

RESPITE CARE
An Alternative to Foster Care
for Status Offenders in New York City

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Executive Summary

Across the country, chronically truant and rebellious teens are spending time in foster care, not because their parents neglect or abuse them but because their parents are fed up and desperate for help. Everyone involved, except the parents, understands that putting these young people in foster care group homes is no solution, but judges typically have no other option.

In New York City, about 1,200 parents annually trigger these placements by filing a PINS (person in need of supervision) petition then demanding foster care for their child. They expect government to give their child the most intensive services available but are gravely disappointed because the few facilities able to provide this level of care are reserved for juvenile offenders and children with serious mental health problems. In the end, after an average of four months in a group home at a cost of about \$20,000, their child returns home but without services for the family to prevent a future breakdown.

To give these families a break in a time of crisis and connect them with services to address their problems, Vera has planned an alternative to foster care specifically for them. Parents would maintain custody, and their child would spend a few days in a respite center, a facility designed to work with children and parents together, using mediation techniques to quickly reunify them and prepare them to receive more sustained services in the community. The center also will have educational advocates who work with families and school officials to address truancy and the academic problems that lead to truancy. All of this will happen quickly, enabling children to return home within an average of ten days and always within 21 days. Families will flow seamlessly from respite care into the network of community-based services funded and managed by the New York City Administration for Children's Services (ACS) to prevent children from entering foster care. For up to one year, families will work with these agencies to solve the problems that nearly fractured their bonds.

It may not be easy to convince parents who see foster care as the solution to participate in respite care instead. And it may be just as difficult to keep parents who would be satisfied with a needs assessment and referral to community-based services out of the respite care center. The demonstration has these and other challenges to overcome. And success ultimately depends on quickly reunifying parents and children and seamlessly moving these families into ACS preventive services. But if it succeeds, it will offer a real solution for families in crisis and save the city more than a million dollars a year. Equally important, it would spur similar reforms across the country—in any jurisdiction where status offenders end up in foster care—giving troubled families the justice they deserve.

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I. Overview of the Problem Nationally and in New York

When parents feel unable to control children who routinely skip school, run away, or are constantly disobedient, they sometimes turn to government for help. Nationally, these juveniles are known as status offenders. Unlike juvenile delinquents, whose actions would be considered criminal if they were adults, a status offender's disobedient behavior is only an offense because of the person's age.¹ In New York, these children are known as "persons in need of supervision" (PINS).²

Most states, including New York, offer these children and their parents a thorough needs assessment and referrals to agencies that can help them stay together and work through their problems. Not all families, however, are willing to engage in such a process. Parents at the breaking point may want the attention of a family court judge and may ask that judge to place their son or daughter outside the home, at least temporarily, expecting foster care to solve their problems.³ While the majority of these parents in New York City, for example, agree to engage in services, a significant proportion of children do get involved in family court cases and almost twenty percent spend weeks or, more likely, months in foster care pending the judge's final decision.⁴

According to parents and children who take this route, however, foster care turns out to be the least satisfying and effective part of the PINS process.⁵ Professionals who are familiar with the needs of status offenders and their parents tend to agree that foster care is an inappropriate response because it does not respond to the problems that prompted parents to seek help. Traditionally, foster care is designed to keep children and parents apart, not to engage the family as a whole through services such as family counseling and mediation.⁶ Foster care is also extremely expensive.⁷ Yet in states across the country,

¹ In most states—including New York—a juvenile can be a status offender up until his or her 18th birthday. In Georgia, Massachusetts, Michigan, and Texas the age limit is 17, while in Connecticut and Vermont the cut off is age 16.

² N.Y. Family Court Act, Article 7.

³ Some states, such as Florida, require families to go to services before they are allowed to proceed to family court or to access foster care. New York law includes no such requirement, but probation officers in some areas of the state are more likely to pressure parents to try services while officers in other jurisdictions will refer cases to court whenever a parent is uninterested in services.

⁴ Eric Weingartner, Andrea Weitz, Ajay Khashu, Robert Hope, and Megan Golden, *A Study of the PINS System in New York City: Results and Implications* (New York City: Vera Institute of Justice and New York City Administration for Children's Services, 2002). Currently, no New York City agency tracks families who are diverted from court, so there is no information about how many families actually engage in the services to which they are referred and whether those services are effective. This is an important area for future research.

⁵ Jessie Souweine and Ajay Khashu, *Changing the PINS System in New York: A Study of Raising the Age Limit for Persons in Need of Supervision (PINS)* (New York: Vera Institute of Justice, 2001).

⁶ Robin Russel and Ursula Sedlack, "Status Offenders: Attitudes of Child Welfare Practitioners toward Practice and Policy Issues," *Child Welfare*, 72, no. 1 (1993): 14-15; Marjorie P. Bribitzer and Mary Jeanne Verdick, "Home-Based, Family-Centered Intervention: Evaluation of a Foster Care Prevention Program," *Child Welfare*, vol. 67, no. 3 (1988): 255; Kristine E. Nelson, "Family-Based Service for Juvenile Offenders," *Children and Youth Services Review*, 12 (1990): 193 and 196; Christopher G. Petr and Cindy

judges rely on it when parents refuse to keep a child at home and attend services because they have few or no other options.⁸ Judges in New York are often concerned that if they force a parent to take a child home, that child could be at risk of abuse or neglect.

Some state law makers, exasperated about the millions of dollars spent on foster care for status offenders with poor results, have eliminated the family court's jurisdiction over most of these cases and reduced foster care placements exponentially. Before changing the law in Cook County, Illinois, for example, roughly 1,200 status offenders were placed in foster care each year. After reducing the family court's jurisdiction, the annual number of new placements dropped to 43, and the state now spends most of its resources on services rather than foster care.⁹

In 2001, the New York State Legislature passed a law raising the age limit for a person in need of supervision from 16 to 18. According to a Vera study, the numbers of children entering the system potentially could double beginning July 1, 2002.¹⁰ The legislation and Vera's findings have focused attention on the PINS system statewide. Officials are now re-examining how the system operates and how it could be changed to better serve families and keep children from needlessly being placed in foster care.

Entriiken, "Service System Barriers to Reunification," *The Journal of Contemporary Human Services*, (1995): 523; Lawrence Kogan, "A Family Systems Perspective on Status Offenders," *Juvenile and Family Court Journal* (1980): 52; Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, *A Review of Family Preservation and Family Reunification Programs*, 1995.

⁷ According to the New York City Administration for Children's Services (ACS), foster care for a person in need of supervision in New York City costs at least \$150 per day or about \$22,000 for about four and one-half months—far more than an assessment and services, which costs \$6,200 per family over a whole year. Moreover, housing "hard-to-place" children—most PINS are deemed to be "hard to place"—is \$190 per day. Depending on the circumstances of the placement, the state will reimburse ACS for fifty percent of the cost under Title IV-E, Article 19G of the Executive Law, Section 530(2-a).

⁸ In the United States, as of March 30, 2000, there were 588,000 children in foster care. (www.casey.org/cnc/quick_facts/foster_care_statistics.htm, web site accessed May 20, 2002). Half of the children who are in foster care in the United States are placed because of abuse or neglect, one quarter because of "parental condition or absence," and the remainder because of status offenses, parent-child conflicts, or because of the child's disability. Ariel Ahart, Ruth Bruer, Carolyn Rutsch, Richard Schmidt, and Susan Zaro. *Intensive Foster Care Reunification Programs*, prepared for the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services (Washington, D.C., 1992), 1. According to the Child Welfare League of America, status offenses or delinquent behavior were the presenting problems for 11 percent of the children who entered foster care in 1990.

⁹ David Reed, Harris Meyer, Kim Zalent, and Janice Linn. *Promises, Promises...Does the Juvenile Court Deliver for Status Offenders? —The Record in Cook County, Illinois*. (Chicago Law Enforcement Group, 1981).

¹⁰ *Changing the PINS System in New York*. The law was to take effect November 1, 2001, but due to the counties' unpreparedness to deal with the increase in children and the economic crisis following September 11, the date was postponed until July 1, 2002.

II. How New York City Responds to Persons in Need of Supervision

Last fall, the Vera Institute began a study of New York City's responses to PINS. Vera planners and researchers followed 200 children from Brooklyn and Queens who were declared to be PINS to understand who they are, why a PINS petition was filed, whether they and their parents or guardians were referred for services or went directly to family court, and which of these children ended up in foster care.¹¹ To see the process from other perspectives, Vera staff interviewed various government officials and others who work directly with these families and also met with several families to understand their views and experiences. Findings from that study inform this proposal for a new demonstration project.

Who Uses the PINS System

A mother arrives in Queens Family Court and says that her 14-year old daughter has been gone for a week and refuses to come home. Neighbors have seen the girl, and the mother knows that she is staying with a friend but doesn't know which friend. When the girl calls home to talk with her sister, she won't say where she is living. According to the school attendance worker, the girl has been mostly absent since the beginning of the semester. The mother doesn't like her daughter's friends and says that the girl has been spending a lot of time with older men, one of whom is known to be in a gang. She's also concerned that her daughter may be having sex with at least one of them. And while she doesn't think her daughter is doing drugs, she's worried that the girl has been drinking often with these men. She wants someone to make her daughter come home.

In New York City, the people who file PINS petitions are almost always children's parents or other legal guardians, such as an aunt or grandmother.¹² The vast majority are single women.¹³ Generally, these women, like the mother described above, file a PINS petition as a last resort. By the time they take this step, either they have looked for help without success or been offered or received services that they felt did not meet their needs.

About half of these petitioners are referred either by someone working in their child's school or by a police officer who has probably told them that this is the best way to control their child and get the help they need. When a school refers a parent, it is usually

¹¹ *A Study of the PINS System in New York City: Results and Implications*. We chose to focus on cases in Brooklyn and Queens because among New York City's five boroughs, these two boroughs have the highest proportion of cases that proceed to family court.

¹² While nearly all PINS petitioners in New York City are parents or guardians, in the rest of the state, school officials and police officers frequently file these petitions.

¹³ According to the designated assessment service provider for the borough of Brooklyn, roughly 65 percent of the petitioners in this area of the city are single mothers. We have no reason to suspect that the profile of petitioners would greatly differ in other boroughs.

because the child has been truant. Many parents say that their child's school threatened to formally accuse them of educational neglect and contact the child welfare system unless they file a PINS petition. When the police department refers a family it is usually because the parents have asked local officers to pick up a child who won't come home or because the police have learned of a troubling, but not criminal, incident involving the child or have been called to the family's house because of an incident involving the child.

In New York City and around the country, parents' grievances with their children are quite similar, regardless of the particular event that causes them to file a formal complaint. The parents typically say that their child won't obey them, won't follow household rules and curfews, and won't go to school.¹⁴ Some of the most common allegations against children in New York City are truancy (61 percent), keeping late hours (33 percent), and having undesirable companions (31 percent). Other allegations include using drugs and alcohol, stealing, being sexually active, and threatening to use physical force at home. Nearly all PINS petitions include several allegations. But even the many allegations don't reveal all the challenges these children face. A large proportion are in special education classes or have undiagnosed learning disabilities that require special education. And some have mental health problems that are not being addressed. These problems generate or exacerbate behaviors that parents complain about when they file a PINS petition. A child with an undiagnosed learning disability, for example, might start skipping classes because the assignments are beyond her abilities. As she falls further behind, her truancy becomes chronic.

Many parents report that their child's behavior was fine until he or she began ninth grade or turned a certain age. In return, the children often say that their parents don't understand them and set too many rules.¹⁵ It's fair to say that most of these families have suffered a breakdown in communication and functioning. Some parents who feel they have "tried everything" are willing to go through yet another assessment and begin other services, but a significant number of them simply refuse to get involved in any kind of lengthy process and just want a quick fix. They often feel that their child's problems have nothing to do with them. One mother involved in the Vera study sent her son to counseling for six months but skipped all of the sessions that she was supposed to attend. Furthermore, an alarming proportion of all parents who file PINS petitions have little or no realistic understanding of what the system can do for them.

Based on Vera's interviews with parents filing PINS petitions, it's clear that many of these families do have problems in addition to their child's misbehavior, a finding

¹⁴ Lawrence Kogan, "A Family Systems Perspective on Status Offenders," *Juvenile & Family Court Journal*, (1980): 49.

¹⁵ When these families complete a questionnaire that examines the "family environment," they score very high on conflict that is omnipresent and usually unresolvable. The parents also score very high on their emphasis of control and rules and very low on family togetherness and a "pleasurable sense of belonging to the family." Compared with families that do not include a child who commits status offenses, these families scored above average on issues related to conflict and control and lowest on family cohesion. *Ibid*, 50.

supported by other research. These problems include conflicts between the adults, substance abuse by the adults, and sexual and physical abuse among family members.¹⁶ And compared with families that include children who engage in delinquent behavior, the parents of children who commit status offenses are more likely to be involved in marital counseling and child protective services.¹⁷ While many local officials, particularly judges, understand the needs of these families, they have been unable to institutionalize a response that serves whole families instead of the current response that focuses exclusively on children. Other states, including Florida, have tried to involve parents, but sometimes these attempts succeeded only in punishing those parents who fail to follow court orders rather than involving them in a holistic program.

While even a young child could be declared to be a PINS—New York State law does not stipulate a minimum age requirement—most of the children in the Vera study were 14 or 15 years old when the petition was filed. The group is split nearly equally between boys and girls (46 and 54 percent, respectively). Eighteen percent of these children had been the subject of a prior PINS petition and four out of the 200 were beginning their third trip through the system.

Paths Through the System

When a parent, guardian, or other adult wants to file a PINS petition, that person must first approach the Department of Probation, located in the family courthouse, and register to meet with an officer. The probation department is the gatekeeper of the PINS system, and officers interview all petitioners and children, either sending the family to a Designated Assessment Services (DAS) provider for a thorough needs assessment and referrals for services or on to family court.¹⁸ There is considerable variance among probation officers in how they handle this decision when a parent wants to go to court. Some officers try to talk with families about the benefits of a needs assessment and services and the limits of what a judge can do, while others send families on to court with little or no discussion about either path.

When Vera conducted its study of the PINS process, it could take six to eight weeks for a family to begin the assessment process and another thirty to sixty days to complete it and begin receiving services. This is a long time for a family in crisis, and parents who know it's a lengthy process often demand to see a judge, believing they will get help more quickly or get more attention. In reality, if a judge sends the family to DAS, the assessment process is the same and takes just as long.

¹⁶ Kristine E. Nelson, "Family-Based Service for Juvenile Offenders," *Children and Youth Services Review*, 12 (1990): 200.

¹⁷ *Ibid.*, 209.

¹⁸ N.Y. Family Court Act Section 736(d). Each borough in New York City has a DAS provider which is contracted through the Administration for Children's Services.

Some parents believe that the simple act of appearing before a judge will scare their child into obedience. This might work occasionally, however children typically learn from friends and their own experience that there is little a judge can do if they disobey a court order. Many parents go to court specifically to request a warrant that requires their child to appear before a judge. In Vera’s study, the majority of children involved in family court cases (67 percent) were the subject of warrants. Parents tell judges that their child has run away, but many of these parents actually know where their child is living—usually at a friend’s, boyfriend’s, or girlfriend’s house. They just can’t convince their son or daughter to come home and want some additional leverage.¹⁹ While warrants are common and provide the additional leverage that parents want, the vast majority of these children (70 percent) come to court voluntarily, not in the company of police.

Despite a common desire on the part of parents to go to court—and enormous misunderstanding about what that can accomplish—many of the families Vera studied don’t follow this path. Instead, they agree to an assessment, often complete it, and are referred to local agencies—usually for family and individual counseling and services to discourage their children from using alcohol and drugs. However, there are no official measures about how many families actually engage in these services and whether the services are helpful.²⁰

Which children spend time in foster care. When parents decline the offer of a needs assessment, which is the first step toward services, and instead become involved in a family court case, their children’s chances of entering foster care increase dramatically.²¹ In the Vera study, 37 percent of children who went to family court ended up in foster care while their court case was pending, while 63 percent went home or to stay with a relative. A key objective of the Vera study was to determine which children judges are more likely to remand to foster care.

Not surprisingly, a parent’s wishes have a strong influence on these remand decisions. If a parent tells a judge that the child cannot come home and no other relative is willing to take the child, most judges feel they must remand the child to foster care. In ten out of 11 cases where the parent asked to have their child taken out of the home, for example, the judge honored that request.²² This trend is common across the country, often because

¹⁹ While police often tell parents in this situation to go to court and get a warrant, New York State law allows officers to pick up children who have run away without a warrant (N.Y. Family Court Act Section 718). There have been preliminary discussions among city officials about applying section 718 of the Family Court Act instead of issuing warrants.

²⁰ This excludes the twenty percent of children and families engaged in ACS preventive services. ACS and the agencies it contracts with to provide services do track these families.

²¹ Support in addition to the Vera study is provided in “Family-Based Services for Juvenile Offenders,” 207.

²² In the summer of 2001, Vera staff observed several “intake” hearings. This figure comes from those observations, not from our analysis of the 200 cases.

parents believe that foster care is their only option.²³ Other research suggests that family size and structure also influence placement decisions, with placement being statistically more common among larger families and perhaps more common when the child's primary caretaker lives with a girlfriend or boyfriend.²⁴ Judges can and do encourage parents to take their child home and to participate in services that could help the family resolve its problems—emphasizing their responsibility as parents. It's difficult, if not impossible, however, for a judge to override a parent's emphatic refusal to take a child home. Judges say they are also more likely to remand children who seem to present a danger to other members of the household.

Vera's study uncovered several other factors that influence placement decisions. The use of a warrant is one of them. Forty-two percent of the children who came to family court on a warrant were remanded compared with a remand rate of 26 percent among children for whom a warrant was not issued. Gender is another factor. While girls only slightly outnumber boys among PINS generally, they are twice as likely to enter foster care than boys: compare a remand rate of 22 percent among girls in the Vera study with ten percent for boys. Girls make up about two-thirds (65 percent) of the children who went to court and nearly three-quarters (71 percent) of those who were remanded temporarily to foster care. And according to the Vera study, being the subject of a prior PINS petition makes children three times more likely to be remanded than children new to the process. Other research shows that children who have been in foster care before are also more likely to be remanded.²⁵ However, a history of delinquency does not appear to increase a child's likelihood of being remanded temporarily to foster care. It's also important to realize that while most status offenders cycle through the system several times, their behavior rarely turns delinquent or criminal.²⁶

Overall, 17 percent of children involved in the Vera study spent some time in foster care. They remained away from home for as little as a few days and for as long as several months, but their average length of stay in care was 117 days, or almost four months.²⁷ Records kept by the New York City Administration for Children's Services indicate that PINS children remain in care for an average of 146 days. While nearly everyone familiar with these cases agrees that status offenders stay in foster care too long, the process of reunifying these families is delayed because the family court and child welfare systems lack a viable strategy for quickly reunifying these families. Remanding children to foster

²³ Marjorie P. Bribitzer & Mary Jeanne Verdick, "Home-Based, Family-Centered Intervention: Evaluation of a Foster Care Prevention Program," *Child Welfare*, no. 3 (1988): 265.

²⁴ "Family-Based Services for Juvenile Offenders," 208.

²⁵ "Family-Based Services for Juvenile Offenders."

²⁶ Randall G. Shelden, John A. Horvath, and Sharon Tracy, "Do Status Offenders Get Worse? Some Clarifications on the Question of Escalation," *Crime and Delinquency*, 35, no. 2 (1989): 211.

²⁷ Children who were placed in foster care as a final disposition of their PINS case spent an average of 310 days in care. Ultimately, the average length of stay for these cases will be longer than 117 days. We only had available data through March 1, 2001, and 11 children were still in care as of that date.

care is usually the only option, and in its current form foster care is not designed to facilitate speedy reunification.

How foster care fails families. Most parents who file PINS petitions have unrealistic expectations about what foster care can offer them. Some have heard about facilities outside the city that resemble boarding schools where their child will be closely supervised, can attend school, and will receive the help he or she needs. While a few such institutions exist in New York, status offenders are unlikely to end up there.²⁸ The vast majority of children declared to be “in need of supervision” are remanded to foster care group homes, facilities that are neither intended nor equipped to provide the level of services and supervision that parents expect and want.²⁹ Group homes are designed for children who are placed because of abuse or neglect or because their parents voluntarily place them in care. These children may never be able to return home and thus view their foster care placement differently than children who enter foster care following a PINS petition. More important, the emphasis in most group homes is on involving children in the routines of the facility. Work with parents or with the family as a whole is difficult, and group home staff typically do not focus in house services on immediate family reunification. While most of these children do go home eventually, they may be worse off than before they entered care.

Research shows that placing status offenders in foster care can actually exacerbate some common problems.³⁰ Truancy, for example, has been shown to increase after status offenders enter foster care.³¹ This makes sense: a child who has been skipping school is even less likely to attend school regularly if the school is farther away from where they are living or if they have to go to a new, unfamiliar school. Children placed in foster care following a PINS petition also have the highest AWOL rate of all children in care—a rate three times higher than juveniles placed because of abuse or neglect.³² Vera’s research suggests that more than half of all status offenders who spend time in a group home will run away at some point. This also makes sense. A child with a history of running away from home is just as likely to leave a nonsecure group home.³³

²⁸ The state’s diagnostic residential centers and residential treatment facilities that offer intensive services for children with serious mental health problems—programs controlled by the Office of Mental Health—have long waiting lists, even for the most troubled children. The waiting lists are long partly because many children in these facilities are waiting for a bed in a hospital.

²⁹ Child welfare workers in New York City have made little attempt to recruit foster families who are willing and capable of caring for the older, troubled youth who end up in the PINS system. In Vera’s study, for example, only one out of the 34 children who entered foster care was placed with a foster family.

³⁰ Ahart et al. *Intensive Foster Care Reunification Programs*, prepared for the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services (Washington, D.C., 1992): 1.

³¹ Dylan Conger and Alison Rebeck, *How Children’s Foster Care Experiences Affect Their Education* (New York: Vera Institute of Justice, 2001), 21.

³² Timothy Ross, Mark Wamsley, and Ajay Khashu, *The Experiences of Early Adolescents in Foster Care in New York City: Analysis of the 1994 Cohort* (New York: Vera Institute of Justice, 2001), 19.

³³ In New York, PINS children cannot be held in secure detention for any reason. N.Y. Family Court Act §720(1). Judges have tried to hold the children who disobey court orders and run away from their group

Parents who are desperate enough—and who care about their child’s safety and well-being—to file a PINS petition deserve a response from government that meets their needs, not one that exacerbates the family’s problems. Ultimately, what parents and children deserve is a response that respects and strengthens their commitments to each other. The foster care group homes where most of these children end up cannot be the solution because these institutions are not designed to quickly reunify families or be a segue to the family-based services in the community that can help them resolve and prevent conflict. Unfortunately, most parents who file a PINS petition do not realize this. That will soon change once city officials redesign the intake process, changes that Vera has helped to shape. But once parents understand the limits of going to court and temporarily relinquishing custody of their children, having a viable alternative to foster care will be even more important. Vera’s knowledge of what families in this situation want combined with the Institute’s considerable experience joining with the New York City Administration for Children’s Services, Department of Probation, and Family Courts to remedy injustice make Vera the ideal organization to develop and test an alternative to foster care for “persons in need of supervision.”

home in contempt of court which would allow them to be locked up. However, the Appellate Division Second Department held that this is an illegal use of the court’s power.

III. Respite Care as a Promising Alternative

In cities across the country, hundreds or even thousands of status offenders end up in foster care each year. Despite their numbers and the failure of traditional placements to meet their needs, the speedy reunification of these families is still not a goal in most jurisdictions. Yet experts agree that quick reunification is indeed “the preferred course of action” because interruptions in caretaking are potentially very harmful to children.³⁴

If continuous caretaking is the ideal, interventions that work with status offenders at home should be more appropriate than placing children in foster care. Programs like Homebuilders appear to prevent many foster care placements, although the research on them has been found to be inconclusive because the studies either lack control groups or the control groups are too small.³⁵ However, many parents will refuse home-based services, at least initially, and insist that their child be removed from the house. These families pose an additional challenge for these programs.³⁶ Research suggests that these families might actually benefit from a brief separation, if this cooling off period is accompanied by services to help the family recognize issues that cause conflict.³⁷

This is exactly what respite care is designed to do: give family members some time apart so that they can cool off, reunite, and be ready to receive community-based services designed to support their home life. Parents who have children with severe disabilities or chronic diseases often rely on respite care; it’s also used to support families where children are at risk of abuse or neglect and to bolster new foster parents.³⁸ Respite care can be provided in a family’s home or in another setting.³⁹ While there are few strong evaluations of these programs, they do give families a needed break and get children

³⁴ *Intensive Foster Care Reunification Programs*, 1.

³⁵ David A. Haapala and Jill M. Kinney, “Avoiding Out-of-Home Placement of High-Risk Status Offenders Through the Use of Intensive Home-Based Family Preservation Services,” *Criminal Justice and Behavior*, 15 no. 3 (1988): 345; see also “Family-Based Services for Juvenile Offenders,” 209; and Julia H. Littell and John R. Schuerman, *A Synthesis of Research on Family Preservation and Family Reunification Programs*, prepared for the Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, (Washington, D.C., 1995): 1.

³⁶ Marjorie P. Bribitzer and Mary Jeanne Verdick, “Home-Based, Family-Centered Intervention: Evaluation of a Foster Care Prevention Program,” *Child Welfare*, 67, no. 3 (1988): 265.

³⁷ Anthony N. Maluccio and James K. Whittaker, “Learning from the ‘Family Preservation’ Initiative,” *Children and Youth Services Review*, 19, nos. 1 and 2 (1997): 8.

³⁸ Alice Home and Lise Darveau-Fournier, “Respite Child Care: A Support and Empowerment Strategy for Families in a High-Risk Community,” *Prevention in Mental Health and Human Services*, 12, no. 1 (1995): 73; M. Edgar and M. Uhl, “National Respite Care Guidelines: Respite Services for Families of Children with Disabilities, Chronic and Terminal Illness, and Children At Risk of Abuse or Neglect,” *ARCH National Resource Center for Respite and Childcare Services*, (Chapel Hill, N.C., 1994): 1; Huckleberry House, San Francisco, CA.

³⁹ *Ibid.*

home quickly.⁴⁰ While respite is used widely in the ways described above, few programs provide this service to status offenders and their parents.

Huckleberry House in San Francisco is perhaps the nation's best known provider of respite care for status offenders. Working primarily with runaways, homeless, and other high-risk youth, Huckleberry House is a 24-hour, co-ed shelter with six beds. Most of the residents are brought to the house by police officers or by a parent.⁴¹ The others find the house on their own or are referred by local service agencies. Staff screen each new arrival using a short but comprehensive psychosocial assessment tool. Based on the results of that assessment, Huckleberry Youth Programs, the parent organization, offers children a variety of services. But at Huckleberry House, the focus is on family mediation, work with children and parents geared specifically to quickly reunify them. According to Huckleberry House staff, 75 percent of the children they shelter return home within ten days. In the meantime, children spend their days in school, if they are enrolled in a school, and in other structured activities at Huckleberry House.

There are, of course, important differences between responses to status offenders in San Francisco and New York City. But knowing that respite care is working for status offenders anywhere is strong motivation to build on the lessons of Huckleberry House.

⁴⁰ Alice Home and Lise Darveau-Fournier, "Respite Child Care: A Support and Empowerment Strategy for Families in a High-Risk Community," *Prevention in Mental Health and Human Services*, vol. 12, No. 1 (1995): 80.

⁴¹ The system in San Francisco makes it much more difficult to be declared a status offender.

IV. The Innovation: Respite Care as an Alternative to Foster Care

Child welfare leaders in New York City know that putting status offenders in foster care is often an inappropriate response to the conflicts within their families. Seeking a more effective and less expensive solution, these officials and staff of the Vera Institute have planned a new model of respite care for this population and hope to test it in New York City. The program is for those parents and guardians who file a PINS petition and, desperate for relief, ask a family court judge to remand their son or daughter to foster care. Vera will identify these families before they get to court—dramatically reducing the burden on judges—and offer parents an appealing alternative. Rather than get involved in court proceedings, relinquish custody of their child—and be disappointed in the end—they could choose respite care, followed by services in the community, instead.

Operating as a residential facility for status offenders, the respite care program will give families the brief cooling-off period they need as well as a targeted intervention designed to quickly reunite children and their parents and prepare them to take advantage of the network of family-based services in the community that holds some promise of helping them. In family mediation sessions conducted over an average of ten days, counselors who are experts in these techniques will help family members express their feelings and make the decisions necessary for them to live together. Family mediation has been shown to be a successful way to resolve conflict within families. Because truancy and other school problems are extremely common among status offenders, the respite program also will focus on children's educational needs. Specialized staff will assess each child's school performance and in some cases even work with the family and school officials to adjust the child's academic program and school activities. And for every family, the program will ensure that agencies in the community begin advocating for the child's educational needs once the respite period ends.

Before children return home, program staff will enroll families in services designed to prevent foster care placement. The New York City Administration for Children's Services (ACS) already supports hundreds of families every year where children are at risk of placement but rarely provides this kind of support to status offenders and their parents. As part of this proposed demonstration, local agencies, working under contract with ACS, will provide counseling, drug treatment, tutoring, educational advocacy, and other services to these families for between six months and a year.

If the demonstration succeeds, it will conserve court resources, prevent many unnecessary foster care remands, and be less expensive than foster care. It also will be more helpful to families, reunifying them quickly and connecting them with the services they need to stay intact and address their problems. Such outcomes would be a boon to many individual parents and children in New York City and the agencies responsible for serving them. But this demonstration also has the potential to change the response to status offenders nationally by offering a proven intervention that could be adapted to

work in any jurisdiction where cases involving status offenders clog court calendars, consume precious foster care resources, and leave families without the help they need.

V. Design of the Demonstration

While diverting status offenders to respite care instead of foster care has promise, it raises many questions. To resolve those questions and determine the merits of the innovation, New York City officials are joining with Vera to demonstrate a respite care facility for children who would otherwise spend time in foster care. Vera will adjust the design of the demonstration based on early experience and carefully measure its costs and benefits over at least three years. In particular, the demonstration will show whether this new model of respite care actually diverts children bound for foster care, quickly reunites them with their parents, and enables them to tap into family-based services in the community.

Consistent with the city's efforts to avoid unnecessary court intervention in these situations, respite care will be offered in lieu of pursuing a family court case and will function as a "preventive" service under the auspices of the New York City Administration for Children's Services. As a result, parents and other legal guardians who choose to engage in respite care will not relinquish custody of their children, and the respite facility—not a judge—will determine when a child is ready to go home.

Vera staff has planned to pilot a ten-bed facility that will serve both boys and girls 17 and younger. With an average stay of ten days, the facility would serve between 300 and 350 children per year.⁴² The respite facility will be used primarily to give parents and children the short break from each other they need, then reunite them. Using family mediation techniques to defuse the current conflict and educational advocacy when truancy is a pressing issue, reunification will happen quickly, setting the stage for more sustained interventions in the community. Indeed, immediately following the respite period, the New York City Administration for Children's Services (ACS) will ensure that each family draws on services available in their own communities to support them as they continue to live together.

Identifying Families for Respite Care

Planners at Vera have been working with ACS, the New York City Department of Probation, and the New York City Mayor's Office of the Criminal Justice Coordinator to redesign what happens when a parent files a PINS petition. The revised intake process could feature a same-day assessment that ACS staff or staff of agencies that contract with ACS will conduct with each family. The primary goal is to encourage families, whenever appropriate, to participate in community-based services or respite care instead of pursuing a court case.

Convincing parents to choose respite care may not be easy. Intake staff will have to sell the program by explaining that respite care is designed specifically to meet the needs

⁴² While Vera staff has calculated figures based on using a ten-bed facility, a smaller respite care facility can also be used. In such an event, a smaller bed-capacity would result in a smaller population of children served annually.

of families in the PINS system and is a better option than foster care. Since respite care provides both the break parents and children need and the positive, structured support parents typically want, we believe that many parents who would otherwise ask a judge to place their child in foster care will see the appeal of the program.

The opposite challenge will be restricting enrollment to only those children who otherwise would be remanded to foster care. Vera researchers will develop a screening tool to distinguish these children from the PINS population generally. Based on Vera's understanding about what influences foster care placement, the screening process aims to identify those parents who are unwilling to keep their child at home. There is a danger, of course, that if respite care becomes a desirable service and word spreads, more and more parents will claim that their child can no longer live at home. To protect against such "net-widening," the screening tool will also look for other predictors of foster care outcomes revealed in Vera's prior research.

As part of the screening process, parents will learn that the respite period is limited to 21 days, that families will be strongly encouraged to reunify within just a few days, and that to qualify they must agree to begin family mediation sessions immediately.⁴² Parents who want their child out of the house indefinitely will be excluded from respite care. The screening process also will eliminate other inappropriate candidates: families where child abuse or neglect is suspected and children with severe mental health problems, particularly those who are suicidal or homicidal. ACS child welfare specialists will find suitable placements for these children once screeners identify them or later on, if a family or child who is not right for respite care slips through the screening process.⁴³

Parents who obtain a warrant to compel their child to appear in court will participate in the same family assessment before they appear in court with their child. If these families are appropriate for respite care and the parents are interested, they can ask the judge to vacate the warrant, then begin the respite process. Additionally, judges will be in a position to recommend respite care to those parents who reject it initially. Such a move would be equivalent to referring the family for preventive services, something judges can do now. Conversations with judges—all of whom are frustrated by the lack of options in PINS cases—indicate that they will enthusiastically recommend respite care over foster care.

The center will obtain informed consent from parents and children before admitting them to the facility.⁴⁴

⁴² Parents will also be notified that New York State law also prohibits children from returning to respite care for a minimum of seven days following a previous stay.

⁴³ Any child who begins the respite program and then is found to be suicidal or homicidal will be taken to the nearest hospital. Procedures for this event will be in accordance with ACS protocols. Before the respite program launches, staff of the facility will develop a working relationship with psychiatrists at this hospital, as well as with a respected adolescent health program in the city.

⁴⁴ In addition, Vera's counsel's office is determining which activities (e.g. medical care) will require specific, additional consent once the child is in the center.

Respite Services

Many people who work with or have studied status offenders and their families believe that parents need to be active in the process of keeping the family together and address their children's problems.⁴⁵ Based on this understanding, every family that engages in respite care will participate in family mediation sessions and in efforts to ensure a good education for their child.

Family mediation. The purpose of family mediation is to facilitate open communication among family members about their problems and reach agreement on key issues so they can live together. Planners of the respite facility have modeled their version of family mediation on both the sessions that take place at Huckleberry House in San Francisco and on mediation conducted in New York City.

The mediator will be a social worker with experience and training in family mediation and thus able to help family members quickly reach consensus about what needs to change for everyone to live together.⁴⁶ Families will begin mediation sessions immediately after the child enters the respite care facility. Within three sessions, the family should be ready to reunify.⁴⁷ By the end of the mediation sessions, the family will agree on a plan for reunification outlining what each member agrees to do after the child returns home. A reunification plan might require the child to call home if he is going to be out past a certain time. The same plan could stipulate that the mother will not go through her son's belongings when he's not at home. In addition to setting the stage for the family to reunite, the plan is designed to help the family manage future conflicts.

Mediation has been shown to reduce conflict and promote communication among family members.⁴⁸ The Children's Aid Society piloted a mediation program for PINS in the early 1980's. An evaluation of that program shows that the vast majority (77 percent) of families who participated reported that communication within the family improved and that the process was "moderately to highly successful."⁴⁹ According to that evaluation, families who pursued a remedy in court were "far more likely" than families that engaged

⁴⁵ Research suggests that when primary caretakers are involved in services to prevent placement, even children at great risk of placement are more likely to avoid entering foster care. Source: "Family-Based Services for Juvenile Offenders," 207.

⁴⁶ The mediator will be certified through one of New York State's Community Dispute Resolution Centers or will meet generally accepted standards for the profession (40 hours of training and apprenticeship). These are the qualifications recommended by the Office of Court Administration, Division of Court Operations, Office of Alternative Dispute Resolution.

⁴⁷ Mediators who currently work with this population say that they usually conduct three sessions with each family.

⁴⁸ Marlene Morris, "Parent-Child Mediation: An Alternative That Works," (New York: Children's Aid Society, 1983), 55; Margaret Shaw, "Mediating Adolescent/Parent Conflicts," in *Mediation and Criminal Justice: Victims, Offenders and Community*, Martin Wright and Burt Galaway, eds. (Sage, 1989), 137.

⁴⁹ "Parent Child Mediation: An Alternative That Works," 137. New York City budget limitations cut the program's funding. Mediation is still used in PINS cases in New York through organizations such as Safe Horizon. Many judges will suggest mediation to families, but if the family refuses the judge does not force it.

in mediation to view placement in foster care as the preferred solution to their problems.⁵⁰ Family mediation is currently being used throughout New York City in a small proportion of PINS cases and in disputes between parents and older teens who until July 1, 2002 could not qualify as a person in need of supervision. In 2001 for example, family court judges referred 499 families for mediation. Of the 353 families that actually participated in mediation (some families chose not to, some families were deemed inappropriate), 324 (92 percent) resolved their problems outside of court.⁵¹ This success rate is particularly striking because it's unlikely that any court process would have produced the same results. Family courts are set up to resolve the facts in a case—which are rarely disputed in cases involving PINS—not to help family members reach agreement and solve problems.

One principle of mediation, though a difficult one to achieve, is that the mediator is a neutral party. Even though the family mediation sessions at the respite facility will be led by a social worker who has more contact with the child than the parent, as a well-trained mediator, this person will aim to remain neutral during the mediation sessions. She will be trained to view herself as an advocate for the entire family, as the family members work toward a reunification agreement that everyone supports.

Other strategies for reunification: genograms and ecomaps. Soon after a child arrives at the respite facility, a case worker will begin working with the family to map out its internal resources and sources of support in the community. The case worker might help each family create a genogram, or picture of the family, including extended family members and other important people, that charts key characteristics of individuals (substance abuse, mental illness, criminal justice involvement, and domestic violence, for example) and relationships among family members (births, deaths, marriages, and divorce). Making a genogram—or going through any similar process—will reveal the strengths, weaknesses, and behavioral patterns in the family and identify people who could support the family during and after the respite period. In the less common situation when a child cannot return home immediately following respite care, this process will identify relatives or close family friends whom the child could live with temporarily instead of ending up in a foster care group home. To place the family in context and understand the strengths and weakness of the community where the family lives, the case worker might work with the family to create an ecomap that charts faith-based organizations, schools, employment services, health care providers, and any other local agency that already supports the family or could offer support in the future. A previous Vera demonstration project, La Bodega de la Familia, which is now part of Family Justice, Inc., used genograms and ecomaps to support families with a member addicted to

⁵⁰ “Parent-Child Mediation: An Alternative That Works,” 4.

⁵¹ Figures provided by the Office of Court Administration, Division of Court Operations, Office of Alternative Dispute Resolution.

drugs and involved in the criminal justice system and could share techniques for using these tools effectively and within a short period of time.

Educational advocacy. The majority of children who enter the respite care center will have several problems that combined have compromised their performance in school. Nearly everyone will have at least a recent history of truancy. Some children will have been out of school for weeks, a few for months, and some will have changed schools several times. Their truancy is usually related to academic failure. Children who become frustrated in class just stop going. Many of the children in respite care will be enrolled in special education classes that aren't working for them or will have undiagnosed learning disabilities that should be addressed through special education classes. Emotional and behavioral problems that disrupt learning and place children behind academically also will be common. Some of these children would benefit from attending one of New York City's smaller public schools or one of the alternative high schools designed to accommodate children who cannot excel in traditional school environments.

Addressing the educational needs of youth involved in the juvenile justice system is an area that is just starting to receive attention in New York City and nationally.⁵² There are no proven models that we know of for solving these problems quickly, although the Center for Alternative Sentencing and Employment Services (CASES), a Vera spin-off, is piloting a center for youth returning home from detention centers and other institutions that aims to quickly enroll them in appropriate schools. Because truancy is such a common problem among persons in need of supervision, however, we will test whether specialists who focus on school issues can at least begin a process—and in some cases get children back in school on a regular basis—that agencies in the community can continue after respite ends. We will discover over the course of the demonstration how we can make the biggest difference in a short time.

We plan to have two full-time educational advocates based in the respite care center who will work with families to discuss and, if possible, address the most pressing educational issues and in every case ensure that when children leave the facility their families receive help from an agency with experience in educational advocacy.

Vera staff and officials at the New York City Department of Education and Administration for Children's Services are currently developing appropriate protocols for accomplishing this work.

⁵² Ronald D. Stephens and June Lane Arnette, *From the Courthouse to the Schoolhouse: Making Successful Transitions* (Washington, DC: Office of Juvenile Justice and Delinquency Prevention, 2000), 11. This booklet cites several promising strategies for engaging children in school who have been away from the classroom for a while as a result of involvement with the juvenile justice system. These include using appropriate school counseling resources, carefully selecting classroom teachers, recruiting adult mentors, coordinating information about children among school staff, and carefully placing children in after-school activities.

We imagine that educational advocacy will begin as soon as children enter the facility. As a probable first step, the advocate will review the intake interviews, which include information about the child's performance in school. During the first family meeting, everyone will discuss the child's current status in school and identify what's keeping the child from attending school regularly and performing well. The advocate also will meet separately with parents to learn more about the child's school-related problems and how the family and others can promote academic achievement. If possible, the advocate will review the child's academic records.

With this and other information, the advocate will compile an academic profile for each child and, if possible, begin addressing major problems. This work might entail adjusting the child's academic program or enrolling the child in an extracurricular program such as tutoring, peer mentoring, or guidance services, that could enrich the school experience and make school more appealing. If possible, the educational advocate will connect the family with one adult in the child's school who is willing to pay special attention to that child and help to improve the child's school experience once the respite period ends.⁵³ Children who need to change schools will be the most difficult to help during the respite period. Vera is exploring the possibility of partnering with a single community-based organization—part of the network of preventive services provided under contract to the New York City Administration of Children's Services—that would provide educational advocacy in the most challenging cases and continue these services when respite ends.

It seems unreasonable to expect children who have been chronically truant to suddenly attend classes regularly just because they enter a respite program. While respite staff will encourage every child who is enrolled in school to attend classes, some of them undoubtedly will refuse, perhaps for good reasons, and there will be some children who are not enrolled in school. In lieu of attending school, these children will participate in educational activities at the respite facility while the educational advocates address their problems in school. Following practices at residential institutions for youth across New York, the respite facility will have a licensed Department of Education teacher who provides age-appropriate lessons and activities. Because the stay in respite care is short, a full educational program will not be developed for each child. Instead, the teacher will lead group activities and construct some short individual projects for each child.

Children who are attending school regularly and are engaged in their classes will continue to travel to and from school every day while they are in respite care. The respite

⁵³ Research indicates that coordination among teachers and outside social service agencies that work with at-risk students has a positive impact on the child's performance in school. Source: Terry Saunders Lane, "School-linked Services in Action: Results of an Implementation Project," *Social Work in Education*, 20, no. 1 (1998): 37.

center and school board will arrange to transport them to school if necessary and will monitor their attendance.

Individual counseling. The goal of respite care is to give families a short break and then quickly get the child home, not to provide comprehensive family or individual counseling. Indeed it would be foolish for the respite center to engage in intensive one-on-one counseling with children who will leave the facility in a few days. For children—and parents—who need that type of counseling, the respite center will involve appropriate community-based organizations and mental health facilities. On the other hand, nearly all the children in respite care will want some adult to listen to their concerns and problems, and the center’s staff will be able to counsel and support them throughout their stay at the center.

Daily activities and rules. Each day in respite care will be structured around family mediation sessions, school or in-house educational activities, and educational advocacy activities. Additionally, children will be responsible for helping to run the respite facility, including helping to prepare meals and other household chores. Free time will be used constructively for homework, reading, organized group activities, and quiet time. Occasionally, children will be taken on field trips to the movies, museums, or other places of interest.

Typical daily schedule⁵⁴

6:30	Children are awakened by staff
6:45 – 8:00	Children dress, bathe, have breakfast
8:15 – 9:00	Children complete chores, breakfast clean-up
9:00 –12:00	Children attend lessons at the facility, participate in family mediation sessions, or meet with an educational advocate
12:00 – 1:00	Lunch and chores
1:00 – 3:00	Children attend lessons at the facility, participate in family mediation sessions, or meet with an educational advocate
3:30 – 5:30	Children participate in group activities, or attend family mediation or educational advocacy sessions
5:30 – 6:30	Chores, free time, dinner preparation
6:30 – 7:00	Dinner
7:00 – 7:30	Chores, dinner clean up

⁵⁴ Where possible, the child will attend his or her current school while in respite care. The typical daily schedule will be modified accordingly so that all family mediation sessions and meetings with educational advocates will occur after the child returns from school.

- 7:30 – 9:00 Time for homework, quiet time, group activities, and an evening snack
Family mediation sessions are held with families that cannot meet earlier in the day
- 9:00 – 9:30 Get ready for bed
- 9:30 – 10:30 Quiet time
- 10:30 Lights out

The intention is to create and maintain a highly structured environment that is safe for the children and the staff and encourages children to reflect on their life during this time away from home. Every activity, from eating breakfast to showering to interacting with staff and other residents, will be governed by clear rules. All these “house rules” will be presented to children when they arrive at the respite facility and will be enforced by the facility’s staff.⁵⁵ These rules are modeled after other highly regarded group homes that the planners of the respite facility and other Vera staff have visited. Children also will review and sign a safety contract that outlines those rules designed to ensure order and safety. By signing the contract, children make a commitment to abide by these rules, which forbid fighting, leaving the facility without permission, sexual activity among residents, drinking alcohol or taking drugs, and possessing any type of weapon.⁵⁶

Although children will be supervised by the youth development workers and social workers at all times, inevitably they will break some rules. Children who break house rules will be punished in some way, such as having extra chores or losing a certain privilege. Before the respite center opens, Vera will outline specific responses to different violations and train staff how to anticipate and respond to violations, particularly those that could endanger the children or the staff. In this way, staff will be able to respond consistently whenever rules are broken and diffuse many problems before they manifest.

When children engage in a physical fight, for example, staff will use verbal techniques to break up the combatants. Then, in addition to some form of punishment, such as additional chores, the children will engage in a mediation session led by a staff member to work through the conflict that caused the fight. If a physical fight becomes so severe that the staff cannot safely end it, the police will be called.

If a child is ever “absent without leave” (AWOL), the child’s parents will be notified immediately, and respite staff will try to locate the child. If the child is currently on psychological medication or is under the age of 14, the New York City Police Department will be called immediately, and a missing persons order will be filed. For children over the age of 14, missing persons orders will be filed after 24 hours have

⁵⁵ Parental consent regarding disciplinary measures will be obtained before the family enters the respite care program and will be required for program participation.

⁵⁶ This safety contract is modeled after the contract used at Huckleberry House, which is also a co-ed facility.

passed. A child who returns to the center after going AWOL will be readmitted and his or her parents will be notified immediately about the child's return.

Sexual contact between residents will be prohibited, and children will not be allowed in the bedrooms of members of the opposite sex. Constant supervision will prevent most, if not all, sexual contact. If a violation of this rule does occur, staff will take the steps necessary to ensure that the inappropriate contact ceases.

Respite staff will have parental consent to search children's rooms and belongings and will routinely search children whenever they re-enter the facility to identify anything that could pose a danger to other residents or staff, as well as any alcohol or drugs. The center will develop a relationship with a local medical institution, ideally with an adolescent health program. If a child is sick or accesses drugs or alcohol and poses a health risk to themselves or others, respite staff will bring that child to the partnering medical institution.

Length of Stay

Many children will leave the facility in just a few days, but some will need to stay longer, so we expect that the average length of stay will be ten days. According to New York State law, a child cannot remain in a respite facility beyond three weeks, except under special circumstances.⁵⁷ When a family begins the respite process, the family will be informed about the facility's and the state's rules governing length of stay. Their acceptance of these regulations is a prerequisite to participating in respite care. The conservative expectation that children will stay in respite care for *an average* of ten days is based on the success of brief family mediation programs and the ability of Huckleberry House in San Francisco to reunify 75 percent of families within in six days.

Staff will aim to reunify every child with their parent or guardian, knowing that in some cases this effort ultimately will fail. In these situations, staff will help the family explore alternative kinship care arrangements in which the child would live temporarily with a grandmother, aunt, or close family friend, for example. The only legal recourse for a parent who does not want to take a child back will be to file a new PINS petition and go before a family court judge and demand that the judge place their child in foster care. But once the 21-day respite period ends, if no one within the extended family network is willing to take the child and the parent still refuses to allow the child to return home, respite staff will work with ACS to identify an appropriate foster care placement for that child.

⁵⁷ 18 N.Y.C.R.R. 435.5(b) and (c). If a parent is undergoing treatment for substance abuse, respite care may be provided for thirty consecutive days. 18 N.Y.C.R.R. 435.5(c).

Case Management and Services Following Respite Care

Before children leave the respite care facility, they and their parents will be connected with “preventive services” offered through the New York City Administration for Children’s Services. These services are intended to support families in the home and to prevent children from entering foster care.

In collaboration with respite facility staff, ACS will refer each family to one of the many agencies it has engaged to provide preventive services. That agency, drawing on information about the family generated during the respite period, will develop a comprehensive plan to provide all the members with the ongoing support they need to deal with problems, manage conflict, and stay together. In contrast with the majority of the services provided under the current PINS system, which tend to focus on the child’s problems and needs, preventive services are designed to view and respond to the whole family. The agency will fund and manage preventive services for each family for up to one year.⁵⁸

Staffing

The respite care facility will have more staff members—and staff who are better trained and experienced—than New York State law requires for any group home for children. A robust staff is absolutely necessary to meet the goals of the respite facility within such a short time period. And the additional expense is balanced by the much shorter average length of stay—making the cost per child reasonable.

Each child will have one staff social worker who is responsible for quickly reunifying that child with his or her parents. All of the other staff will help to meet this goal. The facilities’ four social workers will individually share this responsibility, working with two, or at most three, families at any one time. Each of the social workers will be trained and experienced in the techniques of family mediation and will conduct all family mediation sessions. They also will counsel children informally and work with the clinical director and child welfare staff to ensure appropriate referrals to service agencies in the community following respite care. Additionally, each social worker will be responsible for managing the educational advocacy component of the program working directly with one of the two educational advocates. The educational advocates will be college graduates with related work experience. At least one social worker will be at the facility at all times, including nights. Social workers will have a master’s in social work and related work experience.

Ten youth development counselors will be responsible for supervising children in the center and enforcing the rules. Their job is to ensure that the facility is safe for everyone and that people interact with each other in a positive way. At least two youth

⁵⁸ 18 N.Y.C.R.R. 409-a (1)(b) provides that when a family has received preventive services for six months, these services can be provided for an additional term only when an additional finding has been made that the child is at continued risk of placement.

development counselors will be on site at any one time. These counselors will lead most of the facility's recreational and group activities and will assist case workers and educational advocates. High school graduates with two years of related work experience and college graduates will qualify for the job. The youth development counselors will receive special training before beginning work.

A clinical director will supervise the social workers and the youth development counselors and work directly with some families. The clinical director will have a master's degree in social work and previous experience working with children in group homes.

A board-certified teacher will lead the on-site educational activities, managing group lessons and individual academic projects.

A house director will manage the operational side of the center, supervising the preparation of food, maintenance of the facility, and many other operations. The house director will be a college graduate with experience managing a group home for children. Full and part-time cleaning and kitchen staff will be employed by the respite center or by local agencies working under contract with the facility. A registered nurse will be on call, and all staff members will be trained in first aid.⁵⁹

The project director will supervise the clinical director and the house director, and will oversee all activities at the respite facility. The project director will also manage relations with the New York City Administration for Children's Services and Department of Education. Following New York State regulations, the project director will be a professionally trained social worker with experience in child welfare or someone holding a master's degree in a related field.⁶⁰

Location and Licensing

Vera is seeking to partner with a licensed provider to establish a new facility for respite care. The new respite care center will be physically separate from any other group home the provider operates. In striking this balance, Vera will be responsible for the implementing the program, which includes hiring staff and developing the intake process as well as the process for referring families to community services. The partnership will allow us to tap into the operations and supervisory expertise of a highly rated provider, while creating a new and unique facility that combines some of the best practices of existing congregate care centers with the innovations that are unique to respite care. Vera staff will work with officials at the New York City Administration for Children's

⁵⁹ In the event of a medical or psychiatric emergency, the child will be taken to the nearest hospital. Before launching the facility, staff will develop a relationship with that hospital and maintain relations over time.

⁶⁰ 18 N.C.R.R.448.2(a), Following New York State regulations, the director will be a professionally trained social worker with experience in child welfare or someone holding a master's degree in a related field.

Services to identify a building in Brooklyn or Queens that can accommodate the respite care center.⁶¹

⁶¹ 18 N.Y.C.R.R.448.10.

VI. Expected Results and Challenges

We expect the respite care facility to achieve three main results:

- Fewer persons in need of supervision (PINS) will spend time in foster care.
- Compared with similar children who get involved in family court cases and end up in foster care, children who engage in respite care will spend much less time away from home.
- Children who engage in respite care are more likely to attend school regularly following the respite period than children who spend time in foster care as the result of a PINS petition.

While the demonstration is designed to produce these outcomes, running the respite facility is not without challenges. The respite facility is intended to be an alternative to foster care. Serving just these children, however, will not be easy. We risk admitting children who would not have been placed in foster care. If the facility helps families, parents will quickly learn that respite care is a desirable service and accessible to them if they say that they want their child placed in foster care. To minimize such “net-widening,” we will develop a comprehensive screening tool based on prior research about which children are most likely to end up in foster care. That tool hopefully will flag only those children and exclude others for whom foster care is not inevitable. Only a thorough empirical evaluation can determine the actual degree of net-widening.

We also may inadvertently admit children who need a higher level of care than the respite facility can provide. We expect this to happen occasionally, and the facility’s staff will work with ACS’s child welfare specialist to move those individuals to appropriate placements, ideally into a diagnostic residential center or residential treatment center. If too many higher-needs children enter the respite facility, however, we will have to revise the screening process.

Simply running a co-ed facility for adolescents will be a challenge. To manage the risks associated with boys and girls of this age living together, we’re drawing on the lessons of existing co-ed facilities, such as Huckleberry House in San Francisco and Geller House in New York City. What we’ve learned led us to create a highly structured environment with clear rules and close, constant supervision. While we do not expect many children to run away from the respite center, those who do will present a challenge, since the center’s staff will need to make a concerted effort to locate and bring them back to the respite center.

We expect most families to reunify quickly, far in advance of the 21-day limit. However, when efforts to reunify a family are stalled or fail completely and no other relative or family friend is willing take the child, the facility may have trouble terminating services and moving these children into appropriate placements. While parents will be legally required to take children home after 21 days, undoubtedly some

will be unwilling to comply with the law. In these cases, the actual burden of caring for the children falls on the Administration for Children's Services. And if reunification fails too often, the respite facility will not be viable.

Aftercare is crucial to the stability and health of families who engage in respite care. ACS is committed to helping every family move seamlessly from respite care to preventive services. This will not be easy, however. There is already great demand on the agencies that provide preventive services under contract with ACS. As a result, the quality of these services may be less than what families need, and families may experience a delay before services begin. To manage these risks, ACS has agreed to give families who participate in respite care priority status, but even this may not be enough. Both ACS and Vera will have to work together closely during this stage of the demonstration to ensure that families get high-quality preventive services on time.

VII. Evaluating the Demonstration

Researchers at Vera will evaluate both the implementation and impact of the respite care center. Focusing initially on implementation, the researchers will document challenges to enrolling and servicing families, strategies staff employ to overcome these obstacles, and how the program evolves over the demonstration period. Beyond merely documenting this process, the researchers will contribute to refining the program by providing crucial feedback and technical assistance to the center's director and staff.

A key question related to implementation is whether the respite care center can admit only those children who would otherwise end up in foster care and are appropriate candidates for respite care. New programs that seek to replace more expensive interventions can inadvertently lead to “net-widening” by attracting and enrolling people who never would have received the more expensive service. Researchers will employ several strategies to detect and measure any net-widening. They also will examine how often the center inadvertently admits a child who is not appropriate for respite care, such as someone with a severe mental health or substance abuse problem, and how quickly the center is able to identify these children and refer them to an appropriate facility.

Other key questions related to implementation involve how well the center engages families: whether staff deliver consistent services to all participating families and whether these parents and children value the services. Specifically, the researchers will document parental participation rates and how parents respond to services, particularly family mediation. Researchers will also track children's AWOL rates.

The key measures of the center's impact are changes in the overall number of persons in need of supervision who enter foster care, the proportion of families who reunite following respite care, how many days children live at the center before returning home, and school attendance rates following respite care. The researchers also will examine the aftercare component, documenting the proportion of families that actually uses community-based services. One key indicator of the value of both the respite program and the aftercare is the proportion of children who end up back in the PINS system and eventually in foster care.

In order to produce the most objective measure of the center's impact, Vera will compare children who participate in the center with a group of persons in need of supervision who were eligible for respite care but who were designated to a control group instead. We assume that most of the children in the control group will end up in foster care.

During the demonstration, the New York City Administration for Children's Services and Department of Education and the respite center itself will collect information on children who participate in respite care and those who make up the control group. Before the respite center opens, Vera will work with both city agencies to draft protocols covering the exchange of this data and the confidentiality of all research subjects.