

Uninvited Guests

Teens in New York City Foster Care

- Teenagers make up a rapidly growing share of the foster care system. Three of every 10 children in foster care today, or nearly 8,000 young people, are at least 14 years old. (See "*Adolescents in Foster Care*" page 6.)
- The majority of teens in foster boarding homes and group homes receive little or no mental health treatment beyond an initial evaluation, despite the fact that many have experienced severe emotional trauma. Many of the city's nonprofit foster care agencies must rely on fiscally strapped, Medicaid-starved community mental health clinics that lack the capacity, the services and the savvy to work effectively with adolescent foster children. (See "*Mostly Missing*," page 16.)
- At many nonprofit foster care agencies, a few classroom exercises in "independent living" substitute for the essential life lessons most young people must learn before they move out on their own. Few teens in foster care receive individualized attention to their emotional health, or their ability to build friendships, develop trusting relationships and cultivate self-reliance. (See "*Seeking Independence*," page 28.)
- At least six of the city's religiously affiliated foster care agencies fail to provide sexually active teens in their care with contraceptives or information about abortion—except when creative staff members defy their superiors. (See "*Information Blackout*," page 11.)
- Foster parents are too often unprepared to care for teens, so thousands of young people are relegated to life in institutional group homes, while others change foster care placements repeatedly. A lucky few may find an adult—often a relative or family friend—who is more than a caretaker. This fall, the city will mount a new, more inventive campaign to recruit foster parents for teens. (See "*Seeking a Second Family*," page 13.)
- Front-line child care workers in congregate care work as many as 90 hours a week performing some of the toughest jobs in the foster care system. Their average salary is \$22,000, and job turnover is estimated at 40 percent annually. Yet they are surrogate parents to more than 4,200 youngsters aged 11 and older who live in group homes or residential treatment centers. (See "*Low Pay, High Stress*," page 7.)
- More than half of the young people taken by the police to the city's juvenile detention facilities from July 2000 to June 2001 had been the subject of abuse and neglect investigations by the city's Administration for Children's Services at some point in their lives. About one-quarter were either in foster care or had an active preventive services case at the time of the detention. (See "*Another Road*," page 22.)

Introduction:

Make Teens a Top Priority

THE SOCIAL CRUSADERS AND GOVERNMENT officials who established the modern foster care system sought better lives for mistreated babies and young, vulnerable children. Teenagers in foster care were an unplanned consequence, the uninvited guests who for decades found little acceptance or comfort in the city's vast network of foster homes.

Yet today, the portion of the foster care system that is made up of teenaged boys and girls is growing rapidly. Three of every 10 children in foster care today, or nearly 8,000 young people, are at least 14 years old.

Several thousand teenagers now in foster care parted with their families in the latter half of the 1990s, and have been in foster care ever since. And the number of teens requiring city supervision will soon increase: a new state law allows overwhelmed parents to demand that government take responsibility for disobedient or runaway 16- and 17-year-olds.

As the findings highlighted on the cover of this special double issue of the *Watch* make clear, the city and its contract agencies are struggling to provide adequate services for many of the teenagers who spend years in foster placements.

Still, there has been some progress. The leadership in the executive offices of the Administration for Children's Services (ACS) is pursuing several new projects to address many of the problems discussed here. We report on some of their initiatives in the pages that follow.

Well over a year ago, ACS established a partnership with the New York City Housing Authority that has yielded hundreds of apartments and federal Section 8 rent subsidies for young people aging out of foster care. The institutionalization of an ACS youth advisory council—made up largely of young people from foster and group homes that ACS manages, plus members of the advocacy organization Voices of Youth—helps carry the views of young people to agency management, a policy all nonprofit foster care agencies should emulate.

And in his public speeches, ACS Commissioner William Bell advocates a new approach to working with teens in foster care, an approach that emphasizes the full engagement of caseworkers and child care staff in helping teenagers plan for their futures, find valuable

resources, develop useful skills and set realistic goals. If ACS can follow through on this vision, the change would be remarkable.

But there are severe constraints.

Last spring, City Hall lopped 7.5 percent of all city funds off the ACS budget for fiscal year 2003 (July 2002 through June 2003). Through accounting maneuvers, the agency shifted federal and state money into some gaps and preserved funding for foster care and preventive programs. But officials expect another 7.5 percent reduction as soon as this fall, and, according to the city's Independent Budget Office, ACS will have a harder time avoiding real cuts in child welfare services.

The state budget, too, is deeply in the red. State and local dollars fund nearly half the cost of basic foster care services, with the federal government picking up the remainder.

Because of these budget difficulties, ACS has top staff vacancies in its Office for Youth Development, the division responsible for initiatives to improve teen programs and services.

Most teens in foster care are overseen by nonprofit agencies, under contract with ACS. The city only retains great influence with these nonprofit agencies by painstakingly monitoring compliance with the city's contract standards, and by providing staff training and technical assistance.

As teens become an ever-larger percentage of the foster care population, Commissioner Bell and his deputies must use these tools to make sure the system's middle managers and ACS contract agencies understand that the transformation of adolescent services is one of the city's highest priorities.

And Mayor Michael Bloomberg and his chief aides must be more aggressive in demanding that Washington and Albany provide adequate funding for the programs that care for the city's most vulnerable children and families.

Change is not only possible in these difficult budgetary times, it is urgent. Vast improvement of adolescent services is moving beyond the drawing board; now it must be pressed aggressively in the field. ♦

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Watching the Numbers

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Recommendations & Solutions

Proposed by Child Welfare Watch

Teenagers and Foster Care

Young men and women growing into adulthood have the ability to make many choices for themselves. They know what they like, they know whom they trust, they usually have opinions about their future and what they need to get there.

Teenagers may not always be on the mark in their assumptions and decisions, but exercising their right to make important choices is a large step toward true independence.

Adults should influence and inform those choices. But in institutions like foster care, too often adults make most of the important choices, and the young people are quietly brimming with resentment.

Many of the recommendations outlined below are rooted in the premise of choice—and in the necessity of improving the choices that currently exist for young people.

For example, some advocates say foster boarding homes offer teenagers more of a chance to develop meaningful and lasting relationships with adults, as compared to group homes. Yet in practice, many teens say their foster parents are unprepared or unwilling to have a close, supportive relationship with them. The city and many of its contract foster care agencies need better methods for recruiting parents, better ways of preparing them—and a different type of enriched boarding home program specifically for teens. Somehow, New York City needs to provide teens with legitimate and meaningful choices that make the foster care system a better place to grow up—and to prepare for the future.

The Administration for Children's Services has begun to make headway in some of these areas, and the *Watch* supports the agency's recent emphasis on strategies for serving teens that focus on young people's strengths rather than their problems.

The recommendations below are proposed by the advisory board of *Child Welfare Watch*. Some will require new money, or the redirection of existing funding. But many are cost-neutral, calling instead for changes in management, and for a transformation in the culture of teen foster care.

CURTAIN the NEED for FOSTER CARE, DETENTION and INCARCERATION

◆ The state as well as City Hall and its agencies, including ACS and the departments of Youth and Community Development, Probation, and

Juvenile Justice, need to spend more precious prevention resources targeting teens in neighborhoods that have the highest rates of juvenile delinquency and foster care removal. This up-front spending will decrease the likelihood of even greater costs associated with foster care, juvenile detention and incarceration. In these communities, City Hall should greatly expand youth development, counseling and intervention resources for teenagers, based in Beacon Schools and other community-based institutions. These programs should include family-focused support services and interventions as well as transitional supports and case management for teens who may have no option but to escape from abusive homes.

CHANGE the CULTURE of TEEN FOSTER CARE at ACS and its CONTRACT AGENCIES

◆ The Administration for Children's Services recently adopted a more holistic youth development framework for serving adolescents, one that attempts to meet young people's individual needs. ACS also now trains its casework staff to assist older youths in ACS-managed foster care to plan for their futures—a task that for years has been left to "independent living coordinators" disconnected from day-to-day case management. These changes must become deeply rooted at ACS, and extended broadly throughout the system. To accomplish this, however, ACS must give its Office of Youth Development a high priority and the resources necessary to strengthen its work. As a first step, its many vacant leadership and staff positions need to be filled as soon as possible.

◆ Even without new funding, foster care agencies need to reach beyond the parameters of mandated "independent living" courses to fully integrate life skills preparation into the daily culture of their organizations. Preparation for the future means more than learning to cook, shop or rent an apartment. It means learning how to survive the emotional experience of late adolescence, how to find companionship, how to

respect and protect yourself out in the world—and how to earn a decent living. In New York and elsewhere, some private and public agencies with teens in foster care have incorporated a youth development philosophy into the day-to-day work of group home staff, foster parents, caseworkers and management. New York City ACS and the state Office of Children and Family Services (OCFS) need to widely disseminate the elements of such holistic, agency-wide approaches to life preparation, and see that they take hold. Both ACS and OCFS should require that meaningful youth development methods become core practice in every foster care agency serving teens.

◆ ACS should broaden its methods for monitoring the independent living services and planning provided by contract foster care agencies. One important step has been taken: ACS now requires all agencies serving teens to file case-specific, semiannual reports on independent living practices. These measures, along with random case reviews, show that most agencies are providing basic, required services to teens. But in order to learn if these services produce desirable results, ACS should institute new measurements that include interviews of young people in care and survey research that targets graduates. If some programs cannot meet clear standards of quality, ACS should consider transferring the adolescents and suspending referrals of adolescents to these organizations.

RECRUIT, PREPARE and SUPPORT FOSTER PARENTS SPECIFICALLY for TEENS

◆ ACS and the state OCFS need to create a special category of foster boarding homes specifically recruited, trained and supported to care for adolescents. These enriched homes would have more flexible funding, greater support services and age-appropriate training for foster parents. In addition, agency caseloads should be lower for these teens. Investing in such homes would cost significantly less than existing congregate care.

◆ Teens in foster care need to participate directly in agency efforts to recruit and train foster parents. This practice has been shown to increase the number of recruits willing to take teenagers into their homes.

◆ As agencies develop stronger networks of foster homes specifically for teens, ACS needs to convert or close some congregate care beds. While some young people require congregate placement, the cost of group care is exorbitant, and many young people who come into the city's care would be better served in foster boarding homes. However, until more adolescents find the boarding home experience to be both positive and supportive, many teens will continue to prefer group homes.

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Recommendations & Solutions

Proposed by Child Welfare Watch

STRENGTHEN SUPPORTS and HELP NURTURE RELATIONSHIPS for TEENS and THEIR FAMILIES

◆ Agencies must place greater emphasis on work with families before, during and after the period when their child is in foster care. More than 50 percent of all adolescents placed in foster care return home. In many cases, skillful reunification casework includes helping families build supportive networks of relatives, neighbors, friends and local institutions.

Similarly, teens themselves often need help nurturing their own relationships—with peers, mentors, teachers, employers, coworkers and other significant adults—so they can find the support they need if their families don't come through for them.

◆ Foster care agencies need to create and promote more peer support opportunities for teens. Most of these young people have lived through very hard times. Their wisdom is deep and their experience rich; these should be shared with peers and agency staff, using facilitators and other techniques.

◆ The state must fund agencies to provide after-care and follow-up services to young people who age out of care. Whether a former foster child goes to college, begins work or raises a family after leaving the agency, his or her relationship with the agency should not end at that point—just as other children don't end their relationships with parents when they leave home.

IMPROVE the QUALITY of FRONT-LINE CHILD CARE

◆ The state legislature and OCFS must significantly raise salaries for private agency child care workers in group homes and residential treatment campuses. All agencies need to recognize that front-line workers have the potential to make the greatest impact on the young people living in congregate care facilities, and their role should be seen as part of a professional team. These men and women are not simply overseeing the daily lives of young people in their care. They are also helping to shape and plan their futures. That means not only higher pay to attract a larger pool of talent, but also better support services, quality training and respectful supervision.

◆ ACS should establish an incentive program that enables and encourages contract agencies to boost salaries for longtime direct-care staff. For young people, the opportunity to develop consistent, stable and reliable relationships with adults providing front-line services is absolutely vital.

ENSURE ACCESS to FAMILY PLANNING SERVICES and MOTHER-CHILD FOSTER CARE

◆ All teens in foster care must be assured ready access to information on birth control and sexuality, including abortion. ACS needs to establish more specific guidelines for all agencies, including those that are religiously affiliated, and then monitor compliance and sanction inadequate performance.

◆ Expand and improve recruitment and training of foster parents who can care for young mothers and their children. These foster boarding homes should be in or near the communities where mothering teens themselves choose to live, close to relatives, friends or other supportive peers and adults. The foster parents themselves must also be well-prepared to deal with the developmental issues and the material and emotional struggles faced by young mothers.

OVERHAUL MENTAL HEALTH SERVICES for TEENS

◆ Mental health professionals trained in serving foster children should be available in the communities where foster children live. This could be accomplished in two ways:

1) Albany needs to improve services at community-based mental health clinics statewide by raising the cap on Medicaid spending for outpatient mental health care imposed fifteen years ago. The cap severely limits the quality of care and prevents clinics from hiring and training additional social workers, which could ease long waiting lists. The state should also raise the Medicaid reimbursement rate, which is set at about \$60 per visit.

2) The state needs to provide funding that enables foster care agencies to hire social workers, psychiatrists and psychologists without having to wait two years before reimbursements are allowed.

◆ The state and city need to establish a mental health training budget to cover advanced train-

ing for clinicians, therapists and staff to work with kids on the specific issues confronting foster children, including sexual abuse, the effects of neglect and post-traumatic stress disorder. Clinicians should also be trained to better handle the distrust and instability that are common among teens in foster care.

PREPARE FRONT-LINE WORKERS and FOSTER PARENTS to PROPERLY ADDRESS SEXUAL ABUSE

◆ Front-line care providers, including foster parents and congregate care staff, must be trained in how to properly handle issues related to sexual abuse. While ACS provides extensive training to its own employees, a recent survey found that staff at most nonprofit agencies are not trained to deal with children with sexual abuse-related behavioral problems.

TARGET EDUCATIONAL SUPPORT and SERVICES for FOSTER CHILDREN

◆ Five years ago, administrators at the city's Department of Education and ACS agreed to establish a database about the educational progress of individual foster children. This database is far from completed, however, leaving guidance counselors and other relevant school staff without a way to identify foster children in their schools. Now that both agencies are under direct mayoral control, such information sharing must be made a high priority. With this knowledge, ACS needs to target schools that have concentrations of foster children, and educate teachers and school counselors about the many issues common to foster youth.

◆ ACS and its contract foster care agencies have begun to train caseworkers to navigate the school system, and contract agencies will soon be required to offer training in educational development to foster parents. These steps are essential. Caseworker training, however, may be insufficient because of large caseloads. Every effort must be taken to reduce worker caseloads and to enforce understanding of the full breadth of caseworker responsibilities.

◆ The Department of Education needs to clarify the legal rights of parents and foster care agencies in moving young people into and out of special education.

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◆ More than half of all foster children change schools each year they are in care. This number is higher, on average, for teens, because they tend to change homes more frequently than younger foster children. School transfers usually slow a child's educational advancement. ACS' current strenuous efforts to reduce the number of transfers must be maintained.

DIVERT FAMILIES AWAY from PINS PLACEMENTS as OFTEN as POSSIBLE

◆ New York City should institutionalize a system of temporary, well-supported respite homes for teens in extreme conflict with their parents. The new revision of the state PINS law, expanding eligibility to 16 and 17 year olds, could swamp Family Court, add significantly to foster care rolls, and do little for the teens involved. An alternative short-term respite

home option for teens, combined with intensive family support services, may lessen this load on the courts and ACS. Ultimately, New York will have to thoroughly reconceive its methods for providing support for parents of difficult children. Chicago and other localities have developed methods to provide parents some leverage over runaway children, but they also require family involvement in services and don't add to the burden of the courts.

◆ ACS is developing a worthy strategy for working with families seeking PINS intervention. Assessment teams with social workers will meet with the families, evaluate their situation and help them connect with appropriate services in order to keep children at home and mediate the crisis. For the sake of families, teens and the stability of the foster care budget, this project must take a very high priority at ACS.

INVEST in REAL ALTERNATIVES to JUVENILE DETENTION

◆ Mayor Bloomberg's decision to abandon his predecessor's plan to expand capacity at the city's juvenile detention facilities is an important step forward. The city's departments of Juvenile Justice and Probation should now seek to increase the quality and capacity of alternatives to detention programs so that fewer teens spend weeks and months in the Bridges, Crossroads and Horizons detention centers. If judges are to rely on these alternative programs, however, they must include better educational opportunities, teen-oriented counseling services and other supports. The teacher-to-student ratio needs to be reduced, and strategies for recruiting and retaining qualified teachers must be implemented.◆

RECOMMENDATIONS FROM A CWW FOCUS GROUP AT FOSTER CARE YOUTH UNITED

A dozen teenaged veterans of the city's foster care system shared their thoughts about programs and services with *Child Welfare Watch*. See "From the Inside," page 15, for more of the conversation.

The focus group participants made two broad observations:

1. Resources in the system are geared primarily toward younger teens.
2. The few programs or resources available for older teens or teens leaving the system are very difficult to learn about.

The group's recommendations:

- Provide hands-on housing assistance. Finding housing during the transition out of foster care is a common problem: teens are given a list of landlords that may or may not be up to date, and participants had received very little information about the Section 8 rent subsidy vouchers that are supposed to help them find a place on their own.
- Establish age-appropriate services. Social workers often treat 17-year-olds the same way they treat 14-year-olds. One panelist felt strongly that having 18-year-olds living in a group home with 14-year-olds was a bad idea for both: the age range causes unnecessary friction.
- Hire better social workers, or provide them with better training. Some workers are great, but most are not aware of the special needs of teenagers. "They go by the books, and don't really deal with problems," said one teen.

- Provide more pocket money. The small "grooming" allowance leaves no extra money for anything special, such as attending a prom or just going to the movies.
- Spend more time working with the kids on their future plans. Many foster care agencies help young adults with college expenses—but these teens said they had to scramble around to find out about such assistance programs. Caseworkers rarely help teens with future life plans, and the students said they learned on their own about preparing for SATs and applying for college.
- Provide more specific, real-world training in workshops that teach life-skills, rather than just outlining or describing them.
- Provide therapy that is helpful. Counseling should not single out certain kids, or make them feel like they are being punished. Therapists should be readily available to kids who want someone they can talk with. Participants also wanted greater access to group therapy, and to classes that would teach anger management and similar skills.
- Expand the Supervised Independent Living Program (SILP). The program was popular, although it got mixed reviews. Many of the teens praised it for its training-wheels structure.
- Learn from the agencies that have set up good independent living programs. A few participants said their foster care agencies had useful, interesting workshops, and staff members were helpful with finding internships and jobs.

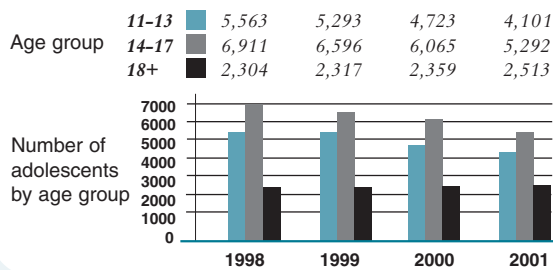
New York's Adolescents in Foster Care

A Statistical Snapshot

Number of Adolescents in Care

year	1998	1999	2000	2001
Number of Adolescents (14+years)	9,215	8,913	8,424	7,805
Teens aged 14+ as a percent of the entire foster care system	24.3%	25.5%	27.5%	29.2%

Adolescent Age Distribution



Where They Are...

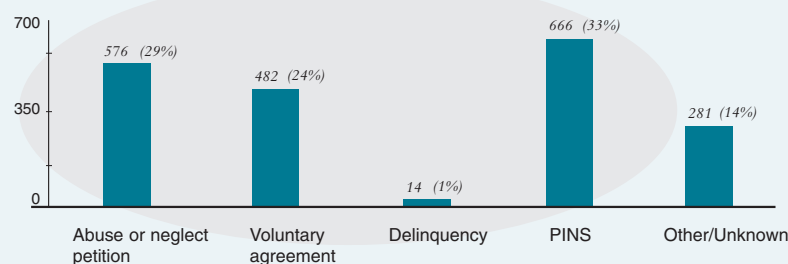
And Where They're Going...

Type of placement (ages 11+)	year	1998	1999	2000
Foster home		6,059	5,682	5,390
Group home or RTC		4,581	4,546	4,207
Kinship		4,138	3,978	3,550

Permanency goal (% of teens in foster care)	year	1998	1999	2000
Return to family		39%	39%	36%
Independent living		39%	39%	41%
Adoption		15%	14%	15%
Other/Unknown		7%	8%	8%

Reason for Placement

(1994 entries, aged 11 to 15)



Sources: New York State Office of Children and Family Services, Monitoring and Analysis Profiles (1998-2000); NYS Office of Children and Family Services, Quarterly Summary of Characteristics of Children in Foster Care (2001); Vera Institute of Justice, Analysis of 1994 Cohort (Dec. 2001).

Low Pay, High Stress:

*Front-Line Workers are the
City's Surrogate Parents*

THE
WORK
FORCE

FOR MUCH OF THE SIX YEARS MAX Moran lived in foster care, he felt depressed and lonely. Sometimes he'd sit on the steps of his group home, put his head in his hands and cry. The worst part, Max recalls, was that child care workers at the home rarely took time to ask him how he was. Some of them were blatantly negligent. One worker slept on the couch all day, stole food from the pantry and got high on the job. Whenever this worker had a confrontation with the kids, he resorted to threats.

"If I got into a fight with him, he'd say, 'Wait 'til four o'clock and meet me in the parking lot,'" Max says.

More than 4,200 New York City youngsters aged 11 and older live in group homes or on the campuses of residential treatment centers. Child care workers are their surrogate parents, the day-to-day authority figures in their lives. Their relationships with the teens in their care can be tumultuous, yet many teens come to trust their workers, and depend on them for advice and support.

These workers spend 40, 50, sometimes as many as 90 hours a week performing some of the hardest jobs in the foster care system, absorbing much of the anger, hurt and distrust that these teens have picked up throughout their lives. Yet the combination of low pay, high stress, minimal training and long hours guarantees problems. In many homes, the staff doesn't receive adequate supervision or support to cope with troubled kids. And while many workers manage to do an excellent job, others have been found to neglect, mistreat and even abuse the kids in their care.

Child care workers receive an average starting salary of \$18,500, according to the Special Child Welfare Advisory Panel. The average overall salary is \$22,000, regardless of experience. "A child care worker working with society's most vulnerable, damaged kids makes not much more than somebody working in fast food," says Frank Delano, director of professional training at the Jewish Board of Family and Children's Services.

Child Welfare Watch interviewed several workers for this report. Most of them requested anonymity for fear of angering

their employers. Many said the low salaries make them feel demoralized, and added that they work long overtime hours or take on second jobs to make ends meet. "I have four kids of my own, but my children don't know who I am and I'm always tired," said one worker, who explained that she regularly pulls double shifts and works 80 to 90 hours a week.

Workers also say they often feel overwhelmed and disrespected. "We cook for them, we wash their clothes, we do their hair, we take them on home visits, we listen to their problems, we break up their fights," said one worker. "But we know that to the psychologists, the social workers and the administration, what we say just doesn't matter."

Burnout is common. The Council of Family and Child Caring Agencies estimates worker turnover at 40 percent per year in these positions. Administrators report that residential treatment centers, where stress is particularly high, can lose half of their staff over the course of a single year. As a result, agencies are in a constant struggle to simply fill empty slots.

FROM TIME TO TIME, STAFFING PROBLEMS break into the headlines. Horrid details filled the newspapers this February, when a group of girls attacked a staff member at the Pleasantville Cottage School, a large residential treatment center run by the Jewish Child Care Association in Westchester County. She was punched, kicked, set on fire and thrown down a flight of stairs in her cottage. The attack occurred at night, a time when agencies tend to be understaffed and workers sometimes find themselves handling crises alone. There has been little information about the girls' motives.

The attack was surprising because the JCCA has a reputation for being one of the better-run agencies, and pays its workers a starting salary of \$26,000. It also has a rela-

tively low staff turnover rate of 15 percent.

While the JCCA praised the worker's performance and commitment to her job, the attack raised serious questions about relations between residents and staff, and for a short while focused attention on the need for greater supervision and support for child care workers. The Pleasantville Cottage

School quickly added an extra staff member to each of the cottages housing older youth, and increased the numbers of overnight workers in each cottage from one to three. (Whether this investment in increased staffing is sustainable under the agency's current contract remains unclear.)

Then in April, the state's Office of Children and Family

Services and the Child Welfare League of America announced the results of an investigation at the Wayside Home School for Girls, the Salvation Army's large residential treatment center for New York City children in Valley Stream. Residents complained that some of their peers had sexually harassed and physically abused them while staff did little to intervene. The state review found the facility understaffed, under-supervised and with insufficient mental health services. In response, the Wayside campus has expanded its supervisory staff and hired two mental health consultants.

There have been other incidents. In 1998, police arrested a worker at a Bronx group home for sexually abusing four teenage girls. And in 1999, three workers at another Bronx group home were arrested in a heroin and cocaine bust. Young people themselves report that staff in their homes sometimes behave in grossly inappropriate ways, for instance by using drugs or alcohol while on the job, or by becoming sexually involved with a resident. Such situations often go unreported and unpunished, they say.

A more common problem is workers who seem to thrive on conflict. Lishone Bowsky,

These workers spend 40, 50, sometimes as many as 90 hours a week performing some of the hardest jobs in the foster care system, absorbing much of the anger, hurt and distrust that these teens have picked up throughout their lives.

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INVESTING IN RELATIONSHIPS: THE GOOD SHEPHERD MODEL

Balancing discipline and tolerance is no easy task for any parent. Throw in the larger goals of inspiring children to become confident, independent and responsible, and the balancing act becomes ever more complicated.

The same goals apply at group homes for teenagers. Nearly a decade ago, Good Shepherd Services set out to establish an environment that would better help teens in group care build more stable and rewarding lives. While collaborating with the Youth Development Institute based at the Fund for the City of New York, they developed a new model for residential programs that focused on creating strong, trusting relationships between child care workers and residents.

The organization had a long history working with teenagers who had family troubles and other personal problems, and its staff understood the limitations of more traditional methods. "We realized that the old ways of running residences didn't work anymore," explains Denise Hines, Good Shepherd's assistant executive director for congregate care. "You can't just have rules upon rules upon rules. For years, residential services have been about controlling kids."

Good Shepherd expanded its training efforts, intensified its supervision, instituted worker-recognition days and paid for child care workers to go back to school. Perhaps the most important change was making each worker the primary counselor—the advocate and ally—for three or four residents. Hines and her colleagues wanted to create a structure to prevent residents from slipping through the emotional cracks.

Workers meet with their assigned residents to set educational goals and make independent living plans. They also play a role in decisions about the children's future, writing independent living reports and helping draft the state-mandated, twice-yearly report that defines goals for a young person's future.

More importantly, the teens at Good Shepherd each have someone in their home whose job description includes being there for them when they need an adult's support.

Leah Alston-Phillips, 18, arrived three years ago at Marian Hall, Good Shepherd's long-term group residence for girls on 17th Street in Manhattan—a floor-through of singles, doubles and triples built from concrete bricks and brightened by teddy bears, posters and pictures ripped from magazines. At first, she had a hard time adjusting. Her primary counselor would come by, knock on her door and say, "Just because you don't like it here doesn't mean you have to spend all your time in your room," Alston-Phillips recalls. Then the counselor would ask her if she wanted to take a walk or go for ice cream.

Those little gestures won Alston-Phillips over. They made her feel cared for. They let her know she had an ally. It helped, too, that her agency caseworker's office was in the residence rather than some distant office building. At many

agencies, social workers come and go, overseeing a number of homes, and young people often wind up frustrated when they need something—like an adult to talk with or a pass to visit parents—and their social worker can't be found. At the 17th Street residence, teens can drop in to see their counselors. "I'm the kind of person who's out a lot," says Alston-Phillips, "so if she just dropped by at 3 or 5 o'clock, I probably wouldn't have been home and our relationship would not have been as tight."

In part, Good Shepherd has been able to institute its reforms because it has a strong fundraising arm headed by the agency's executive director, Sister Paulette LoMonaco. When the state cut back on foster care rates, LoMonaco turned to private funders, such as the Robin Hood Foundation, for help. Still, Hines says that, like other agencies, Good Shepherd struggles not to run over-budget.

Good Shepherd's investment in staff made a difference in 2001, when ACS evaluated all of the congregate care programs run by its contract foster care agencies. Agencies were rated on a variety of factors, including timeliness of case work, reunification and independent living planning, number of validated complaints, and confirmed reports of abuse and neglect. Good Shepherd's congregate care program scored the highest of any agency's, earning 97.12 out of 100 points.

Even so, life is rarely idyllic for the teens housed in Good Shepherd's two long-term residences. "There are days when half the girls aren't happy," Hines says. They tend to be even less happy at Good Shepherd's two emergency diagnostic centers, where the city places young people for evaluation and to await a long-term placement. There, young people are kept under 24-hour supervision, as in a hospital. They often chafe at the restrictions.

Good Shepherd has tried to be responsive. Each day at the diagnostic centers—and once a month at the long-term facilities—teens and staff get together for a community meeting where they discuss management issues. Teens at each residence also choose a president and vice president to represent their concerns at about a half-dozen major agency meetings throughout the year. They report back to the other teens, and also follow up with staff to see what's being done to address the issues they've raised.

In addition, once a year at the long-term residences and every few months at the diagnostic centers, Good Shepherd conducts a satisfaction survey of its teens. Staff are required to develop an action plan based on the results. Last year, for example, residents complained about the food, so staff arranged a meeting between the food service company and the resident representatives, who succeeded in winning changes to the menu.

"They ask for our involvement," says Alston-Phillips. "We may be fighting for something for months or years. But over time, things do get better." ♦

Low Pay, High Stress:

Front Line Workers are the City's Surrogate Parents

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20, says she's lived in nearly a dozen group homes and never felt comfortable in any of them. When staff didn't like a resident, Lishone recalls, they'd make her life hard. They'd root for the other girl if she was in a fistfight, or they'd spread gossip about a girl they didn't like. If Lishone got angry and yelled, they'd yell and curse back at her, or threaten to beat her, she says. She stayed out as often and as late as she could, and ran away several times. "I hated coming home," she says.

"Something we hear fairly often is that staff yell, curse, call kids names," says Nanette Schrandt, the director of juvenile services at the Legal Aid Society. "If staff is verbally abusive, it's not a nurturing environment."

At times, some workers resort unnecessarily to physical restraints. At some group homes, years will pass by without staff ever restraining a child. But at some residential treatment centers, workers in a cottage may wind up restraining several young people in a single week. Not all restraints are inappropriate. Workers are taught to physically restrain a child if there is an immediate threat to physical safety. But lawyers, staff trainers and young people tell *Child Welfare Watch* that workers sometimes resort to restraints when they feel overwhelmed, and at times do so in ways that are unnecessarily violent.

The overuse of restraints is really a workforce issue, explains Delano of the Jewish Board. "People who are tired wind up getting in power struggles. People who feel not well-trained wind up doing holds. If you look at who's doing the holds, it's people who are feeling overwhelmed."

Neglectful behavior is another problem. E.P. Jones, an independently contracted child care trainer with more than a decade's experience, says workers can easily turn a home into a lonely, frustrating or even frightening place to live. A worker who doesn't bother to talk with the teens in her care, fails to make sure they go to school, or ignores fights between residents can quickly spoil the environment. "Too often you go into a group home and find staff sitting watching TV, offering kids nothing more than a place

to sleep and eat," says Jones. "When you run your house like that, kids start going AWOL. They don't want to stay."

AGENCIES SAY THAT CHILD CARE WORKERS must be better paid. In 1999, the Administration for Children's Services began to overhaul staffing in its 30 city-operated group homes, which now care for approximately 170 teens. ACS hoped to attract new workers who saw child care as a profession, rather than as a job of last resort. One of the agency's first steps was to raise salaries. Last year, ACS announced that child care workers in their homes would earn a starting salary of \$29,626, increasing to \$34,513 after 18 months. At the same time, ACS has significantly reduced the total capacity of city-run group homes, from about 250 young people just one year ago.

But the city has no authority to increase salaries at the privately run agencies. For seven years, the state has capped government reimbursement for these salaries at their current level. While agencies with strong fundraising ability can pay slightly higher salaries using money from their discretionary funds, even those with the deepest coffers start their workers off at only \$23,000. Some agencies pay as low as \$17,000.

"To assume you can attract qualified professionals making that kind of money is ludi-

crous," says state Assemblyman Roger Green of Brooklyn. Last year, he pressed for legislation that would substantially increase rates of pay for child care workers. In the recent budget negotiations, Albany settled instead on a 3 percent cost-of-living increase, amounting to \$3 million in new spending.

Money is only one part of the problem, however. Training, support and supervision practices vary widely from agency to agency. ACS requires all agencies to provide a minimum regimen of training for child care workers. Some of the larger agencies provide this in-house. Others contract with outside organizations, which offer workshops in areas like conflict resolution, adolescent development, post-traumatic stress disorder and grief. But because many agencies experience routine staffing shortages, new staff can sometimes work several months in a home before they're freed up to receive any training beyond a brief introduction.

Quality training that is subsequently reinforced within an agency can greatly improve the quality of care. For example, Delano points to his success in reducing the use of physical restraints at the Jewish Board's Hawthorne-Cedar Knolls campus, home to about 200 young people. In 1988, when he began working there, staff averaged 65 to 70 physical restraints a month, Delano recalls.

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MIKEY, who lives in a residential treatment center:

They had a log book which said or told everything we did. They wrote things like: 6 a.m.-Kids are up. 6:10 a.m.-Harry is in shower 1, Chris in shower 2.

We weren't allowed to see the log book. But one time it was on the staff's desk right when I came in and there was no staff there at the time, so I took a look at it. I was shocked by all the little details they had written down about us. I couldn't believe how much we were being watched.

At my residential treatment center, I think they treated us like we were bad puppies instead of letting us out to run and have fun. Dogs have to go out to go to the bathroom and find girlfriends, you know.

If I had a puppy to take care of, I would pay more attention to how that puppy felt than whether it was behaving itself all the time. You can't expect a puppy to be good if all you give him is discipline. If a puppy is crying or barking, you can't lock him up in the basement because of that. Or if you feed a puppy Kibbles and Bits Cheddar Cheese because it's on sale and he doesn't like it, you shouldn't punish him because he doesn't like it.

From Foster Care Youth United

Low Pay, High Stress:

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He added more training in conflict de-escalation, and led the training himself so staff knew it was a top priority. He also told workers to talk with him about any concerns they had regarding their fellow workers. The method was simple, but the results were dramatic. When he left the campus in 1999, Delano says, the campus averaged only nine restraints a month.

Even more critical, however, is strong on-the-job support and supervision. A good supervisor can have a dramatic effect on the atmosphere in a home. For the past five months, Alene Taylor, 17, has been happy living in a group home run by Edwin Gould Services for Children. "If you talk to anyone, they'll tell you that my house is the best house in the agency, and that's because of my supervisor. Even when she's not at work, she calls every hour to check in, to see who's in the house and whether they're doing what they should be doing, and if not, why not."

This kind of attention affects the entire house, Alene says. She feels close to some workers. She bought them presents for Mother's Day. There are plants to brighten the home and pictures on the walls. Compared to other group homes she's lived in, she says, where Christmas was pretty much like any other day, in her current

home there is a Christmas meal to which families are also invited. "It's a nice place to be," says Alene.

Recently, ACS and a number of private agencies have devoted greater energy to supervisory training. As a result, workers say many supervisors support them and show them better ways of working with the young people in their care. But some also complain of supervisors who reprimand them in front of the residents, reverse their decisions and undermine their authority, rather than helping them improve the home. And some say upper management at their agencies seems to have little understanding of their daily work in the homes.

ULTIMATELY, WHAT YOUNG PEOPLE NEED are staff who have the ability "to connect on an emotional, human level," says Jennifer Nelson, the founder of Voices of Youth, which prepares foster youth to participate in training workshops required for all new ACS child care workers, as well as for those of a number of private agencies.

When she asks young people to describe their ideal worker, "they say, 'somebody who doesn't forget my name, someone who gives me a birthday card, somebody who says good things about me, somebody who tells me what's going on and trusts I

can handle the information.'" What teens are looking for from their workers, she says, are people who "do the little things that make their group home more like a home, and less like an institution." ♦

ERIC, who lives in a group home:

You see, I used to live across the street from a group home in New Jersey. I always thought they were uncivilized teenagers because they would smoke and drink and sometimes vandalize property, and I would make fun of them. I called them names like 'motherless punks' and 'groupie spinners.'

Then the tables turned on me. When I first arrived in the group home, I tried to be quiet and not look at anybody. But this was hard because they were being so friendly to me, giving me junk and candy...

After six months in the group home, I now believe that leaving my aunt was for the better. I was used to relying on her too much. Even though I need food, clothes and a roof over my head, some things I can do myself to become a grown man...

If I ever see my mother again, I want her to know that I'm making it on my own.

From *Foster Care Youth United*

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Sexual Health: Information Blackout

When Jennifer, 16, moved into her Manhattan group home last spring, she received a pamphlet describing her foster care agency's rules and its services for teens. The last page contained information about birth control.

"Family planning services are your business and are confidential and can be discussed at the Option Center or the hospital from which you receive medical care," the pamphlet read. Jennifer asked a worker how she could contact the Option Center. The woman had no idea and told her to call the clinic. The clinic also didn't know.

The Option Center, in fact, no longer exists. Its three clinics provided family planning services to teens in foster care, as well as transportation to and from their foster homes. The city set up the program in response to the *Wilder v. Sugarman* lawsuit, which charged that the more resource-rich Jewish- and Catholic-affiliated foster care agencies tended to exclude Protestants, leaving most black children in the care of poorly performing organizations. By establishing these independent clinics, officials could be sure all adolescents had easy access to family planning information and services—even those in the care of religiously affiliated foster care agencies.

But about four years ago, after the city resolved the longstanding *Wilder* lawsuit, the Administration for Children's Services (ACS) eliminated the Option Center's \$1 million in funding and, in its place, assigned about \$300,000 in new contracts with agencies providing support services to young people at high risk of homelessness, pregnancy or other life crises.

There is no data available regarding teen pregnancy rates among New York City's foster children, and few studies address the issue even nationwide. But teens in foster care are generally considered at high risk for becoming pregnant and for contracting sexually transmitted diseases. An analysis of data from a 1995 survey of nearly 10,000 adult

women, recently published in the journal *Pediatrics*, found that those who spent time in foster or kinship care as a child were twice as likely to have had an unwanted sexual experience before they were 18. On average, they also had their first voluntary intercourse a year earlier than women who lived with their parents, and had their first children two years sooner.

The Surgeon General's *Call to Action to Promote Sexual Health and Responsible Sexual Behavior*, published in July 2001,

linked a history of sexual abuse to an increased risk of teen pregnancy. The report also correlated dropping out of school to an increased likelihood of early sexual activity, failure to use contraceptives, and pregnancy and childbirth.

Teens in care frequently fit into these categories, explains

Nancy Mattox, nursing supervisor for direct congregate care at ACS and a pediatric nurse practitioner.

Mattox and many other child welfare workers advocate that teens in foster care must receive solid, matter-of-fact information regarding birth control and pregnancy options, and easily accessible family planning services.

In its monitoring of foster care agencies, ACS reviews case records to assure compliance with a number of guidelines including family planning. ACS checks to make sure agencies hold face-to-face discussions each year with teens about sexuality and their family planning needs. The agencies must also provide annual sex education classes and a twice-yearly letter informing teens about the availability of family planning services. State law requires that agencies give kids "meaningful access to the full range of

family planning information, services and counseling."

But, says Erika Tullberg, a reproductive health advocate working in the foster care system, these state and city requirements "are interpreted in all sorts of ways." In some religiously affiliated agencies, she says, "If kids ask about family planning services or information, they say, 'We can't talk to you and you need to call somewhere else.'"

CHILD WELFARE WATCH INTERVIEWED STAFF at one Orthodox Jewish- and seven Catholic-affiliated agencies, and found that most provide teens with neither contraceptives nor information about abortion. While the Orthodox Ohel Children's Home and Family Services serves only Jewish children, most kids assigned to the Catholic agencies do not share their agencies' religious leanings.

"The dissolution of the *Wilder* decree may have left adolescents vulnerable on this issue," says Donna Lieberman, executive director of the New York City Civil Liberties Union, which has received several recent complaints suggesting that teens at some Catholic agencies have little access to family planning services. "What we thought was a well-established mechanism to access family planning services and information about where to get those services may have been dismantled."

Employees at some Catholic agencies say they can provide teens with information regarding birth control and pregnancy options, but they cannot give teens condoms, arrange for abortions or accompany young people to outside clinics to receive family planning services. "I can talk to them about abortion as an option," explains Betty Arzola, a health educator at St. Dominic's Home. "But once they make the decision to have one I cannot discuss the procedure with them."

"We're telling our kids who get pregnant that if you choose an option we don't agree with, you're on your own," says Risa Stein, who coordinated independent living services at Little Flower Children's Services, a Catholic agency, for more than 10 years

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*Women who spent
 time in foster or kinship
 care as a child were
 twice as likely to have
 had an unwanted
 sexual experience
 before they
 were 18.*

Sexual Health: Information Blackout

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until departing in June 2001. "If you're a younger kid and you're pregnant and you're not sure what to do and your agency tells you, 'We don't promote abortion and we think you're killing the baby if you have one,' not too many 14- or 15-year olds are going to buck that and say, 'I'm doing it anyway.'"

Dr. Leslie Hayes-McKenzie, director of adolescent medicine services at Lincoln Medical Center's pediatrics department in the Bronx, agrees. When a teen asks for birth control, or confides that she's pregnant, says Hayes-McKenzie, "they're confiding in you because what they're saying is private and anxiety-causing. It's very hard for them to have a conversation about what's going on to begin with, and then if the person says, 'I need to send you somewhere else,' it's a little difficult to deal with." And that, says Hayes, can make teens less likely to get the contraceptives they need or to comply with a doctor's medical advice.

MANY EMPLOYEES AT THESE AGENCIES extend themselves beyond what's required to ensure kids get the services and support they need. Sister Marie Hess, the independent living coordinator at Cardinal McCloskey Children and Family Services, says staff and foster parents at her agency cannot accompany pregnant girls for abortions, but she makes sure any girl receiving an abortion has someone outside the agency standing by her throughout the process. "I never want to put a child on a guilt trip," says Hess. "I know it's not my value system, but I won't put my value system on the kids."

Other staff accompany teens to clinics even when their agency forbids it. One independent living coordinator at a Catholic agency keeps a basket of condoms available for teens, and her supervisor says he will look the other way so long as it remains under the table. Some workers aren't so adventurous—they say that because they fear for their jobs, they can-

not provide family planning services to the teens they work with.

"I had a girl who told me she had sex with five boys as part of a gang initiation," says Stein, whose agency recently circulated a memo declaring that the agency would not promote the use of contraceptives. "She was talking to me about what she was supposed to do. I thought, 'What would the agency want me to do in this situation, take her temperature and teach her the rhythm method?'"

Reproductive health experts and advocates say the city, in its contracts with agencies, needs to more clearly define what must be provided. Under the *Wilder* decree, agencies had to provide specific information about abortion and contraception, but this is no longer in effect. "When we say that the agency has a responsibility to provide family planning," says Mattox, "We need to say what that means and what it includes." Then, she says, the city must hold the agencies accountable to that standard.

At the same time, says Mattox, schools and community centers that provide family planning services to teens, such as The Door and Planned Parenthood, need to distribute their information as widely as possible. "We need places both within and outside the agency to constantly make the kids aware that these places exist," she says.

Adults' personal religious beliefs simply should not prevent high-risk teens from getting the kind of information they need for sexual health and pregnancy prevention, says Tullberg. "To serve the population of kids we're serving and not be really aggressive with providing great information is horrible." ♦

HOW TO GO THROUGH PUBERTY

by Charlene Carter

Turn 13. Understand that your body will be going through some changes. Talk to someone in your group home about these changes. They will be glad to talk to you. They will tell you the nitty gritty. Feel safe to talk to them about your menstrual period. They will be good with that one.

That's the talk, then comes the reality.

Learn how much effort it takes to stay neat, clean and tidy. There will be between 6 and 12 residents where you live and only two bathrooms. That usually works out to about 15 minutes a person in the bathroom. Use your time wisely. Style your hair on the train or just wear a cap.

Get grooming money, \$10 each month. Think up a long, long list of the things you will need: sanitary napkins, deodorant, soap, toothpaste, mouthwash, lotion, talc powder. Realize that \$10 isn't going to get you very far.

You live in a group home. Settle for box braids, nappy hair or a pony tail 24-7. That pimple you had a few weeks has become a blackhead. But soap and water will have to do. Learn to live with acne.

Remember how when you first got into the group home you were attractive. Well, take a look in the mirror. Your nose got a size larger, your nice hair fell out, your lips dried and your skin got oily. Wonder whether it's puberty or group home life that brought about these changes.

From Foster Care Youth United

Seeking a Second Family:

Better Boarding Homes for Teens

FOUR YOUNG MEN IN THEIR LATE teens and early twenties sit before a small, captive audience in a Baptist church on Saratoga Avenue in Brooklyn. All of them have been adopted out of New York City's foster care system as teenagers. They speak about their experiences of moving from one foster home to another, and the relief they felt once they had landed in permanent homes.

"They keep you two weeks," says James, describing his first few foster homes. "Then you're bad and you're out the door and you be going somewhere else."

"I was adopted when I was 13 or 14," says Laquan. "I think that was the greatest thing that happened to me."

Their audience includes a handful of women and one man, all recently recruited to be adoptive parents by You Gotta Believe!, a Brooklyn-based organization that finds permanent homes for foster kids considered hard to place, many of them teens. Pat O'Brien, who directs the organization, has also helped some of the city's nonprofit foster care agencies move adolescents from group homes to foster families, with whom they can live until they are old enough to move out on their own.

Last year, the city's Administration for Children's Services (ACS) announced plans to place more teenagers in homes with families, instead of group homes and other forms of congregate care. This fall, the agency will roll out a marketing campaign to recruit new foster parents willing to take in teens, young mothers with children, large groups of siblings and youngsters with special needs—groups that have been hard to place in boarding homes. The campaign will target a handful of neighborhoods where the need is especially great.

A year ago, roughly one-quarter of adolescents were placed in foster homes when they first entered care. The city intended to increase that number to 35 percent by July 2002, and to 50 percent by July 2003. (Current statistics for 2002 are not available.)

The new policy has many champions. Advocates and administrators cite evidence of the stability and long-term connections

foster families can offer teens moving toward independence. But there are critics as well, including many young people with first-hand foster care experience. The young men speaking at the Brooklyn church, for example, are concerned that most typical, agency-recruited foster homes are not prepared for teens. Unless the new foster families taking teens are properly trained, prepared and supported, they warn, the new policy could lead to teens being subjected to a series of failed foster placements.

"It's not like you get the kids and everything is peaches and creams," explains Laquan. "When you get them, they do something to see if you're going to throw them away when they're bad."

"Yo," agrees James. "I did some crazy stuff."

EACH YEAR, ABOUT 1,300 YOUNG MEN AND women "age out" of New York City foster care and move on to establish independent lives. Studies show that too many of these young adults have trouble holding down jobs, securing homes and becoming self-sufficient. (See "Seeking Independence," page 28.)

In 1999, the Special Child Welfare Advisory Panel, convened as a result of the *Marisol* lawsuit settlement, recommended that foster families should always be considered preferable to group homes, except for children with special needs that demand specific congregate programs. Panel member John Mattingly, a senior associate at the Annie E. Casey Foundation, explains this recommendation was in part based on the premise that teens are more likely to find supportive adult relationships in foster homes. If each of these young people had a caring, committed adult willing to offer guidance and support, their prospects would be greatly improved.

Lasting, dependable relationships with adult staff can be hard to establish in congregate care. Group home staff operate on rotating shifts and usually have no consistent responsibility for any individual child. One study of 700 group homes in California found that staff stayed an average of six months on the job—three months fewer

than the average nine-month stay of residents. Group home operators in New York City's system also report high rates of staff turnover and instability. (See "Low Pay, High Stress," page 7.)

Teens in group homes are also less likely to be adopted than those in foster homes, says Mattingly. More than 60 percent of all adoptions are by foster families, he says. "If a 12-year-old automatically goes into a group home because that's all that's available and can't go home safely," he said, "he will have a dramatically lower chance of being adopted."

"Anytime a child can live with a family in their community, that's more beneficial than living in a residential center," agrees Gerard Dohrenwend, assistant executive director at Abbott House, one of the city's contract foster care agencies.

Boarding homes give teens a chance to form relationships that, at least in theory, can continue for years. "Then they have a place to go that first Thanksgiving they get out of care," explains Mattingly. "That's incredibly important, to have that stability from age 18 to 21."

On this point, the young adults speaking at the Baptist church strongly agree. "Whoever comes into your life and says, 'I'm going to be there forever,' let them be there forever," advises Laquan, speaking, of course, from experience.

But Laquan and others warn that many teens have positive experiences in group homes, and some manage to form lasting relationships with staff there. Teens themselves often prefer group homes to foster homes. Good foster homes can be hard to come by, and when only one or two parents are in charge, a young person who feels mistreated may have no recourse to an alternative authority figure.

Alene, 17, prefers living in a group home because as a child, she says, she always had lots of freedom and became very independent. Switching gears to adapt to a new family with its own expectations and regulations would be too much of an adjustment, she adds. "To go from a place where you were independent to a place where you have to

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Seeking a Second Family:

Better Boarding Homes for Teens

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follow lots of rules could be pretty hard. A group home is easier for me because it's less restrictive."

"Some teens can't stand the intimacy in boarding homes and need other youngsters around them," adds Sam Turnbull, vice president in charge of group homes at Children's Village. "Sometimes in group homes, they can learn more from staff and the other youngsters."

PLACING MORE TEENS IN BOARDING HOMES doesn't preclude allowing others to live in group care, if that's their urgent need. But there are other important issues to be addressed before the city's new policy can be effectively implemented. First, if ACS intends to find more lasting, quality foster homes for teens, the agency and its contractors must change their recruitment and training policies, says Anita Grant, director of independent living at the Child Development Support Corporation in Brooklyn, who has worked in foster care for 12 years.

"Adolescents have special needs much like a toddler has special needs," Grant says. "If you don't have foster parents who know how to deal with adolescents, you have adolescents moving from home to home, or the home breaking a child's spirit."

Finding foster parents willing to house teens usually involves a lot of cajoling. If an agency needs a placement for a teenager, staff will typically ask foster parents who may not want teens to try it anyway and see how it works out.

There is little or no extra training for most foster parents in this situation, however. "Foster parents are told, 'Just take the teen, but don't worry, if she doesn't work out we'll move her,'" writes Betsy Krebs of the Youth Advocacy Center in a recent report on the future of adolescents in foster care.

Pat O'Brien of You Gotta Believe! says the "take him and see if it works" strategy is abusive. It leads to teens moved from home to home "just for looking at someone crooked," he charges.

No research reports have compared transfer rates of adolescents in foster boarding homes to those living in congregate care. Anecdotally, however, veterans of foster care

remember leaving their foster homes whenever a problem arose. "They keep you two weeks, then you're bad, and you're out the door and going somewhere else," recalls James, one of the church speakers.

Adequate preparation, practitioners agree, is the remedy. Agencies seeking new foster families ought to bring teens to recruitment meetings to talk about their experiences, says Mattingly. They need to emphasize how troubling it is to be moved from one placement to another. In Ohio, he reports, agencies found that including teens in recruitment and training leads to a 20 to 25 percent increase in the number of families willing to take teens.

PARENTS TAKING TEENS INTO THEIR HOMES need to be prepared for—and willing to handle—the inevitable hazards of adolescence. They need a strong grasp of the crises that can occur among teenaged children from troubled families. They need ongoing support to balance strong parenting with the freedom and encouragement teens need if they are to take control of their own lives.

Adaptable models already exist. The Oregon Social Learning Center pioneered two methods for providing guidance and support to foster parents: Parent Management Training, and the more comprehensive Multidimensional Treatment Foster Care (MTFC). These programs prepare foster parents to work with troubled young people, and provide them with ongoing guidance in developmental and behavioral issues. The MTFC model specializes in working with delinquent adolescents, helping foster parents establish tightly structured and supportive home lives for teens in their care. Evaluations of both methods have shown significant success. (The MTFC program also works with the teens' parents, on the assumption that these young people will be returning home).

Elements of New York's therapeutic foster boarding home (TFBH) model could also be tailored to serve teens. Like the Oregon programs, The TFBH model is geared toward serving young people who need rigorous psychotherapy or behavioral modification. A

special boarding home program for teens could incorporate some of the same backup and support systems, along with accessible, useful advice and guidance for foster parents.

Many foster parents now shy away from teens, explains Anita Grant, because they don't have enough help. "If they could get support up front rather than on the back end, that would help," she says.

Therapeutic foster boarding homes cost an average of about \$80 dollars a day, about double the cost of foster homes but significantly less than group homes (which average more than \$100 per day) and residential treatment centers (averaging about \$170 a day). The Council of Family and Child Caring Agencies (COFCCA), an association representing 135 nonprofit child welfare agencies statewide, advocates placing more teens in the therapeutic boarding home program. But a new, less intensive system for teens may be more appealing to the city.

"I don't think ipso facto if you are a teen you should get a higher rate," says ACS Deputy Commissioner Lisa Parrish, who oversees foster care services. The city will develop a more specialized array of foster homes for teens as well as greater supports for foster parents, she says, and ACS plans to deploy a version of the Oregon MTFC model for young people with specific psychological disorders.

ACS has also formed community-based "Circles of Support" for foster, adoptive and kinship parents in 10 neighborhoods citywide.

Last year, ACS hired a specialist to provide its contract agencies with technical assistance in connecting more teens with lasting homes. If ACS succeeds at finding and sustaining those homes, Mattingly says, New York will be a pioneer in adolescent services.

The question remains: Is ACS ready to move further? "The jury's still out," says Mattingly.

Hank Orenstein, director of the Children's Advocacy Project in the Office of the New York City Public Advocate, agrees. "The spirit of it is certainly positive," he says. "The challenge is doing effective planning." ♦

FROM THE INSIDE: A FOCUS GROUP REPORT

With the help of the staff of Foster Care Youth United, *Child Welfare Watch* convened a focus group of a dozen teenaged veterans of the city's foster care system. They were an extraordinary group of young people—articulate, forceful and confident. They were also unstinting in their criticisms of the city's Administration for Children's Services.

In the foster care system, these young people had been faced with a choice: to become smart and self-sufficient, or drown. As a result, they'd each learned a crucial life skill: how to be a pain in the ass in order to get what they needed.

Getting services and benefits in the child welfare system, they said, is mostly a matter of luck and persistence. On paper, ACS and its contract foster care agencies provide an impressive range of services for teens, from apartment rental lists to life skills classes and help with internship and college applications. But this group of teens, as tough and assertive as they are, complained bitterly about how the system is confusing, disorganized and unresponsive. One young woman said she had begun asking any ACS representative who told her about a policy or a benefit to write down the information on a piece of paper and sign it.

These young people aren't typical. They managed to find their way to the Foster Care Youth United journalism program and follow through on its demanding writing requirements. If some of the toughest, smartest and most persistent teens have such a hard time in foster care, what happens to the rest?

Doing well in the child welfare system, according to this group of young people, has a lot to do with luck. If your caseworker is committed and experienced, chances are you will find out about a lot of the services ACS provides for teens.

Without luck, your life is a lot more complicated. You figure out on your own how to convince your group home to hand over your allotted stipend. You'll have to find out what the SATs are, why they are important and how to study for them. As you get older, you might learn you have automatic access to publicly subsidized housing, and are entitled to an exit grant when you leave the system. Or, depending on your caseworker and your home, you might not.

LEAVING CARE

Tanya* said her own fear of homelessness pushed her into figuring out how to live on her own. As she approached her 18th birthday, she knew she'd soon age-out of the system. Although there are programs and supports to help young people negotiate this transition, she said her agency did nothing to help her learn about them.

"By the time of my exit interview, I was already in school, had a job, and had a place to live," she said. "They couldn't even help me get Medicaid." The apartment rental lists kept by her agency were hopelessly out of date, she said, and she had to find out on her own that she was entitled to both a discharge grant and possibly a Section 8 rent subsidy from the New York City Housing Authority. "Most people don't know about the discharge grant and about NYCHA," she said. "You have to be nosy, inquire, call people. The independent living coordinator at my agency said I couldn't get a discharge grant, so I had to call ACS and apply myself. They didn't tell me what I'm entitled to."

The teens in our forum talked about the day they would leave foster care with both anticipation and fear. "Aging out" sounded to them like a liberation, the day they would be truly independent rather than merely alone. But beneath that eagerness was a current of anxiety. Many of them felt

like the independent living classes they'd attended were hopelessly inadequate. Others were concerned that after the routines and the restrictions of group home life, the world outside would be overwhelming.

"The question is, How are you going to make it?" said Janice. "You don't have the system to go back to anymore. There's no more curfew, no more snack time. You've been institutionalized, and you have to get out of the habits."

INDEPENDENT LIVING PROGRAMS

As with other services, the independent living courses that are supposed to teach life skills varied enormously. Many said the classes simply weren't practical enough. "Independent living workshops don't teach you hands-on," said Jenny. "They give you a piece of paper that says you cook rice like this, but they never show us how to do it."

At other group homes, though, the classes were more useful. Kira said one workshop at her home brought in professional chefs who took the teens to the supermarket and showed them step by step how to buy food and cook meals. Another teen said his class was taught how to read the newspaper for apartment listings, among other useful tips.

Many praised the Supervised Independent Living Program (SILP), which enables teens from age 18 and 21 (And sometimes younger) to live in apartments by themselves or with a small group—sort of a halfway ground between group home life and total independence. Most expenses are covered, so long as the teen works or goes to school. There is also a curfew, enforced by nightly telephone calls. While some participants said SILP involved more hand-holding than they wanted, others called it a good stepping-stone to full independence.

MENTAL HEALTH CARE

Many in our focus group said mental health services were plagued with the same random element. They said that while they thought therapy could be very helpful in dealing with the emotional strain of foster care, actually finding a sympathetic therapist and developing a relationship was so difficult, they generally relied on friends instead. Several said when they did ask their agency staff for help, little came of it. Yet at other times, they felt therapy was being forced down their throats. To these teens, therapy often seemed irrelevant at best, and at worst like a penalty.

When Jenny came to a new group home, she told the staff that she needed anger management classes. She knew her temper could be explosive, and she wanted help. Instead, she said, "they waited for me to blow up and then sent me to a shrink."

For many in the group, therapy felt like a punishment for bad behavior rather than an offer of help. Group home residents can be put on restriction if they don't go, and teens feel they're being singled out if they are sent to a therapist. "It gets pushed on you, even if you want it," Jenny said.

"Kids who need it don't get it," said another participant. "Kids are scared people will think they are crazy, or that they can't trust the psychiatrist."

The teens agreed that group therapy, or therapy focused on emotional issues and relationships, could be very helpful. Because of their chaotic and disconnected histories, they said, many of them just didn't have much experience building and maintaining relationships. Group sessions might allow them to learn from each other, and work out together the skills that most young people learn growing up at home.

* All the names of our focus group participants have been changed.

Mostly Missing: Mental Health Care *for Foster Teens*

Not long after Norman Brant went into foster care at age 14, a therapist knocked on the door of the residential treatment center cottage where he lived. Each week thereafter, the two of them would walk together to the office. Norman had a lot to say. For a few years he'd been feeling suicidal. In his home, fighting had been constant and violent. His father, a drug addict, had been in and out of jail. And from age 7 to 10, Norman had been sexually abused.

Therapy helped. "I was so drowned in my own thoughts that, when she came to get me, it was a time to get away from the daily nonsense and to find out who I was," says Norman, now 20. "She asked me questions that actually made me think. And she had a personality that really showed she cared."

Many teens like Norman come into the system with histories of serious abuse or neglect, and have experienced the dislocation of family separation and repeated transfers within the foster care system.

For them, high quality therapy provided by professionals who understand the intricacies of working with adolescents would seem an obvious priority.

Norman lived at the treatment center because of the intensity of his troubles, and as a result he received the therapy he needed. But most teens in foster care live in boarding homes and group homes, where they generally receive little or no mental health treatment beyond an initial evaluation. Because many have experienced severe emotional trauma, clinicians in and around child welfare say the mental health services available to these teens are usually inadequate.

Several of the nonprofit agencies providing foster care services in New York City

must depend heavily on community-based clinics, rather than in-house therapists, to provide therapy to the youngsters in their care. These clinics often lack the services and savvy to work effectively with adolescents in the system.

The city's Administration for Children's Services (ACS) recognizes the problem, but structural and fiscal difficulties have been tough to overcome. (See "How Mental Health Funding Works," page 17.)

"Community-based mental health services are not meeting the needs of our clients," says Hee Sun Yu, associate commissioner for medical services at ACS. "Their services may not be appropriate for our clients. They are not necessarily friendly to child welfare services. And going to a mental health clinic is stigmatizing. Adolescents don't want to go."

Yu says children generally do better if they are treated by agency-hired therapists who specialize in treating children with histories of abuse and neglect. These therapists are also more likely to develop relaxed relationships with young people, reducing the stigma and increasing the appeal of therapy.

Mental health directors at several agencies interviewed by *Child Welfare Watch* agree, saying teens would receive higher quality treatment if more agencies could hire their own clinicians.

Residential treatment centers and other large-scale residential campuses typically have their own teams of therapists, and some of these organizations also run clinics that serve the boarding home and group home children in their care. But in-house clinicians are a luxury for most foster care agencies.

Only those organizations with deep endowments or other non-governmental funding can afford the kind of up-front investment in specialized clinical care that can eventually lead to higher state reimbursements.

"Community-based mental health services are not meeting the needs of our clients," says Hee Sun Yu, associate commissioner for medical services at ACS.

VARIOUS PUBLISHED SURVEYS AND CASELOAD reviews nationwide have found that anywhere from 29 to 80 percent of all children in foster care require mental health services. One landmark study of foster children in Oakland, California, found that more than 80 percent had developmental, emotional or behavioral problems. Other studies have found unusually high rates of depression, attachment, anxiety and attention deficit disorders, and hyperactivity among foster children. More severe difficulties are also common: one Baltimore study published in the journal *Pediatrics* in 1994 found that 15 percent of children entering care in the early 1990s reported suicidal inclinations, and 7 percent reported homicidal thoughts.

When mentally ill foster children do not get the treatment they need, they face repeated hospitalization and longer hospital stays than kids not in care, and tend to bounce from placement to placement, according to the Child Welfare League. The instability of these young people's lives leaves them at higher risk of substance abuse, sexually promiscuous behavior, domestic violence, homelessness and incarceration, according to the Committee on Adoption and Foster Care of the American Academy of Child and Adolescent Psychiatry.

New York State and ACS require that every child entering the foster care system receive a medical and mental health screening within 30 days. Some of these children are evaluated by in-house therapists at the larger foster care agencies. Other agencies send thousands of boys and girls to the city's Child Advocacy Centers, which specialize in assessing abuse and neglect, or to its hospital-based Child Protection Centers for the screening.

Clinicians say the problem isn't this initial evaluation, however, but the lack of ongoing care.

New York State contracts with scores of organizations to operate community-based mental health clinics in the five boroughs. A few of these care for a large number of foster children, but most have a varied, more adult clientele.

Most foster care agencies that rely on these community-based clinics find multiple flaws. The most severe problem is the clinics' inability to serve everyone who needs help.

"These clinics have long waiting lists and

our agencies get very frustrated," explains Ken Skinner, associate executive director of the Council of Family and Child Caring Agencies, the trade group representing non-profit child welfare agencies statewide. "Children need services but they have to wait." The waiting lists range from several weeks to six months long.

Because of budget constraints, clinic therapists tend to be young and underpaid social workers. They are not required to receive training in the treatment of serious abuse, neglect and post-traumatic stress disorder, which are the most common problems of kids in care. During the late 1990s, when Lyn Slater was on the staff of Lawyers for Children, an organization that provides free legal and social work services to foster children, she surveyed dozens of clinics and hospital-based treatment center staff and found that only six community clinics had therapists trained to cope with sexual abuse.

Fifteen years ago, the state set a cap on Medicaid spending on outpatient mental health care, effectively preventing clinics from hiring the additional social workers that could shorten the long waiting lists. "It is the number one restriction in the system. It causes the bottlenecks, and it has also caused a high turnover in the workforce," says Ed Smith, general counsel of the Coalition of Voluntary Mental Health Agencies. "If the workforce is not experienced and appropriately compensated, it creates such great turnover that it affects the quality of care."

While the Medicaid reimbursement rate is set at about \$60 per visit, therapists in private practice usually earn at least \$100 per hour.

"The front-line workers know that children are coming in with huge rates of abuse, but what can they do about it? The services don't exist," says Slater, who is now an assistant professor at Fordham University.

TEENAGERS ARE NOT ENTHUSIASTIC consumers of traditional therapy. And because teens in foster care tend to express a high degree of distrust for adults, gaining their trust and cooperation demands special expertise.

Teens referred to clinics can find the very typical therapist-patient relationship prac-

ticed there frustrating. "The kids come back saying, 'I'll sit there and they ask me a question. When I answer, they don't say anything, but want me to talk,'" says Millie Henriquez of Good Shepherd Services. "That's very hard for them," she explains. "Talking stirred up a lot of stuff, but they leave not feeling empowered in any way."

Finally, many agencies complain that therapists at community clinics do not commu-

nicate well with foster care caseworkers, who need an accurate diagnosis to make a realistic case plan. "Time constraints and institutional barriers pose a problem," Yu says. "We get it from all the agencies—we have extreme difficulty getting reports back from community mental health services."

"You have to fight with them to get reports," agrees Merrith Hockmeyer,

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HOW MENTAL HEALTH FUNDING WORKS

Mental health funding and practices are not consistent across the foster care system, but every agency receives a lump sum from the state to cover the estimated number of children in their care over the course of a year. This state estimate is based on the number of beds in the agency's residential treatment centers, group homes and foster boarding homes, as well as other documentation.

State payments to agencies range from about \$25 per day for a child in a foster boarding home (plus an additional payment of about \$15 per day for the foster parent) to an average of about \$170 per day for each young person in a residential treatment center, which provides intensive services. The payment, called the per-diem rate, is split into two parts. The "board and care" portion covers room, board, child care worker salaries, caseworker salaries, and all of the children's other daily living expenses. The Medicaid portion covers medical and mental health care.

Every agency receives a different per-diem rate, because the rate is set historically, meaning that an agency receives in 2002 what it actually spent in 2000. This rate is reevaluated each year, but is always based on expenses that are two years old. For example, if

an agency wants to spend more (within limits set by the state) on mental health care in 2002, that agency would have had to come up with the money through fundraising or from its endowment, cover the cost out of its own pocket for two years, and then get paid an adjusted rate in 2004. The agency would never recoup the money paid out during the two-year gap, however.

Those agencies with many children in residential treatment or in therapeutic foster boarding homes can afford more in-house services than agencies simply managing regular foster homes. But the average per-diem rate for medical and mental health care combined is only about \$3 to \$10, far less than the price of a weekly therapy appointment with a private practitioner, which typically costs about \$100.

Visits by foster children to community-based mental health clinics may be billed directly to Medicaid by the clinic, so the foster care agency does not have to pay. "There's been controversy about this," says Merrith Hockmeyer, a psychologist who spent much of his career at foster care agencies and ACS. "Theoretically, the agencies are supposed to pay for these services. But they have no alternative because of the minimal rate." ♦

Mostly Missing: Mental Health Care *for Foster Teens*

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who worked as a psychologist at foster care agencies for more than two decades. "To consult with the therapist would be very unusual. To integrate any of that information into the life of the child in the agency, or for a foster parent to know what they have to deal with, that's likely not to happen," he says.

Yet for many therapists and psychiatrists, helping shape a young person's home environment is an important objective. For example, mental health providers can work with foster families to understand the reasons for troubling behavior, and to develop a positive atmosphere that might lead to greater stability.

Directors of community mental health organizations are aware of the difficulties faced by foster care agencies, says Smith. His coalition recently formed a working group with the Coalition of Family and Child Caring Agencies to seek out ways to both circumvent the Medicaid cap and improve communication with caseworkers and foster parents.

FOSTER CARE AGENCIES THAT HIRE THEIR own staff are able to train clinicians in the issues typical of kids in foster care. "People pick up experience on the job, in the field," says Hockmeyer. "You deal

with a certain population all the time, you learn their issues."

Mel Schneiderman, chief psychiatrist at Foundling Hospital, says few graduate schools teach abuse-specific psychotherapy, so Foundling trains its therapists with closely guided, one-on-one supervision. The Jewish Board of Family and Children's Services routinely raises additional grant funds to hire experts who train and consult with new agency staff for a full year.

Therapists hired by agencies also tend to be more accessible and responsible to caseworkers, parents, foster parents and child care staff in the residences where the teens live. This enables staff to more easily work together to make sure kids are sticking with treatment.

Nancy Sullivan, director of mental health at the Salvation Army, raised money to hire a private practitioner with trauma expertise to work in the agency's group home for girls with emotional and behavioral disorders. "The most common problem with severe trauma is borderline personality disorder, and it's very challenging to work with people with suicidal ideation and who are in a chronic state of crisis," Sullivan says. "You have to have someone who is skilled and experienced." Having an in-house clinician helped tremendously.

Whereas few girls followed up on their clinic referrals, with a therapist in the group home, one-third of the girls stayed in treatment.

In-house therapists are also more able to take time to build trusting relationships with the young people in their care.

Lenny Jones, 22, was in foster care for most of his life. He believes therapy would have been more effective if he'd been able to get to know his therapist before beginning formal counseling. "It wasn't like the counselor came to you and said, 'If you want to come by, I'm in my office,'" Lenny says. "It was, 'You must see a therapist and spill your guts.' It's kind of hard to spill out your life story to anyone. It doesn't make it easier just because they have a degree."

Group work is also more feasible when agencies have their own clinical staff. Many agencies offer groups that focus on specific issues like sexual or physical abuse, anger management and substance abuse. "More and more we rely on groups," says Paul Levine, vice president of the Jewish Board, which requires teens in group homes and residential treatment centers to attend therapy. "We know that when kids don't want to go to therapy, they don't. Or some go and tell the therapist to stuff it. Groups are more natural for teenagers.

HOW I GOT PREGNANT WHILE LIVING IN A GROUP HOME

By Anonymous

[Staff member] Tee-Tee knew that I was having sex, so she set up a doctor's appointment for me to get birth control pills. I took the pill for one day, then I threw them all away. A resident at my group home gave me at least 20 condoms, but I did not use any of them, either. Even my boyfriend wanted to use condoms, but I didn't want to.

You're probably wondering why I did that. I think my mind was playing tricks on me. I would never have said that I wanted a baby, but I think a secret part of me thought that if I had a baby I would have something to love, and later it would return that love to me.

From Foster Care Youth United

Healing Powers:

*Care for Victims of Sexual Abuse
is in Short Supply*

THE CITY'S MOST RECENT CONTRACTS with nonprofit foster care agencies require them to develop close relationships with community-based mental health providers in the neighborhoods where their children live. But resources remain scarce, and few of the nonprofits appear to be following through.

The state legislature and the Governor could resolve the problems with mental health care for foster children in a number of ways. They could greatly improve the community clinics themselves by lifting the cap on Medicaid spending that constricts reimbursements for outpatient mental health care—an unlikely event in this period of rapidly rising health costs and government budget deficits.

The state could also pay an equal rate for group and individual therapy, thereby encouraging clinics to offer issue-based groups similar to those offered to teens at some large foster care agencies. Or the state could provide foster care agencies with funding up-front to hire their own social workers, psychiatrists and psychologists.

Most agency mental health directors say services will not improve unless the state makes therapy a priority, perhaps redirecting funds from community providers to the agencies themselves. "The state is taking a chance that some treatment is better than none," Levine says.

"Consider the amount of money spent for kids to be sent to community-based agencies. That money could be better used if it was spent on developing mental health expertise related to foster care."

Hockmeyer says ACS has done well setting out guidelines for what mental health services should be. "But without real resources and the will from the top down, I don't know that it can ever happen." ♦

WHEN IJEOMA LEFT FOSTER CARE last year, she had an Associate's degree and a job. Workers at her agency told her she was a success, but inside, she felt this was a lie. "All the years in foster care I spent trying to be the good girl, because I was afraid if I made one mistake I'd be condemned," says Ijeoma, now 22. "In the depths of my heart, I was not happy. My abuse was still there, and I didn't know how to express it out."

She had a lot to haunt her. By the time Ijeoma was five, she "knew what sex was," as she puts it. She lost her hearing from being beaten unconscious and, for a while, lost her voice from being choked. Then, when she was 13, she was raped by five men. Ijeoma told her mother about it, but her mother didn't believe her. She called the police, but because it was hard for her to speak, they couldn't understand her. When they came to the house, they said she was retarded. Finally, she told a school counselor. She sent Ijeoma straight to the hospital, and from there she entered foster care.

But her experiences with therapists and her group home staff did not help her open up. The staff called other girls in the home "sluts" and worse, and Ijeoma did her best to stay silent.

"I've never in my whole entire life seen any kid leave the foster care system emotionally prepared and emotionally successful," she says. "Some leave foster care and have their degree and are doing well. But the reason why they came into the system is still there. It's their history and their roots."

For a large number of teens in foster care, this history includes sexual abuse. The child welfare system intended to protect them is also responsible for helping them restore their sense of security and mental health, but it is ill-equipped for the task.

The vast majority of the city's private, nonprofit foster care agencies provide no specialized services for survivors of sexual abuse. Neither caseworkers, child care staff

nor foster parents are routinely trained to work with victims of sexual abuse, leaving children vulnerable to repeated trauma. There are a handful of special programs—mostly funded by private philanthropy—designed to help children cope with sex abuse, but all of these combined serve only a few hundred children of all ages, a fraction of the evident need.

One recent survey of executive directors at 48 of the city's 52 contract foster care agencies found that staff at most organizations were neither trained nor otherwise prepared to handle children with "problematic sexualized behaviors," a term describing young people who have been sexually aggressive or abusive, and whose behavioral problems mostly result from their own sexual abuse. The study, by Amy Baker of the Children's Village Center for Child Welfare Research and Mel Schneiderman of New York Foundling Hospital, is slated for publication in the *Journal of Child Sexual Abuse*.

The Administration for Children's Services provides three days of intensive training on sexual abuse to its own staff managing foster care cases, as well as those in prevention and adoption services. And the city's child protection investigators are schooled in the use of interviewing techniques. They also have a specific set of methods for handling apparent sexual abuse, including teamwork with prosecutors and police and a protocol designed to avoid repeated interviews, minimizing the trauma to a child.

Even so, nonprofit organizations oversee nearly 90 percent of the children in foster care. How and when the ACS training programs for its own foster care and adoption staff will be instituted at its contract agencies remains an open question, dependent on resources and the interest of managers throughout the system.

OF ALL FAMILY COURT CASES WHERE A child has been removed from the home, fewer than 5 percent involve charges of sexual abuse, according to annual reports of the state court system. Yet many practitioners in the

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Healing Powers:

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system say a history of sexual abuse is prevalent among teens, particularly those living in residential treatment centers.

Nancy Sullivan, mental health director at the Salvation Army, previously worked in a group home for emotionally disturbed girls and found that almost every one of them had been sexually abused. When Schneiderman started as a psychiatrist at New York Foundling Hospital, he discovered that three-quarters of the girls had a history of sexual abuse. He later surveyed all of Foundling's children, finding that 11 percent of kids in foster homes, where children tend to be younger, and 30 to 40 percent of teens in congregate care and residential treatment centers reported sexual abuse. For young women, the figures were twice as high, because boys are less likely to report sex abuse.

Sexual abuse takes a toll on later generations. "Many substance abusing women, and by association, adult clients in the child protective system, have childhood trauma of sexual abuse," ACS reports.

Most kids first disclose their experience of abuse to agency caseworkers, child care staff or foster parents who have received no training in helping children cope with such trauma, says Schneiderman. In such cases, the caregiver's reaction to the disclosure can spell the difference between moving a child toward recovery, or toward greater trauma.

For teens with already precarious adult relationships, disclosing sexual abuse to an untrained worker can be hazardous. "If the reaction is so negative and unsupportive, it leads to serious emotional problems, partic-

ularly depression," says Dr. Leonard Gries, director of psychiatry at St. Christopher's-Ottolie.

Caregivers may also ostracize teens who act out, or have them transferred from a group home or foster boarding home. Among young survivors, some sexualized behavior—inappropriate sexual attention-seeking, sex play with or sexual aggression toward other children, promiscuity and excessive or public masturbation—is a direct consequence of sexual abuse.

Research shows that sexualized behavior is a significant reason behind transfers between foster care placements. One study in Illinois found that sexually abused kids were more likely to endure multi-

ple placements—an average of 6.5 placements versus 4.5

for children with no known history of sexual abuse, during the period between removal from birth parents and adoption. The paper, published in the journal *Social Work* in 1994, also found that unresolved sexual abuse increases the likelihood that an adoption will fail.

In Baker and Schneiderman's survey, only 25 percent of directors of residential treatment centers reported that their workers were

prepared to deal with aggressive or inappropriate sexual behavior, although they estimated that 30 percent of the children in RTCs, on average, had shown such behavior. The survey found that fewer than half of the RTCs reported training staff in handling problematic sexual behavior. And only one-fifth of the 48 agencies surveyed said they provided adequate training to foster parents and group home staff.

Another recent study of cases at Children's Village and two other agencies

found that young sexual offenders were considerably more likely to have been victims of sexual abuse than their peers with other conduct problems.

Lyn Slater, former director of the sexual abuse project at Lawyers for Children, says most teens she worked with had never been properly assessed or treated for sexual abuse. "Kids who are going undiagnosed and untreated are hugely at risk for re-victimization, particularly adolescent girls," Slater says. "Children in congregate care were re-abusing each other in the group homes. They were not being kept in foster homes, and they're moving through placements into more restrictive settings that could have been avoided."

Slater says group home staff are often aware teens have been sexually abused, but they are uncertain how to handle the issue. "When you deal with this stuff every day, you become pretty frozen," Slater adds.

In fact, workers lacking clinical training may be better off not encouraging teens to talk about their experience of abuse. Once kids open up, they may feel badly and display more symptoms before they get better.

"If they're disclosing too much and you open the wound without closing it, they may not want to come back and talk about it again," says Schneiderman, who runs The Foundling's Child Sex Abuse Treatment Service. "And oftentimes children will act out as a way to not deal with their feelings."

DESPITE ITS PREVALENCE, THE REALITY THAT kids are sexually abused only became widely accepted in the 1970s, and treatment models have mostly been developed during the past decade.

The front lines for identifying sexually abused children are inside the abuse assessment programs at the city's Child Advocacy Centers, located in each borough, and the Child Protective Centers in a few hospitals citywide. If an ACS child protective specialist suspects a young person in her charge has been abused, she brings the child to one of these centers for an assessment and preparation for possible action by the district attor-

"Group home staff are often aware teens have been sexually abused, but they are uncertain how to handle the issue. When you deal with this stuff every day, you become pretty frozen."

ney's office. The Montefiore Medical Center Child Protective Center in the Bronx assesses about 1,000 kids each year, and Director Mary Polito estimates that 60 percent have been sexually abused.

The Child Advocacy Centers also ease the pain of disclosure by minimizing repeated interviews by criminal justice authorities. Instead, ACS staff, police officers and representatives from the DA's office can observe from behind a one-way mirror while a social worker does the necessary interviews.

Some of the centers offer ongoing counseling for kids entering the system. "These kids have been through some pretty vicious experiences and they need people well-versed in trauma therapy," Polito explains. "We have many indicated cases and need more services. But when a child's been through trauma, you can't afford to wait."

However, the centers have small counseling staffs and must refer many case out to other providers. Manhattan's Child Advocacy Center, for instance, has four social workers and a consulting psychiatrist capable of treating a total of only 40 children each year.

While the majority of cases referred to the centers come from ACS, the centers themselves are supported largely by philanthropy. At Montefiore, Polito says Medicaid reimbursements cover just one-tenth of the center's budget. This year, the state granted only \$3 million in total to such centers statewide.

FOR TEENS, ONGOING TREATMENT IS provided through specialty programs at a few large agencies with strong fundraising capacity.

At Foundling, for example, sexually abused kids and teens receive in-house individual or group therapy, and sexually abused teens can become mentors to younger survivors. Clinicians at Foundling are usually trained soon after they're hired, with intensive individual supervision and group training in trauma-specific therapy. They also participate in group discussions

of current cases, and their sessions may be videotaped and reviewed.

Schneiderman also directs the Vincent J. Fontana Center for Mental Health Services, which is collaborating with Fordham University to establish a post-graduate institute in abuse-specific psychotherapy. The institute would provide scholarships to working clinicians so agencies could better afford high-quality training.

Later this year, St. Christopher-Ottilie plans to roll out the Parent Assisted Recovery Program to teach parents and foster parents how to encourage children to speak about their experiences of abuse—and train them how to respond with appropriate support.

Ten years ago, Leonard Gries, director of psychiatry at St. Christopher-Ottilie, started the Institute for Emotional Health to provide abuse-specific counseling for children from other agencies on a fee-for-service basis. Gries hires and trains doctoral students with at least an MSW degree to provide therapy. Institute social workers also provide therapy to kids at their foster homes, to improve communication between young people and their foster parents.

With private endowments and fundraising, Child Advocacy Centers and savvy agencies are doing what the state has not been willing to do. But philanthropy has its limits. As it is, many teens leave foster care having never addressed one of the core issues that brought them into care in the first place.

Ijeoma's experiences in foster care only made her more afraid to open her mouth. Early on, she resolved to not tell anyone about her feelings, including the therapists her agency demanded she visit. "I thought if I said I was in pain, they'd say, 'Put her back in the hospital,'" she says.

She still doesn't trust therapists. But she fears that if she doesn't address her history, she will continue to suffer. When she left foster care, Ijeoma felt lonely, and she looked to her past for old comforts: cigarettes, drinking beer to put herself to sleep, and someone who might hold her, at least for the night. "When I left, I allowed men to take advantage of me," she says. "I thought if I slept with a guy, I could keep them, and then I wouldn't be lonely. I never really realized my history had so much to do with it." ♦

GLORIA WILLIAMS, on therapy in ACS:

After eight or nine months, my second therapist left and I got a new one, and then I got a few more. Let's say I got a few too many (four or five in all). The more they changed, the more I hated therapy.

Then, one of them decided I was depressed. She wanted me to go on medication. I was 12, and at that age I was like, 'What the hell did I do?' I said I didn't want to take it, but she told me it was mandatory. I felt like I had no rights at all...

For a little while of almost every day, I would be out of it like Alice down the rabbit hole. I would be low, just cut off from things. Then the roller coaster would go up and I'd be crazy, like I'd just drunk a million gallons of coffee and was going to the stars...

I've been off medication for about a year, and I don't ever want to be on them again. I know that some kids are helped by medication, but I also believe that sometimes kids are put on them when they shouldn't be, mainly because there just isn't anyone who knows how to help them open up and deal with their problems emotionally.

From Foster Care Youth United

Another Road:

Juvenile Justice and the Child Welfare System

WHEN JUDGES DETERMINE THE fate of juvenile delinquents, their decisions are often shaped by what they know about the youngsters' homes. Many judges are reluctant to allow a child to remain free if they don't believe parents will provide a good home environment. The more dysfunctional the home, the greater the chance an arrest will land a teen in juvenile jail.

"In effect, kids get punished for the conditions of their families," says Molly Armstrong of the Vera Institute of Justice, which in a recent survey documented the substantial overlap between the child welfare system and teens in juvenile detention. The institute found that more than half of the young people taken by the police to the city's juvenile detention facilities from July 2000 to June 2001 had also been the subject of abuse and neglect investigations by the city's Administration for Children's Services (ACS) at some point in their lives. About one quarter were either in foster care or had an active preventive services case at the time of the detention.

Family Court judges and lawyers interviewed by *Child Welfare Watch* say that when a teenager appears in court without a parent, judges are less likely to release the child. They wonder whether there is enough supervision in the home to ensure the teen will return for a future court date, or stay out of trouble. The same is true for teens who have long records of truancy, or whose parents are known to be using drugs.

Most of the young people admitted to city detention are charged with nonviolent crimes, and their number rose dramatically during the administration of former Mayor Rudy Giuliani. While felony arrests of young people dropped nearly 30 percent during the 1990s, and violent juvenile crime also declined substantially, the city locked up 60 percent more young people in 2000 than in 1993. Today, only about 10 percent of those admitted are accused of violent felonies.

For teens from troubled families, pre-trial detention is often just the first step in the juvenile justice system. Relatively minor infractions, such as fighting, shoplifting or drawing graffiti can ultimately result in sen-

tences to upstate detention facilities if the judge believes family supervision is inadequate, according to judges and lawyers in Family Court. Even if a teen receives an initial sentence of probation, any further violation such as skipping school can result in a trip upstate, regardless of the nature of the original crime.

"It's such an axiom of the system: the kids who go the deepest are the kids who have the least in family resources," says Bart Lubow, a researcher with the Annie E. Casey Foundation who studied New York City's juvenile detention facilities from 1993 to 1998.

"The standard reason a kid gets sent away is, arguably, not enough supervision in the home. That is, in itself, a neglect allegation," agrees Brian Zimmerman, an attorney who has represented juvenile delinquents in Brooklyn Family Court for more than 10 years.

VIEWED SIDE BY SIDE WITH CHILD PROTECTIVE services and foster care, the juvenile justice system is a secondary network for separating children from dysfunctional or struggling families. As in foster care, more than 95 percent of the children in juvenile detention are African American or Latino.

There are major differences between the two systems, however. The child welfare system is mandated by law to attempt to resolve parents' problems and stabilize the family. Juvenile justice cases, on the other hand, punish the teenagers themselves for their mistakes, and only rarely include any attempt at resolving family difficulties.

As the Vera Institute survey noted, many of these families have already been on the ACS radar screen, having received services from ACS or its contract agencies. Yet in the end, it is juvenile detention, with its handcuffs and barbed wire fences, that substitutes for effective intervention in the lives of troubled teenagers and their families.

The cost to the city is tremendous. Keeping a child in secure detention costs \$358 per day, according to the Correctional Association, a policy and advocacy organization. In 2000, young people stayed in pre-trial or pre-placement secure detention for an average of 36 days—at an estimated cost per child of \$12,888.

Worse than the budgetary expense is the cost to the young people themselves, and to the security and stability of the low-income neighborhoods where most of these children live. Juvenile detention too often ends up serving as a crash course in the culture of violence and social alienation.

The fact that the child welfare and juvenile justice systems are often dealing with the same families is not widely acknowledged. But its recognition is an important step toward developing broader community-based solutions. Are there effective alternatives that will help more families achieve stability, without detaining or incarcerating their teenage children? What are the systemic barriers to more effective early intervention?

FAMILY COURT HAS NO JURISDICTION OVER parents of teenagers charged in delinquency cases. It has no authority to order a parent to cooperate with drug treatment or counseling, or to require that parents work with their child's probation officer.

"I had a kid I had to place [in detention] because the mother refused, refused, refused to take the kid to school to register her, to take the kid for a green card, for a probation appointment," says Judge Paula Hepner of Brooklyn Family Court. Although Hepner threatened to hold the mother in contempt of court, it was a hollow threat. In fact, the court had no legal leverage over the woman. The city had filed the case against the teenage girl—not against the parent.

"When you have a delinquency case, the orders you can make are to the kid," says Judge Hepner. "We can't tell parents, 'Go to drug treatment. Get yourself cleaned up.'"

In another recent case, Judge Mary Bednar of Manhattan Family Court placed in custody a girl who had been arrested for pulling a knife on her brother. An investigation by the probation department and a court-ordered mental health study, conducted by court employees, revealed a host of family problems including alcohol abuse by the parents. Probation was not an option, recalls Judge Bednar, because of what she had learned about the girl's family. A state-run facility was the only choice, she decided.

THE INADEQUATE ALTERNATIVE

The New York City Department of Probation runs programs designed to keep teenagers out of the city's secure detention centers while they await a trial or a placement, but their capacity is limited and critics say the services provided are barely adequate.

The largest is the Alternative to Detention (ATD) program. Most participants are sent to the program by Family Court judges because of repeated truancy violations. ATD is essentially an alternative public school. Students attend classes from 8 a.m. to 4 p.m. every weekday. They also receive some individual and group counseling. In 2001, the program had the capacity to serve 190 young people at a time, usually for about a month. Over the course of the year, 1,068 teens took part.

Advocates say that Alternative to Detention could be broadly expanded, but judges need to have greater confidence in the quality of the program before they will allow a significant boost in the numbers. "We're not saying the current programs need to be expanded, because they are seriously deficient," says Mishi Faruqee, director of the Correctional Association's Juvenile Justice Project. She says the city could greatly improve the program by contracting with community-based organizations to provide mental health and other support services, and by hiring more and better qualified teachers. "The Department of Probation has told us they would improve ATD," she adds. "But they haven't budgeted anything for it."

A smaller program, Expanded Alternative to Detention (EATD), began in 1996 as part of an initiative by the Annie E. Casey Foundation to provide judges with more options for the most hard-to-reach teens. It is more intensive than ATD and meant as a last resort for young people who would

otherwise certainly be detained. The program requires attendance until 8 p.m. every weekday, and probation officers work closely with parents and make home visits. In 2001, 205 children took part.

Judges depend in part on reports from these programs to decide whether or not to sentence participants to probation, non-secure state facilities or a locked detention center upstate.

There are signs, however, that EATD is not saving as many young people from detention as it could.

In 1993, the Casey Foundation began studying ways to reduce the number of juveniles in detention in Chicago, Illinois; Sacramento, California; Portland, Oregon; and New York City. New York was dropped from the program in 1998 for lack of political support. Bart Lubow, who headed up the Casey study, blames then-Mayor Giuliani for promoting a "lock'em-up" attitude.

The problem with EATD, says Lubow, was that instead of being used as a last resort, judges started ordering youngsters into the program who might not have been remanded at all. The probation department also became less willing to work with the most borderline cases, he says.

There were instances where the probation department asked the court to take adolescents out of the program, citing reasons such as "home environment not stable"—code for the mother's smoking crack, says Lubow. "If the home environment was stable, why would he have to go to a program 12 to 14 hours a day?" asks an exasperated Lubow. ♦

ACS has the leverage to compel parents to deal with substance abuse, family violence or other issues. And it has the resources to provide intervention or support services to tens of thousands of families. By the time a teen is arrested and appears in Family Court, however, the opportunity for ACS intervention with the family has usually passed.

A JULY 2001 REPORT PUBLISHED BY THE federal Office of Juvenile Justice and Delinquency Prevention, entitled "Preventing Delinquency Through Improved Child Protection Services," found that "maltreated children are significantly more likely to become involved in delinquent behavior than their nonmaltreated peers, and delinquent youth with a history of abuse or neglect are more likely to continue their offending behavior than delinquents who have not suffered child abuse or neglect." The authors conclude that "any program that effectively reduces abuse and neglect can serve as a prevention strategy for juvenile delinquency."

Their core contention is that effective, targeted and individualized intervention

by child welfare authorities in a troubled family at the first sign of abuse or neglect will prevent later cases of juvenile delinquency. If a city child welfare agency can do a good job identifying families that need this intervention, and provides it—either in the form of family support services or foster care—delinquency rates should decline.

One approach that may reduce delinquency rates would be to strengthen and increase the number of neighborhood-based programs that support families and provide teenagers with positive alternatives—before debilitating problems take hold.

ANOTHER APPROACH WOULD BE GREATER investment in alternative to detention programs for young people already charged with delinquency. "One of our major problems in keeping kids home is that if the parents can't supervise or set limits, you need a program to do it," says Judge Hepner.

According to the Correctional Association, the city spends 10 times as much on detention for young people (\$36 million)

as on alternatives to detention (less than \$3 million). That organization's recent report, "Rethinking Juvenile Detention in New York City," describes models from other cities, such as Chicago, where several community organizations have joined with city agencies to establish a network of evening programs "that provide structure and supervision to court-involved youth during the 'high-crime' after-school hours from 3 p.m. to 9 p.m." With this new system in place, Chicago has cut its reliance on secure juvenile detention in half since 1996.

By contrast, in the same period, New York City vastly expanded the number of beds available for juvenile detention.

There are alternative methods for working with teens and their troubled families. Chicago has been among those cities leading the way toward a new vision. (See "Radical Revision," page 25.) But in New York City, advocates say, there is no government commitment or leadership to promote—and fund—youth development programs fused with support for families with teens. ♦

Unmistaken Identities:

Reversing Family Court's Foster Care Bias

AN INNOVATIVE 4-YEAR-OLD project that plugged some of the systemic gaps between the foster care and juvenile justice systems has achieved mixed but notable results, eliminating at least some of the routine bias against foster care teens in Family Court.

In 1998, researchers at the Vera Institute of Justice found that teenagers in foster care who were arrested were being detained for longer periods and in greater numbers than other teens who had committed similar offenses. An initial survey estimated that 15 percent of the teens in detention at the city's Spofford Juvenile Center were foster kids.

There were two reasons for the disparate treatment of foster children by the courts. First of all, police and court personnel—including probation officers, attorneys and judges—had no straightforward method for locating a teen's caseworker or case supervisor. This meant no responsible adult appeared in court with the youngster, and judges felt they had no option other than pre-trial detention. Second, even when caseworkers could be found, few understood either their responsibilities or how to navigate the juvenile justice system and Family Court.

In response, the Vera Institute established Project Confirm. Beginning in mid-1998, whenever a young person was arrested on juvenile delinquency charges, police contacted a project staffer, who then verified whether or not the teenager was in foster care. When the teen's name turned up in an ACS database search, Project Confirm contacted the foster care agency in charge of the child's case and helped its caseworkers maneuver through the system.

The institute's evaluation of the project, published in 2001, found that Project Confirm benefited foster teens arrested for the first time and charged with relatively minor offenses, including misdemeanors and low-level felonies. After the project began checking the database and making sure responsible adults showed up in court, the court's bias against these foster kids dis-

appeared entirely, according to the rigorous Vera evaluation.

But there was an unexpected anomaly: for teens arrested on more serious offenses, Project Confirm actually increased the likelihood that foster children would be detained. The most likely explanation, researchers believe, is that caseworkers began appearing in court and telling judges about individual teens' history of running away from group homes. As a result, the judges opted to detain.

Some caseworkers simply didn't want to

In 1998, researchers at the Vera Institute of Justice found that teenagers in foster care who were arrested were being detained for longer periods and in greater numbers than other teens who had committed similar offenses. An initial survey estimated that 15 percent of the teens in detention at the city's Spofford Juvenile Center were foster kids.

take troubled teens back into their group homes. But the project staff made every attempt to explain that abandoning young people to juvenile detention was not a practical solution. "Most of the people, if they sit down with the field coordinator and get over the interruption of their day...you can usually remind them of why they went into this field in the first place," says Molly Armstrong, who oversaw Project Confirm for the Vera Institute before it was turned over to ACS late last year. "Most of them, you can calm down," she says.

ACS estimates that it costs about \$800,000 per year to run the program. But the expense is worthwhile, says ACS spokesperson Kathleen Walsh. "It has pre-

vented hundreds of unnecessary emergency re-placements for foster youth who have lost their placement because of the detention," she says.

Project Confirm intervenes only with teens aged 15 and under who are charged with delinquency in Family Court. Older teens are treated as adults in New York, and are sent to the city's Criminal Court or state Supreme Court. Those aged 13 to 15 who are arrested on high-level felonies are also sent to state Supreme Court, where they are tried as juvenile offenders.

Project Confirm has no equivalent in the Criminal Court or in state Supreme Court. When kids 16 and older are arrested, it is nearly impossible to determine whether they are even in ACS care, according to Armstrong. Nor has anyone determined how many of the 13- to-15-year-olds prosecuted in adult court are foster children, although observers think the number is high.

"Once kids are arrested and prosecuted as adults, ACS stands back from providing services," says Judge Michael Corriero, who has presided over juvenile offender cases in Manhattan since 1992. Without ACS involvement, it can be harder to find a way to keep the youngsters in the community, he says. "We've had to do our best to find alternative to incarceration programs."

But without a caseworker in court, Corriero faces the same problem as Family Court judges: "Who's responsible for him if I decide to release him?" he asks.

Corriero wants to see a program like Project Confirm in Supreme Court, but currently there are no plans for such an expansion. "I've been advocating for that kind of continuity for a long time," he says. When Corriero learns young people in his court are in foster care, he can seek ACS help, case by case, but it's grueling. "It's very difficult for me to take on ACS on a regular basis. Sometimes they help us, and sometimes we can't get things accomplished." ♦

Radical Revision:

New York's Changing PINS Law

NEW YORK CITY FACES A SIZABLE increase in the number of older teenagers who will be dragged into court by their parents for insubordination, running away or skipping school, thanks to a change in state law that took effect on July 1, 2002. As a result, thousands more families will be seeking assistance from an already overwhelmed Family Court, and hundreds of additional teens each year could end up in the foster care system.

Overall, the cost to the city could be as much as \$50 million a year, according to the Vera Institute of Justice.

Last year, Governor George Pataki signed into law a revision of the state's Family Court Act that expanded the eligibility for "Person In Need of Supervision" (PINS) intervention to teens aged 16 and 17. Previously, the PINS system had jurisdiction only over teens 15 years old and younger.

Nationally, 16- and 17-year-olds account for about half of all such cases brought by parents and authorities against teenagers. Examining these national trends, the Vera Institute estimates that New York City's PINS system could double in size, to about 10,000 cases. The Institute estimates between 364 and 516 new placements in foster care annually as a result of the law change.

Last year, the city's Department of Probation opened about 5,000 PINS cases, nearly all on the initiative of a teen's parent or guardian. Slightly more than half of these cases ended up avoiding court altogether, because the probation department referred the families to support services provided by neighborhood-based nonprofit organizations. Of those that went to court, judges placed about one-third in short-term foster care through ACS, mostly in group homes but sometimes in residential treatment centers. A relatively small number of these teenagers—fewer than 200—remained in care for more than three months. The rest usually returned home or moved in with relatives.

Teens are entitled to a trial on the PINS charges, but most cases are eventually solved

without a trial. In some cases, parent and child reconcile, the child goes home and the case is either dropped or resolved with a mediation agreement between parent and child. Other times, the teen agrees to remain under the care of ACS, in which case he or she admits in court to being a PINS, or the parent can sign a voluntary placement agreement.

Thousands more families will be seeking assistance from an already overwhelmed Family Court, and hundreds of additional teens each year could end up in foster care.

With a foster care system tipping more and more toward the higher age groups, a vast new influx of PINS cases poses problems for ACS. The agency is working with the Department of Probation and the police to improve the diversion process, says ACS spokesperson Kathleen Walsh. Assessment teams including ACS social workers will meet with families before they reach the criminal justice system, she says, evaluating family needs and identifying alternatives. She adds that the agency also plans to expand the neighborhood-based programs that help keep teens at home and de-escalate the situation.

The change in the PINS law followed a lobbying campaign mounted by parents of troubled kids from upstate and Staten Island. These parents sought greater leverage over their older teens, arguing that the system offered them no legal authority to demand that their 16 and 17 year olds behave responsibly. The campaign unfolded in 1999, against the backdrop of the tragedy at Columbine High School in Colorado.

While the PINS system can order services and Family Court can place a child

with ACS, no one can in fact force a teenager to remain at home. Federal and state law prevent parents and the state from locking teens up in secure detention for simple insubordination or for running away, as was common decades ago.

"It's a toothless tiger," says Judge Ruth Jane Zuckerman, who recently retired from Bronx Family Court and teaches at Fordham Law School. "I don't think it works with older kids. With kids who are the runners, you can try moral suasion, but you can't hold onto them. The law in New York is not equipped to deal with them.

"We've done a terrible job with the up-to-16-year-olds, so the idea of expanding it was ludicrous," she adds.

Some states have established a different kind of system to help families handle troubled teens. For example, Louisiana's Family In Need of Services (FINS) law requires the cooperation of families who are either referred by police, school officials or other authorities, or who seek services themselves. The FINS cases revolve around the same teenage behavioral problems as New York's PINS cases, including chronic truancy, runaways and drug use. But FINS uses a more collaborative, service-oriented approach. The program staff assess each family and its situation, and work with them to develop a service plan. If the parent or child doesn't cooperate, they may end up in Family Court. Unlike in New York, the Louisiana judge has jurisdiction over not only the child, but also his parents and siblings. The Louisiana FINS laws acknowledges that running away and truancy are often symptomatic of a larger family dysfunction.

In Illinois, the state removed these cases almost entirely from the courts by providing police with greater authority to take runaways into custody, and by expanding access to short-term respite care for teens, combined with intensive family support services. The policy, put into place in the early 1980s, has nearly eliminated the need for foster care placement of teens similar to those in the New York PINS system, according to the Vera Institute. ♦

ACS and the Public Schools

Stumbling Toward Collaboration

AN ADULT'S CLOSE AND DUTIFUL attention makes an enormous difference in how well any child performs in school. For foster children, that kind of care is too often absent.

In June 2002, the Vera Institute of Justice and ACS wrapped up a three-year program designed to test strategies for improving the academic achievement of adolescents in foster care. Nearly two-thirds of the 150 kids in the program, called "Safe and Smart," boosted their overall grades. Their attendance rates rose to levels well above average for foster children, and slightly better than that of middle school students citywide. They received extra tutoring and counseling, and many developed strong, trusting relationships with the city child welfare specialists who staffed the program.

Most of all, school itself became a coherent part of these children's lives. For many of them, this was an entirely new experience. The ACS specialists advocated for the kids in all aspects of their educational lives—helping them with their homework, working with their teachers, and helping to find outside supports when needed. They also mobilized foster parents to take a larger role in the children's schooling.

When the doors closed on the 2001-2002 school year, however, the Safe and Smart experiment came to an end. New York now knows what works, and ACS is preparing a variety of resources and training programs that could help spread the program's good practices to other schools. But the city, its schools and contract foster care agencies are still a long way from taking that knowledge and putting it into practice for thousands of foster teens.

WHEN TEENAGERS COME INTO FOSTER care, many are already behind in school. The family disarray and emotional pain that accompany abuse or neglect do not lend themselves to success at school. Nor does the chaos that usually precipitates voluntary placements or PINS entries into the foster care system. The educational challenges facing these young people are steep.

Foster children tend to lag far behind

their peers. They are more likely to repeat grades, to end up in special education and to drop out. From 1995 through 1999, more than 20 percent of children placed in foster care were in special education, compared to 8 percent of other students. Kids in care also tend to score poorly on standardized tests. About half of all students in the city were at or above grade level in reading in 1998, but only 26 percent of kids in foster care scored that well. In math, only 34 percent of youth in foster care were at or above grade level, compared to 63 percent of all city kids.

For younger children, foster care can actually be a step toward greater success in school. On average, younger kids who come into care as a result of abuse or neglect, including educational neglect, begin to attend school more regularly than they have in the past, according to a recent Vera Institute study commissioned by ACS and using ACS and Board of Education data.

But for teenagers, placement in foster care usually compounds a student's educational difficulties. Foster teens are often over-age for their grade. For example, in 1999, two in every five New York City foster children in 10th grade were at least 17 years old. More than half of foster children transfer schools during a year of placement, according to the Vera Institute study. The educational cost of school transfers has been well documented; researchers estimate that it takes up to six months to catch up.

When those transfers are delayed because of lost or misplaced school records, or because legal guardians and caseworkers do not take the time to re-enroll the children in their care, kids can sit home for months, says Gessy Nixon, New York director of Voices of Youth, a foster youth advocacy organization. Two years ago, a study by Advocates for Youth, an education policy organization, found that two-fifths of the teens surveyed didn't return to school immediately after entering foster care. It also found that caseworkers often faulted themselves for such delays.

In addition, when teens are placed in group homes, their already poor school attendance rates drop. According to the Vera

Institute study, these teens are going to school an average of only three days out of the week.

Other than the very small Safe and Smart project, the system has had no formal mechanism to support youth with their schoolwork or their educational problems. The responsibility of speaking with a teen's teachers or guidance counselors falls to shifting caseworkers, foster parents, group home staff and attorneys. Very often, no one takes the responsibility to shepherd these teens through school.

The city and the nonprofit agencies that manage most foster care cases are the child's guardians. Yet caseworkers often haven't the time to follow each child's school situation closely, and many don't even have basic, essential knowledge about how the city's education system works.

For example, an Advocates for Children survey of 95 caseworkers found that 60 percent were not aware of laws governing admissions to special education. In fact, foster parents and group home staff have no legal authority to have children tested and placed in special education, or to have them returned to mainstream classes. Caseworkers themselves are supposed to make those critical decisions.

NONE OF THIS IS NEWS TO ACS, WHICH IN recent years has been tracking student performance and publishing the results in the agency's data-rich status reports available on the Web (see www.nyc.gov/html/acs/). The agency has set important goals for itself: to ensure that students are not transferred as a result of foster care placement; that they achieve normal attendance rates; and that they perform at grade level.

But these goals remain distant. For one thing, schools themselves still cannot identify which students are in foster care. In 1997, ACS and the Board of Education signed a memorandum of understanding promising to create a database of information about the educational progress of individual foster children. This database is still not finished, however, leaving guidance counselors and other school staff without a way to identify foster children in their schools. That means it is impossible for

schools to know if foster children are getting the tutoring or counseling they need, or whether they're on par with other students' attendance, standardized test scores or graduation rates, according to Richard Organischack, superintendent of alternative high schools at the Board of Education.

SAFE AND SMART STAFF HAD TO COBBLE together a different method each year to identify the foster youth at its four Bronx middle schools. The first year, a Board of Education code identified kids known by school staff to be in foster care, but the code proved inaccurate and was discontinued. In year two, the Vera Institute did the labor-intensive task of comparing every name on school enrollment lists—thousands of kids—with the ACS database. In year three, the schools cooperated by asking enrolling students and their guardians whether the child was in foster care.

But because kids and their foster parents are not required to self-identify, the program staff had no way of knowing which kids they had missed. Indeed, many young people find foster care stigmatizing and would rather keep this aspect of their lives to themselves.

As a result of these identification difficulties, Safe and Smart cost more than it should have, explains Jennifer Crumpley, the project's director. While the program reached only 150 children, it cost several hundred thousand dollars to implement. What's more, because of the data problems, the Vera Institute was unable to create a control group for purposes of comparison.

Even when schools could identify foster kids, however, Crumpley found that teachers often did not understand the extraordinary needs of foster youth.

"Guidance staff and school staff tend to think kids in foster care don't have specialized issues, because they have so many poor kids, and kids from broken homes," Crumpley says. "If they don't understand that youth in foster care are on the lowest rung of educational achievement, have the worst health histories and are dealing with

the issues of multiple moves, placements and traumas, then they're not going to be equipped to help children with their educational needs."

Safe and Smart trained teachers in the typical concerns of foster youth, like being separated from parents or siblings, and psychological issues, like feeling suicidal or coping with past sexual abuse. After being trained, teachers were more inclined to seek help from the program's specialists when a young person began acting out or performing poorly in class.

The Vera Institute also worked with the Board of Education to train staff at about 40 foster care agencies on the intricacies of special education regulations and school transfers.

Since then, ACS has created a "back-to-school toolkit" designed to help foster care agencies teach parents and foster parents how to become involved in their children's schooling. These agencies will be required to provide such training to foster parents twice each year, according to ACS spokesperson Kathleen Walsh.

To reduce unnecessary school transfers or hours-long subway rides to school, ACS

tries to place children entering foster care in their own neighborhood, close to family members and their current school. While the rate of such placements is rising steadily, the large majority of foster youth are still placed according to the availability of beds rather than by neighborhood.

ACS and the city's new Department of Education are collaborating on reforms. Deputy Mayor Dennis Walcott has begun discussions with ACS on replicating the best practices of Safe and Smart on a larger scale. The agency has also begun to standardize school-related information in case files—in the form of an "educational checklist"—so that caseworkers and Family Court personnel can be certain in each case who is responsible for educational decisions.

Some advocates propose adding specialists at each foster care agency dedicated to managing foster children's educational experience. This isn't part of the ACS game plan. Instead, says Walsh, ACS will continue to organize training sessions for caseworkers at all 52 foster care agencies. "The continuous training of caseworkers ensures a well-equipped staff," she says. ♦

JANET GRIFFITH,

a teacher in an alternative high school who often teaches foster kids:

When I call a group home, I have to leave a message with whomever picks up the phone. I never know if the person responsible for the young person gets the message. They often do not call me back to follow up on the problem.

I've often lectured workers at group homes about the lack of attention that I feel is being given to these children's schoolwork. Workers at the homes suggest that it's the children's fault.

I am not surprised. It is difficult to make children living with their own parents do their work or go for tutoring. Kids who don't have their parents around to care for their futures, and who have a lot of worries as well, may be even less motivated to work.

From Foster Care Youth United

Seeking Independence:

*Creating a New Way to
Plan for the Future*

**FOCUS
ON THE
FUTURE**

WHEN HIGH SCHOOL ENDS AND college or work begins, the process of growing up accelerates. Physically, emotionally and, not least, financially, many young people are on their own for the first time, confronting the often bewildering, sometimes overwhelming realities of the adult world.

About 1,300 young men and women between the ages of 18 and 21 age out of the New York City foster care system each year. Most face these profound life changes without a family support system to provide material or emotional assistance. Too many pass into an officially defined state of adulthood with little more than their discharge check and whatever they've managed to pick up from a handful of "Independent Living Skills" training classes offered by their foster care agencies.

Outcome data for men and women who age out of foster care is hard to come by and inconclusive. But the few glimpses available paint a bleak picture.

◆ A 1998 study of former foster care youth in Wisconsin revealed that, by between 12 and 18 months after leaving care, 37 percent had not completed high school; 39 percent were unemployed (with 19 percent having not held any job since leaving care); 32 percent were receiving public assistance of some kind; 12 percent had been homeless at least once; and 27 percent of males and 10 percent of females had been incarcerated at least once.

◆ Similarly, a 1991 study by Westat, a research consulting firm, looked at data on 34,600 young adults who had aged out of foster care nationwide. The study found that fewer than 20 percent were self-sufficient; one-quarter had been homeless, and 60 percent of the young women had given birth within two to four years of leaving foster care.

◆ In New York City, a survey of 400 homeless parents described in a 1993 report by Homes for the Homeless found

that "20 percent lived in foster care as children." An update of the survey earlier this year found that the figure had risen to 30 percent.

◆ Initial findings from a University of Pennsylvania analysis of New York City data from the foster care and homeless shelter systems has found that "significant numbers" of former foster children have entered the city's shelters within two years, according to the Corporation for Supportive Housing. The final report is due next year.

New York City regulations, state laws and federal money all support programs intended to help young adults succeed in adult life. Since 1988, state law has mandated that teens in foster care age 14 and older who have a planned permanency goal of independent living receive at least 14 hours of "life skills" classes per year, as well as vocational training to prepare them for self-sufficiency.

The city's Administration for Children's Services (ACS) also requires that before discharge from foster care, a young adult must have a place to live; a job or full-time enrollment in college or vocational school; health insurance; and at least an eighth-grade competency in reading and math. The nonprofit agencies that serve teens in foster care—as well as ACS's own foster care program—have independent living coordinators on staff to help young people achieve these goals, though they frequently are not met.

"Not one agency is doing all of the pieces," says Jennifer Nelson, co-founder of Voices of Youth, a foster youth advocacy group. "Some may have good jobs programs, or they involve youth in decision making. But something is always missing... There's no individual assessment of what each young person needs to learn."

For years, young people and their advocates have charged that the city and its contract agencies fail to provide them with adequate support and preparation for life after foster care, and don't bother

to tell them fundamental information about stipends and other benefits.

THIS CRITICISM HAS BEEN HEARD AT THE top. As teens become a much larger segment of the foster care population, ACS leadership has sought to reorient the system's approach to independent living. The agency is aggressively promoting greater involvement of young people in decision-making and advisory councils, while also requiring contract agencies to use checklists and reviews that engage casework staff directly in planning for young people's futures. Technical assistance to the private agencies on youth development has also been ratcheted up. And the EQUIP monitoring system tracks how well agencies are complying with ACS guidelines.

"If an agency does poorly, we go out and do a case record review," says Deputy Commissioner Lisa Parrish. "For example, we look at how many kids are attending school, in vocational programs or working. We're very worried about the kids not in any of these. When we see an agency that has a lot of these kids, we go out and do technical assistance."

As of August 2002, however, the assistant commissioner's slot assigned to the new Office of Youth Development at ACS remained vacant, as did two director's positions. The culprit? Budget constraints.

Contract agencies still rely heavily on their independent living coordinators to provide young people with skills for adult life. But preparing a young person to be self-sufficient out in the world can't be just a coordinator's job, says Felicia Devine, who directs technical assistance programs at the federally funded Independent Living Resource Center, based at Hunter College. "It's the day-to-day casework that matters most," she says, explaining that independent living preparation is about much more than acquiring skills. "Young people have to learn to build and keep relationships. They have trouble with relationships because that first relationship with their

MOVING ON

parents was damaged.

"People have to get away from the idea that this is the independent living coordinator's job," she says

There is no systematic, cookie-cutter way for teaching a teenager how to survive the often torturous emotional experience of late adolescence, how to find close companionship, or even how to search for a place to live that feels like a real home. Preparing a young person for adulthood is a lot like parenting—more art than science.

The greatest challenge remains the integration of an independent living focus into the daily life of most agencies serving teens, says Devine. "The caseworkers don't always understand it," she says. "It's not as clear as the checklist of tasks that are required for working with young kids. It's blurry."

THE SYSTEM IS SIMPLY NOT GEARED TO plan for the futures of the children in its care, says Brian Moran, who until May 2001 was ACS's associate commissioner for independent living. "The system is better structured, and staffed, to provide protection for younger kids than to provide viable permanency options for older kids."

By comparison, Connecticut's foster care program has case management units staffed with specialists who work primarily with older youth. These units incorporate planning for the future as a core, collaborative part of their case practice.

But in New York, at least for now, "independent living" remains a discrete set of training programs managed by coordinators who have little power over day-to-day casework and planning. Indeed, independent living began well over a decade ago in New York as an add-on to existing foster care contracts, and continues to be funded separately from the standard foster care rate. Perhaps this perception of the program as an "extra" has prevented fundamental change, says Joan Morse, director of the Independent Living Resource Center.

She asks, "Are we trapped in an organizational cultural construct that no longer works, and we don't know how to get out of it?" ♦

In a city suffering a chronic shortage of affordable housing, few young adults age out of foster care with neither the financial resources nor the network of connections to find a place to live on their own.

Two years ago, the Administration for Children's Services (ACS) assigned top staff in its central office to take on this perpetual housing crisis. The agency devised a partnership with the New York City Housing Authority (NYCHA) that gives young people leaving foster care a high priority for public housing and federally subsidized Section 8 rent vouchers. Everyone on the verge of aging out of the foster care system can apply, and many do. More than 1,150 young men and women have filed applications for rent vouchers since September 2000, and nearly 700 have applied for public housing.

The wait for approval can be a long one, however. And ACS doesn't yet know how many people have actually won apartments through the program.

"You're put at the top of a list [when you apply], but then it could still take six to eight months," explains Candace Rashada, a coordinator at Children's Village. "They're encouraging applications as early as a year out."

Most private landlords are hesitant to accept Section 8 vouchers. The Independent Living Consortium, a group of independent living coordinators from several foster care agencies, has enlisted the expertise of Bernice Wallace, a private real estate consultant, to apply the necessary prodding. So far she has convinced 10 management companies and brokers to help about 150 young adults find housing.

Melissa Rivera, the independent living coordinator at the Salvation Army and a member of the Independent Living Consortium, characterizes the ACS partnership with NYCHA as a work in progress. "The difficulty is with NYCHA representatives understanding...that our population, when they age out, will be homeless."

There are other housing efforts underway. A handful of nonprofit organizations are developing apartments and transitional housing for young adults at risk of homelessness, many of whom are aging out of foster care. The designers envision housing combined with support programs, social services and job training and placement services. There are some reliable sources of development financing—including federal Low Income Housing Tax Credits, city bond financing, and state and federal grants—

but securing funding for support programs has not been easy.

Federal and state child welfare funding doesn't cover services for anyone 21 years old or older, despite the fact that many young adults still need financial and other support.

"This is the missing service population," explains ACS Deputy Commissioner Lisa Parrish. "Ending our ability to provide services at their 21st birthday is not getting kids set up well enough to be independent. It's not realistic."

A 24-unit East Harlem project developed by The Lantern Group provides permanent housing for former foster kids as part of a larger development. The young people all have Section 8 rent subsidies arranged by ACS. But the organization has been unable to secure funds for support services for the young adults.

Similarly, Edwin Gould Academy has partnered with Housing & Services, Inc. to develop a 51-unit project with permanent housing for older youth and young adults. Residents will receive Section 8 subsidies—but, the organization is still seeking money for services.

The city's Department of Housing Preservation and Development recently committed \$17.5 million to a mixed 200-unit development planned by Common Ground Community in Chelsea. The project includes a wing that will house 40 young adults in transitional housing for up to 18 months, with employment supports, organized peer groups and other programs. Funding for these support programs remains up in the air as well.

Last spring, the Corporation for Supportive Housing helped convince state legislators and Governor George Pataki to allocate \$2 million of the state's federal Temporary Assistance for Needy Families (TANF) block grant to provide services for young people aged 18 to 25, so long as they "enhance employability, self-sufficiency or family stability, and prevent out-of-wedlock pregnancy." Such are the contortions required to win federal support.

Young adults at risk of homelessness have long slipped through the gaps between government programs, particularly when they've left the care of ACS or the juvenile justice system. "They haven't been the focus of any of these systems because once a young adult reaches age 18 or 21, they're seen as adults who can take care of themselves," says Doreen Straka, senior program officer at the Corporation for Supportive Housing. "There's been no recognition that they are in a transitional stage of life." ♦

Life's Labor:

*Job Preparation is
No Simple Task*

**FOCUS
ON THE
FUTURE**

A FEW FOSTER CARE AGENCIES and child welfare professionals have hit upon promising models for helping young people find and keep jobs. But most are expensive and resource-intensive, and thus far have reached only a small percentage of the kids in the system.

"When a youngster turns 18, they need a job that pays better than minimum wage," says Larry Armstead, independent living coordinator at Sheltering Arms. "They have expenses like everyone else. But they should be able to put some money away, for security."

Most foster care agencies don't have full-time job developers on staff and run modest job-readiness programs. They also avail themselves of the New York State Department of Labor's Youth Opportunity Centers, as well as programs run by the city's Department of Employment (DOE), such as the Summer Youth Employment Program (SYEP) and year-round activities funded through the federal Workforce Investment Act

Other agencies have sought to develop their own models for moving youngsters into jobs. St. Christopher's Inc., based in Dobbs Ferry, offers career-track training through a classroom program called ELITE (Everyone Learning with Information Technology). St. Christopher's has formed partnerships with American Airlines and Microsoft, which issue certifications in the field of online travel registration and Microsoft Office, respectively. In the American Airlines training, participants connect directly to the company's main-frame computer, accessing real inventory. "The certification is recognized in the real world," says director of training Jim Donlevy. "It holds the promise of real jobs and a real future."

The impact of ELITE is limited, however, by the fact that many participants are not expected to age-out of care. Instead, they usually leave the agency to return home or go to permanent placements before completing high school. "That's the system," Donlevy sighs. "On the one hand, we're committed to having children home with families as soon as possible, and on the other we're committed to giving them a

first-rate experience while they're with us."

One longstanding job training program with successful results is Work Appreciation for Youth (WAY), run by Children's Village in Queens. Since 1984, WAY has guided foster youth in acquiring skills to become productive, self-sufficient adults. The program starts in the early teenage years and often continues after each participant leaves the foster care system. Trainers emphasize educational attainment and development of a work ethic, as well as job placement.

"WAY Works," the in-care component of the program, offers a series of steps to unsubsidized employment, from unpaid chores in the residential facility, through work-sites on the campus, to paid work or internships in local businesses. Older participants who wish to continue after they age out of the system join "WAY Scholarship," signing a three-to-five-year commitment to stay in school, work part-time and save money. In return, the program pledges ongoing support and guidance plus a dollar-for-dollar match for whatever money the participant can save. The WAY Scholarship program also connects each young person with a mentor. About 250 kids between the ages of 11 and 21 participate in WAY.

A 15-year study of WAY alumni between the ages of 21 and 30 conducted by the Child Welfare League of America found that

80 percent had graduated high school or received a GED, and 51 percent of those who had finished high school attended at least some college. What's more, 80 percent were employed, with those working full-time earning average annual salaries of \$23,000.

Success doesn't come cheaply. Children's Village estimates the WAY program costs between \$3,000 and \$5,000 per year, per student. The WAY Scholarship program is funded entirely through private support.

ACS also refers young people to large-scale training and placement organizations who contract with the Human Resources Administration, such as America Works. The numbers here are modest as well, however, with a current goal of about 60 referrals per year, according to ACS.

Larger scale solutions remain elusive. Targeted partnerships with major corporate employers may eventually prove to be a valuable component of a multi-pronged strategy. With the help of the Annie E. Casey Foundation, ACS recently set up a training and apprenticeship program with United Parcel Service (the foundation's founder, Jim Casey, also started UPS). Whether or not it will succeed—and whether something similar can be established with other companies in these difficult economic times—is still unclear. ♦

TANYA SOTO,
who lives in a group home in Spring Valley and is preparing to move to a supervised independent living apartment:

I will be living with another girl, and I have no clue who she will be. I'm scared, because I wonder if we're going to get along. I'm scared, because after I leave this group home, I don't know if there's going to be anybody to help me. I'm scared that things might not work out....

In the city there are lots of people wherever you go, and a lot of activities to do, such as roller skating, going out to clubs, etc. In Spring Valley, there isn't much of that, so instead I read all the time and write. Pretty much I keep to myself.

Living in Spring Valley, I've come to realize a lot of changes that I've made. For example, I said before that I used to hate school, but being in this group home I've learned to love it because I have to go every day. I've also had appointments that I've had to keep, or I have to go to court (which isn't often)....

I still find myself thinking about how things will be after leaving the group home. Am I ready to be alone? To not have people I live with ask me, 'Is everything okay? Do you need to talk about something?' Am I ready to depend on myself?

From Foster Care Youth United

INDEPENDENT THINKING FOR INDEPENDENT LIVING

Foster care agencies have few resources to devote to teaching independent living skills. This year, budget constraints have limited New York City's support to agencies for independent living programming to less than \$1,900 per participant, well below the \$2,700 originally budgeted by the Administration for Children's Services (ACS).

Some agencies accept the fact that government funds will not provide the solution, and that preparing a teenager for life on her own cannot be accomplished in a series of infrequent classes. Rather, it ought to be part of the permanent culture of the group home, or the foster boarding home, where staff and foster parents have to act like any good parent by consistently reinforcing a young person's capacity for independence.

This means attracting and retaining talented staff able to forge solid connections with teens. There's no easy way to do that, but the value of such individuals—along with proper training and support—is indisputable.

ABBOTT HOUSE

Last year, Abbott House, a nonprofit foster care agency based in Westchester County, won the highest possible evaluation by ACS for its independent living services. The agency works with 250 young people on an independent living track—210 of whom are from New York City—in group-home, residential treatment center and foster boarding home settings.

Here, independent living remains the specialty of a small staff. Abbott House Independent Living Coordinator Joan Cupaiuolo heads up a group of four. She explains, "It's difficult to attract staff with salaries the way they are, and you need staff at all levels who are not only competent but committed."

Teens in Abbott House group homes and its residential treatment center receive about 28 hours per year of formal independent living training. (Abbott House teens in foster boarding homes get somewhat less time—between 18 and 24 hours, according to staff.) But this formal training is only part of the story.

Most of Cupaiuolo's staff have been with Abbott House for years. They stay, she says, because they have autonomy and play a collaborative role in the life of the agency's group homes. "My staff are considered equal members of the group homes," she explains. "Along with the psychologist, house supervisor and substance abuse workers, and the young people, they are part of the team in making decisions." This program, despite its small staff, depends exclusively on private funding.

One former participant in Abbott House's independent living program, Darnell Grant, credits staff for guiding him through the challenges of foster care. With encouragement, Darnell went through a job program for teens, then found work at a fast food restaurant in his Brooklyn neighborhood. Not satisfied making the minimum wage, he enrolled in additional training programs, and at age 23 is now an employment counselor and job trainer with two nonprofits in the city. He credits Abbott House staff with "making me what I am today."

YOUTH ADVOCACY CENTER

Even at agencies that have highly skilled staff, the most persistent teens tend to win the most support and attention, says Betsy Krebs, director of the Youth Advocacy Center. The more passive young people are often left out. And, she adds, the workshops offered at most agencies rarely include any interactive exercises or even homework, two basic teaching techniques that are fundamental to effective learning.

The Youth Advocacy Center, based in Manhattan, runs programs designed to encourage teens in foster care to focus on their own strengths and aspirations, and build upon them to plan for the future. One afternoon each week for 12 weeks, foster teens meet to work through a casebook of situations they might encounter in the course of day-to-day life. "The idea is to develop analytical thinking," Krebs says, "how to respond to present situations in light of their long-term goals."

Setting long-term goals, Krebs believes, is an end in itself—one to which the bulk of the foster care system pays far too little attention. "What we do can be very effective," she says, but she finds that most foster care agencies are more focused on simply keeping teens out of trouble than working with them on their future plans. "The environment in general is so contradictory to our focus. If a kid remains in care [after finishing the program] and doesn't stay in touch with us, what we do can be undone."

SUPERVISED INDEPENDENT LIVING

Qualified older teens looking to move out on their own can apply for the city's Supervised Independent Living Program (SILP). In SILP, participating teens live alone or in shared apartments, with most of their expenses covered by the program so long as they abide by the rules—including the requirement of school or work.

"These kids get the experience of what it means to get up in the morning, go to work or go to school, go shopping for food, and pay their own bills," says Mark White, who supervises the SILP program at the Jewish Child Care Association. He adds that SILP isn't open to every teen; participants must have or be about to earn their high school diploma, and be either in college or vocational training, or employed. "Some have used SILP as a hotel," White adds, "and we are not a hotel. It's an experiential program, where young people learn how to live independently, interdependently, in the community while still receiving support from the foster care system."

The program has grown rapidly. Two years ago, there were 166 available SILP slots citywide. Today, there are 439 in programs run by 27 foster care agencies. Currently only 276 young people are enrolled, largely because of the necessarily tight rules on who can participate. "It can be difficult finding kids who are appropriate for the program, who are ready to live at that level of independence," says ACS Deputy Commissioner Lisa Parrish.

The SILP program is cheaper than group home care. Agencies receive about \$95 per day to cover the cost of each young person in the program, including rent and a spending allowance.

"The goal is that they don't go from one system to another—to the welfare system, the unemployment system," White says. "With housing in place, savings in the bank, an education under their belts, they're moving from one place to something better." ♦

No One to Rely On

A Teen Mother in Foster Care Continues the Cycle

By Nora McCarthy

Tracy leans on the counter in her sunny yellow kitchen, waiting for a slice of toast to pop up. Her son, Tommy Jr., a pot-bellied two-year-old with wild brown curls, toddles around in a diaper nearby, throwing a rubber ball around the room. The bouncing ball upsets a dish of dog food, and Tracy snaps, "No, Tommy," then picks him up roughly by his head and sets him down by the fridge. Tommy looks at her wide-eyed, but keeps silent. Tracy slaps his toast onto a plate and sits down, giving him a look. The look is part warning—"Eat your toast! Be quiet!"—and part sullen exasperation. Tracy is 17, and caring for Tommy Jr. is a burden she often resents.

As much as she loves him, Tommy Jr. reminds Tracy of the people she blames for convincing her to go through with her pregnancy, and for abusing and abandoning her soon after he was born. Tracy ticks off the betrayals on her fingers: There's her mom, who moved out of their apartment, leaving Tracy alone and pregnant when she was 14 years old; her ex-boyfriend, Tommy, who would beat her up and force her to have sex; and his mother, who became her guardian when she went into the system but did nothing to protect her from Tommy's abuse. Tracy tries to push these hurts out of her mind, along with the reality that she's been in foster care for two years.

Officially, Tracy lives with a foster family in Manhattan. But after school most days, Tracy and Tommy Jr. return to the brick house behind a jewelry store in the Throgs Neck section of the Bronx where she grew up. Bustling around the kitchen, mother and son seem like a happy Bronx family—a little too crowded and short on cash, but warm and loving, too. That's the image that Tracy, wearing a striped T-shirt and jeans, lightened curls cascading down her back, is determined to project. She wants to put her past behind her and get on with life.

She has made strides. She's catching up on missed school. She has a nice new boyfriend, and she's a cheerleader. But she's also made mistakes. Much as she'd like to give Tommy Jr. the attention she never got as a child, it often seems as if she is trapped in her own past.

Neglect has been a constant refrain in Tracy's life: the neglect of a mother for her daughter, and the daughter for her own son; neglect by foster parents of a young teenager; and the neglect of a system that has failed to provide a teen mother with the security of attentive or even reliable, responsible adults.

It scares Tracy the way she loses her temper with Tommy Jr. It reminds Tracy of the way her mother used to yell. Tommy Jr.'s rambunctious energy sometimes frightens her, too. It reminds her of the violence she experienced with his father.

With Tommy Jr., Tracy's not sure where to draw the line between discipline and cruelty. And she doesn't know how to cope with the overwhelming rage and isolation she feels.

"I see everything in life as bad," she says. "People always taught me to be nice to everybody and I got taken advantage of by

everybody. My mother was always trying to get rid of me. My family, I know they dislike me." Tracy trails off, then adds, "I want to have an optimistic outlook. But how much good can you pull out of evil?"

LOOKING FOR LOVE

A good student with few friends, Tracy was lonely and quiet as a little girl. She has only a few good childhood memories, and she discounts them. "I was ignorant as to what life was," she says now. "I started to realize the bad when I was old enough to think for myself."

As Tracy grew up, fights between her and her mother would start over small things like dirty dishes and quickly get ugly. They usually weren't violent, but her mother would say Tracy wasn't wanted, a mistake born only because her mother couldn't stand to have a second abortion. By the time Tracy was a teenager, she felt like a problem her mother never meant to get tangled up in.

Her isolation grew when she and her mother moved out of their house on Tremont Road and into their own apartment. They didn't lack for money, but her mother bought no furniture and slept on a mattress on the floor. They didn't even have a telephone. "That's when it got terrible," Tracy says.

To cope with the loneliness, Tracy looked for comfort in the place teenage girls usually do: teenage boys. They didn't help. The first guy she had sex with later sexually assaulted her with a friend of his. At 14, she met Tommy in front of the Whitestone Cinema, and he latched onto her right from the start. The next day, he waited for two hours in front of her school until she came out of class.

In the first month they dated, she tried to break up with him a couple of times, but when he cried, she relented. When she got pregnant, though, Tommy changed. "He changed from a puppy dog to saying, 'You're my wifey, do what I say, you're my property,'" Tracy says. She didn't like it, but at least Tommy paid attention. Maybe, in his rough way, Tommy was offering her the love she'd been looking for.

Her mother pressured her not to have the child, and in her heart Tracy agreed. But by then, she trusted almost nothing her mother said. "Me and her disagreed on so many things I thought she was wrong [about the pregnancy]," Tracy says. "She had to make everything crazy. She didn't just say, 'Do you want an abortion?' She had to scream, go nuts, get frantic. I couldn't take it."

Instead, Tommy's mother offered her a choice: Tracy could have an abortion and stay with her mother in their lonely apartment, or she could move in with Tommy and his mother, who would help her raise the child. "She was so nice," Tracy says. "It seemed like a fairy tale." Even though she didn't really want to have a baby, it seemed like her best shot at a new life.

Before Tracy could decide, though, her mother did a strange thing: she moved out. Tracy, only 14, was left on her own. Tracy stopped going to school, and eventually, a city child protec-

tive investigator made a home visit. Tracy wound up in the system, and after Tommy Jr. was born, she was placed with Tommy and his mother.

For the next eight months, Tracy tried as best as she could to live like Tommy's wife, but it didn't feel right. Tommy's mother was not the warm, supportive figure Tracy was looking for. She bought Tracy lingerie, telling her to look sexy for her son. She also did nothing to stop Tommy's obsessive vigilance and abuse. He forbade Tracy from going even to the bodega across the street, and forced her to wear baggy clothes so she wouldn't attract attention. He pushed her to have sex with him every day, and soon started hitting her. At first she fought back, but then she realized it was easier to just let him hit her. "I thought I could just take the punches," she says.

The abuse kept getting worse, but Tracy was afraid of Tommy, and believed that living with a foster family might be worse. At least Tommy's family claimed to love her. Finally, Tracy confided in her cheer-leading coach, who brought her to the school's domestic violence counselor. The next day, Tommy flew into a rage and kicked her out at one in the morning. Out on the streets of the South Bronx, afraid and alone, Tracy vowed not to go back. On Monday, she told the worker in charge of her case at a nonprofit foster care agency that she had to get out.

AN ESCAPE

The nightmare didn't end right away. Tracy awoke out of it slowly, as if from a narcotic sleep. After she moved in with new foster parents, Tommy called all the time. Sometimes she called him, too. Once he came to her house with a gun, and threatened to kill her. Even now, Tracy's mom does not want her to file for child support for fear of what Tommy might do.

She's escaped the abuse, and she'd like to forget about it, too, but Tommy Jr. is still there, demanding a lot more than she can muster. At times, he seems to her to be just one more person out to take advantage of her kindness.

Tommy Jr. is a bubbly and lively kid. In the kitchen, he opens a cabinet and begins to take each can and jar out, stacking them on the floor. She runs her hand through his curls, and laughs while she convinces him to put every can back. Clearly, Tracy loves him. But she can also be impatient, even oblivious to his two-year-old needs. When he gets tired and starts to cry, Tracy yells "Stop it!" or ignores him altogether. When he dirties his diaper, she doesn't notice its sag for more than an hour.

Tracy says sometimes that he is everything to her, but her ambivalence seems more honest. She tries to distance herself from her son, explaining away the decision to keep him as if she'd been

duped. "Tommy's mom told me, 'I'll take care of everything.'" Tracy says. "It's like she forced me. I wasn't tricked, exactly, but I was led to believe it wouldn't be so bad." Tracy insists that unlike her own mother, she won't throw it in Tommy Jr.'s face that he was unwanted. But she says it so often, it's hard to believe she will stop when Tommy Jr. is old enough to understand.

Recently, Tracy says, Tommy Jr. ran into the street, and after she scooped him out of harm's way, she was so scared that she "hit him too hard." A few days later, he has three big dark bruises on his back. Two are the size of a tennis ball, and one just above his diaper is bigger. "We told him not to go in the street, but he doesn't listen," she says, sounding unsure of herself.

Tracy knows she probably punished him too severely, and it bothers her. Once, when Tommy Jr. was only three months old, Tommy's mother smacked him, and Tracy was terrified when she saw him trembling and crying. She is still not sure, though, how to teach him to obey without hurting him. "I don't hit him for just anything," she says. "I punish him when he does wrong." Now Tracy sees her son flinch, sometimes, when she raises her hand, and it makes her feel terrible. It also reminds her of how she used to flinch when Tommy raised his hand.

She sees Tommy Jr. act out violence in his own childish way. Sometimes he holds the ball over his head as if he is going to throw it straight at her face. Other times he'll use his toys to hit people, smacking his grandmother while she is sleeping. In response,

Tracy took most of his toys away, thinking that might help.

As determined as Tracy is to create the family she always longed for as a child, she simply doesn't know how. Her social worker wants her to go to therapy, even hinting that Tracy could lose Tommy Jr. if she doesn't become a better mother. But Tracy is tired of talking about the past. "How many times can I tell this to someone?" she asks. "I don't have time for it! I don't want to dwell on it anymore!" More quietly she adds, "It's over now. I don't want to re-bring it up. I want to get over it. I'm happy."

Too often, though, life has been out of her control. Dwelling on the past makes her feel powerless. So Tracy tries to focus on concrete goals that she can accomplish. Her dreams sound like a lot of people's: go to college, get married, go to law school, have an apartment, a car and a job.

She is too distrustful to rely on anybody but herself, but another part of her hopes that her new boyfriend will marry her and take her away. Mostly, she looks forward to the day she'll turn 18. On that magical day, she says, she'll be liberated, running free from this house, the foster care system and the memories she'd rather forget. ♦

She's escaped Tommy's abuse, and she'd like to forget about it, too, but Tommy Jr. is still there, demanding a lot more than she can muster.

Rules Don't Make a Home

By Erin Ortiz

Foster care is supposed to provide structure, but what it provides instead is chaos mixed with monotony. It's not that kids in the system don't need better structure. Some come from homes where wandering the streets all night was acceptable from the time they could walk. Others know the other extreme: homes where they were brutally beaten for not adhering to a strict path.

ACS tries to change these patterns by giving its ward a new home. But a real home has history, loyalty and love, alongside the fighting. All ACS can provide is rules. In a group home, every scrap of freedom must be earned. Curfew is at 10:00, dinner is at 6:00, phone hours are from 6:30 to 10:00, and you must attend a weekly meeting with all staff and residents. Follow these rules to the letter and you'll get a single room when someone moves out and some money as compensation for being "good." But if you question this system, you'll find the meager privileges you earn—the phone, a TV—taken away. It might seem trivial, but these things become really important when you've been placed in a world that is a caricature of normal adolescent life.

I was placed in a group home because of the lack of stability in my life. My mother and I couldn't get along—she was going through menopause, and I was going through puberty. By the time I was 15, I'd been bouncing around for years from family members to foster parents, from Hartsdale to Riverdale to Queens to the Upper West Side.

The fights I once had at home were about spending five hours on the phone talking with friends, about attempting to train my mother to knock on my bedroom door before opening it, or about sneaking out to drunken parties uptown. By contrast, in the group home I fought for ten quiet minutes on the phone with the college admissions department, I argued about my stolen toothbrush and I knew that I would never again be able to sleep over a friend's house unless we were willing to subject ourselves to a home visit.

ACS rules take away the right to question right from wrong, and it's hard to become an adult without figuring some of this out yourself. My decision to be a functioning adult meant that I made a lot of enemies among residents and staff alike. At my group home, I sparked a huge argument when I refused to say grace at the dinner table. The choice was either to pray or be punished. I decided that if I were ever going to have a peaceful meal I was going to have to introduce the concept of atheism. It didn't make me any friends, but they backed down, and I learned that a meal tastes better with a dash of victory.

It isn't that the staff are the bad guys. ACS put 12 residents in a house with about four workers and expected a functioning structure to magically appear. The staff worked 60-hour weeks or more and often worked 24-hour shifts. Maybe they would have been more understanding if they had just had a little more sleep.

In group homes, the employees are supposed to provide the rules, punishments and rewards, just like parents would. Unfortunately, unlike parents they are forbidden from cultivating personal relationships and are supposed to maintain a professional distance. Staff members know that establishing a relationship with a student will get them accused of playing favorites. As a result, any bond between a staff member and a ward must be discreet.

Amidst all that insecurity, people living in group homes try to connect to each other. (You can't get through foster care without venting to someone.) Group home friendships can make you or break you and they often do both. New friends may be transferred to other group homes or have the good fortune of going home, and it's hard to keep in touch. Even when people find a stable place to stay, trust is a problem. One day a ward can make 11 best friends. The next day two of them have taken her last two dollars, three have left the system and the other six are jealous that she had two dollars in the first place and now all they do is talk about what a bitch she is.

Despite all of this, I did manage to make one good friend at my group home. Both of us had chosen to separate ourselves from group home life. I think the only thing we really had in common is we both hated that house, and that was comforting. My friend "J" would sneak into my room, crack a joke or two about me being a "white girl" and smoke cigarettes with me until five in the morning. But we also knew not to trust each other too much. Both being private people, we were wary of gossip and betrayal by one another. When I came back from college she admitted she didn't know whether or not she could still trust me because I had gone away. I accepted it. I wasn't one of them anymore.

ACS was supposed to turn us into model citizens, but people often left the system the same way they came in—in trouble. The strangest part is, I could tell the staff people also knew the system wasn't working. But they didn't know what could make it better. The rules were all they could provide.

Erin Ortiz is a college sophomore.

Watching the Numbers

*A six-year statistical survey monitoring
New York City's child welfare system.*

	FY '96	FY '97	FY '98	FY '99	FY '00	FY '01
1 Protective Services						
A. Reports of abuse and neglect	52,994	53,567	57,732	54,673	53,540	57,224
<i>Reports of abuse and neglect increased by 7% this year. Second highest number in last 7 years.</i>						
B. Reports substantiated (%)	33	35.6	35.6	36.9	37.3	34.1
<i>Consistent five-year pattern of one-third of abuse and neglect reports being substantiated.</i>						
C. Pending rate	6.5	7.3	7.3	7.8	6.7	6.9
<i>Monthly average of new cases per child protective worker remained consistent.</i>						
D. Average child protective caseload	24.1	16.8	13.7	12.8	13.3	13.2
<i>Average protective caseload remained stable.</i>						
E. Number of child protective workers	882	909	862	979	837	848
<i>Number remained stable.</i>						
F. Child fatalities in cases known to ACS	24	30	36	23	DNA	DNA
<i>ACS has not released fatality data for two years.</i>						
2 Preventive Services						
A. Families receiving preventative services (cumulative)	27,660	25,525	26,216	27,124	25,564	27,399
<i>First year of Neighborhood-Based Services initiative saw increased number of families receiving services.</i>						
B. New families receiving preventative services (active)	13,172	13,026	13,012	13,165	11,991	13,990
<i>New families receiving preventive services increased by 17%.</i>						
C. Referrals from ACS (%)	32	40	42	43	50	51
<i>Referrals to contract agencies reached a seven-year high.</i>						
3 Foster Care Services						
A. Number of children admitted	8,912	11,453	12,000	10,418	9,390	7,908
<i># of children admitted to foster care dropped by 16% to a seven-year low.</i>						
B. Number of children discharged	11,928	13,300	13,157	12,854	12,954	12,072
<i># of children discharged from foster care decreased by 7%.</i>						
C. Total foster care population (average)	42,008	41,771	40,939	38,440	34,354	30,858
<i># of children in foster care reached a ten-year low.</i>						
D. Average years spent in foster care	4.42	4.28	4.00	4.01	4.04	4.15
<i>Average length of time spent in foster care remains stable (measured at one point in time).</i>						
E. Children with reunification goal (%) (calendar year)	44.7	47.1	50.9	53.9	52.2	47.4
<i>Less than one-half of children in foster care are scheduled to return home.</i>						
F. Percentage of siblings separated (calendar year)	48	49	51	54	54	52.1
<i>More than one-half of all brothers and sisters in foster care remain separated. However, 85 percent of siblings who enter care simultaneously are currently placed together.</i>						
G. Recidivism rate (%) (calendar year)	13	11	12	11	11	12.1
<i>Rate of re-entry into foster care within 1 year of discharge remains roughly the same.</i>						
H. Percentage of foster children in kinship care (%)	46.1	36.1	33	29.9	27.2	26.2
<i>One in five new placements is with relatives. The total percentage of children in kinship care continues to decline.</i>						
I. Children placed with contract agencies (%)	69.4	70.8	74.9	81.0	86.0	88.3
<i>ACS continues to increase its reliance on contract agencies and reduce its direct care population.</i>						
J. Percentage of foster boarding placements in borough of origin	DNA	DNA	30.4	33.2	44.9	57.5
<i>A high-priority initiative on targeted placements has been increasingly successful.</i>						
K. Percent of foster boarding home placements in community district	DNA	DNA	4.9	4.9	7.7	13.7
<i>The in-district placement initiative began to show significant improvement.</i>						
4 Adoption Services						
A. Children with adoption as a goal (%) (calendar year)	44.6	42.1	36.0	33.8	34.4	38.6
<i>Slight increase in the percentage of children with adoption as a permanency goal.</i>						
B. Finalized adoptions	3,666	4,009	3,848	3,806	3,148	2,715
<i>Finalized adoptions continued its downward trend to a seven-year low.</i>						
C. Children with slow adoption progress (%) (calendar year)	60.4	62.7	60.7	53.2	52.9	61.3
<i>The percentage of children waiting 1 year or more to reach their adoption milestones increased.</i>						
<i>All numbers above reported in NYC fiscal years unless otherwise indicated. DNA means data not available.</i>						
<i>Sources: Mayor's Management Reports, New York State Office of Children and Family Services Monitoring and Analysis Profiles.</i>						



Center for an Urban Future

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The Center for an Urban Future, the sister organization of *City Limits* magazine, is committed to incubating and promoting proactive public policies that are affordable, practical and humane. It gives community leaders and on-the-ground practitioners a vehicle for sharing ideas and experiences with a wider audience.

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(212) 529-0110

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