Children's Administration Intensive Resource Manager. Email to OFCO. September 16, 2016.
[28] WAC 388-145-1360.

Programs may serve children younger than six years under certain circumstances, such as if the program provides services to medically fragile children or parenting youth, or if a waiver is obtained from CA.[29]

While the number of children placed in group care facilities varies on any given day, in 2016, group care providers have capacity for **502 "beds"**.[30] Not all of these group care beds are available to the Department for placement however. For example, some facilities accept youth through their family's private insurance.

BEHAVIOR REHABILITATION SERVICES

BRS is a "temporary intensive wraparound support and treatment program for youth with extreme, high level service needs used to safely stabilize youth and assist in achieving a permanent plan or a less intensive setting."[31] Services can be provided in a child's home, foster home, or facility. Each BRS provider must offer individualized services that respond to the unique needs of each client.[32] Services are intended to be short-term, and used only as long as is necessary to stabilize the child. Participation lasting longer than twelve months requires approval from a CA Regional Administrator.

In order to qualify for BRS, the child's caseworker submits a referral packet and a mental health provider must complete a Wraparound Intensive Services (WISe) screen. The level of BRS and type of placement is assessed by a BRS Regional Manager who serves as a "gatekeeper" for eligibility and placement of children.[33]

The average number of children served through BRS in all placement types per month was 705 youth in state fiscal year 2015 and 658 youth for state fiscal year 2016.[34]

BRS Oversight

In addition to DLR licensing requirements, a regional licensor must complete a six month health and safety review on each facility with a BRS contract.[35] CA caseworkers with children receiving BRS services must also hold quarterly case reviews with contractors addressing the child's progress.[36]

A comprehensive review of BRS providers is conducted at least every three years. These reviews help the Department "evaluate the ability of contracted [BRS] providers or contracted and/or licensed providers to meet the health, safety and well-being needs of children in their care."[37] Comprehensive

[29] For a full list of the criteria, see WAC 388-145-1360.
[30] Darcey Hancock, DLR Administrator. Email to OFCO. July 22, 2016.
[31] BRS Contractor Handbook. 1.1.
[32] BRS Contractor Handbook. 1.15.
[33] BRS Contractor Handbook. 1.2.
[34] Michael Campbell, Children's Administration Intensive Resource Manager. Email to OFCO. October 3, 2016.
[35] Practices and Procedures Guide. Section 5130. Regional Licensing.
[36] Practices and Procedures Guide. Section 4533. Behavioral Rehabilitation Services.
[37] Practices and Procedures Guide. Section 5140. DLR Comprehensive Reviews.

reviews are conducted by a team comprised of DLR, Division of Children and Family Services (DCFS), BRS and other program staff, and contracts representatives.[38] These reviews include inspections of both records related to children in the group home and staff personnel files, as well as interviews with children and staff.

Case Planning for Children Receiving BRS

In order to develop, implement and monitor the efficacy of a child's individualized case plan, the BRS provider convenes *Child/Family Team Meetings.* These meetings also review progress toward short term and permanency goals, and whether or not the child can be served at a lower intensity level of service. Team members include: the child's caseworker, immediate and extended family, foster parents, involved professionals, significant individuals identified by the youth, and Tribal representatives if the child has been identified as an Indian child. Child and Family Team meetings should occur within 30 days of the child's placement and every 90 days thereafter.[39]

Within 24 hours of a child's placement, the BRS group home provider must also develop an *Individual Behavior Management Plan* (IBMP) that identifies strategies and consequences to manage the child's specific behaviors and also takes into account factors of the other children residing in the facility.[40] The IBMP is made available to all group home staff and includes:

- Specific behavioral goals for the child;
- An individualized supervision plan; and
- An individualized safety plan.

Within 30 days of a child's placement, the BRS group home provider must develop an ***Individual Services and Treatment Plan*** **(ISTP)**[41] for the child that includes the following components:

- An assessment of the youth and family's current level of functioning, strengths, treatment needs and support needs;
- A permanency plan for the child and an indication of how the current intervention supports the goals of the permanency plan;
- The discharge plan and estimated time frame for discharge;
- Goals describing short-term benchmarks of success for the child and family to help determine when a child and family are ready for less intensive supports;
- Identify strengths that will meet treatment needs and help achieve the individualized goals;
- Assign lead responsibility for treatment and support tasks;
- Identify *Child/Family Team* members; and
- Develop an *Independent Living Service Plan (ILS)* for all youth who are 16 years of age or older.

The IBMP is reviewed and updated 30 days after the initial intake. Both the IBMP and the ISTP are then

[38] Depending on the program, external stakeholders, such as the Developmental Disabilities Administration, might also participate.
[39] BRS Contractor Handbook. 2.1.
[40] BRS Contractor Handbook. 2.3.
[41] BRS Contractor Handbook. 2.3.

reviewed every 90 days and updated based on the child's behavior and progress. The Child/Family Team is involved in the development of the ISTP and the IBMP, and with all major decisions regarding the child.

BRS Group Care

BRS contractors providing facility based care must follow all BRS requirements in addition to specific expectations for facilities. BRS-contracted group homes must provide children with a program orientation within eight hours of admission. Activities must be offered that help increase skills, learning, and confidence, such as physical recreation, work activities, or drug/alcohol education.[42]

Providers are required to "use the least restrictive procedure that adequately protects the child, other persons or property."[43] Restrictive behavior management strategies allowed in group homes under certain circumstances are:[44]

- Unlocked special time-out room;
- Unlocked de-escalation room;
- Physical restraint;
- Mechanical restraint only for safety purposes; and
- De-escalation room with spring or gravity lock.[45]

Before providers are allowed to use any restrictive behavior management strategies, they must have received training in behavior management and specific training in how to use the restrictive techniques. A de-escalation room with a spring or gravity lock door may only be used to assist in controlling children large or aggressive enough that injury to the child themselves or staff is likely to occur without its use.[46] DLR must grant an approval before a facility is authorized to use this specific technique.

Measuring BRS Outcomes

The objective of BRS is to "increase the child's behavioral stability, increase school stability, increase placement stability and increase potential to reach permanency."[47] Upon admission to a program, providers complete an assessment, using the Children's Functional Assessment Rating Scale (CFARS), which evaluates each child across a variety of domains, such as depression, anxiety, traumatic stress, and substance use.[48] The full list of domains scored is shown in Table 2. When a child transitions to a new placement, this same assessment is completed by facility staff again at exit. Comparing the difference across 16 different domains before placement and at the time of transition, makes it possible

[42] BRS Contractor Handbook. Section 10.3.
[43] BRS Contractor Handbook. Appendix D – Behavior Management Guidelines, Section V.
[44] BRS Contractor Handbook. Appendix D – Behavior Management Guidelines, Section VI.
[45] A spring or gravity lock requires continuous personal pressure to engage the device. Without personal pressure, the device rests open, in an unlocked position.
[46] BRS Contractor Handbook. Appendix D – Behavior Management Guidelines. *Group Care Behavior Management*.
[47] BRS Contractor Handbook. 1.1.
[48] BRS Contractor Handbook. 1.18.

to evaluate each BRS provider's effectiveness in improving children's functioning, stability and performance.[49]

Each program with a BRS contract must submit this information annually to the Department where it is shared with CA contract staff, BRS managers, and Department leadership.[50] The statewide and regional aggregated outcome data is available to the public in the BRS Annual Report.[51] As children improve their functioning in a given area, the CFARS difference score is expected to decline. Across all BRS contractors, the difference scores declined in each of the 16 domains between 2011 and 2014, suggesting on-the-whole improvements to stability, mental health, and behaviors for children transitioning to a new placement. When looking only at programs that have a facility licensed as a group home, there is an even greater improvement across the 16 domains annually from 2011 to 2014.[52] Table 2 below shows the average CFARS difference scores for all BRS providers from 2006 to 2015.

Table 2: **CFARS Difference Scores, Average for all BRS Providers 2006-2015**

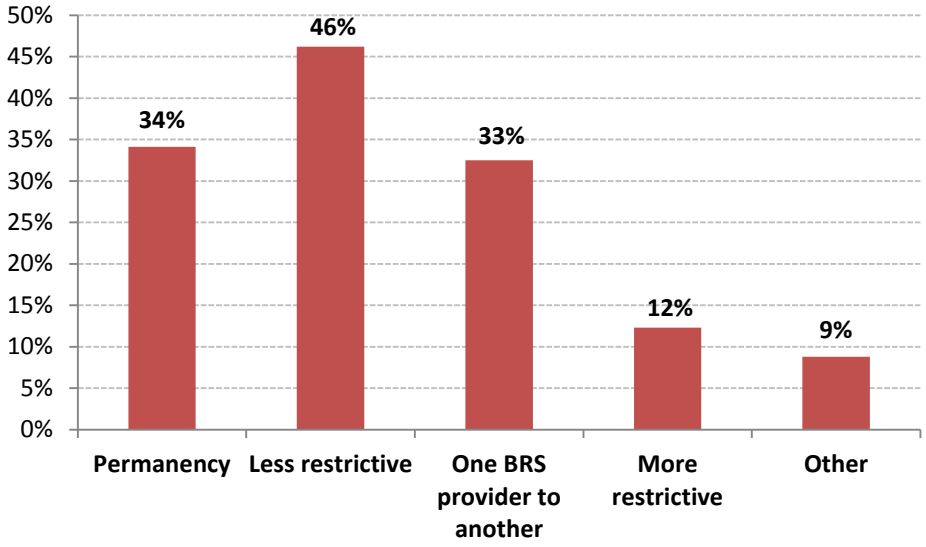
CFARS DIFFERENCE SCORES	
Depression	**-0.6**
Hyperactivity	**-0.6**
Cognitive Performance	**-0.4**
Traumatic Stress	**-0.6**
Interpersonal Relationships	**-0.7**
Activities of Daily Living Functioning	**-0.3**
Work/school	**-0.6**
Danger to others	**-0.7**
Anxiety	**-0.4**
Thought process	**-0.3**
Medical/Physical	**-0.4**
Substance use	**-0.1**
Behavioral home setting	**-0.8**
Social-legal	**-0.3**
Danger to self	**-0.4**
Security/Management	**-0.6**
TOTAL	**-7.8**

**Note: The scale for each domain ranges from 1 to 9, with 1 meaning a child has no problem in this area and 9 meaning they have an "extreme problem". As children improve their functioning in a domain the score is expected to decline.*

[49] The domains measured are part of the Children's Functional Assessment Rating Scale (CFARS). Full information on the development and application of CFARS is available at: http://outcomes.fmhi.usf.edu/_assets/docs/cfarsmanual.pdf.
[50] Doug Allison. Email to OFCO. June 3, 2016.
[51] The *BRS Annual Report* can be found at: https://www.dshs.wa.gov/ca/contracted-providers/contracted-services.
[52] CFARS are reported to the Department from each program. Some programs have multiple facilities and/or treatment foster homes so the scores reported are an aggregate of all facilities/homes in each program.

Another goal of the BRS program is to assist youth in achieving permanency or transitioning to a less intensive service array. One way to measure this is to look at where children go after leaving a BRS placement. From 2006 to 2015, nearly 34 percent of children who moved from a BRS placement transitioned to a permanent placement as their next placement; 46 percent moved to a less restrictive placement; 32 percent of children moved from one BRS provider to another; and 12.3 percent moved to a *more restrictive* placement.[53] For children who transitioned to another placement, the average length of stay in that placement was 12.4 months from 2014 to 2015.

Figure 2: **BRS Transition Placement, Average 2006-2015**



Definitions

- **Permanency**: Permanent placements are bio parent, relative, adoptive home, guardianship.
- **Less restrictive**: Includes all the permanency placements plus regular foster homes.
- **One BRS provider to another**: A youth left one agency's program to go to another BRS provider's program. This could mean a "lateral move", such as from one BRS-contracted group home to another BRS-contracted group home. Or it could mean the youth is going from a less restrictive BRS provider to a more restrictive one (such as from receiving BRS services in-home to a therapeutic foster home) or moving from a more restrictive BRS placement to a less restrictive BRS placement (group home to a therapeutic foster home).
- **More restrictive**: A youth transitioned from a BRS provider to acute mental health treatment, Children's Long-Term Inpatient Program, or juvenile detention or Juvenile Rehabilitation. These are not BRS providers.

Children's Administration BRS Annual Report, 2006-2015. Reports available at: https://www.dshs.wa.gov/ca/contracted-providers/contracted-services.

[53] *BRS Annual Report*, 2006-2015.

PROJECT DESIGN

OFCO visited nine group homes with BRS contracts, which were located in all three DSHS regions.[54] These homes had licensed capacities ranging from over 50 children to six children, and were located in both rural and urban areas. Although a small number of youth with mild to moderate developmental delays were included, group homes serving youth with severe developmental delays and medical needs were excluded.

OFCO had two primary objectives for these visits:

- Learn from youth residing in BRS-contracted group homes about their experiences to inform stakeholders about what is working and what needs improvement in group care, so we can better serve our youth with the greatest service needs; and
- Inform youth living in group homes about what OFCO does and how to access services if they need help.

Each site visit included the following components:

1. A tour of each facility;
2. Presentation about OFCO and how youth could access services;
3. Confidential written survey about youths' experiences in group care;
4. One-on-one youth interviews; and
5. Written surveys for staff.

Survey and Interview Design

The youth survey included closed and open-ended questions about the youth's experiences living at the group home and how well their needs are met.[55] In order to collect detailed, first-hand accounts of children living in group homes, OFCO also conducted a series of one-on-one interviews with youth. All children present on the day of OFCO's site visit were invited to participate in an interview. The interviews were conducted using a list of open-ended questions related to daily life at the group home, services received, likes and dislikes, and suggestions for improvements.[56] At each site OFCO held informal conversations with at least one staff member, often a program manager, who usually gave a facility tour and described the program and population served. Group home staff were also invited to participate in a written survey at their convenience, with stamped return envelopes provided.

[54] See Appendix A for a description of types of facilities visited.
[55] See the complete survey in Appendix C. After the first few site visits, it became apparent that more time to complete the survey was needed. Prior to the last four site visits, surveys were sent ahead so youth could complete them at their convenience. OFCO staff picked up the surveys at the site visit and offered anyone who had not yet completed one already, the opportunity to do so.
[56] The full set of interview questions is displayed in Appendix E.

In the end, **34 children were interviewed, 72 youth surveys were completed, and 63 staff surveys were returned.**

Visit Procedure

One to three OFCO staff members were present for each site visit. At each facility, group home staff was in attendance for the presentation on OFCO services. Youth were able to ask for assistance in completing the survey if they wished but were also given the opportunity to complete it privately. Children and youth who volunteered for interviews were given the choice to have a group home staff present during the interview. In most cases youth preferred to meet with OFCO alone, but there were a handful of interviews with younger children who requested group home staff be present. While there were no clear signs that the presence of staff affected the candidness of input, it is unknown whether this variable significantly impacted responses in these few interviews.

Visits started with a short presentation about OFCO's role and services, including possible reasons youth might contact OFCO and how an ombuds may be able to help. Next, the assent form was discussed, informing that participation in the surveys and interviews was optional and responses were confidential (unless maltreatment or harm to self or others was reported). Surveys were then distributed to youth who wanted to participate and who had not already filled one out. Youth requiring assistance in reading and interpreting questions were individually assisted, either by OFCO or group home staff.

After the surveys were collected youth were invited to meet individually for a structured interview. For youth who discussed issues and concerns involving actions by DCFS or their legal rights, a formal OFCO complaint was accepted for follow-up by the ombuds. OFCO accepted seven complaints from youth during this project. Flyers describing OFCO's services and contact information were left at each group home.[57]

Staff surveys and return envelopes were left at each group home to allow staff to share their insights and suggestions for improvement.

[57] See OFCO flyer in Appendix H.

YOUTH DEMOGRAPHICS

OFCO interviewed **34 youth** across **nine BRS-contracted group homes**, and received **72 completed surveys**. In these nine group homes, there was a combined total of **104 children placed through CA** on the day of the site visit.[58] Not all children residing at each facility were present at the time of OFCO's visit. Some declined to participate or were so young that completing a written survey was not feasible.

Youth were given the option to disclose demographic information on the survey.[59] **Fifty-five percent of youth surveyed said they were twelve years of age or younger**. The survey population is slightly younger than the current placement population at BRS-contracted group homes, where 44 percent of children were twelve years or younger. Four percent of youth surveyed said they were over eighteen years of age and were accessing services through the Extended Foster Care program. There were **two children younger than six years of age** in the facilities at the time of the visit. These facilities are licensed only for children six years and older, meaning the two children who are five years old could only be placed there after a waiver request was submitted and approved. **Eighty percent identified as male**, consistent with the facility populations. Nearly thirteen percent of surveyed youth identified as African American and ten percent as Native American or Alaska Native.

Based on their survey responses: twenty-three percent of youth indicated they were **previously adopted;** nearly three-quarters (74.6 percent) said they had lived at that group home for less than one year; and five percent said they had lived there for more than two years. This was not the first group home placement for most youth – **64.3 percent of those surveyed said they have lived in at least two group care facilities;** and just over **eleven percent of youth said they have lived in six or more group homes**.

SURVEY AND INTERVIEW FINDINGS

Youth reactions and responses to surveys and interviews varied greatly across groups and individuals: from animated, opinionated, and detailed insights into what was working and what was not, to subtle hints of information revealed more by youths' bored, anxious, or unhappy demeanors than their responses, to brief positive responses reflecting general contentment.

The facilities also varied greatly in their physical environments. Some of the larger group homes felt institutional. Some of these institutional-feeling facilities appeared run-down and drab, while others appeared recently renovated and modern. The smaller group homes often presented like larger foster homes.

Full findings from both youth and staff surveys are displayed in Appendices D and F respectively. It is important to note that these findings are only from group homes that provide services through the BRS

[58] Survey response rate was 69 percent.
[59] Full youth survey demographic information is available in Appendix D.

program. These homes provide services and placements for some of the state's highest needs youth. While it is likely that many of the same themes might be found in group homes not providing services through BRS, this report does not discuss how life in non-BRS group homes might vary or be similar.

This section highlights common themes and high-level findings from surveys and interviews with youth in BRS-contracted group homes.

- **Freedom and activities:** Youth reported wanting more freedom and opportunities to participate in activities, both independently and structured by the group home.

- **Contact with family and friends:** Youth want more contact with relatives and friends from outside the group home.

- **Preparing children for placement transitions:** Youth were often not told where they were going prior to placement, or what the home was like, and reported they wished they had this information.

- **Caseworker constancy and contact**: Youth appreciate frequent and quality contact with their assigned caseworkers and report dissatisfaction when they feel they are not receiving it.

- **Bullying and harassment**: Peer bullying and harassment occurs in all facilities visited, resulting in some youth feeling unsafe.

- **LGBTQ+ youth**: Several youth discussed challenges they face as lesbian, gay, bisexual, transgender, and queer/questioning youth in group homes, including isolation and bullying.

- **Staffing levels and retention**: Several facilities said they could not accept placement of additional children, even though they had bed space, because they did not have enough staff to meet required staffing ratios.

Freedom and Activities

At each facility youth expressed wanting more freedom, independence, and opportunities to get off campus. Youth were often very specific in identifying activities in which they want to engage. For example many wanted more group outings, or to engage in activities they know they are nonetheless prohibited from such as video games geared to adults, or wanting more time alone. The desire for expanded freedom was mentioned more frequently by older youth.

- "Some of the other kids should have more freedom. The phase system is kind of dumb because kids don't even get a chance to get off campus and [I don't] think that helps them with anything."
- "I dislike having to go to school on campus. I am a really social guy and I don't get to be as social as I would like. I make a lot of mistakes so I am held back from a lot of outings."
- "I want more allowance to spend and think it should not depend on your level. We should be able to go on more outings, have more privileges, and generally have more freedoms."
- "The rules are too strict, they won't even let us play contact sports – not even basketball!"
- When asked what he disliked about the group home: "Being supervised all the time, not having my own space, the restrictions we have like no rated R movies, no M rated video games."

- "I want to be able to take walks at Phase 3, be able to ride motorized dirt bikes, game room. . . and be able to play with Nerf guns/toy guns."

When asked what they liked about the group home nearly everyone who responded positively included liking some of the activities offered. For many of the younger children, responses, both positive and negative, were almost entirely centered on activities (sports, toys, video games, television, etc.).

Staff reported wanting to be able to provide youth with more opportunities to connect with their communities and participate in structured activities both on and off campus. For some staff making sure youth develop independent living skills to prepare for adulthood was also a focus. Some examples from the open-ended staff survey question asking for improvement suggestions include:

- "I believe we could get these children out in the community more. Such as volunteering opportunities, get jobs (for older kids), playing with friends outside of school, etc."
- "Continue to foster relationships with community members and find ways for clients to participate regularly."
- "I hope [the facility] continues to build relationships with other agencies and organizations in the area and that these relationships open up doors for our individuals to participate in activities, service opportunities, etc."
- "More activities like art classes, music, technical skills, and hobbies."
- "More opportunities outside of the unit so they aren't always stuck inside."
- "Having more scheduled activities and/or crafts for them to choose from."
- "It would be nice to have bi-weekly [Independent Living Skills] group. Kids aging out of group homes do not seem prepared for adult life."

There were also many comments from youth wanting more structure and consistent rule enforcement. A couple youth noted the structure of the group home was something they really liked and felt they needed.

- "This group home provides lots of different activities and services that allow me to do the things I like to do and what I need to do. I like this group home because it offers me lots of different opportunities."
- When asked what she disliked about the group home: "The rules aren't enforced when it comes to my peers breaking them but when it's me I get in trouble every time. I want them to be consistently enforced."
- "The [on-site] school here has been more helpful than public school. It's easier for me than when I went to school outside…school will be easier for me when I get out too because of what I'm learning here. I've also learned how to more easily control my emotions."
- When asked what they liked about the group home: "The structure. If someone is being disrespectful or annoying the staff stops it. Staff catches stuff."
- "They need to put more rules in place for people not to get away from things."

Contact with Family and Friends

Many of the children discussed struggles maintaining outside friendships and relationships: **14 of the 21 youth who answered questions about their friends said it was hard or impossible to keep in touch.**

- "I have some friends but I never get to see them. [This facility] could do better at socializing kids, letting them see their friends."

- "I don't have contact with friends much and when I do by going on Facebook, I get in trouble, so I have no way to reach out to them."
- When asked what she would change, one youth said "be able to talk to my friends. I can't really do that here."
- "I don't get to see my friends enough. I don't get to go to their houses but I wish I could. Also I wish I could have a boyfriend if I wanted one, but [the director] said I cannot."

Youth Have Difficulty Maintaining Normal Teen Relationships

A seventeen year old has been placed in a group home for almost a year. He also attends school at the facility. He reports feeling isolated there. He told OFCO that earlier this year he met a girl through an extra-curricular activity and mustered up the courage to ask her for her phone number, which she gave to him. However, he hasn't called her, even though it's been more than six months. He said there isn't any point in trying to have a girlfriend or even friends outside, because he can never see or talk to them. He said maybe if he was allowed on social media it would be better, but they are not allowed to use social media at the facility. He has resigned himself to waiting until he is 18 to start dating.

Most children said they were able to have at least phone contact with their families: **25 of the 34 children interviewed said they had phone or in-person visits** with a family member, but many also said contact was not happening as often as they wanted. It was common for kids to want to see and talk to their siblings more often. This is certainly not unique to those placed in group homes. Some children placed in out of home are not allowed any, or may only have limited, contact with family as ordered by the court, regardless of placement type.

- "My sister visits on the weekends, also some of my other siblings…I wish I could see them more. I'm not allowed to talk to my mom. I can't talk to her because she hit me. I can't even call her."
- "I call [family] anytime I want. I call my mom or my siblings. I don't visit with some of them though. I'm not sure if I'm allowed to see my mom. I wish I could see my family more though."
- "I want to see my brother come back."
- "I wish I could see my family more."
- I wish "that my granny would be able to visit me."
- "Siblings should stay together."

Siblings Placed in the Same Facility, But Kept Apart

OFCO met with a nine year old girl who lives in a facility where children are divided into smaller units for care and housing. The girl reports feeling safe there, but said that she is confused why she is not allowed to see her brother more. Her brother is placed in the same facility, but in a different unit, and the two are only allowed one visit per week. She says she would like to see him more, and misses him. During OFCO's interview with the girl, her brother appeared on the lawn outside, playing with an adult. She pointed him out to the interviewer, and then spent several moments silently watching him through the window.

Preparing Youth for Placement Transitions

Many children reported not receiving any information about the group home until their first day there, with very few having seen the facility before their official placement. In some instances youth had been placed there previously so they were already familiar with the facility. While the length of stay depends on a child's treatment and other needs, several youth lacked understanding of what was needed before they could transition to a new home. Some even indicated they thought they were placed in a group home as punishment for bad behavior.

- "My [caseworker name] just picked me up and we came here. I asked her how long I would be here and she said 'it depends on you'. I didn't like that answer and she never told me what I'm supposed to do. I wish someone would tell me when I'm able to leave."
- "My social worker brought me here. Before I came here I was in a foster home. I wasn't told anything about [this group home] before I got here and I was really freaking out."
- "I've been in too many foster homes to count. No one told me ahead of time I was coming here. I wish they had."
- OFCO asked youth if they had any advice to offer other youth moving into the group home; one youth responded, "I would tell them they better behave because if they act bad then they will never be able to leave and will be here until they're 18. I wish someone would have told me about this place before I arrived."

Only **55 percent of youth surveyed indicated they received information about the services offered at the group home**. Fifty-five percent indicated they received information about the facility itself (such as location, rooms, etc.) and only 58 percent said they were told their rights at the group home.

A child's caseworker is also responsible for ensuring a facility has as much relevant information as is known about a child.[60] Group home staff frequently reported wanting more information on children in their care. However, based on their responses it is not clear whether this information gap comes from the child's caseworker or if there are communications gaps between group home staff.

- "Communication needs to be improved. Open sharing about kids' history and needs/goals need to be communicated with the floor staff."
- "Staff need more info regarding past placements, triggers, future plan for placements."
- When asked what staff need to better meet children's needs: "Consistent communication with social workers and others involved in the youth's current issues and past."
- When asked what staff need to better meet children's needs: "Know more about youth before they enter the facility."
- When asked what staff need to better meet children's needs: "Knowing more about their history and diagnosis to help better understand them and where they might be coming from."

[60] BRS Contractor Handbook. Appendix D Behavior Management Guidelines. Section III. A.

OFCO also noted positive examples of caseworkers and staff thoughtfully taking the time to help children during difficult transitions.

- "[On my first day] there were 8 kids here and 3 staff here. I came late in the evening. Staff sat me down and told me all the rights, rules, and consequences as a person living in this house. They also showed me the facility. They told me fun facts about staff so I could get to know them."
- "I was told where I was going two weeks in advance so I got to say goodbye to my friends and everything."

A Small Gesture Makes a Big Difference

A six year old boy who is placed in a group home for six to twelve year olds reported that his first day at the facility was great. He said his social worker, who he really likes and has been his worker since he came into care at age five, brought him to the group home herself. He said this was good because his mother was on the other side of the state and unable to participate in the transition. He said that on the way to his placement he and his social worker went and picked up cupcakes for all the staff and kids. When he got there everyone was excited to meet him and grateful for the cupcakes. It made him feel good during the move.

Caseworker Constancy and Contact

Youth prioritized having and maintaining a relationship with their caseworkers. Throughout the surveys and interviews it was readily apparent that children who reported having one caseworker for a long period of time and/or one who they had frequent contact with had favorable opinions of and relationships with their caseworkers. Children who had several caseworkers over the course of their case, or who said their caseworker rarely communicated with them, appeared frustrated and dissatisfied with how their case was being handled.

- "My social worker keeps changing. I think I have had the new one for maybe three days. I have had 8 social workers. I'd like a consistent one."
- "My social worker [name] is cool. She signs me up for sports and is trying to find me a family."
- "My social worker is [name] and I like her. She gets things done quickly for me. Another social worker visits me monthly but I talk to my social worker on the phone, she calls me."
- "I don't know my social worker's name. They switch all the time and it's really frustrating. As soon as I start to know someone they change."
- "I like my social worker. She's cool and brings me stuff."
- "[Name] is my social worker but I don't even know him. He doesn't visit. I've only had him for four or five months, but he's only visited once and it was my first day at [group home name]."
- "I don't like her. She is rude and doesn't answer her phone and doesn't help with anything. It's been a long time since we talked. She visits once a month but does not return calls."
- "I see him once a month when he visits like he's supposed to. He's working on getting me some clothes and an MP3 player. He's a good social worker and takes his job really seriously. He really cares about kids."

Communication is Key

A fifteen year old girl is placed in a small group home for teenagers. She reported she has a new social worker and she doesn't really know her yet. However, prior to her current worker she had the same social worker since she came into care at age four. She said they had a great relationship and she feels close to him since she has known him her whole life. Even though he is not assigned to her case anymore, he makes a point of calling her periodically just to check in. This makes her feel cared about and watched over. She really appreciates the calls.

Eighty-seven percent of children surveyed knew their caseworkers' name. Just over 70 percent indicated they knew how to contact their caseworker, while 65 percent of them said they had initiated contact with their caseworker at least once. Nearly 18 percent (17.7%) said they had never tried to contact their caseworker.

For children placed out of region, a courtesy caseworker is often assigned to complete monthly health and safety visits, while an assigned caseworker manages all other aspects of the case. In these instances, it is not clear how well the role of the courtesy worker is explained to or understood by youth. Some youth mentioned not having seen their caseworker in a really long time, but that another department worker visits them monthly.

Bullying and Harassment

Bullying and harassment generally means any unwanted behavior or communication that makes a person feel intimidated or threatened or harms them.[61] It can occur between two individuals or may involve groups of people. Many youth and staff indicated that bullying and harassment is a problem in their group home; **21 of the 31 youth who answered this interview question said bullying was a concern** to them. When asked if youth at the group home respect each other's differences only 48 percent of youth agreed or strongly agreed. Over 34 percent disagreed (18 percent neither agreed nor disagreed). Only **45 percent of surveyed staff thought that youth respected each other's differences**. When asked if they felt safe at the group home, those who said no most often indicated it was because of peer bullying and behaviors of other youth.

Nearly **78 percent of youth in the survey agreed that staff does not allow harassing or hurtful comments** based on race, gender, and sexual orientation. In some interviews youth reported that though it is against the rule to bully others, staff are often not aware when bullying happens. Eleven youth mentioned in interviews that bullying happens when staff is not around or that staff does not respond to stop bullying when it is occurring (nine youth did not mention staff at all in relation to

[61] "What is Bullying?" *Stopbullying.Gov*, a website managed by the U.S. Department of Health & Human Services. Definition and other information available at: https://www.stopbullying.gov/what-is-bullying/

conflict among youth). However, there were also stories that described staff stopping a fight or bullying when they knew it was happening.

- "I really hate this place because staff don't care that I get bullied or picked on. Staff don't like to give me any support when I get bullied."
- "People don't bully me here but kids bully each other. I am good about keeping respect for people so they don't bully… but I don't feel comfortable because I am a lesbian and kids here make fun of lesbians and gay people."
- "There is bullying here. The day before yesterday kids were picking on me. Staff stepped in to help and that made me feel more safe."
- When asked if he feels safe at the group home: "sometimes, but not really because kids threaten you, punch you, and there is bullying."
- "People get bullied for being gay. Staff doesn't know that much or do but choose not to do anything about it."
- "Sometimes kids bully each other about race and gender but most of the time it's about religion, because some people here who believe in God fight with people who don't."
- "Everybody is bullying everybody else, it goes all around. I even bully… I blame it on us not getting out enough."
- "Everyone gets along fine. I've only been threatened once. Most staff are okay."
- When asked to discuss conflict among residents: "Sometimes, not always. People here make fun of some other people for their gender. Staff respects me and my gender but kids don't respect it."

LGBTQ+ Youth

LGBTQ+ children are likely overrepresented within the child welfare system. While approximately 5-10 percent of the general population is gay, research studying youth aging out of the child welfare system found 23.8 percent of female respondents and 10.2 percent of male respondents reported a sexual orientation in a category other than completely heterosexual.[62] While an exact percentage of Washington children in group care identifying as LGBTQ+ is unknown, many of the youth interviewed discussed challenges they face as lesbian, gay, bisexual, transgender, and queer/questioning youth, including isolation, bullying, and harassment. OFCO staff did not directly ask youth about this in the interviews; however, many youth broached the subject with the interviewer.

When youth mentioned their LGBTQ+ identity it was usually in the context of a negative experience. For some, group home staff's inattention to harassment, teasing or bullying was a problem. One youth said he gets bullied by other youth because of his sexual orientation and race. He said he was gay and then told the interviewer "it is bad to be gay". When asked why he thought that, he responded that he had heard it somewhere. He said some kids know about his sexual orientation but none of the staff do. Another youth said that while she has not discussed her sexual orientation with anyone at the group home, other residents made fun of lesbians which makes her feel bad about herself and fear telling anyone. In at least two instances youth indicated staff "put them down" for their sexual orientation and

[62] *Information Memorandum: Lesbian, Gay, Bisexual, Transgender and Questioning Youth in Foster Care*. U.S. Department of Health and Human Services, Administration on Children, Youth and Families, (April 2011). http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/download/IM%20on%20LGBTQ%20Youth%20in%20Foster%20Care.pdf.

allowed other residents to bully them. These same youth noted that staff would not allow them to date or display affection towards one another and they felt this was because of their sexual orientation.

LGBTQ+ Youth Feel Negatively Impacted By Staff Comments

Two LGBTQ youth are placed in the same facility. They are each open about their sexual orientation. They both report that staff in the facility have made negative comments about LGBTQ identifying people, including those the youth felt were religiously motivated. The youth both reported that as a result they feel unsafe and disrespected in this facility. They feel that they cannot be themselves or let their guards down. They want to be moved somewhere that their identity is respected.

Staffing Levels and Retention

Staff to youth ratios for BRS programs are specified in each program's contract with the department. CA reports there is usually one staff for every three youth with high service needs in BRS programs.[63] Depending on their needs and challenges, some youth may even require one staff to be with them at all times. During conversations with program staff, five of the nine facilities visited noted that they were under their licensed capacity for number of children but were maxed out on the number of children they could have in placement due to staffing limitations. In other words, they could not accept placement of additional children because they would not have enough staff to meet required staffing ratios. If they had more staff, facilities reported, they could provide placement for more kids. They also told OFCO that if they had more staff they could go on more outings and host more group activities, as these generally require higher staffing levels to insure appropriate supervision.

Facilities identified difficulty hiring staff due to a shortage of qualified applicants and an inability to offer competitive wages, which also impacts retention of current staff. Some additional comments from staff surveys on this topic include:

- "Change of ratio expectation going from 3:1 to 2:1 would make a huge difference."
- "We need more funding for BRS to provide more staff, more concrete resources, giving youth in BRS more opportunities to have normal adolescent experiences."
- "Need more money and more money for staff to provide care."
- "Having at least one additional staff to 'float' or be available to help out co-workers with breaks, emergencies, crises, etc."
- "Staff need to be paid at a more competitive rate so that good quality staff will stay."

[63] Michael Campbell. Email to OFCO. September 27, 2016.

FURTHER DISCUSSION

What Works Well

Youth identified that the following elements work well in their group homes:

- The learning experienced from therapeutic interventions and services and the positive relationships they have with their counselors and group home staff.
- Recreational activities offered, including toys, sports, obstacle/challenge courses, and swimming.
- Physical and medical needs being met.
- A sense of freedom, opportunities to work towards more independence, and being trusted with responsibilities.
- Caseworkers that visit often, keep in touch with youth, and are responsive to their needs.
- Small units or groups of children and low child to staff ratios.

Some of these same themes were echoed in youths' suggestions for improvements to group home life, showing a consistent message about their values, hopes, and priorities regarding the care and treatment they wish to receive.

OFCO observed that facilities able to divide youth into smaller units had residents who appeared happier, calmer, and healthier. One facility said they used to divide residents into groups of 15 each. They remodeled their facility so they could have three groups of five residents each. Staff told OFCO that with groups of 15 there were multiple holds/restraints daily, but after smaller groups were implemented there was an average of less than one hold per month. Staff felt that after the change youth were more de-escalated, the staff more relaxed, the days less chaotic, and the residents happier.

Areas for Improvement

Although there were numerous elements of their group homes youth liked, many still said overall they did not enjoy living there.[64] While group care may be beneficial to treat specialized behavioral and mental health needs, it is clear that youth would still rather be somewhere else. They spoke of wanting to transition to a less restrictive, "normal" placement, or to return home to family as soon as possible. Youth were thoughtful and articulate in identifying ways group homes can be improved. Based on site visit observations and conversations with group home staff, OFCO also identified areas for improvement.

Give me more freedom, but give me boundaries too!

The apparent contradiction in both the large number of responses indicating a greater desire for freedom and structure was a theme in OFCO's 2007 group care report and again in 2016. This contradiction is developmentally typical of adolescents and warrants further exploration by policy-

[64] Result from youth surveys: 31.3% of youth disagreed or strongly disagreed that they enjoy living at this group home (18% were neutral).

makers and care providers to find the ideal balance for these competing needs. It is undesirable, and likely impossible, to have a "one size fits all" policy dictating what the balance of freedom/independence and structure should look like. The ideal balance depends on the age group, "treatment" population, service needs, and the structure and type of facility.

Social and emotional needs

Youths' desire for more attention to be paid to their emotional, social, and recreational needs came through loud and clear. The yearning for connection with family and friends, for youth who felt it was lacking, was painfully evident. Given the history of abuse or neglect that youth in out-of-home care have experienced, the need for therapeutic and other social connections is great, and should receive high priority, regardless of whether or not a child is in a "treatment" facility. When youth struggle or have behavior problems, consequences often include restrictions on activities, contact with friends, and outings. While this may be necessary in some instances, children with high level service needs deserve and require opportunities for social interactions and normal childhood activities.

Bullying and harassment

Bullying was present in every group home visited, meaning even youth who did not report bullying are at least impacted as bystanders; the rest as bully, victim, or some combination of the three. Youth appeared uncomfortable reporting bullying to staff. Youth in group homes have experienced neglect, abuse, and/or abandonment and may not be familiar with the community they are in or trust the staff caring for them. Even if group home staff does not directly witness bullying, they must be sensitive to this as an ongoing issue and be attentive to cues that indicate a child may be the victim or perpetrator of bullying.

Young children in group care

OFCO is concerned about the number of young children observed in group homes. The average age for children placed through CA on the day of OFCO's visits was 12.1 years of age, and 44.2 percent of children were under the age of 12 years. This is higher than the national average, where children 12 and younger comprise 31 percent of youth who experience group care placements.[65] OFCO observed two children as young as five years, who required a special waiver to be placed in a facility. Young children living in family settings have better developmental outcomes.[66] This underscores a need for targeted examination of young children to identify whether any of these younger children are inappropriately placed in group homes and to make sure they are in non-family settings for as short a time as possible.

[65] *A National Look at the Use of Congregate Care in Child Welfare*, U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, (May 2015).
[66] *Institutions vs. Foster Homes: The Empirical Base for a Century of Action*. Barth, Richard P. Jordan Institute for Families School of Social Work. University of North Carolina at Chapel Hill, (June 2002). Available at: http://www.crin.org/en/docs/Barth.pdf.

Social worker turnover and contact

Youth were quite clear as to what works for them and what they need from a caseworker: frequent and quality contact. Problems that plague the state child welfare agency, like difficulties retaining qualified caseworkers and high caseloads, affect not only the children's connections to their caseworkers, but also their well-being and case plan. The recruitment and retention of caseworkers is a well-known, ongoing problem that is a main focus of child welfare stakeholders.

When caseworkers are able to conduct frequent and meaningful visits and make regular phone calls, they are better able to assess safety, establish relationships, and make mindful decisions regarding permanency.[67]

[67] *Child Welfare – HHS Could Play a Greater Role in Helping Child Welfare Agencies Recruit and Retain Staff.* United States General Accounting Office. GAO-03-357, March 2003. Report available at: http://www.gao.gov/new.items/d03357.pdf.

RECOMMENDATIONS

Recommendations for Group Home Providers

Actively facilitate contact between youth and their sources of support, including friends:

This should consist of face-to-face visits wherever possible, but other methods of contact such as phone, email, and video chat should be explored and made available where appropriate. This also includes facilitating the youth's participation in extracurricular and social activities. This may require reconsideration of current group home rules and schedules. For youth who are placed distant from their family and community in particular, effective communication among the assigned caseworker, courtesy supervision worker, and the group home is needed to assure coordination of visits, contact, and services to the youth and family.

Meet the needs of LGBTQ+ youth:

- **Staff trainings**

Group homes should provide and require staff to participate in LGBTQ+ **sensitivity and awareness trainings.** These trainings should focus on **creating and maintaining a safe environment** for LGBTQ+ youth as well as provide specific strategies for identifying and responding to harassment and discrimination. Group homes should partner with organizations working to address the needs of LGBTQ+ youth. For example, the Center for Children and Youth Justice, eQuality Project is piloting a protocol to guide professionals in the child welfare and juvenile justice systems to better identify, engage, and serve LGBTQ+ youth while simultaneously collecting data on their needs, experiences, and outcomes.[68] CA should partner with group homes in developing these training materials, to ensure uniformity throughout the state and across providers. CA is aware of this need and is presently creating a LGBTQ Program Manager position to develop policies and practice to support LGBTQ+ children and youth in state care.

- **Conversations and trainings with youth**

Some level of formal or informal trainings or discussions should also routinely be held with youth to promote understanding and reduce bullying among peers. Youth reported that harassment and bullying took place outside of staff presence, or was ignored and/or tolerated by staff. Requiring intentional discussion between staff and youth around respect for LBGTQ+ individuals would both normalize the presence of LGBTQ+ people in the group homes and make clear to youth identifying as such that the group home is a safe space for them.

[68] More information can be found at: http://ccyj.org/initiatives/equality/

❖ **Facilitate community and peer connections**

Staff should help LGBTQ+ youth access community resources and connections. By providing opportunities to interact positively with their LGBTQ+ peers both in the group home and in the community, group homes can reduce the alienation and isolation many LGBTQ+ youth experience.

Actively solicit youth suggestions for improvement of daily life, rules, structure, and activities:

Youth have many thoughtful and articulate suggestions for how group homes can be improved and they are best positioned to know what works and what does not. All group homes should have formal and informal processes for making suggestions. Identify ways to provide leadership opportunities for youth to organize resident participation and shape the home's policies, such as a youth advisory committee.

Increase number of group home staff:

More qualified group home staff are needed, not only to meet the demand for placements that can care for children with high service needs, but also to make sure that there is enough staff to facilitate activities, youths' community engagement, social connections and participation in normal childhood experiences. Several group home program managers and staff referenced low wages as the primary barrier to hiring and retaining staff, affecting the quality of care and the number of children who can be served. Stakeholders must continue building upon and expanding ongoing efforts to strengthen the child welfare workforce, which includes care providers. [69]

Recommendations for Children's Administration and Stakeholders in the Child Welfare System

Improve data collection and analysis:

The Department should improve data collection and analysis of children and youth in group care. Data analysis should examine the demographic characteristics of children placed in group homes; mental health and behavior diagnoses of children in group homes; lengths of stay and number of facility-based placements; placement stability; and short and long term outcomes of children exiting group care. This kind of analysis allows for better resource development and allocation to more effectively serve families and children in state care. Comparing this information to children in other settings can also help identify cases where group care is being inappropriately and ineffectively used. The department should also make this information readily available to the public to promote accountability and further study.

Continue efforts to improve training and support and reduce caseloads:

Highly skilled, clinically informed caseworkers are essential to improve outcomes for children in group homes and for those at risk of entering congregate care. They conduct assessments; identify necessary mental health services and support resources; and engage family members, group care staff, service

[69] For a collection of research and strategies view the Child Welfare Information Gateway: https://www.childwelfare.gov/topics/management/workforce/.

providers and others to develop and implement the child's case plan. The department must therefore continue efforts to improve training to ensure caseworkers are equipped with the skills to handle these complex cases, better support caseworkers, and reduce caseload size so caseworkers have the time for meaningful interactions with youth and to facilitate the services and support youth need.

Increase caseworker contact with youth placed in group homes:

Youth were clear that more time and contact with their caseworker is a priority. When caseworkers have smaller caseloads and remain assigned to a family/child for an extended period of time, they have the capacity to develop and maintain relationships with youth. For youth in group care, who often have complex transition and treatment plans, continued and sustained interaction is even more important. The Department has made significant progress in providing mobile technology to caseworkers. These tools should be used to increase contact with children in group care through phone calls, correspondence and audio-video conferencing such as Skype or FaceTime.

- OFCO recommends that **assigned case workers complete one additional contact per month with children placed in BRS group care**. This could be accomplished through in person visits or by phone or video chat.

Expand alternative placements options:

Although high quality group care can be essential to ensure a child's safety and stabilization, youth, especially young children, are best served in family-like settings. While efforts must be made to improve the quality of care and life in existing group homes, it also is beneficial to explore and expand other, non-congregate care placement options that can meet the needs of some of our state's must vulnerable and needy children.

Limiting the use of group care is not sufficient by itself, as there are not currently enough placements to provide quality care.[70] Children in group care often have different clinical and treatment needs than those placed with a relative or in foster care. Children in group care are nearly three times as likely to have a DSM diagnosis compared to children in other settings (36 percent compared to 13 percent).[71] Many existing foster homes are unequipped to meet the clinical needs of children currently in group care. Without proper training and services for care providers, there is a risk of further loss of foster parents and increased placement disruptions.[72]

[70] OFCO's 2015 Annual Report documents the chronic use of "placement exceptions" allowing children to stay in hotels and state offices overnight because a licensed placement was not available to meet the child's needs. Ofco.wa.gov.

[71] *A National Look at the Use of Congregate Care in Child Welfare*, U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, (May 2015).

[72] *Improving the Quality of Residential Group Care: A Review of Current Trends, Empirical Evidence, and Recommendations*. Florida Institute for Child Welfare, (July 2015). Report available at: http://csw.fsu.edu/wp-content/uploads/Residential-Group-Care.pdf.

There is a nation-wide focus on restricting the child welfare system's reliance on group care and some states have made great progress using innovative approaches. Some promising strategies that deserve further exploration include:[73]

- A program that **pays foster families to keep space available on an emergent basis** to care for children while treatment needs are assessed and an appropriate foster family or relative home can be identified. This could potentially reduce the reliance on shorter-term group care placements, such as Crisis Residential Centers and Resource and Assessment Centers.

- **Rank group care providers based on their success with youth in their care** and use rankings to make placement decisions. The state that implemented this program found that as they required fewer group care beds, the least successful providers were eliminated first.

- Conduct a **thorough qualitative evaluation, which includes defined outcome measures** of all congregate care programs. This process made it possible for the child welfare agency to immediately respond with trainings, support, and other resources when needed. Increasing evaluation efforts can also help identify and support evidence-based group care programs.[74]

Enhance court oversight of children in group care

Courts play a powerful role in reviewing and assuring the appropriate use of group care in individual cases. When children are placed in group care facilities, **court review hearings should be held every 3 months**. Further, the children should be encouraged to attend, either in person or by phone.

Some of the key issues for the court's inquiry include:

- Is the child in the least restrictive setting available, and in close proximity to the family home, consistent with the best interests, special needs, and well-being of the child?
- Is the child taking prescription medications and have these medications been reviewed?
- Does the child have a history of running from placement and how is this being addressed?
- Is progress being made toward a less restrictive placement as well as towards permanency?
- Are the child's education needs being met?
- Does the placement and case plan provide an opportunity for the child to participate in age or developmentally appropriate activities?
- For children in out-of-state group care placements, when can the child return to Washington?

[73] Examples come from Administration for Children and Families, Children's Bureau. "A National Look at Congregate Care in Child Welfare".

[74] *Improving the Quality of Residential Group Care: A Review of Current Trends, Empirical Evidence, and Recommendations*. Florida Institute for Child Welfare, (July 2015).

Appoint attorneys for children residing in group care

Because the fundamental liberty interests and rights of children in group care are at greatest risk, state law **should require that children placed in group care be represented by attorneys**. An attorney can advocate for the child's stated interest and protect the child's right to:

- The least restrictive placement;
- Visits with parents and siblings;
- An appropriate education;
- Medical care;
- Court ordered services;
- Reasonable efforts to reunite the family; and
- Permanency.

CONCLUSION

Youth in Washington BRS group homes have much in common with young people everywhere. They want more freedom, but they also want consistent structure. They want to see and talk to their friends and families as much as possible. They want to be in the community and play sports. They suffer when bullied. They also differ from other youth in important ways. They live in institutional, non-family settings. They are required to participate in a highly structured level system of rewards and consequences. They receive intensive behavioral treatment. They are often placed in facilities far from their families, communities, and assigned caseworkers. It may be more difficult for them to attend court hearings, when the need for their voices to be heard is greatest. They are vulnerable, but they are not voiceless.

Through speaking with these young people across Washington, OFCO learned that youth were passionate and articulate about what is working in group homes, and what needs improvement. Group care providers and Children's Administration must listen to their voices, and improve their service delivery and care to these young people. Though the treatment services provided in Washington's BRS group care facilities are often necessary, group care placements should always be used carefully, effectively, and only as long as the child needs.

OFCO thanks Children's Administration for its assistance, all of the group home staff and administration that participated in this report, and especially the young people for bravely and generously sharing their experiences, frustrations, and suggestions for a better future.

APPENDIX A: GROUP HOMES SURVEYED

	Licensed Capacity	Number of Children Placed Through CA on Day of Site Visit*	Sex Served	DSHS Region
1	52	27	Both	Region 2
2	6	3	Male	Region 3
3	5	3	Female	Region 3
4	12	6	Both	Region 2
5	24	5	Male	Region 2
6	10	13	Both	Region 2
7	16	13	Male	Region 1
8	50	30	Both	Region 1
9	7	4	Female	Region 1

*Note, not all beds in a group care facility are available to the department. Some facilities accept children who are placed there directly by their family. They may or may not receive payments from families' private insurances for these placements. At least a one child interviewed and surveyed by OFCO was known to not be involved with CA and was instead placed by their parents. Facilities that accept private insurance told OFCO that it is rare for them to have children placed this way.

APPENDIX B: YOUTH PARTICIPANT ASSENT FORM

OFFICE OF THE FAMILY AND CHILDREN'S OMBUDS

6840 FORT DENT WAY, SUITE 125
TUKWILA, WA 98188
(206) 439-3870 • (800) 571-7321 • FAX (206) 439-3877

What is the Office of the Family and Children's Ombuds?

Our mission is to help families and young people who are in state care. We make sure that the people who are responsible for helping you are doing their jobs. We are part of the Governor's Office, and are not part of the Department of Social and Health Services. We also work with youth to tell the Governor and Legislators what youth in state care think about how to improve the child welfare system.

Why Do We Want to Speak With You?

We want to learn about your experience living in a group home. We are interested in learning more about your interactions with staff and other residents, as well as the contacts you may or may not have with family members, friends, siblings, and other supportive people in your life. You can also tell us any other things about your group home experience.

After we have visited group homes around the state and talked to youth, we will write a report to the Governor. In the report we will include some of the stories and ideas we hear from you and other group home residents. We want to share the stories and ideas that will be most helpful to kids living in group homes, both currently and in the future.

What Will You Be Asked to Do?

If you agree, you will be asked to fill out a brief questionnaire about your experiences.

Staff members from the Office of the Family and Children's Ombuds will also meet with you and other youths at your group home. It should take no more than about an hour to meet with us and fill out the survey. If you would like to talk to us individually you are welcome to do so.

What Are Your Rights If You Decide to Participate?

Taking part in the survey is up to you. You don't have to speak with us if you don't want to. If you decide to take part, you can skip any question, for any reason. You can also stop the questionnaire or discussion any time you want.

How Will Your Privacy Be Protected?

The staff at your group home have arranged for us to talk with you. After the survey, only the Ombuds staff talking with you will know how you answered the questions. Even if we use your answers and ideas in our report to the Governor, we will not include your name. Your name will not be recorded with any of your answers. We will not tell your caseworker, group home staff, or anyone else how you answered the questions. There are two possible exceptions. First, if we hear about or see child abuse or neglect, then we are required by law to make a report to Child Protective Services (CPS). Second, if you tell us that you feel like hurting yourself or someone else, the law requires us to get help for you.

If you have any questions before you start the questionnaire or discussion, just ask the Ombuds staff members meeting with you. Or, if you think of a question later, you can call Elizabeth Bokan or Patrick Dowd at (800) 571-7321.

Youth Agreement to Take Part

Youth Name: _____

The survey has been explained to me. I voluntarily agree to take part. I am being asked to do a questionnaire that includes questions about the experiences I've had while living in my current group home. My comments and ideas may be included in a report to the Governor, but my name will be kept private.

_____ _____

Youth Signature Date

APPENDIX C: YOUTH SURVEY

1. Including this one, how many different group homes have you lived at? If you have lived at the same group home more than once, please only count it once. If you do not know exactly how many, make your best guess. (Mark one choice only)

- ○ This is the only group home I've lived in
- ○ 2-3 group homes
- ○ 4-5 group homes
- ○ 6 or more different group homes

2. Please mark what information about this group home you received and what you did not receive before you moved here.

	Yes	No
Available services		
Information about the staff		
Information about the facility (what the room looked like, location, etc.)		
The rules at the facility		
The daily schedule		
Activities offered		
Your rights in the group home (privacy, visits, etc.)		

Other information you received: _____

If you received information about this group home before moving in, who provided you with the information? (Mark all that apply)

- ☐ Social worker
- ☐ Parent(s)
- ☐ Counselor / Therapist
- ☐ Attorney
- ☐ CASA/GAL
- ☐ Youth
- ☐ Other _____

Please mark the response that best describes your opinion of this group home.

3. This group home offers lots of different activities.

- ○ Strongly Agree
- ○ Agree
- ○ Neither Agree nor Disagree
- ○ Disagree
- ○ Strongly Disagree

4. Staff participates in activities with youth.

- ○ Strongly Agree
- ○ Agree
- ○ Neither Agree nor Disagree
- ○ Disagree
- ○ Strongly Disagree

5. Group home staff respect my privacy.

- ○ Strongly Agree
- ○ Agree
- ○ Neither Agree nor Disagree
- ○ Disagree
- ○ Strongly Disagree

6. Other youth here respect my privacy.

- ○ Strongly Agree
- ○ Agree
- ○ Neither Agree nor Disagree
- ○ Disagree
- ○ Strongly Disagree

Please mark the response that best describes your opinion of this group home.

7. I have access to a phone when needed.

- ○ Strongly Agree
- ○ Agree
- ○ Neither Agree nor Disagree
- ○ Disagree
- ○ Strongly Disagree

8. I can decorate or personalize my room how I want.

- ○ Strongly Agree
- ○ Agree
- ○ Neither Agree nor Disagree
- ○ Disagree
- ○ Strongly Disagree

9. This group home has healthy snacks available to me.

- ○ Strongly Agree
- ○ Agree
- ○ Neither Agree nor Disagree
- ○ Disagree
- ○ Strongly Disagree

10. I enjoy the food this home serves.

- ○ Strongly Agree
- ○ Agree
- ○ Neither Agree nor Disagree
- ○ Disagree
- ○ Strongly Disagree

11. Please mark which activities are offered at this group home and which are not.

	Yes	No
Sports		
Swimming		
Hiking		
Other Exercise		
Go to the Park		
Library		
Music		
Watching TV or movies		
Volunteering in the Community		
Video Games		
Other Games (board games, card games, etc.)		
Open Gym		
Community Center		
Cooking		
Arts and crafts		

Other: _____

12. What activities not currently offered would you like to participate in?

_____

_____

Please mark the response that best describes your opinion of this group home.

13. The rules here are clearly defined.

- ○ Strongly Agree
- ○ Agree
- ○ Neither Agree nor Disagree
- ○ Disagree
- ○ Strongly Disagree

14. The rules here are fairly enforced.

- ○ Strongly Agree
- ○ Agree
- ○ Neither Agree nor Disagree
- ○ Disagree
- ○ Strongly Disagree

15. Staff helps me get therapy / counseling when I need it.

- ○ Strongly Agree
- ○ Agree
- ○ Neither Agree nor Disagree
- ○ Disagree
- ○ Strongly Disagree

16. Staff helps me get medical care and medications when needed.

- ○ Strongly Agree
- ○ Agree
- ○ Neither Agree nor Disagree
- ○ Disagree
- ○ Strongly Disagree

Please mark the response that best describes your opinion of this group home.

17. While living at this home, I am able to talk to my family and friends.

- ○ Strongly Agree
- ○ Agree
- ○ Neither Agree nor Disagree
- ○ Disagree
- ○ Strongly Disagree

18. My academic needs are met at this home.

- ○ Strongly Agree
- ○ Agree
- ○ Neither Agree nor Disagree
- ○ Disagree
- ○ Strongly Disagree

19. My physical needs (clothing, shoes, etc.) are met at this home.

- ○ Strongly Agree
- ○ Agree
- ○ Neither Agree nor Disagree
- ○ Disagree
- ○ Strongly Disagree

20. Youth at this home respect each other's differences.

- ○ Strongly Agree
- ○ Agree
- ○ Neither Agree nor Disagree
- ○ Disagree
- ○ Strongly Disagree

Please mark the response that best describes your opinion of this group home.

21. My religious / spiritual beliefs are respected.

- ○ Strongly Agree
- ○ Agree
- ○ Neither Agree nor Disagree
- ○ Disagree
- ○ Strongly Disagree

22. Staff is sensitive to my cultural identity.

- ○ Strongly Agree
- ○ Agree
- ○ Neither Agree nor Disagree
- ○ Disagree
- ○ Strongly Disagree

23. Staff does not allow harassing or hurtful comments based on one's race, gender, or sexual orientation.

- ○ Strongly Agree
- ○ Agree
- ○ Neither Agree nor Disagree
- ○ Disagree
- ○ Strongly Disagree

24. I feel that the services offered at this home are right for me.

- ○ Strongly Agree
- ○ Agree
- ○ Neither Agree nor Disagree
- ○ Disagree
- ○ Strongly Disagree

25. I enjoy living at this group home.

- ○ Strongly Agree
- ○ Agree
- ○ Neither Agree nor Disagree
- ○ Disagree
- ○ Strongly Disagree

26. What do you like most about this group home and the care it provides to you?

_____

_____

_____

_____

_____

_____

27. What would you like to see improved or changed in this group home?

_____

_____

_____

_____

_____

_____

28. What would you like to see improved or changed about foster care?

_____

_____

_____

_____

_____

_____

Circle the choice that applies to you.

29. Do you have an assigned department (Children's Administration / DSHS) social worker?

- ○ Yes
- ○ No
- ○ I don't know

If yes, please answer the following 4 questions. If you don't have an assigned social worker or don't know if you do, skip to the next page.

29a. Do you know your social worker's name?

a. Yes
b. No

29b. Do you know how to contact your social worker?

a. Yes
b. No

29c. Have you ever initiated contact with your social worker?

a. Yes
b. No

29d. Does this group home allow you to contact your social worker when you want to?

a. Always
b. Sometimes
c. Rarely
d. Never
e. I have never tried to contact my social worker

Demographics:

30. How long have you lived at this group home? If you do not know exactly, make your best guess. (Mark one choice only)

- ○ 1 month or less
- ○ Between 2 months and 6 months
- ○ Between 7 months and 1 year
- ○ Between 1 year and 2 years
- ○ Over 2 years

31. Age (years) _____

32. Gender Identity _____

33. Race / Ethnicity _____-
_____

34. Sexual Orientation _____

35. Have you ever been adopted?

- ○ Yes
- ○ No

36. Are you enrolled in school?

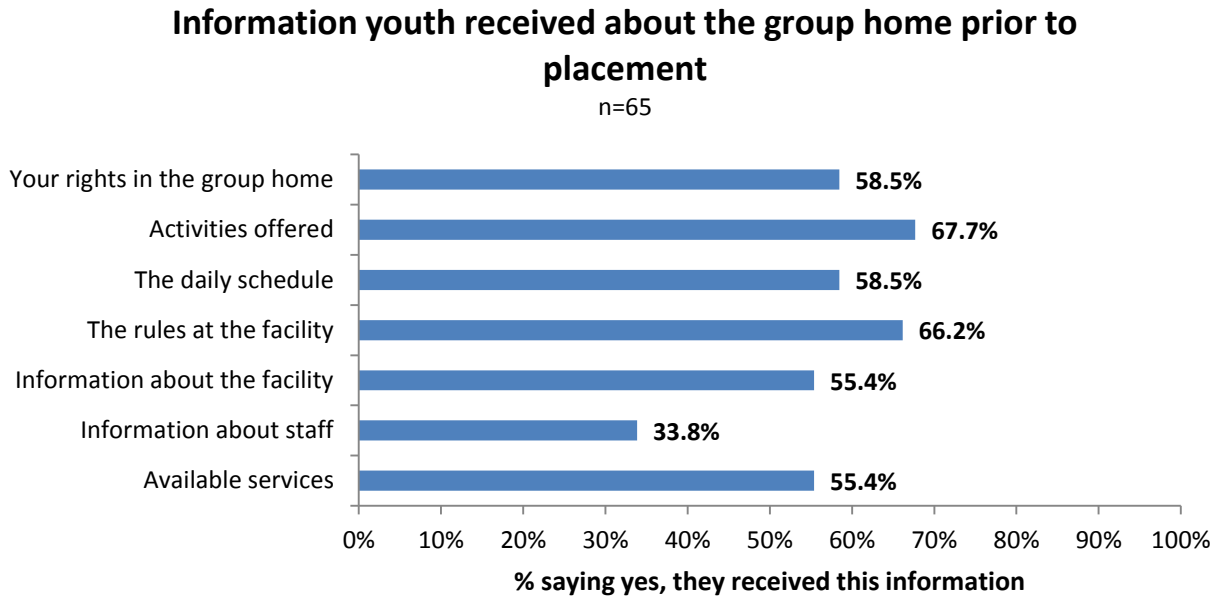
- ○ Yes
- ○ No

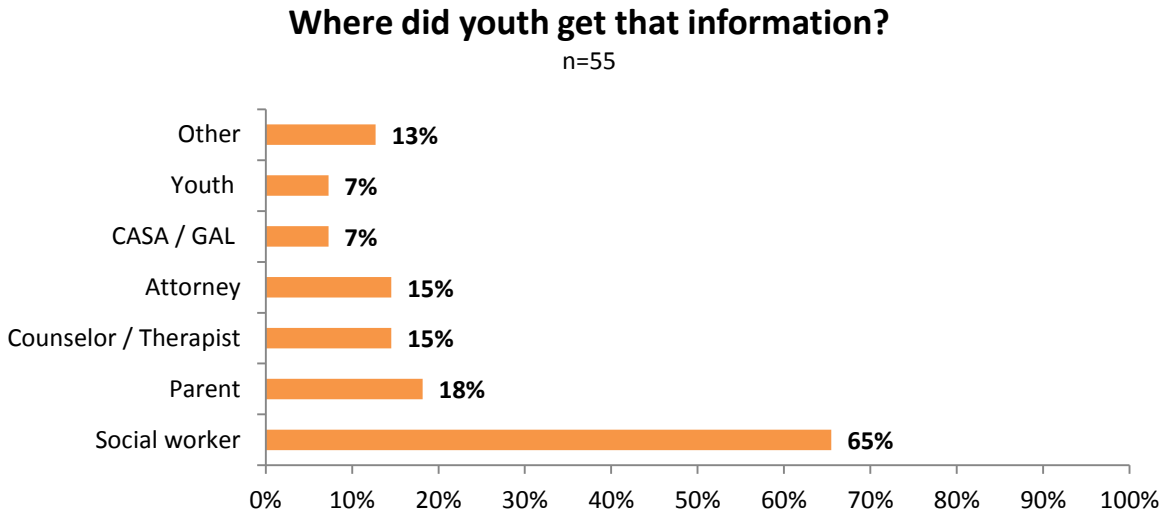
37. How many schools did you attend the most recent school year (2015-2016)? _____

APPENDIX D: YOUTH SURVEY RESULTS

This section displays the full results from surveys distributed to youth at each of OFCO's site visits to BRS-contracted group homes. OFCO received **72 completed surveys** from youth. In the **nine group homes visited**, there were 104 children placed through CA on the day of the site visit, for a survey response rate of 69 percent. However, not all children residing at each facility were present at the time of OFCO's visit, some declined to participate, and some were so young that completing a written survey was not feasible.

INFORMATION RECEIVED ABOUT GROUP HOME





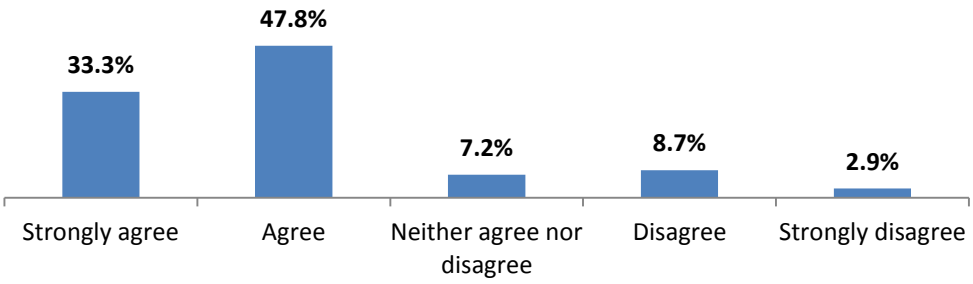
ACTIVITIES

Activities offered at the group home n=70	% saying activity was offered
Sports	85.7%
Swimming	91.4%
Hiking	55.7%
Other Exercise	84.3%
Go to the park	88.6%
Library	57.1%
Music	78.6%
Watching TV or movies	94.3%
Volunteering in the community	48.6%
Video games	85.7%
Other games	92.9%
Open gym	64.3%
Community center	47.1%
Cooking	77.1%
Arts and Crafts	85.7%

This group home offers lots of different activities

% responding

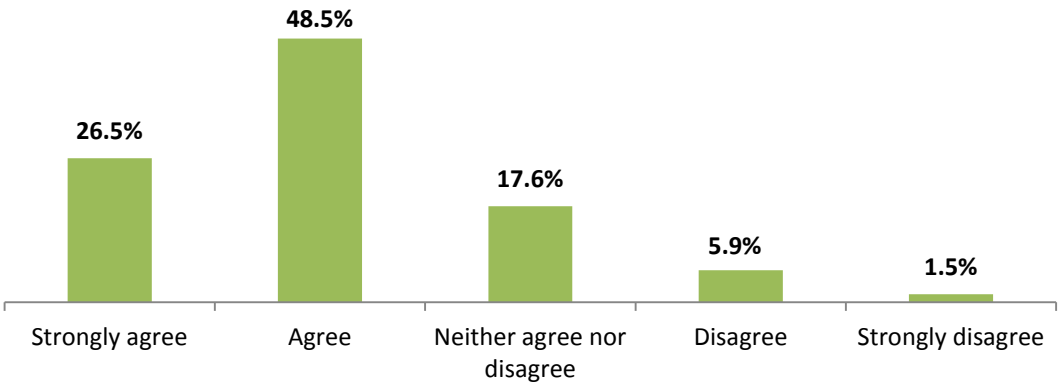
n=69



Staff participates in activities with youth

% responding

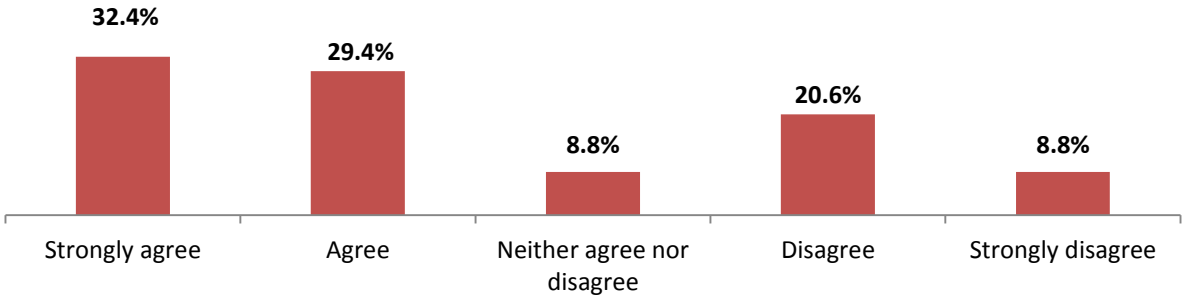
n=68



Group home staff respect my privacy

% responding

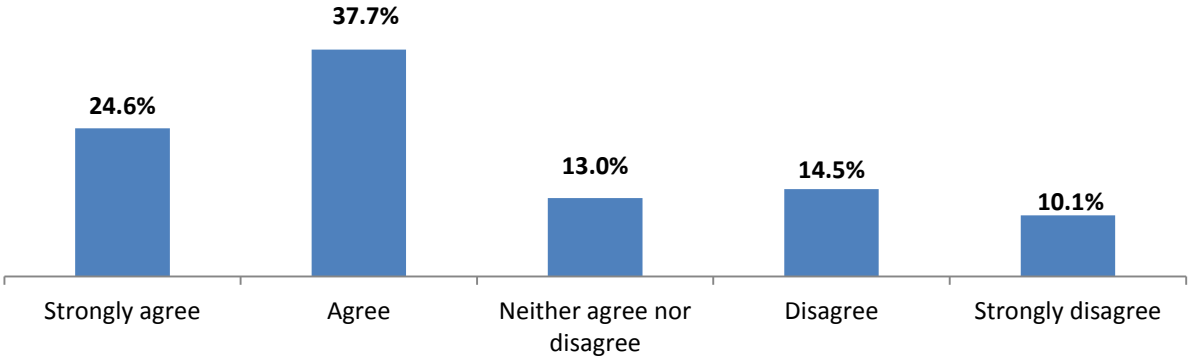
n=68



Other youth here respect my privacy

% responding

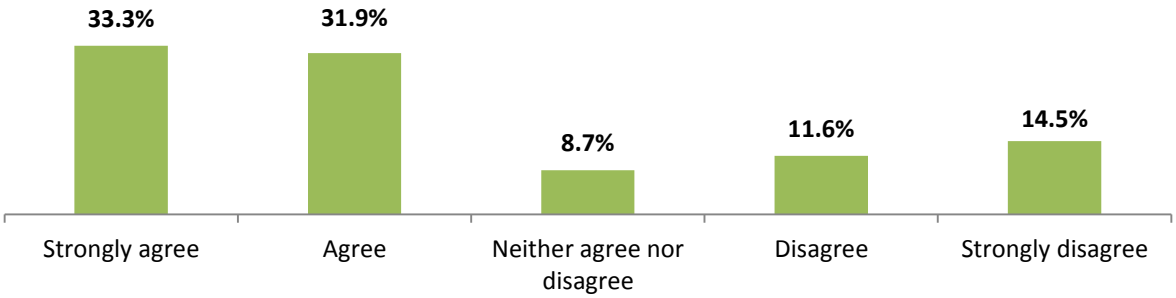
n=69



I have access to a phone when needed

% responding

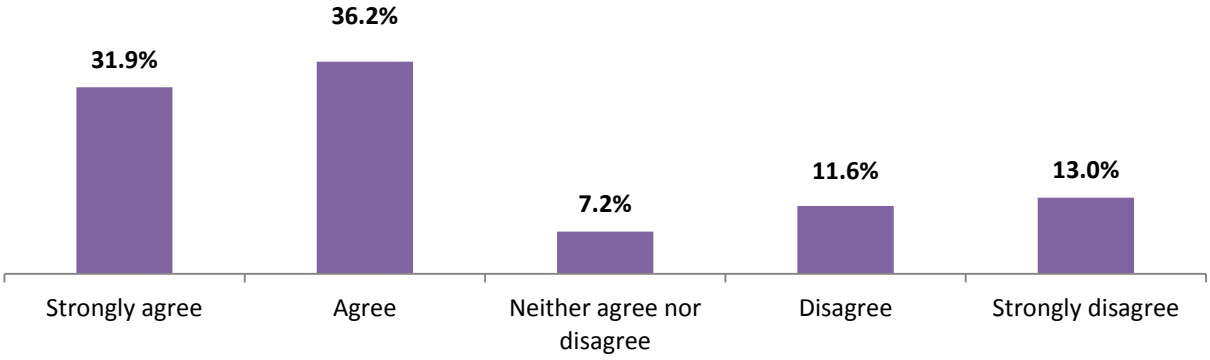
n=69



I can decorate or personalize my room how I want

% responding

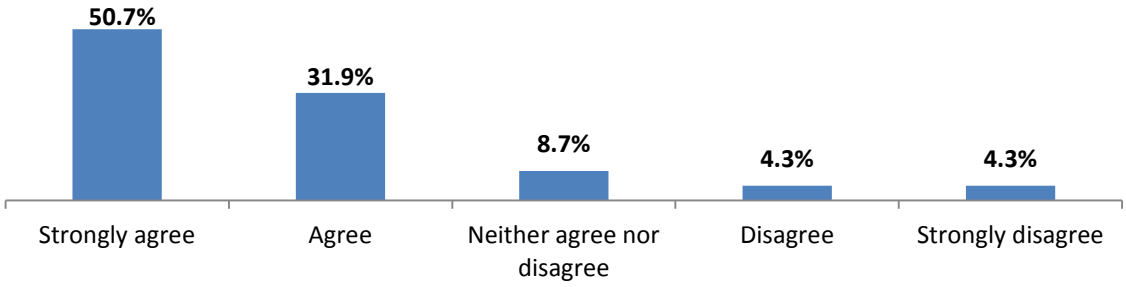
n=69



This group home has healthy snacks available to me

% responding

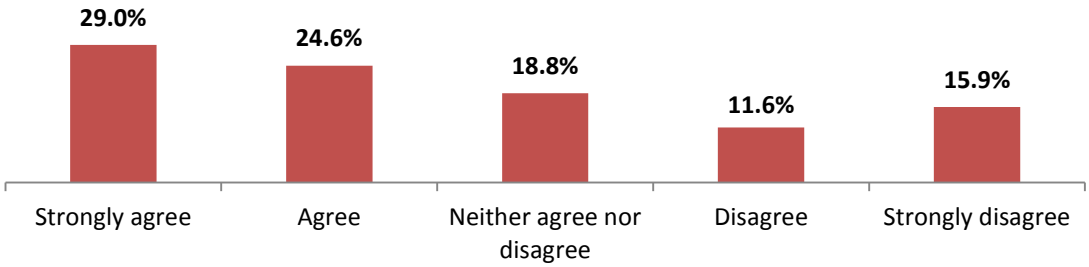
n=69



I enjoy the food this group home serves

% responding

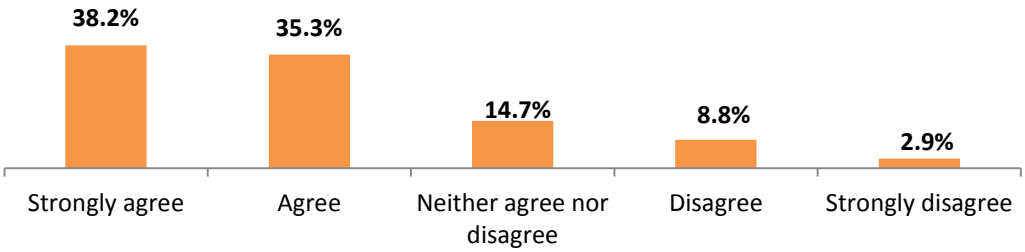
n=69



The rules are clearly defined

% responding

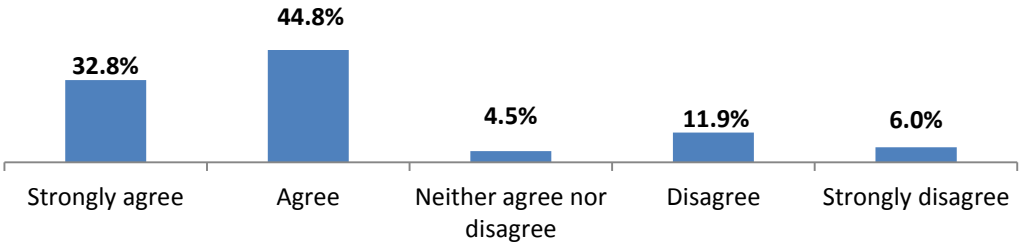
n=68



The rules here are fairly enforced

% responding

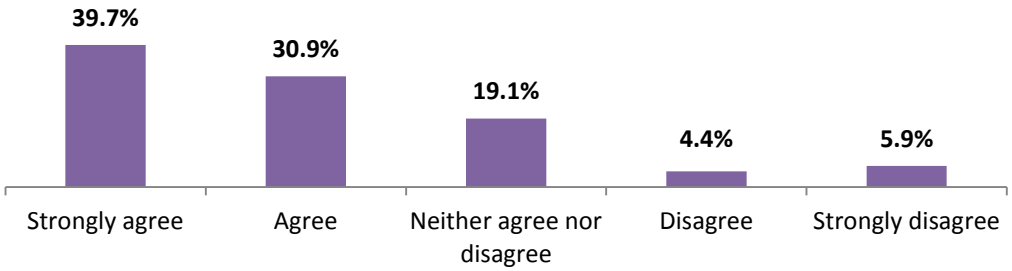
n=67



Staff helps me get therapy / counseling when I need it

% responding

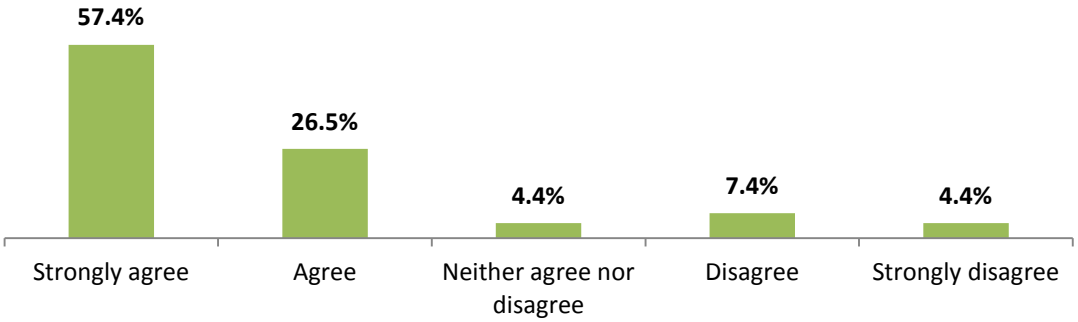
n=68



Staff helps me get medical care and medications when needed

% responding

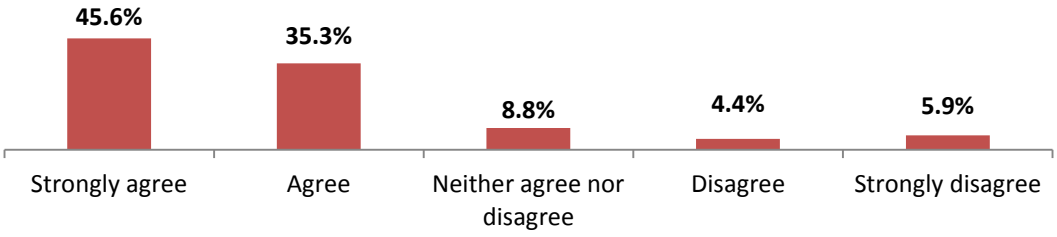
n=68

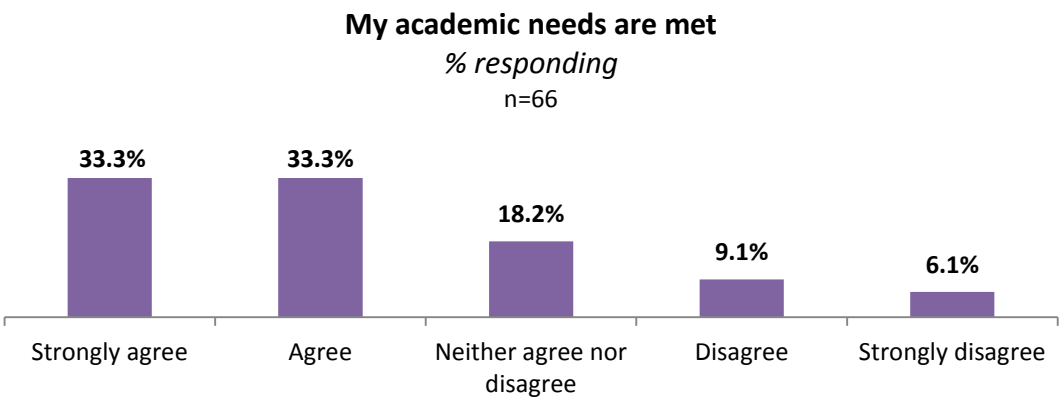


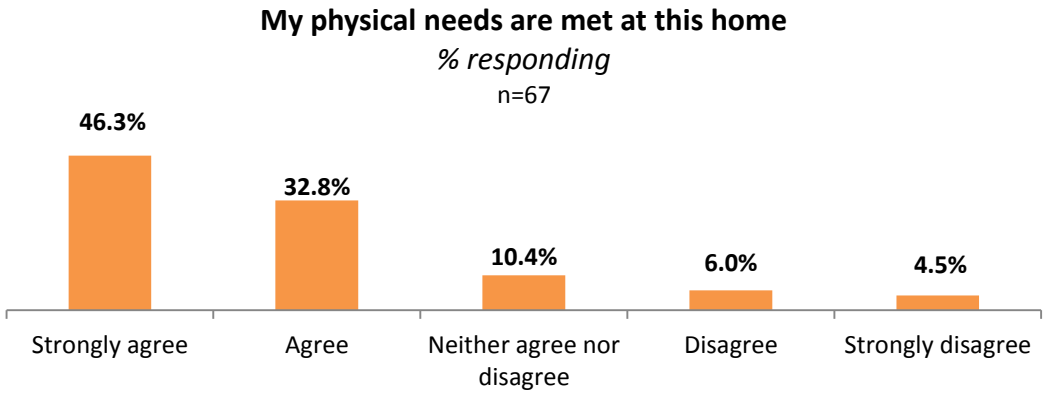
While living at this home, I am able to talk to my family and friends

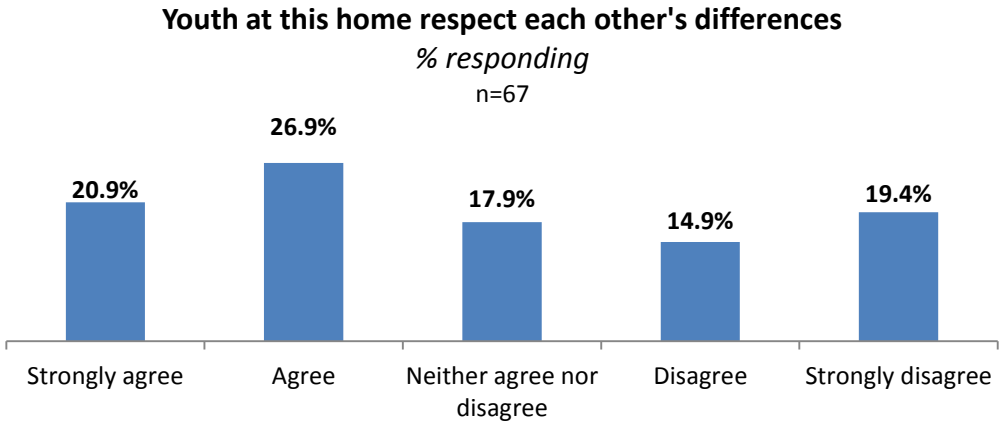
% responding

n=68




My academic needs are met
% responding
n=66
33.3%
33.3%
18.2%
9.1%
6.1%
Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree

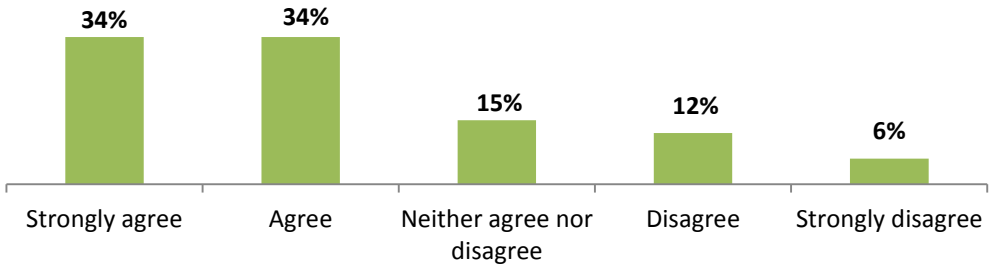

My physical needs are met at this home
% responding
n=67
46.3%
32.8%
10.4%
6.0%
4.5%
Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree


Youth at this home respect each other's differences
% responding
n=67
20.9%
26.9%
17.9%
14.9%
19.4%
Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree

My religious / spirtual beliefs are respected

% responding

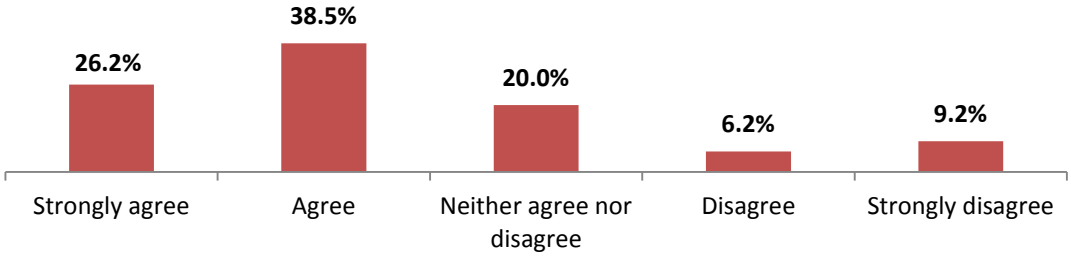
n=68



Staff is sensitive to my cultural identity

% responding

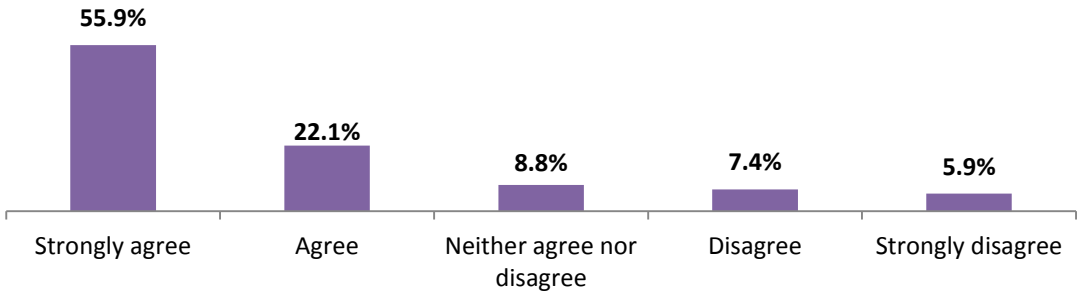
n=65



Staff does not allow harassing or hurtful comments based on one's race, gender, or sexual orientation

% responding

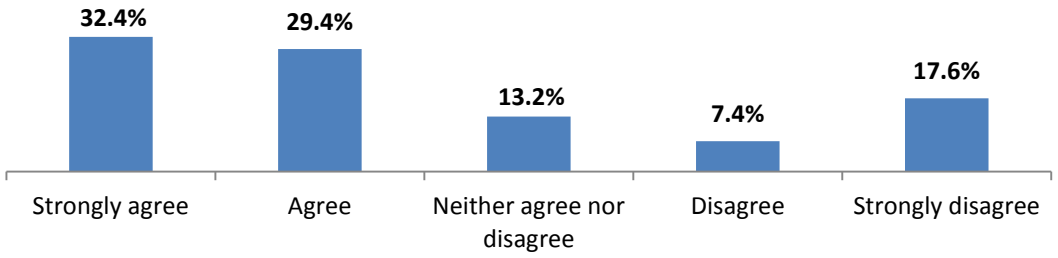
n=68



I feel that the services offered at this group home are right for me

% responding

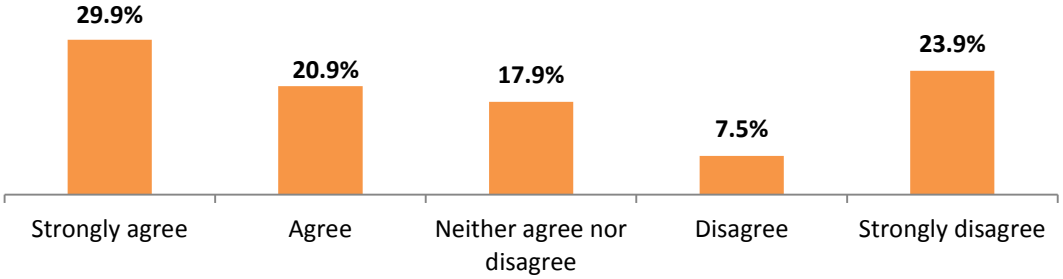
n=68



I enjoy living at this group home

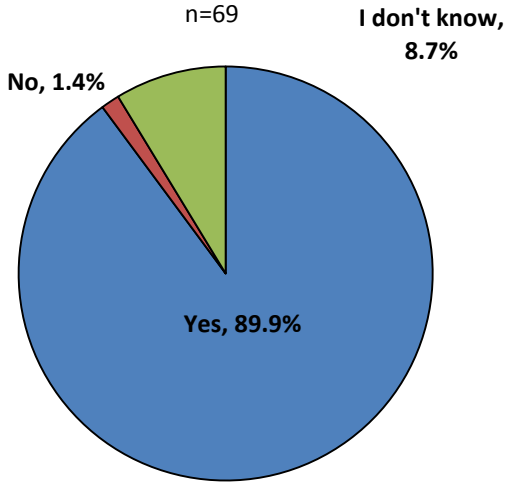
% responding

n=67



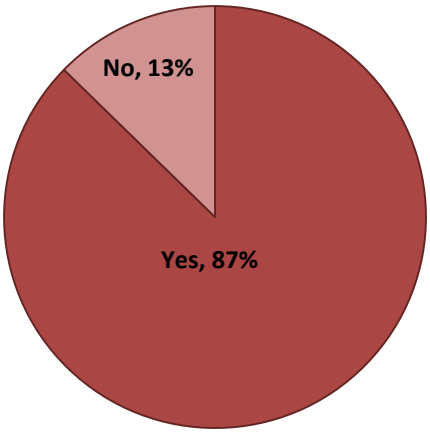
Do you have an assigned department social worker?

n=69



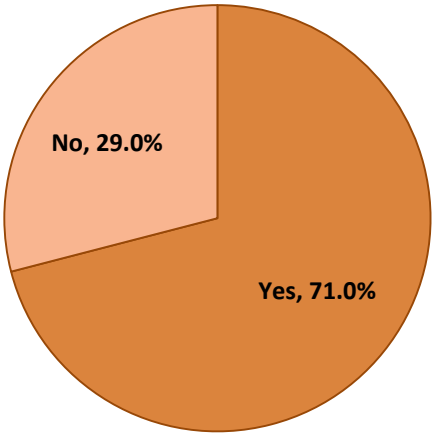
Do you know your social worker's name?

n=63



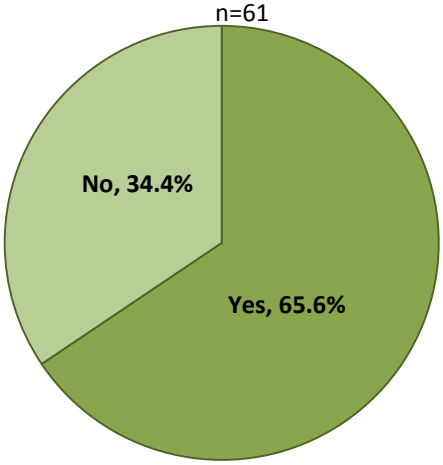
Do you know how to contact your social worker?

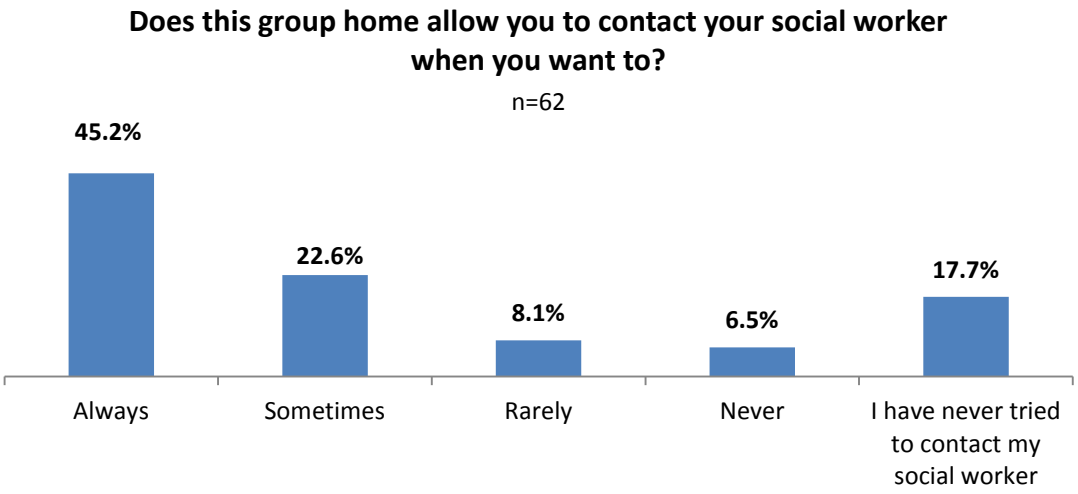
n=62



Have you ever initiated contact with your social worker?

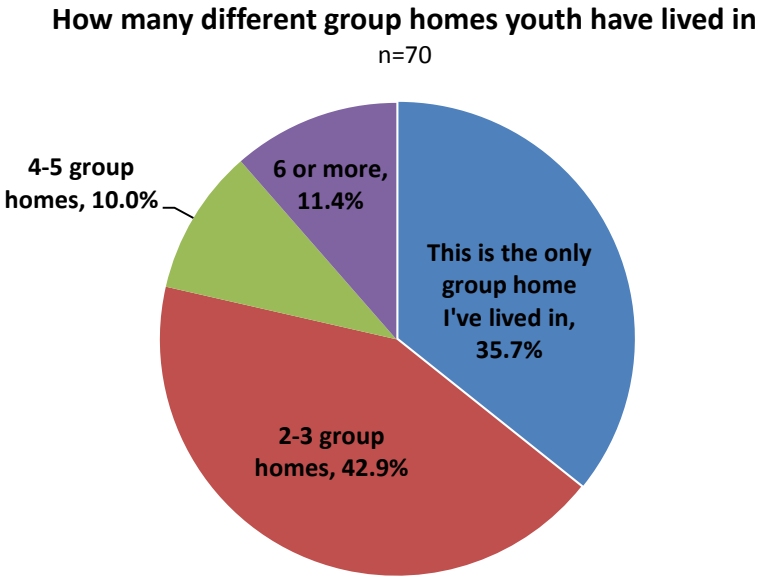
n=61





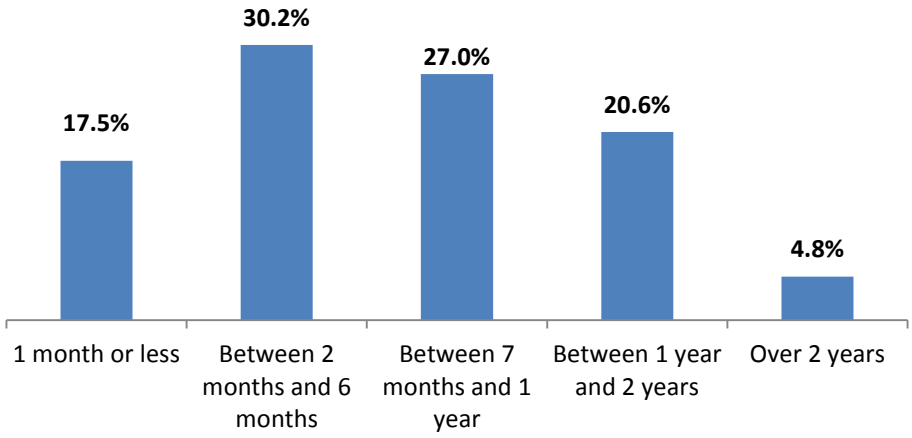
YOUTH DEMOGRAPHICS

Note: This information is self-reported by youth



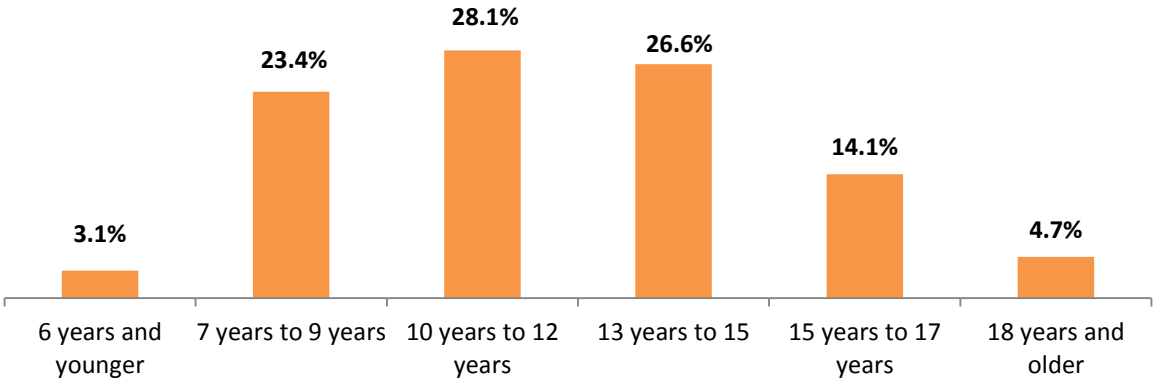
How long youth have lived at this group home

n=63



Age of Child

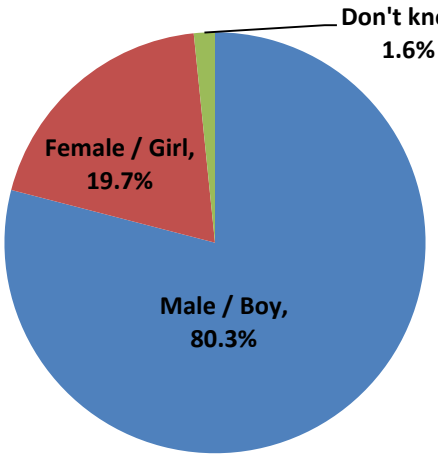
n=64



Gender Identity

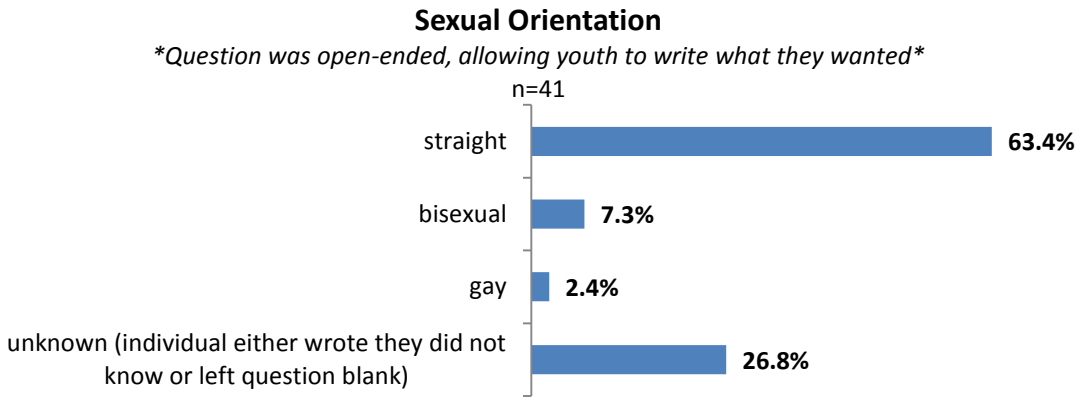
Question allowed youth to write what they wanted

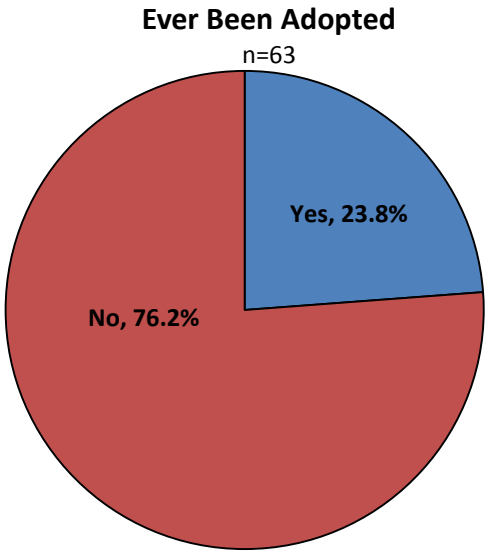
n=64

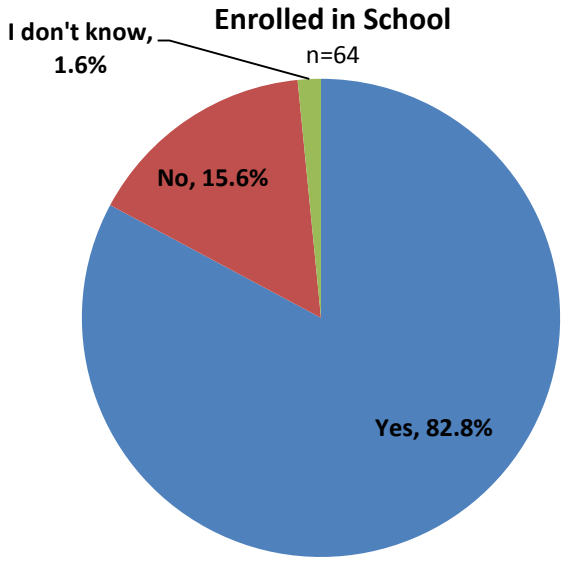


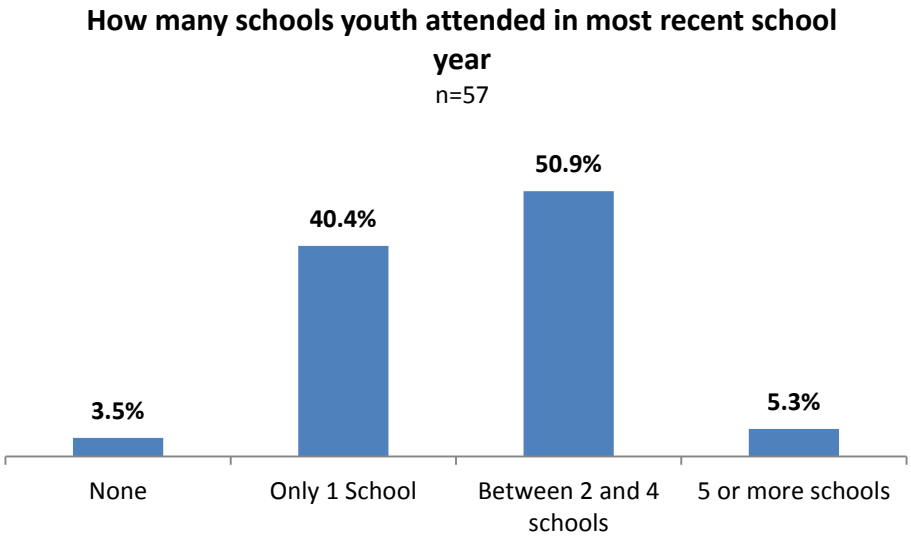
Child Race and Ethnicity (n=62)	Percent
Caucasian	46.8%
African American	12.9%
American Indian or Alaska Native	9.7%
Asian or Pacific Islander	4.8%
Multiracial	11.3%
Other / Unknown	8.1%
Hispanic / Latino	12.9%

Note, this was an open-ended question and youth were allowed to write what they wanted for race and ethnicity. OFCO then categorized responses accordingly






Enrolled in School
n=64
I don't know, 1.6%
No, 15.6%
Yes, 82.8%


How many schools youth attended in most recent school year
n=57
3.5%
40.4%
50.9%
5.3%
None
Only 1 School
Between 2 and 4 schools
5 or more schools

APPENDIX E: YOUTH INTERVIEW QUESTIONS

1. Introduction and interview procedures

2. How old are you?

3. Tell me about an average day at this group home

4. When did you come to this group home?
    a. Who brought you here?
    b. Where were you living before?
    c. What did you bring with you?
    d. Did you know this is where you were going?

5. Tell me about your first day at this group home.
    a. Who was here when you arrived?
    b. What did the staff tell you when you got here?
    c. Did you have to go through any paperwork? What?
    d. Did someone explain the house rules to you? What are they?
    e. Were you allowed to bring all of your stuff into the group home?
    f. Did you make any friends?

6. What do you like about it here?

7. What do you dislike?

8. If you could change anything about this group home, what would you change?

9. Now I want to ask you about some of the other kids here. Have you had any issues with bullying or conflict with kids here?
    a. Tell me about it.
    b. With staff?

10. Do you feel safe here?

11. What would you say to a kid who was about to move in here?
    a. What advice would you give them? What would you warn them about?

12. Have you lived in any other group homes?
    a. Which ones? Tell me about those ones? (likes, dislikes, what was better there or here)

13. Tell me about the contact you have with your family.
    a. How often do you see them?
    b. How often do you talk?
    c. Do you wish you could see them more?

14. Tell me about your friends.
    a. Do they live close?
    b. How often do you talk?
    c. How often do you see them?

15. Do you have a social worker? Tell me about him/her?
    a. What do you like about him/her?
    b. What do you dislike?
    c. How often do you talk?
    d. How often do you see each other?

16. Do you have an attorney? Tell me about him/her.
    a. How often do you see each other? How often do you talk?

17. Are you in counseling?
    a. Do you like your counselor? Why or why not?
    b. How often do you see that person?

18. Are you receiving any other services?
    a. What services?
    b. Where?

19. Are there any services you are not receiving but would like to?

20. Have you ever run away from this placement?
    a. What made you want to run from here?
    b. From anywhere else?
    c. How come?

21. Is there anything else you want me to know about your or this group home?

APPENDIX F: STAFF SURVEY

1. Please mark the information reviewed with children when they are placed at this group home. (Use an "X" or check mark)

	Yes	No
Physical layout of the facility		
Emergency evacuation procedures		
Visitation policies		
Resident rights		
How to contact their caseworker, attorney, or CASA/GAL		
Rules		
Daily program and activities at the facility		
Grievance or complaint procedure		

2. Please note if you have had training in the following areas within the past 2 years. The training could have occurred while employed at this facility or in a previous position.

	Yes	No
Medical Emergencies (CPR, First Aid, etc.)		
Sexually Aggressive Youth		
Physically Aggressive / Assaultive Youth		
Suicide		
Mental Health		
Substance Abuse		
Developmental Disabilities Youth		
Mandatory Reporting		
Behavior Management / Restraint		
De-Escalation		
Supervising Youth		

Other Training Areas _____

Please mark the box that best describes your opinion of this group home.	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
3. This facility offers a variety of activities for youth.					
4. Staff participate in activities with youth.					
5. Youth are able to participate in activities in the community.					
6. This facility uses feedback from youth to improve work processes.					
7. Youth in this facility respect each other's differences (for example, race, gender identity, culture, etc.).					
8. When a child is new to this facility, information about the child's behaviors is shared with staff.					
9. Group home staff are routinely provided information about children's academic performance / needs.					
10. Group home staff are provided information about children's medical needs, if applicable.					
11. Group home staff receive clear information about changes made to children's case plans.					
12. There is an adequate level of staff to provide good supervision.					
13. The trainings I received have prepared me to safely care for children at this facility.					
14. I feel safe while working at this group home.					
15. The agency administration meets the needs of residents.					
16. The agency administration meets the needs of staff.					
17. Staff at this facility are routinely making improvements to better meet the needs of the children placed here.					

18. What do you enjoy most about working at this facility?

_____

_____

_____

_____

_____

_____

19. What suggestions do you have for how youth can be better served in this facility?

_____

_____

_____

_____

_____

_____

20. What would help you and other staff better meet the needs of the children placed at this facility?

_____

_____

_____

_____

_____

_____

Demographics:

21. Gender Identity: _____

22. Race / Ethnicity: _____

23. What is the highest level of education you have completed?

a) High School Graduate or General Equivalency Diploma
b) Some College, No Degree
c) Associate Degree
d) Bachelor Degree
e) Master's Degree
f) Professional Doctorate Degree
g) Academic Doctorate Degree

24. How long have you worked at this facility?

a) Less than 6 months
b) 6 months - 1 year
c) 1-2 years
d) 2-3 years
e) 3+ years

25. Have you ever worked at another group home?

a) Yes, it was a group home for youth
b) Yes, it was a group home for adults
c) Yes, I've worked at both a group home for youth and adults
d) No, this is the first group home I've worked at

APPENDIX G: STAFF SURVEY RESULTS

This section displays the full results from surveys distributed to staff at each of OFCO's site visits to BRS-contracted group homes. Staff surveys were brought on the day of OFCO's site visit with return envelopes so staff could complete them at their convenience. This also gave staff working different shifts the opportunity to participate. In some instances, staff surveys were emailed prior to OFCO's visit. OFCO received **64 completed surveys from staff**. It is unknown exactly how many staff are employed across the nine group homes so a survey response rate cannot be calculated. At least one staff survey was returned from six of the nine homes visited.

INFORMATION REVIEWED WITH YOUTH

Information staff reviews with youth when they are placed at group home *n=59*	**Percent of staff saying this is reviewed**
Physical layout of the facility	100.0%
Emergency evacuation procedures	98.3%
Visitation policies	98.3%
Resident rights	100.0%
How to contact their caseworker, attorney or CASA/GAL	98.3%
Rules	100.0%
Daily program and activities at the facility	98.3%
Grievance or complaint procedure	93.2%

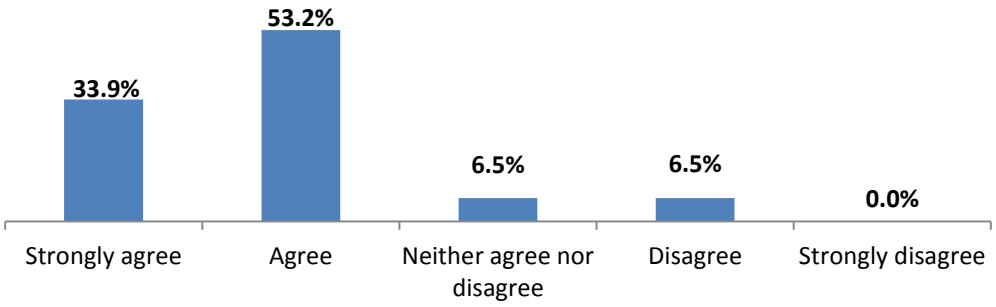
STAFF TRAININGS

Training staff received in the last two years *n=62*	**Percent of staff indicating they have received training**
Medical emergencies (CPR, First Aid, etc.)	98.4%
Sexually Aggressive Youth	53.2%
Physically Aggressive / Assaultive Youth	90.3%
Suicide	80.6%
Mental Health	88.7%
Substance abuse	82.3%
Developmental Disabilities Youth	66.1%
Mandatory reporting	93.5%
Behavior management / restraint	96.8%
De-escalation	96.8%
Supervising youth	93.5%

This facility offers a variety of activities for youth

% responding

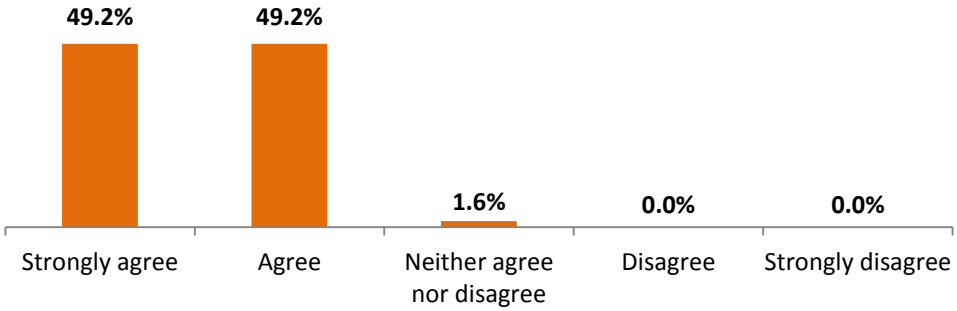
n=62



Staff participate in activities with youth

% responding

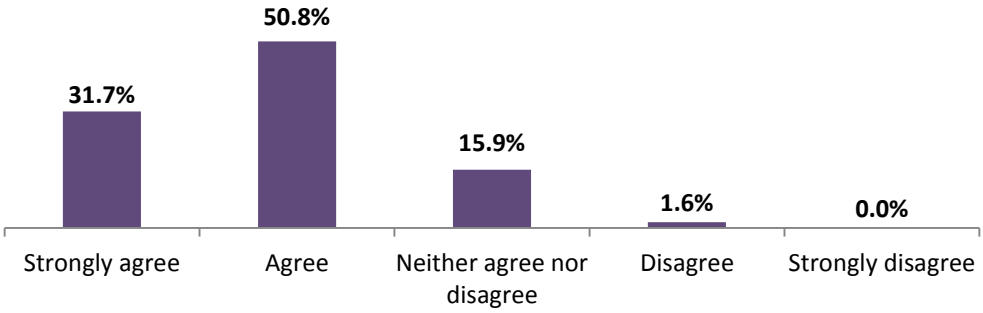
n=63



Youth are able to participate in activities in the community

% responding

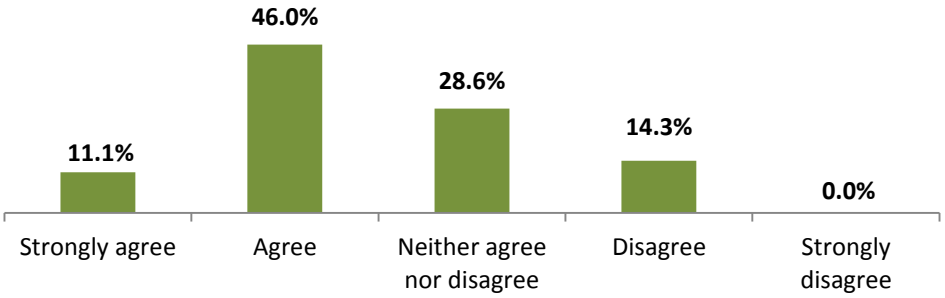
n=63



This facility uses feedback from youth to improve work processes

% responding

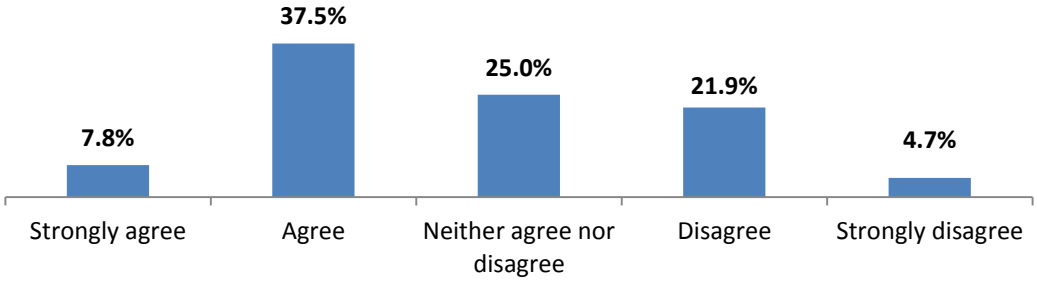
n=63



Youth respect each other's differences

% responding

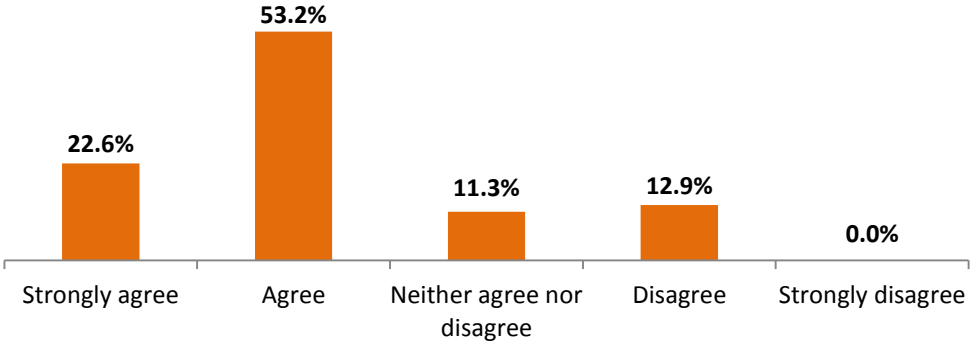
n=62



When a child is new to this facility, information about the child's behaviors is shared with staff

% responding

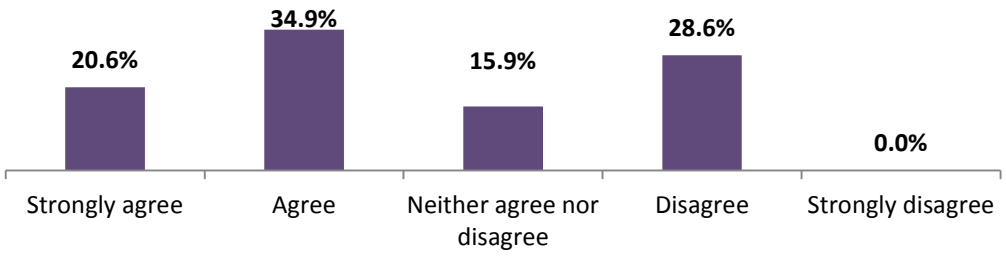
n=62



Group home staff are routinely provided information about children's academic performance/needs

% responding

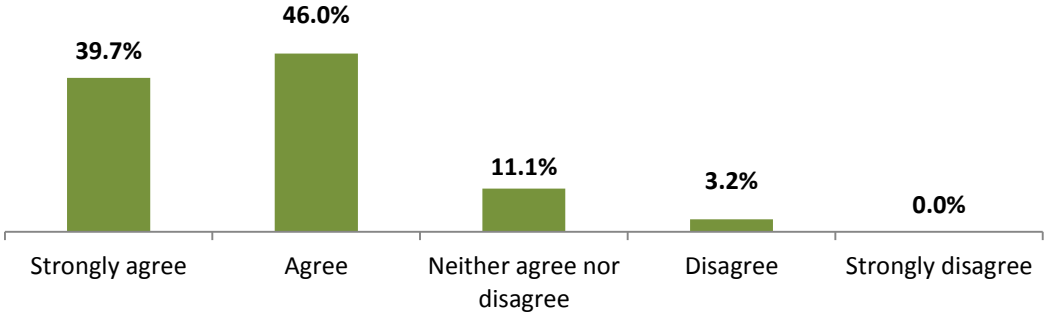
n=63



Group home staff are provided information about children's medical needs, if applicable

% responding

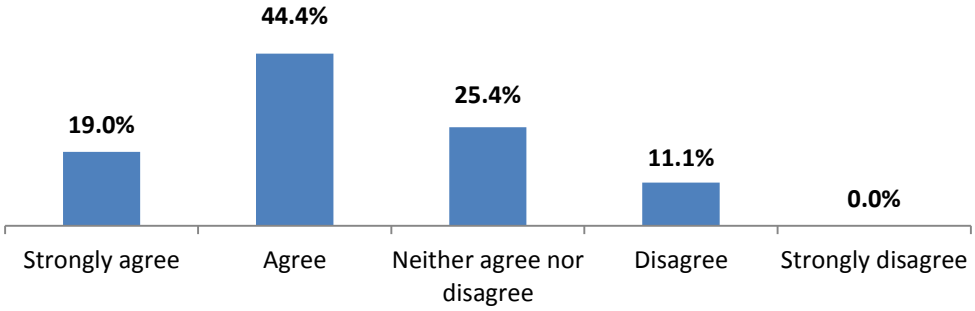
n=63



Group home staff receive clear information about changes made to children's case plans

% responding

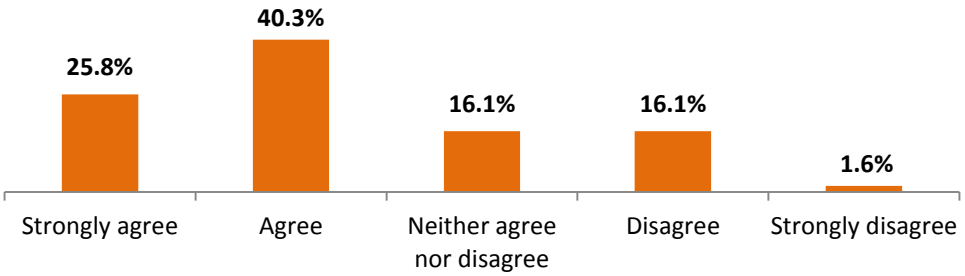
n=63



There is an adequate level of staff to provide good supervision

% responding

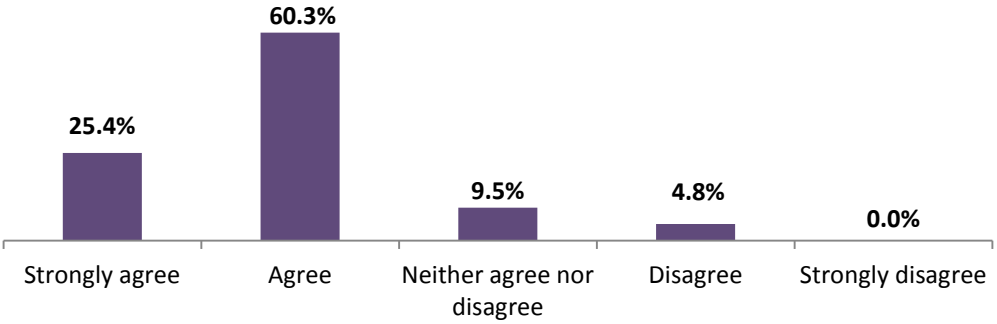
n=62



The trainings I received have prepared me to safely care for children at this facility

% responding

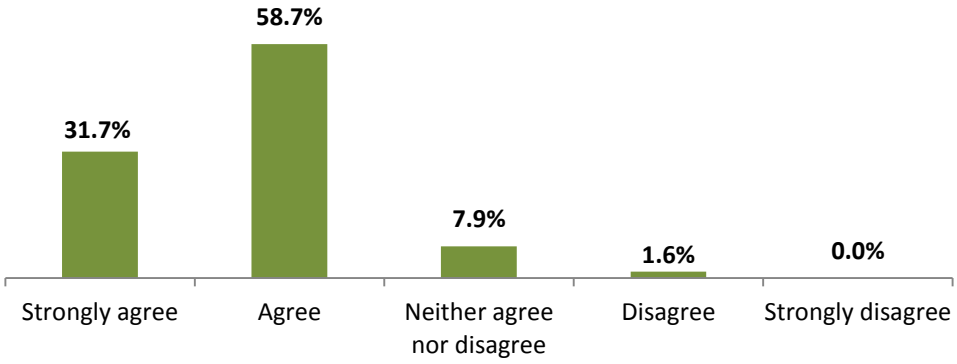
n=63



I feel safe while working at this group home

% responding

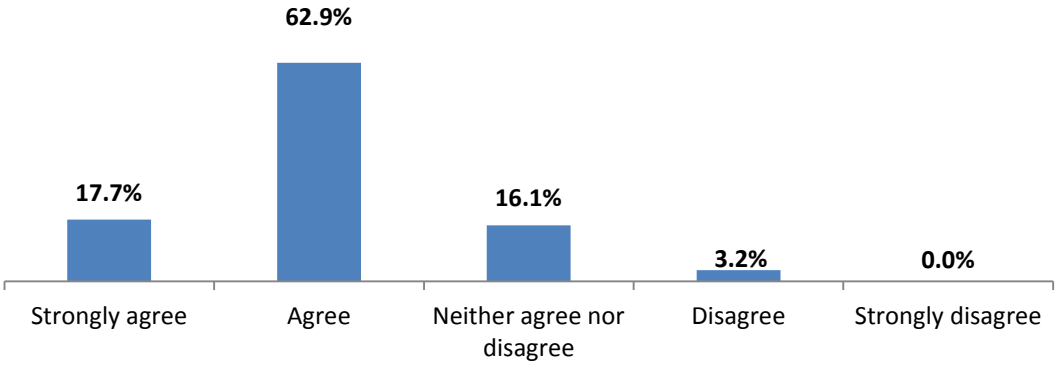
n=63



The agency administration meets the needs of residents

% responding

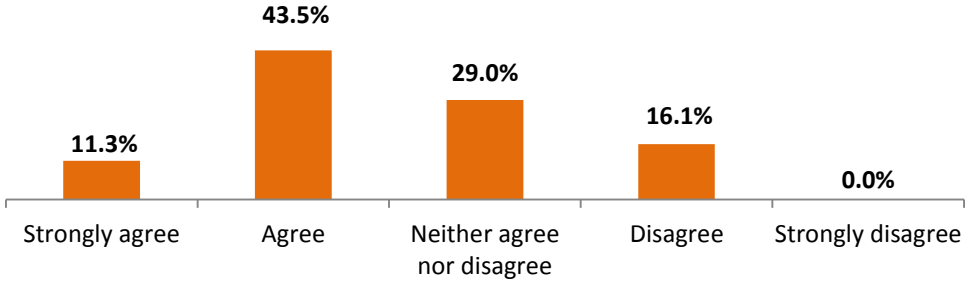
n=62



The agency administration meets the needs of staff

% responding

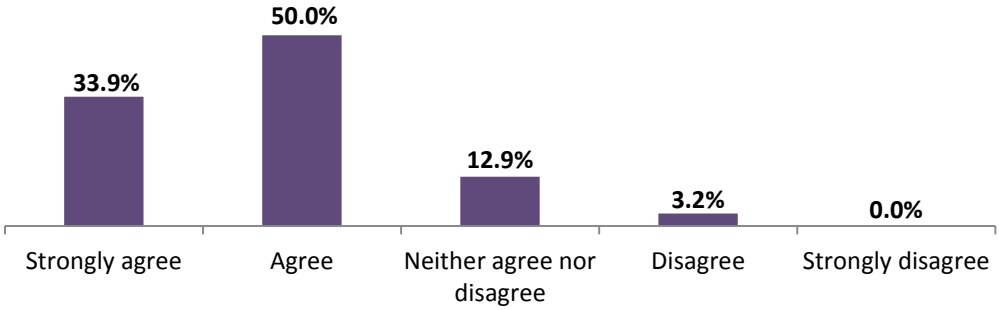
n=62



Staff at this facility are routinely making improvements to better meet the needs of children placed here

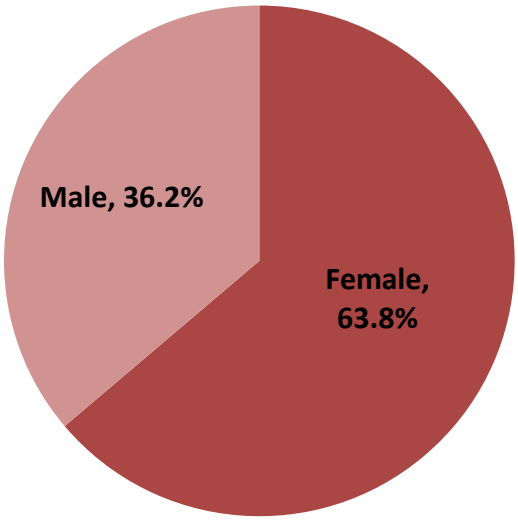
% responding

n=62



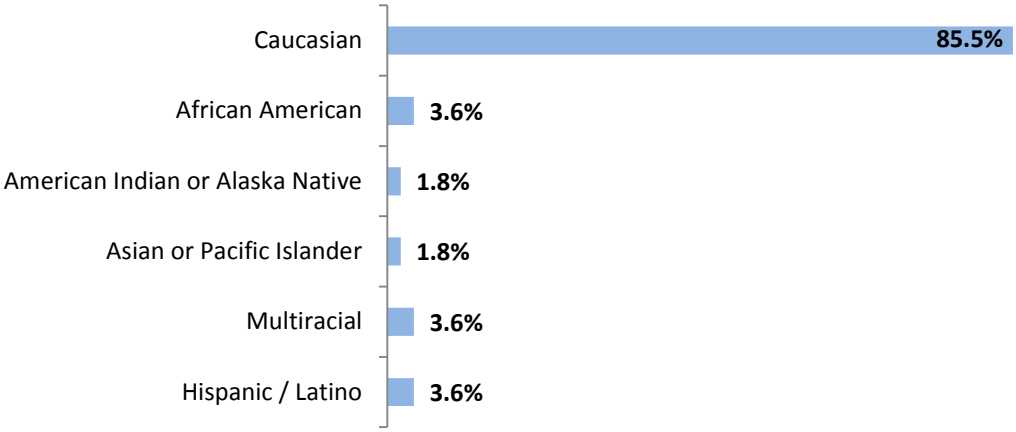
STAFF DEMOGRAPHICS

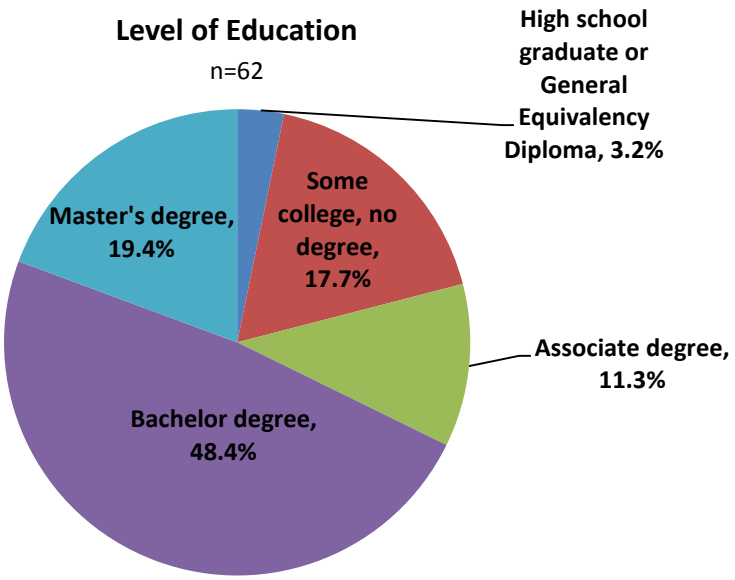
n=58

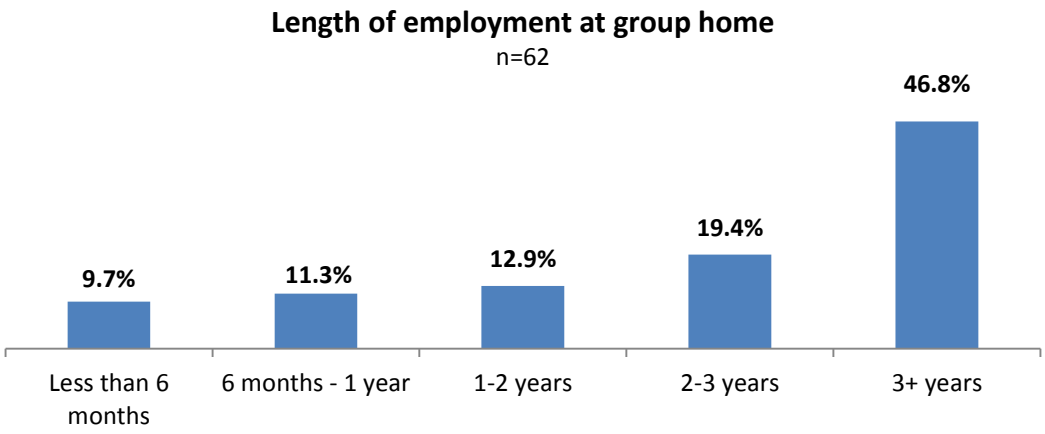


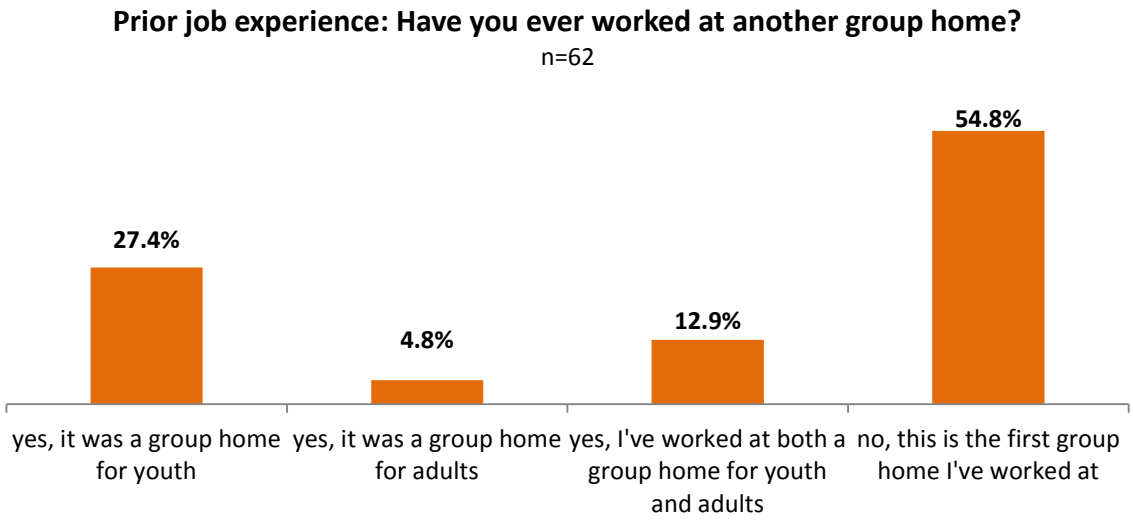
Race and Ethnicity

n=55




Level of Education
n=62
High school graduate or General Equivalency Diploma, 3.2%
Some college, no degree, 17.7%
Master's degree, 19.4%
Associate degree, 11.3%
Bachelor degree, 48.4%


Length of employment at group home
n=62
9.7%
11.3%
12.9%
19.4%
46.8%
Less than 6 months
6 months - 1 year
1-2 years
2-3 years
3+ years


Prior job experience: Have you ever worked at another group home?
n=62
27.4%
4.8%
12.9%
54.8%
yes, it was a group home for youth
yes, it was a group home for adults
yes, I've worked at both a group home for youth and adults
no, this is the first group home I've worked at

APPENDIX H: OFCO OUTREACH FLYER