



MEETING THE Health Care Needs of Children in the Foster Care System



F A C T S H E E T

The information provided in this publication is the result of a 3-year project conducted by the Georgetown University Child Development Center to identify and describe promising approaches for meeting the health care needs of children in the foster care system. In response to a national search for promising approaches, information was collected on over 100 different approaches. Multiple publications representing the findings of the study are available.

New Alternatives for Children, Inc.

New York, New York

Description

New Alternatives for Children, Inc. (NAC) is a non-profit health and social services organization in New York City with a mission to provide innovative, high quality services in support of biological, foster, and adoptive families who are caring for children with special medical needs at home. Working primarily with children whose biological families live below the poverty level, NAC seeks to enable them to remain in, or return to, their homes whenever possible, or to be adopted by loving families when necessary. NAC's innovative services ensure that the physical, social, educational, recreational, health care, and mental health needs of medically fragile children are met. A total of almost 1,600 children have been served.

The program within NAC that is described here serves children in foster care who have severe physical disabilities and/or chronic illnesses and who are referred to NAC by the Administration for Children's Services (ACS)—New York City's public child welfare agency. Frequently, these children have spent long periods of time in hospitals where they may have lived well beyond medical need. NAC makes it possible for them to return to the community and live with families—either by supporting their biological family and making it possible for them to care for the child or by placing the child in a trained and loving foster/adoptive home. Approximately 125 children are served on an annual basis in NAC's Foster Care and Adoption program. Ultimately, all of the children live with "their own" family, either biological or adoptive. None has ever returned to live in a hospital or other institution. By supporting families, NAC prevents the institutionalization of children, precludes lengthy stays in foster care, and facilitates the timely discharge of children from hospitals. NAC builds on family strengths, provides opportunities, and assists all family members in reaching for and realizing their dreams.



Georgetown University
Child Development Center



When a child is referred, the NAC team meets to identify a foster parent who is (or can be) trained to care for the special needs of the child. A nurse and social worker from NAC as well as the prospective foster family visit the child at the hospital or other location where they currently reside, when possible, to determine the child's medical, mental health care and other needs. Foster parents receive the necessary training and the child is placed in their care. Immediately after placement, the NAC social worker and nurse visit the foster family and the birth parents.

While in care with NAC the child is served by a team that includes a developmental pediatrician, nurses, home health aides, mental health professionals and a social worker—at minimum. Additional professionals may provide recreation, educational support and advocacy, educational Early Intervention services for children 0-3 years old, legal services, substance abuse counseling, transportation and other services. NAC provides and/or coordinates all medical care for the child and provides support services to families. The following services are available to every family: case management; therapeutic counseling (group, family and individual); information, referral and follow-up; coordination and/or provision of homemaker services; respite care; advocacy in areas such as welfare, SSI, Medicaid, and housing; and a 24-hour hot-line. NAC's Sibling Program provides services specifically designed to meet the needs of siblings of children with disabilities and/or chronic illnesses. Several programs of specialized therapy are also available including art therapy, drama therapy, infant massage therapy and pet therapy.

NAC's first priority is to safely reunify children with their birth parents when this is possible. Using a family-to-family approach, foster parents often serve as a resource to birth parents by inviting them to accompany the child and foster parent on medical appointments, or to school meetings, among other things. Families may enter NAC's Preventive Services program to support fragile reunifications or to initially prevent the need for foster care placements. When reunification is not possible, permanency is achieved for the child through a timely adoption of the child by their foster parents. In many cases it is an "open adoption" where birth parents remain in limited contact with their children. Also available are two after-care programs: the Post Legal Adoption Network (PLAN) and Partners In Parenting (PIP). These programs are available on an as-needed basis for adoptive families or birth families (respectively) when they are no longer enrolled in either of NAC's public child welfare programs—Foster Care and Adoption or Preventive Services. Thus, a complete continuum of care is available to any family who comes to NAC.

Rationale for Implementation

NAC was created to serve children often labeled as "hospital boarder children" who, due to a lack of community-based services, remained in hospitals well after they were medically ready for discharge. Children are now frequently referred to NAC by the hospital when they are ready for discharge (often as infants) or by schools or other agencies seeking to prevent the need for foster care placement or hospitalization. NAC was founded on the principle that all children, including those who are chronically ill or physically challenged, have the right to live in a safe, loving, and permanent family home.

Staffing and Administration

NAC is staffed by nearly 90 full time positions including: administrators and support staff, social workers and social work supervisors, 3 educational specialists, a volunteer coordinator, an art therapist, 2 developmental pediatricians (one part-time), 6 nurses, 3 consulting mental health professionals, a director of recreation, 11 full or part-time case aides, and 8 drivers including 1 dispatcher. Additionally, NAC uses the services of many consultants in areas such as development, audit, web site maintenance,

legal services, public relations and graphic design, and evaluation. Each semester 3 to 6 Master of Social Work interns are placed at NAC. Other interns and fellowships include an art therapy intern, public service scholars from Princeton, Bucknell and Hunter College and from Avodah, a Jewish service corps. Up to 75 volunteers supplement the work of the staff and assist with activities from fundraising to holiday parties for children and families and work individually with children in our mentoring program, tutoring program and other recreational outings.

Funding

NAC receives more than 2/3 of its funding through contracts from the New York City Administration for Children's Services (ACS). Additional governmental sources of funding include the New York State Office of Children and Family Services (OCFS), Office of Mental Retardation and Developmental Disabilities (OMRDD), Early Intervention and have included federal grants from the Department of Health and Human Services from time to time. Approximately 25% of the agency's budget is raised from private sources including foundations, corporations and individuals.

Evaluation

NAC measures its effectiveness by monitoring the achievement of each family's goals and the timeliness and cost effectiveness of services provided to reach those goals. An initial goal is bringing the child home from hospitalization or other institutionalization, to live in the community. Permanency must be achieved in a timely manner.

For each child who goes home, NAC's services mean a savings of more than \$220,000 annually over the cost of hospitalization. NAC takes pride in reporting that a total of 125 children have been adopted through NAC and there has been only one adoption disruption (occurring prior to initiation of the PLAN program). These adoptions have included children as old as seventeen, several who were terminally ill and sibling groups as large as four children. NAC has also safely reunited 111 children with their biological families. Children placed in foster care at NAC achieve permanency through adoption or reunification after lengths-of-stay in foster care that are approximately half as long as citywide averages. NAC has also successfully prevented the placement of children in foster care for more than 98% of the families served by our Preventive Services Program.

NAC is evaluated in a variety of ways by various government funding sources and receives an annual evaluation report commissioned by the Robin Hood Foundation and compiled by Philliber Research Associates (PRA), an independent social service evaluation firm. The most recent evaluation by the NYC Administration for Children's Services (ACS) resulted in a score of 95%—Outstanding—on their Permanency for Children Evaluation Instrument and a score of 88.48 on the Foster Care Evaluation and Quality Improvement Protocol (EQUIP). NAC's EQUIP score represents the highest score achieved by any New York City foster care agency including both those agencies serving children with special medical needs as well as all other foster care agencies.

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