



Every Kid Deserves a Family

**SAFELY REDUCING RELIANCE ON GROUP
HOME PLACEMENTS FOR CHILDREN IN THE
CHILD WELFARE SYSTEM**

A Judicial Toolkit





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children in the child welfare system

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www.ncsc.org/everykid



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Table of Contents

- i. Acknowledgements
 - I. Purpose & Introduction
 - II. What do we know about non-family based placements?
 - III. How can judges, attorneys, and advocates improve placement decision-making?
 - IV. What role can judges and other court leaders have in improving placement practices, policy, and infrastructure?
 - V. Executive and legislative branch reform efforts
 - VI. Case Studies: Hampton, Virginia and Denver, Colorado
 - VII. Appendix A: Children in Out-of-Home-Care, by state
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I. PURPOSE & INTRODUCTION

Since the codification of the Adoption Assistance and Child Welfare Act of 1980 and the earlier passage of the Indian Child Welfare Act in 1978, child welfare values support placing children in the least restrictive settings with proactive and effective intervention and services. In 2015, the Children's Bureau released a brief¹ about children in the child welfare system and reported that there are 402,387 children in the care of the child welfare system, and one in seven of those children is in a non-family² placement setting. Of the 55,916 children in non-family placement, 41% had no documented clinical or behavioral need that might warrant such a placement.³ Also unsettling is that 31% of children in non-family placement settings were children 12 and younger.⁴ Experts agree, the risk of clinical attachment disorders in young children who are placed in these types of settings is high.⁵

Research tells us that children fare *much* better in family-based care and yet we continue to see children inappropriately placed in non-family placement environments. This would suggest that perhaps we should be better assessing whether children should be placed in a non-family placement, and if a residential intervention is determined to be appropriate, inquire what expectations and safeguards are in place to ensure that the child's stay is short-term and that a plan is in place to transition that child back to a family setting once his/her therapeutic needs can be met in family placement.

Over the past decade, non-family placement providers have been challenged to better define their intervention services, improve the efficacy of their intervention models, and develop ways to better help the children placed in their care get the skills that they need to overcome their mental health and behavioral issues. While these efforts have made a positive impact, outcomes for youth would indicate that we need to do better. We already know that most children who have been subjected to abuse or neglect are more biologically vulnerable because of their maltreatment, and the developmental and physical outcomes for these children can be further compromised by the nature and quality of their placements. We know that types of placement, quality of placement, and number of placements have a significant impact on the physical and psychological well-being of children and youth.⁶

Judges are responsible for critical legal decisions concerning the well-being, safety, and permanency of children. Unlike in other case types, judges in child protection cases play a unique oversight role of the social service agencies that are responsible for delivering services to children and their families involved in the child welfare system. In 2015 the Annie E. Casey Foundation published [Every Kid Needs a Family](#), a policy report that highlighted recent statistics about children in child welfare system who are placed in

¹ A National Look at the Use of Congregate Care in Child Welfare. Administration for Children and Families, Children's Bureau (2015). <https://www.acf.hhs.gov/cb/resource/congregate-care-brief>

² Non-family placement is defined as the *any setting in which a child is placed that is not a family or child-specific foster home.*

³ *Id.*, at II.

⁴ *Id.*, at III.

⁵ The Annie E. Casey Foundation, *Every Kid Needs A Family*, Baltimore. (May, 2015). The Annie E. Casey Foundation, retrieved from <http://www.aecf.org/resources/every-kid-needs-a-family/>

⁶ Harden, J.B. (2004). Children, Families, and Foster care. *The Future of Children*. 14(1), 44.

non-family placement settings. The report challenged policymakers, courts, social service agencies, and communities to do a better job in assessing and treating children who are living in a non-family placement setting. Annie E. Casey supported the collaboration between NCSC and other critical legal partners and experts to develop the set of tools presented in this Toolkit.⁷ This purpose of this Toolkit is to assist judges, attorneys, and advocates in making better decisions regarding the placement of children to ensure the least restrictive and most family-like placement possible for each child under court jurisdiction. This Toolkit provides information about what constitutes quality in placement, practices that one should see in placement for children, and what circumstances might support a short-term residential intervention. This Toolkit will also present systems reform strategies to judges and other court system administrators and program managers. Among these strategies include adequate planning, education and training, data collection, and an understanding of what is available in each court's local jurisdiction.

⁷ See Acknowledgements above for a listing of contributing organizations.

II. WHAT DO WE KNOW ABOUT NON-FAMILY BASED PLACEMENTS?

- **Children do better in the least restrictive and most family-like placement.** The use of non-family based placements originated from a need to provide children whose history, mental health conditions, and behavior made returning to birth parents, or placement with kin or foster home placement, a challenge. However, while it is recognized that for some children, a short-term residential intervention might be in their best interest, it should only be used when it is the least detrimental alternative. An overwhelming body of research shows us that children simply do better in families. Children and youth who stay long-term in non-family group homes are more likely to test below or far below in basic English and math⁸, drop out of high school, be arrested⁹, and experience physical and sexual abuse while in group care¹⁰.

Why do children do better in families? Healthy attachments with a parent figure are necessary for children of all ages and help reduce problem behaviors and interpersonal difficulties.¹¹ Furthermore, group care prevents children from having access to peers who are coping well with everyday life, who do not have behavioral or emotional problems, and who can provide positive peer support.¹² Finally, while quality residential programs do exist, a lack of consistent and rigorous regulation of and standards for group care facilities results in many substandard programs that fail to provide quality interventions and fail to achieve positive outcomes for the children they serve.

- **Close to half of children placed in non-family based placements do not have a documented clinical or behavioral need that would warrant such a placement.** Of the 55,916 children in non-family placement, more than 40% had no documented clinical or behavioral need that might warrant such a placement. Also unsettling is that 31% of children in non-family placement settings were children 12 and younger. Experts agree that the risk of clinical attachment disorders in young children who are placed in these types of settings is high.¹³ Too often, children 12-17 years old are placed in non-family placement as a first placement because of their age and lack of viable foster home options. And the use of non-family placement for children who are under the age of 12 is at 31%, at a time when young children need healthy and secure attachments. The use of non-family placement should be strictly limited to young children whose mental health and therapeutic needs warrant a short-term stabilization. An in-depth assessment with a standardized tool should be used to determine if the child's behavioral and/or mental health issues are indeed so severe that they prohibit that child from safely living with a family in the community and that there are no alternative community-based treatment options. These assessments are best done within the family setting whenever possible.
- **There is tremendous variation in placement rates of children in non-family placements across and within states.** States vary significantly in their use of non-family placement, and tremendous variation even exists within some states. For example, for federal fiscal year 2014, the percentage of children placed in non-family based placement ranged from low of five percent in

⁸ Wiegmann, W., Putnam-Hornstein, E., Barrat, V.X., Magruder, J. & Needell, B. The Invisible Achievement Gap Part 2: How the Foster Care Experiences of California Public School Students are associated with Their Education Outcomes (2014).

⁹ Ruan, J.P., Marshall, J.M., Herz, D. & Hernandez, P.M. Juvenile Delinquency in Child Welfare: Investigating Group Home Effects, CHILDREN AND YOUTH SERVICES REVIEW, 30(9), 1088-1099 (2008).

¹⁰ Dozier, et al. Consensus Statement on Group Care for Children and Adolescents: A Statement of Policy of the American Orthopsychiatric Association. American Journal of Orthopsychiatry, Vol. 84, No. 3, 219–225 (2014).

¹¹ *Id.*, at 220.

¹² *Id.*, at 221.

¹³ The Annie E. Casey Foundation, Every Kid Needs A Family, Baltimore. (May, 2015). The Annie E. Casey Foundation, retrieved from <http://www.aecf.org/resources/every-kid-needs-a-family/>

Oregon and Washington State to a high of 32 percent in Colorado. The national average was 14 percent.¹⁴ The average stay in non-family placement for a child is eight months with 34% of children spending more than nine months in non-family placement. State policies, practices, and funding mechanisms are unique in each state, making the case for the need for juvenile courts and child welfare systems across the country to establish a consistent set of definitions, assessment processes, and best practices for placing children in non-family placement.

- **Non-family based placement is very costly.** The personal costs to children who are abused and neglected is immeasurable and the economic burden is significant. The cost of placing children in a non-family placement is 7-10 times the cost of placing children in a family setting.¹⁵ The disproportionate numbers of children living in non-family placement continues to drive up the costs for child welfare systems. Communities that have embarked on the reduction or elimination of non-family placements have succeeded in using their funding streams to provide a wide array of community-based services to keep children with families whenever possible.

- **Experts have identified critical components of safe, quality, and effective residential treatment programs.** After a thorough assessment process, if it is determined that a short-term residential intervention is in the best interests of the child and is the least detrimental treatment option, experts have identified the critical components of safe, quality, and effective residential treatment programs.¹⁶ *The Best Practices for Residential Interventions for Youth and their Families: A Resource Guide for Judges and Legal Partners with Involvement in the Children’s Dependency Court System* identifies the following critical components:
 - Focus on permanency;
 - Engage, support, and partner with families;
 - Engage, support, and empower youth;
 - Provide culturally and linguistically competent services;
 - Provide trauma informed care;
 - Link residential programming with the home communities of the youth and families;
 - Prevent seclusion and restraints;
 - Work with youth in transition to adulthood;
 - Engage in the informed use of psychotropic medications;
 - Create organizational cultures supportive of best practices; and
 - Focus on outcomes.

¹⁴ See Appendix A, Children in Out-of-Home Placement.

¹⁵ Kids Count Data Center, Children in Care by Placement Type, 2014. < <http://datacenter.kidscount.org> >

¹⁶ See “Best Practices for Residential Interventions for Youth and their Families: A Resource Guide for Judges and Legal Partners with Involvement in the Children’s Dependency Court System.” Building Bridges Initiative and the Association of Children’s Residential Centers (2016).

<[http://ncsc.org/~media/Microsites/Files/Every%20Kid/Best Practices for Residential Interventions for Youth and their Families.ashx](http://ncsc.org/~media/Microsites/Files/Every%20Kid/Best_Practices_for_Residential_Interventions_for_Youth_and_their_Families.ashx)> This resource guide includes numerous action steps that residential centers should take to achieve each critical component, along with related key questions that courts should ask.

III. HOW CAN JUDGES, ATTORNEYS, AND ADVOCATES IMPROVE PLACEMENT DECISION-MAKING?

Juvenile judges are in a unique position to improve outcomes for children in the child welfare system. If judges, along with attorneys and advocates, are armed with information and data about assessment and service delivery options, they can better review placement decisions and successfully support placement decisions that are in the best interests of children. At each phase of the legal process, judges must rely on the information presented to them about the physical health, mental health, and safety needs of the child, and subsequently use his/her independent authority to approve a placement decision for a child that ensures his/her best interest is being met through a placement that is least restrictive and most family-like as possible. While judges must rely on the accuracy of the information presented to them, it is also reasonable and appropriate for them to make active inquiry into placement options for children that are based on that child's best interests.

Judges can lead reform first by beginning to change the culture of relying on fewer non-family placements. This change in culture begins in their courtrooms. Simple, but important to remember, is that children and youth who have experienced abuse or neglect perceive and react differently to the world, and these differences manifest in many ways. But the bottom line is the same - children need to be placed in the least restrictive, safest, and most family-like home to maximize their ability to recover and have successful futures¹⁷. Setting the expectation that child welfare agencies are to focus on placement of children prioritizes keeping children in their homes and in their communities, is a vital first step. There are certainly significant systemic challenges that get in the way, but judicial leadership in the courtroom can mobilize those responsible for placing children to find other alternatives to non-family placement. If a short-term intervention is needed, judges can educate themselves and require others to be educated about the critical components of safe, quality, and effective treatment options.¹⁸

When reviewing placement decisions regarding non-family based placement, judges are faced with three key questions:

- (1) How do we know that a non-family based placement is best for *this* child;
- (2) How do we know if the recommended non-family based placement is a *quality* program¹⁹; and
- (3) How do we know *when* a child in a non-family based placement can return to a family placement.

To provide guidance to judges, but also to educate attorneys and advocates, in making better-informed decisions around non-family based placement, a judicial benchcard is available. This benchcard, developed by the National Council of Juvenile and Family Court Judges and informed by the judicial guide, *Best Practices for Residential Intervention for Youth and their Families*, from the Association of Children's Residential Centers, provides (1) key questions judges should ask when a non-family based placement is recommended and when a child is placed in a non-family setting; (2) questions to ask non-family placements, the child welfare agency, and other stakeholders about policies and practices; and (3) data judges should request from non-family placement facilities.

¹⁷ Helping Foster and Adoptive Families Cope With Trauma (n.d.) Retrieved from <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/Trauma-Guide.aspx?nfstatus=401&nftoken=00000000-0000-0000-0000-000000000000&nfstatusdescription=ERROR:+No+local+token>

¹⁸ See *Best Practices for Residential Intervention for Youth and their Families*. Association of Children's Residential Centers, available at [http://ncsc.org/~media/Microsites/Files/Every%20Kid/Best Practices for Residential Interventions for Youth and their Families.ashx](http://ncsc.org/~media/Microsites/Files/Every%20Kid/Best_Practices_for_Residential_Interventions_for_Youth_and_their_Families.ashx) >.

¹⁹ *Id.*

IV. WHAT ROLE CAN JUDGES AND OTHER COURT LEADERS HAVE IN IMPROVING PLACEMENT PRACTICES, POLICY, AND INFRASTRUCTURE?

Judges can use their leadership role to influence positive change in the use of non-family placement for children in our child welfare system. Judicial leadership and commitment to establishing systemic oversight, performance measures, and outcome review will provide a catalyst to everyone working in the child welfare system to begin to look at solutions for ensuring that all children and youth have the opportunity to thrive in family placements.

Judges can hold other stakeholders to quality practice that reflects proper assessment in individual cases, the appropriate use of short-term residential intervention, evidence-based treatment modalities, and ongoing data collection about the outcomes of the children served in their respective jurisdictions.

Judges can communicate and collaborate with the child welfare agency and service providers to ensure that their community has access to a sufficient level of family-based placement options, and that the residential programs available to them are quality, evidence-based programs located close to children's families.

Judges can establish process and outcome measures to monitor placement decisions. For example, judges can use case management reports to assess timeliness of hearings about placement decisions. They can also engage in efforts to look at broader measures such as the types of placements, frequency of placement changes, and the frequency of judicial review of those placements.

Judicial branch administrators and program managers also have an important role in systems reform in this area. [Court Improvement Programs](#) across the country have provided much needed resources for juvenile courts to engage in collaboration with child welfare agencies, attorneys, children's advocates, and communities to promote better outcomes for children involved in the child welfare system. Court Improvement Programs can ensure that juvenile judges, attorneys, and advocates in their state are adequately and regularly trained on the information contained in this Toolkit.

V. EXECUTIVE AND LEGISLATIVE BRANCH REFORM EFFORTS

State child welfare leaders and lawmakers in many states have been working to ensure that non-family placements are only used as a short-term intervention when absolutely necessary to treat the behavioral and mental health needs of youth so they can return to a family placement. Some of their work includes the following strategies:

- Absolute prohibition on placement of children under a specified age, or a prohibition on placement of children under a specified age with defined exceptions;
- Enhanced admission criteria or facility requirements for children under a specified age;
- Required justification for residential placement, for example based on the clinical needs of the child and the use of assessments to determine the level of care;
- Prior supervisory or departmental approval for residential placement;
- Case plans and placement criteria that specify purpose of placement, length of stay, and regular review;
- Mandate to close facilities or limit capacity of non-family placements;
- Explicit funding restrictions;
- Better oversight and administration of psychotropic medications for children in congregate care;
- Better state oversight and licensing of residential facilities;
- Create three-branch task forces on residential care; and
- Limitation on approval of rates for additional facilities or additional capacity.²⁰

Judges and other court leaders should explore opportunities to partner with the child welfare agency and state legislature in improvement and reform efforts within their states. One opportunity is to explore the establishment of a three-branch collaboration to develop an integrated and comprehensive state approach to safe, quality, effective short-term residential interventions for children in the child welfare system.

²⁰ See *State Policies on Non-Family Foster Care Settings*. Youth Law Center (July 2015). [http://www.ylc.org/wp/wp-content/uploads/State%20Policies%20on%20Non-Family%20Foster%20Care%20Settings%20\(July%202015\).pdf](http://www.ylc.org/wp/wp-content/uploads/State%20Policies%20on%20Non-Family%20Foster%20Care%20Settings%20(July%202015).pdf) and *Congregate Care, Residential Treatment and Group Home State Legislative Enactments 2009—2013*. National Conference of State Legislatures (Feb. 10, 2017). <http://www.ncsl.org/research/human-services/congregate-care-and-group-home-state-legislative-enactments.aspx>

VI. CASE STUDIES

Throughout the past twenty years, incredible improvements have been made in the ways in which courts, child welfare agencies, legal advocates, and communities work together to provide children and youth with a family to provide them with love, trust, and hope for the future. The issue of non-family placement is complicated and too often judges are dealing with lack of resources and options in their communities. Yet, there are examples across the country of court innovations and collaborations that have been implemented or are being tested in an attempt to reduce or eliminate the use of non-family placements. These efforts offer other jurisdictions some valuable information and strategies that they can employ to limit the use of non-family placements for children whose behavior and mental health needs warrant a short-term residential intervention. Hampton, Virginia's story highlights the results of a multidisciplinary collaboration whose goal was to eliminate the use of non-family based placement. Denver, Colorado's story highlights a court that has recently established a specialized docket to focus on the placement of youth currently placed in residential placement, with the goal of reducing Denver's reliance on residential placement as simply another placement option.

Hampton, Virginia

In 2007, the state of Virginia had the highest percentage of children placed in group care as compared to other states. To address this placement crisis, systems leaders in the city of Hampton, Virginia began to rethink their approach to the placement of children in non-family placements. The courts, under the leadership of Judge Jay Dugger, and child welfare community partnered to use pooled funding and community based prevention and intervention services to keep children with families and eliminate the use of residential treatment centers.

Ingredients of Success. The Comprehensive Service Act (CSA) enacted in Virginia in 1992 created a collaborative system of services that was child-centric and family focused. It allowed pooled, incentive based funding that gave communities like Hampton the flexibility to use resources creatively on prevention and community-based treatment options. The CSA legislation created a shared horizon of possibilities for the future and an environment for change. Hampton used the CSA legislation to their benefit and formed two statutorily mandated collaborative teams. The Community Policy and Management Team (CPMT) was responsible for defining the local CSA structure and to oversee implementation efforts and budget issues. The second team, the Family Assessment and Planning Team (FAPT) was responsible for overseeing individualized child and family case plans and monitoring care across agencies. Both teams included leaders or representatives from courts, education, health, mental health, and child welfare agencies as well as one private provider representative and one parent representative.

The CSA teams leveraged their experience to foster an environment of collaboration and innovation. The creation of a "one child at a time" philosophy and core values that focused on keeping children and families together, outcomes, stakeholder accountability, service delivery that empowered families, and the concept that "trying hard" is not good enough were at the core of reform. It was this infrastructure that allowed Hampton to aggressively combat the over-reliance on residential treatment for children and youth. The CPMT team, comprised of decision makers and representatives from courts and agencies, had the authority to make policy and funding decisions that would allow creativity in the FAPT team so individualized, child-centered, family-focused, and community-based services could be provided to children and families.

Results. In 2005, Hampton had close to 250 children in foster care and 32 in non-family group settings. and by 2008 there was only one child in residential care. Hampton's use of foster care has fallen from a

peak of 281 children in 2002 to around 40 in 2014 - an 85 percent reduction.²¹ Through the leadership of the CPMT and the persistence of the FAPT team, a model for treating high-needs children and youth was created. Specialized Intensive Foster Care (SIFC) was developed to provide high-needs children and youth with foster home settings that provided the support and care they needed. SIFC providers work with biological families to provide supervised family visits, coaching, and other treatment services that allow these children and youth to maintain family and community connections.

Success to Prevention. With the success of initiatives to keep children and youth at home and out of non-family placements, Hampton has focused its vision on “extreme prevention”. Efforts now focus on identifying at-risk families and offering those families with customized services as early as possible. Home visitation programs, screening, and support services are helping to keep families intact. Additionally, children and youth involved in the juvenile justice system in Hampton who were historically placed in residential treatment are now served by the Family Stabilization Program, a program that diverts children and youth from residential placements and focuses on services that address family conflict and behavioral health and other treatment services.

Denver, Colorado

Over the past two years, under the leadership of Judge Brett Woods, the Presiding Judge of the Denver Juvenile Court, the court has undertaken steps to reduce Denver’s reliance on non-family placements and ensure that the court provides a stronger oversight role in ensuring that that youth who do need this short-term intervention remain in non-family based placement no longer than absolutely necessary. Colorado has the highest percentage in the country of children and youth in non-family based placement, and state child welfare and judicial branch leadership have made it a priority to undertake systems reforms efforts. To answer the call to action to make systems reforms locally, the Denver Juvenile Court established a multidisciplinary team, including Judge Woods, attorneys, advocates, and child welfare agency leaders, and they conducted a site visit to Hampton, Virginia to learn about the reform efforts there. Upon the teams return from the site visit, they decided to establish a “congregate care docket” pilot in Judge Wood’s courtroom. The docket would feature more frequent review hearings to specifically address placement.

The first step of the pilot was to get a list of all dependency/neglect cases under Judge Wood’s jurisdiction who were placed in residential placement. Because this information was not readily available to the court as part of their court case management system, the court received the list from the court liaison with the child welfare agency. The next step was to design a special congregate care hearing report. The report has sections for current placement, diagnosis, prognosis for stepdown, permanent plan steps, discharge plan, date of last meetings held, and recommendations made to the court. The hearings themselves were designed to be collaborative and problem-solving, and the court ensures that key people attend the hearings, including someone from the agency’s utilization management unit— in other words, someone who “walks in with the checkbook” and is empowered to cut through red tape and facilitates decision-making in the courtroom to ensure the best placement decisions.

Data has been instrumental to this effort in the Denver Juvenile Court, and the court is actively reviewing placement-related measures for children and youth under its jurisdiction. The goal at the outset of the pilot was to reduce placement in non-family based placements by 40 percent. Since the kickoff off the Congregate Care Docket in February 2015, they have reduced residential placement by 20 percent.

²¹ A Model for Collaboration and Results: How cross-agency collaboration helped Hampton, Va., build a broad array of child and family services. Annie E. Casey Foundation (Jan. 2015). < <http://www.aecf.org/m/resourcedoc/aecf-AModelforCollaboration-2015.pdf>>

Also critical to the success of this effort was the effective collaboration between the court and the child welfare agency under the leadership of Judge Woods and Joseph Homlar, Denver's child welfare department Division Director. This pilot began as a team effort between the courts and child welfare with a shared vision of the need to change the system of care.

While the effort began as a pilot project in Judge Woods' court, other judges saw its success and became interested in adopting this special docket for their cases. In March, 2017 the bench decided to expand the congregate care reduction hearing protocol to all judicial officers. To kickstart this effort, the child welfare agency identified a number of children as potentially appropriate for immediate release from congregate care. The court set aside two days during which each of the courts would focus on hearing these cases. Additionally, as part of the expansion effort, delinquency cases are now included in the court's congregate care reduction effort.

Appendix A: Percentage of Children in Out-of-Home Placement in a Non-Family Placement²²

State	FFY2011	FFY2012	FFY2013	FFY2014	FFY2015
Alabama	18%	19%	18%	20%	20%
Alaska	7%	6%	6%	6%	4%
Arizona	13%	14%	14%	14%	14%
Arkansas	19%	20%	19%	20%	20%
California	11%	13%	12%	12%	12%
Colorado	39%	39%	35%	32%	30%
Connecticut	25%	22%	24%	18%	14%
Delaware	13%	15%	15%	16%	15%
District of Columbia	11%	9%	9%	8%	8%
Florida	14%	13%	13%	13%	12%
Georgia	17%	17%	17%	18%	16%
Hawaii	8%	7%	7%	6%	5%
Idaho	9%	9%	8%	8%	9%
Illinois	11%	11%	10%	10%	10%
Indiana	11%	10%	9%	8%	7%
Iowa	20%	20%	19%	19%	18%
Kansas	6%	5%	5%	6%	6%
Kentucky	18%	19%	18%	17%	17%
Louisiana	10%	9%	9%	8%	8%
Maine	8%	8%	5%	6%	5%
Maryland	14%	13%	14%	14%	15%
Massachusetts	18%	17%	17%	17%	17%
Michigan	15%	18%	18%	14%	9%
Minnesota	25%	25%	21%	19%	16%
Mississippi	18%	16%	15%	14%	13%
Missouri	8%	11%	11%	11%	10%
Montana	11%	10%	9%	10%	9%
Nebraska	14%	18%	16%	8%	6%
Nevada	6%	7%	6%	7%	8%
New Hampshire	15%	15%	22%	30%	29%
New Jersey	8%	8%	8%	6%	6%
New Mexico	5%	5%	6%	7%	6%
New York	15%	15%	15%	15%	18%
North Carolina	11%	12%	12%	12%	11%
North Dakota	26%	23%	22%	20%	18%
Ohio	13%	14%	14%	15%	14%
Oklahoma	10%	10%	9%	8%	7%
Oregon	5%	5%	4%	5%	17%
Pennsylvania	23%	22%	21%	20%	19%
Rhode Island	30%	28%	28%	28%	24%
South Carolina	22%	22%	23%	24%	24%
South Dakota	21%	23%	20%	19%	17%
Tennessee	18%	17%	17%	18%	18%
Texas	16%	16%	16%	16%	16%
Utah	13%	11%	12%	11%	12%
Vermont	19%	20%	20%	16%	14%
Virginia	14%	15%	16%	16%	16%
Washington	5%	5%	5%	5%	5%
West Virginia	25%	25%	27%	25%	23%
Wisconsin	13%	13%	13%	12%	12%
Wyoming	33%	31%	27%	25%	21%
Mean	15%	15%	15%	14%	14%

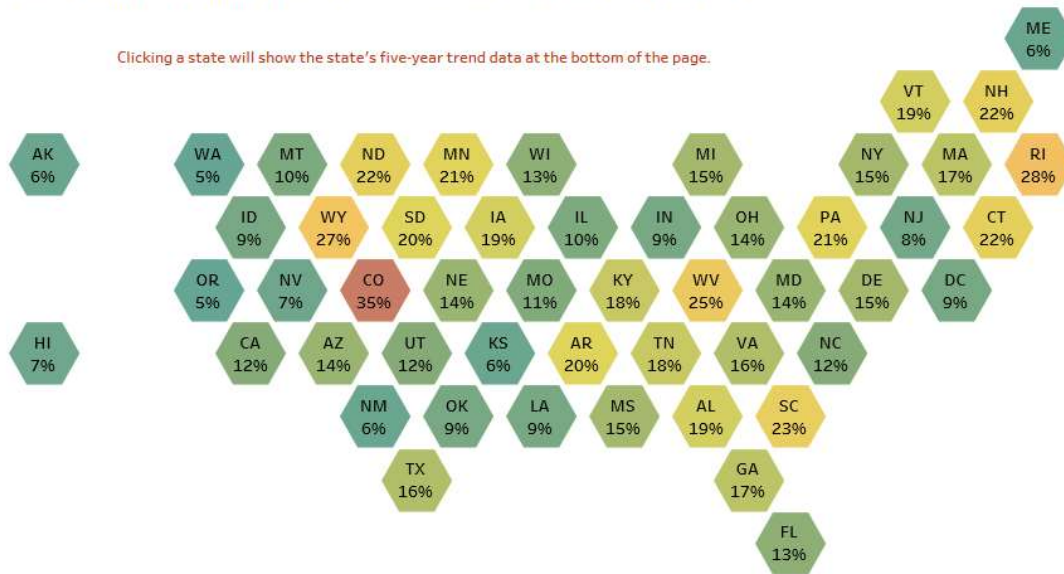
²² Source: Child Trends' analysis of Adoption and Foster Care Analysis and Reporting System data (2011-2015). Percentage estimates of children in each placement type are based on children ending the year in foster care, ages birth to 20, where placement type is known. Non-family placement includes children in group or institutional placements. This data is also available in an interactive format at <http://nsc.org/everykid/everykid/home/Reform-Efforts/Data-By-State.aspx>

Percent of children in non-family placements by state, 2011-2015

Percent (mean)
5% 35%

Wide state variation is due to differences in policies and placement practices in each state.

Clicking a state will show the state's five-year trend data at the bottom of the page.



*This map is available in an interactive format online at

<http://www.ncsc.org/Microsites/EveryKid/Home/Reform-Efforts/Data-By-State.aspx>