

# ROAD MAP to REFORM

THE CHANGE WE NEED TO SEE :  
YOUTH FOSTERING CHANGE'S  
RECOMMENDATIONS FOR REFORM



## 1 THE REFORM WE DEMAND

Connect families to critical preventive services to keep youth with their families and connected with resources to sustain behavioral health care and well being.

More time needs to be spent preserving our families and uplifting our cultural differences instead of pushing us away from those we love. We must be provided the necessary supports and opportunity to stay with our family first even if this means we cannot remain with our biological parents. DHS should not punish our families for not having enough funds but should help provide supports so that families do not need to be split up. More time needs to be spent determining what services our families need to maintain a healthy, supportive and safe environment. We are too quickly taken out of our homes and our families are not given the opportunity to use resources to make the home safe. Even when we are removed from our homes, we are not supposed to stay in the system forever; more support and less surveillance needs to be given to families, especially Black and Latinx families to accelerate safe reunification.

You'll find stories and perspectives from our youth advocates highlighted throughout the report.

“Services could have been provided to my mom before I was put back into care. My mom and my family could have been provided therapy. DHS removal didn’t have to be the first option. DHS also should have worked to place me with my biological family so I didn’t have to keep moving from home to home.”

**MALIK**

# 1a.

To reduce the potential of trauma imposed on youth and families and to reduce the impact of racial bias in the foster care system, DHS must develop policies and protocols to ensure that all options for support are provided in the home and with other family members before removal.

## THE CHANGE WE NEED TO SEE

-  Identify other solutions for families that do not include immediate removal.  
**THIS MUST INCLUDE** looking for another family member that can take the child in. Make all possible efforts to find extended, biological family members (aunts, uncles, cousins, etc.) if young people must be removed.
-  Provide potential solutions (resources) that already exist in the community. Connect families to supportive service options that include therapy or counseling, drug treatment programs and public benefits services for families so families can receive support, heal and stay together.
-  Utilize income assessments to better determine how and what resources need to be implemented for families.
-  Provide more education for families about accessing needed resources from the community.
-  Utilize the Youth Fostering Change Road Map to help identify what mental health supports and community-based supports are needed and how supports should be given.
-  Evaluate outcomes for families after they are connected to resources that did not require an open case with DHS.
-  Analyze data collected from ChildLine calls, including demographics of families and reasons for calls, to develop assessments to better address family and community needs.
-  Make all possible efforts to connect youth with adoptive families, preferably kin, and fictive kin, not just families who want to foster for shorter periods of time.

“More services should have been provided to my mother; more programs, like an in-patient drug program, could have helped her. When I was eventually put in placement, I was really lonely - workers could have worked to find more of my family and connected me with them.”

**LEXI**

# 1b.

The Department of Human Services must develop new policies and procedures to decrease the likelihood of racial bias in the investigative process before families enter into the child welfare system and in the assessment and delivery of mental and behavioral health services throughout their system involvement. This system must review and access each individual need of families in a way that truly addresses the cultural and specific needs of different families.

## THE CHANGE WE NEED TO SEE

-  Make all efforts to eliminate racial and economic biases from investigative and assessment processes.
-  Utilize policy tools, research and new investigation processes that seek to address and decrease racial bias and other biases.
-  Conduct regular reviews and updating of policies and procedures to eliminate bias.
-  Provide more robust and ongoing training on racial and economic factors that impact why families may touch the child welfare system. These must include testimonials from families.
-  Require more robust and ongoing training that address' racial and economic bias in social/human services. These should include testimonials from families whenever possible.

“Children must not be removed from the home because of truancy.” **BRIT**



“DHS workers should and could have found other family members to take me in. During the time of the investigation, I was placed at the DHS building for hours until they found me a foster home to stay at.”

**DUANE**

# 2

## THE REFORM WE DEMAND

Develop concrete policies and resources for kinship and foster families that increase placement stability and decrease placement disruption, dissolved adoptions and reliance on group care.

Youth need stability and safe and secure placements to thrive. Too often we were removed from our homes and not placed with our family, but with new families or in group homes where we faced more trauma, abuse, and other unsafe conditions. This should never happen when children and youth are placed in the state's care. Kinship care should be prioritized and paired with connections to resources and transition supports. If youth must go into a new foster home, these resources should also be provided so we do not have to go through so many traumatizing transitions moving from one new home to another.

## THE CHANGE WE NEED TO SEE



**Develop policies and guidelines for placement stability, safe conditions and promoting permanency to reduce trauma and treatment disruption.**

- Develop guidelines for social workers to complete safety planning with youth before each new placement setting.
- Include developing a placement protocol that engages youth and allows them to meet a potential caregiver before placement.
- Adopt policies like that of California which provide assistance to caregivers and advance notice to the young person before a placement disruption occurs.
- Provide foster parents and youth access to experts who can respond to immediate needs of youth and caregivers to prevent placement disruption.

“DHS, caseworkers and attorneys are always saying how they do background checks on the foster parents or any type of caregiver. However, I just do not believe that because I have been in homes where I, or the other kids in the house, dealt with sexual abuse or other forms of abuse, and it is not okay. When we mentioned it or tried to mention it, we were never heard out. I do not believe that it was also just starting to happen because if they did it once, they have definitely done it before. Some foster parents just randomly bring people over and lie to the workers and it leaves the child feeling unsafe because that person is doing stuff the workers don't know and they won't listen to the youth.”

**DEZZY**



Develop better screening and interview protocols for foster parents' homes; not only for physical safety, but to identify their capacity to support the emotional and mental wellbeing of the child/youth.



Develop a truly youth-friendly grievance policy and connect youth to independent advocates who can assist youth in navigating the process. This should include reviewing and assisting youth with the grievance procedure.



Require case workers/social workers to visit youth in home/group home every month if they are placed away from family.

- This process must require a clear process of asking youth specific questions about their needs.
- Speak with youth separately from those in charge of the placement or foster home to ensure youth feel comfortable speaking and have privacy to discuss their wellbeing and safety.



Require DHS to conduct ongoing assessments. If the child should have been placed in a group institution and to develop a transition plan for placing the child in a more family-like, permanent setting. Children and youth thrive better in family environments. They should not remain in group care for extended periods of time and group care should never be identified as a placement due to a shortage of foster homes.



DHS should require social workers to complete at least two random pop-up visits every four months to check in on the progress, safety and wellbeing of the child. These pop-ups must also be conducted with youth, separate from foster family members or staff.

“Parents should receive therapeutic services and resources when a child’s case is opened. Before a youth gets put into the system, supports should be provided services to foster positive changes in the household.”

**DAISHA**





# 3

## THE REFORM WE DEMAND

### Connect Youth to Mental Health Professionals

We care about being connected to mental health professionals and supports while in foster care because when we are in care we do not have many people we can confide in about what's going on in our lives. We have so much going on with our family, foster family and constant transitions that we are sometimes overwhelmed with emotions including anger, frustration, depression and fear. We need a trusted adult to talk to about our experiences and to tell us that we are not alone and that our feelings are valid. We cannot be left to bottle up these emotions; mental health support cannot be held off. We also need professionals to understand that the support they refer us to must be individualized because every youth is different.

#### PHILADELPHIA:

## 3a

To address youth needs at initial foster system involvement, we recommend that a protocol be issued to the Community Umbrella Agencies (CUAs) that requires that a screening for behavioral health needs occur as soon as a youth enters the system, and that the results of this assessment are noted in the youth's case plan.

“My DHS worker was biased against me and never listened to me. If staff said anything that would give them a reason to keep me there longer, she would favor them over me all the time and for anything. So, while actual conflicts that were harmful for me were happening, I was being mistreated and forced to endure more of it at the same time.”

**JOHNNY**



“Workers and mental health professionals should be better trained to talk with youth. When I was talking with counselors and evaluators, they never asked me my side of the story or listened to what I had to say. I felt like I was always treated like the ‘dumb kid.’ When I did try to share with my treatment team, they never listened to me when I said I didn’t feel safe.”

**MARK**

## THE CHANGE WE NEED TO SEE

-  Connect the child and family to family therapy when the child first enters the system. This includes asking the youth and family directly if they want to be connected to therapy and what they are looking for in a mental health provider.
-  Conduct mental health/psychological evaluations if needed, based on the mental health status of the child and the trauma associated with entering into foster care. Provide documentation to the youth and family regarding any diagnoses and offered supports, including an explanation of the diagnoses.
-  Philadelphia Department of Human Services (DHS) social worker must follow up with youth and families with referrals for the various types of therapeutic options like art, play therapies, etc. and assist with accessing these supports.
-  Designate a mental health point person at DHS who can:
  -  Discuss with youth their options and the benefits of therapies.
  -  Work directly with youth and families to connect them with agencies that will fit their needs – whether outpatient, partial, weekly, etc.
  -  This process must include discussing that various types of therapy are dependent on the age of the youth, and if there is an immediate mental health crisis taking place.
  -  If under 13, a guardian must be involved in the decision to support them to connect to therapy options if their parents are unable to participate and provide consent.

“When I was discharged, I went home without any information or resources about mental health support.”

**BRIT**



“I feel like when I was in DHS care, my caseworker never listened to me and they also never came to my meetings every month. If I had access to resources, my overdose never would have happened. I also think that if I had been provided resources outside of school, then I never would have had to go to partial mental health treatment program where you get services in the day and go home at night. Once I was discharged from residential, I also should have been connected directly to mental health services.”

**AMBER**



“After being homeless, a worker should have helped me reconnect with therapy and other supports I needed. Social workers/child advocates should have helped me with this. They told me I’d be in a shelter for over a year before I got housing. This was when I was 17. I got back in foster care at 19 and didn’t get help with anything until I was 20.”

**LEXI**

- 📍 Identify what services will be covered under a youth’s insurance.
- 📍 Review with youth how to access and request their medical insurance. Ask youth if they want to keep their insurance card or have someone they trust hold it until they need it.
- 📍 Discuss peer support groups, and other community supports with youth ongoing in their case planning.
- 📍 Work to build a relationship of trust with young people. Professionals must be mindful that communication is critical; youth might not want to be connected since they do not know what would benefit them.

“My caseworkers didn’t listen when I was telling them that I was scared of the people and didn’t feel safe in the household that I was placed in at the time. I feel as though the workers and mental health specialists should’ve listened to me and seen the signs before the damage was done and it was too late. Workers and mental health specialists should think of strategies or be trained better before meeting with the youth/child. I was jumping from home to home and I feel as though I should have been able to talk; however, when I would try to talk to my workers it wasn’t very helpful because they were not trying to listen. Growing up, I had a lot of behavioral or personal issues, like trauma. I got bullied and was looked down upon about the things I was going through. I just needed one person that would understand or not look at me in disgust or anything.”

**DEZZY**

## **3b** PHILADELPHIA To address youth mental health needs throughout their time in foster care, we recommend that DHS/CUAs continue to connect youth with therapeutic and community supports.

### THE CHANGE WE NEED TO SEE

-  Provide all social workers working within the child welfare system with a series of trauma-informed and addiction-based professional development training sessions. The purpose of these sessions would be to better connect young people entering the child welfare system with resources including therapeutic supports.
-  Request referrals for therapeutic services as soon as a young person is about to move or as soon as they move so the young person can be connected to services as soon as possible. Part of these connections and referrals should also include extra-curricular activities to help a young person achieve normalcy.
-  Include therapeutic support and community-based resources in a young person's transition plan. This means there must be a plan for how to continue these supports when a young person leaves care. Making these plans will help prevent young people from facing barriers like housing and accessing services alone.
-  Match therapeutic supports and community-based resources to the needs and interests of the young person.
  -  Young people should be given options including the type of therapy they want to receive.
  -  This could include peer support and family therapy.
-  Involve the caregiver in finding community support and setting up services for the young person. These can look like therapy, parenting classes, financial assistance, behavioral health (bh) care and insurance coverage and renewal.
-  Create a peer specialist position that dedicates their time to be supportive to youth. This means checking in on them daily or weekly to make sure they're okay. This person should try to build a relationship with the youth so that they don't feel alone.

"I was sent to another foster home. I tried to adjust to it but I was always worried that something would happen. I wish I had a better support system: one single person or a lot of people who could relate to me and my situation. There were a lot of people who judged me about having behavioral problems. I wanted someone who would always defend me."

**DUANE**

# 4

## THE REFORM WE DEMAND

Ensure the availability of age-appropriate, high-quality services that engage young people.

### PHILADELPHIA

We need a variety of options beyond in-person therapy to receive therapeutic supports. There is a stigma associated with mental health services and therapy that prevents some of us from wanting to leave our homes to receive in-person therapy. We often feel stigmatized as youth in foster care for having mental health needs that are based on false perceptions of what our behaviors are in the system and not the circumstances surrounding our entry or the trauma associated with being in foster care. We also often face many challenges to accessing treatment in-person and needing transportation to participate. We would greatly benefit from easily accessible therapeutic services like mobile therapy in our homes or virtual therapy that we can receive at our fingertips. This type of support can help reduce the number of hoops we often have to jump through to access the help we really need right now. Being able to receive support that meets us where we are and addresses our direct needs would ease our minds and keep us at peace without others judging who we are and why we are going to therapy.

**To ensure consistency of mental health support for youth in care, we recommend that youth be offered the option to connect with mobile and/or virtual therapeutic services not only when they enter the foster system, but throughout their time in care.**

### THE CHANGE WE NEED TO SEE



Work with Community Behavioral Health (CBH) to create an inventory of all mobile and virtual treatment options.



Require that all staff at all CUAs receive training in identifying and matching youth with therapeutic options when they first enter foster care, including options for mobile or virtual therapeutic services.



Issue CUA guidelines that require that case plans include discussing types of treatment with youth and arranging virtual or mobile options if the youth wishes.

**This must include staff working directly with youth establish mobile care or virtual care as soon as possible, including setting up time for the youth to meet with the therapist first to develop a plan.**



Develop CUA guidelines that insure that plans for the delivery of these services and the plan for continuing services are included in the transition plan and discharge planning for all youth.

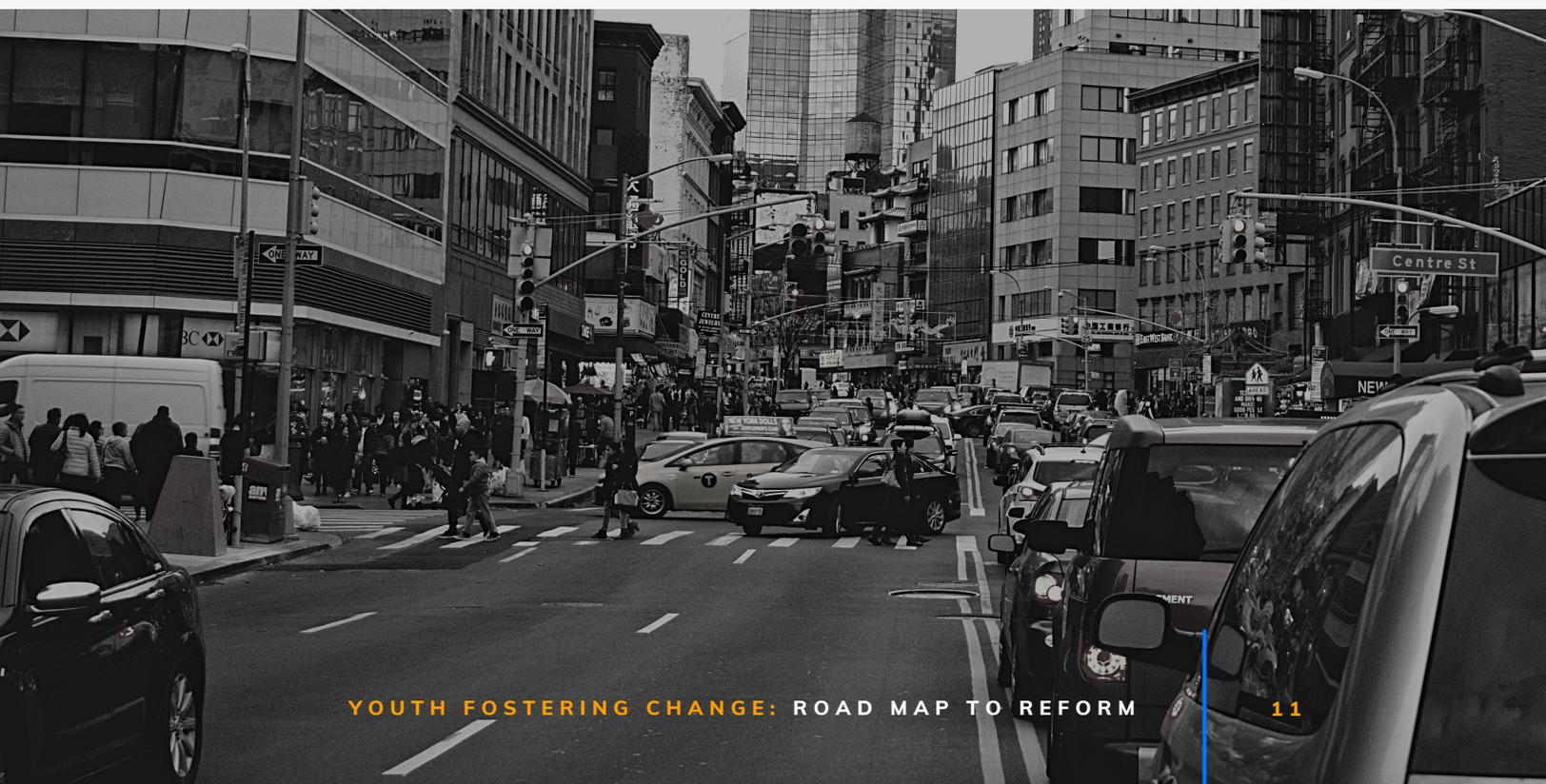
 Notify and work with the foster parents, kinship families, and other family-based settings to set up the best supports needed to address the youth/family needs and identifying if youth may want/need mobile or virtual therapy.

 Staff must also set up a meeting for youth and foster parents to discuss the process, roles and responsibilities for reaching out and setting up sessions, space available in the home for sessions, and anything else that might make the youth comfortable in the process. Discuss privacy and ensure that no one is around when these sessions are occurring. Youth should discuss an appropriate plan and/or find a private place for sessions. This must be a PRIORITY! This must include identifying with youth if they feel comfortable in their placement setting to receive this service.

Work with CBH to develop a Request for Proposals (RFP) for the following services: mobile therapy; art therapy; virtual therapy; and other forms of therapeutic services for youth in care. DHS must ensure that all services follow children and youth regardless of whether they move to another placement setting. If youth cannot continue with any option, RFP's must require identification of the process to ensure a transfer of services before the previous service ends.



 Include in CUA guidelines that all CUAs have are individuals who willingly self-identify with a behavioral health disorder (mental health or co-occurring disorder)with lived experiences.



# 5 THE REFORM WE DEMAND

Therapeutic services and medication must be provided after individualized assessments by qualified professionals and following full consideration of alternatives to pharmaceuticals.

We are not all the same; please do not give services and medication as if we are all the same. Not everyone handles their experiences the same way, so we need diverse and creative responses to our mental health needs. For examples, some of us express our thoughts differently than talking; sometimes music or art enables youth to express themselves more fully or more comfortably. We are resilient but that does not mean that these life transitions or trauma don't hurt and don't need to be properly addressed. It is normal for us to express anger, sadness, even grief from the huge changes and losses in our lives. We do not always need medication for those feelings. We need more creative ways to talk about and express the emotions we have from the traumas we faced.

In order to ensure that youth receive appropriate mental health and medical care while in the foster system, we recommend that caseworkers identify other alternatives to medications to support youth's emotional needs.

"It's important that youth be taught how to appropriately manage their medication."

LEXI

"While I was at Belmont, I was taken from my room and strapped to a table so I couldn't move. I was drugged for about two weeks and was not allowed any outside contact."

SPEEDY

## THE CHANGE WE NEED TO SEE

-  Young people are involved in the discussion about medication with their doctor and team. The case worker or team should also look for other alternatives to medications that could help the youth channel their emotions like music or sports or provide opportunities for community engagement.
-  Young people are made aware of confidentiality agreements with counselors, therapists, and psychiatrists.
-  Young people are offered a private location to speak candidly to all mental and behavioral health support people.
-  Youth are informed about where to file a grievance about each member of their team including their therapist.

“In placement, I was receiving medication with no counseling or ever meeting with a professional. For them to go so far as to put me on medication because they thought I had bipolar disorder and not continue the meds after or even provide therapy shows how incompetent they are. If I was a youth that actually needed those resources I would have been in shambles after care. With that, all youth should have a transition plan that includes therapy and continuing any meds youth needed at the time, as well as having an actual doctor diagnose the youth to be sure that’s what they actually needed. When I did have counseling when I was discharged into a group home, the caseworker sat in on my sessions and answered for me.”

**BRIT**

# 6

## THE REFORM WE DEMAND Implement School-Based Support

Schools are often a safe haven for many of us who are in foster care. School is sometimes the only time we can feel 'normal' or are allowed to leave our group homes or foster homes. Therefore, school staff are an important resource to us and can ask us questions about what's going on in our lives - why we are unengaged at school or skipping school - to help find a community-based solution. Talk to us before reaching out to DHS.

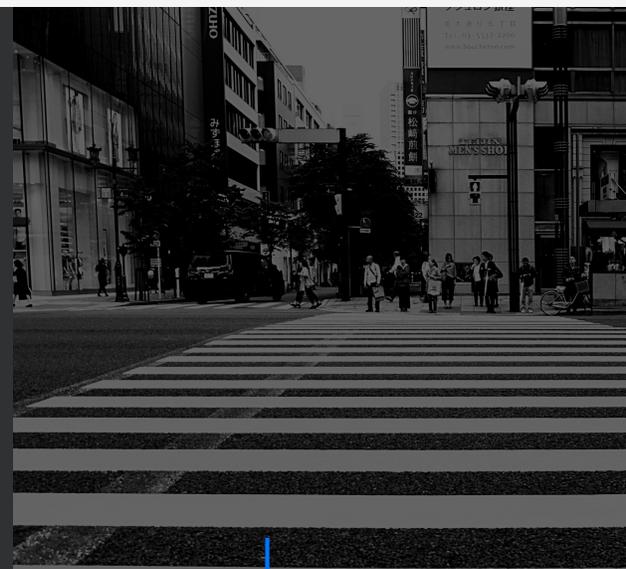
**To reduce the potential of trauma imposed on youth and families and to reduce the impact of racial bias in the foster care system, we recommend that school-based supports and protocols be implemented to prevent DHS removal from the home.**

“My ‘team’ could’ve found a suitable school for me. They could’ve talked to me and listened to the reasons why I was missing school. They could’ve asked: Why are you not going to school? What is your school like? Do you have any trouble or concerns in school? Where is your school, what is the commute like? Is your school safe? Are you learning in school? Is your school engaging? Are you getting appropriate credits?”

**JOHNNY**

“As early as the 6th grade, stuff that was going on at home impacted me at school. I went from being an A+ student to C’s and D’s. In high school I started skipping school and getting suspended. School staff, teachers and administrators did not reach out to me to see what was going on with me. They should have tried to learn about me and my situation and provided support.”

**DEZZY**



## THE CHANGE WE NEED TO SEE

- 📍 Contact the parent or guardian directly to check in if their student is out of school for several consecutive days without a call or note from a parent or guardian.
- 📍 Exhaust all resources to get a hold of the parent or guardian before involving DHS.
- 📍 Sit down and engage with the student to talk about why they have been absent and make a plan with the student to connect with the appropriate resources if needed to re-engage.

“Teachers should be provided with better training to identify when DHS should be called. I could have stayed with my mom if existing supports, like therapy, had been provided to her.”

**SPEEDY**

“Some schools have make-up work policies. Growing up in the system, dealing with frequent moving can be a big interference with school. Workers must set up a meeting with the principal and discuss make-up work and a proper school plan for the youth/student.”

**DAISHA**