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Use of Group Care for Children in Foster Care

Foster care is a temporary living arrangement meant to ensure a child's safety. Children most commonly enter foster care due to neglect or abuse experienced at the hand of their parent, and some children may also have significant behavior problems. Foster care is provided on a 24-hour basis in a foster family home of a relative or non-relative or in various non-family settings. Those non-family settings, referred to collectively in this brief as "group care," range from those that provide specialized treatment or other services to more general care settings or shelters. They may be settings serving as few as seven children or institutions serving hundreds. Among children entering foster care in FY2008, 20% experienced group care at some point during the next five years and their average length of stay in group care was nine months.

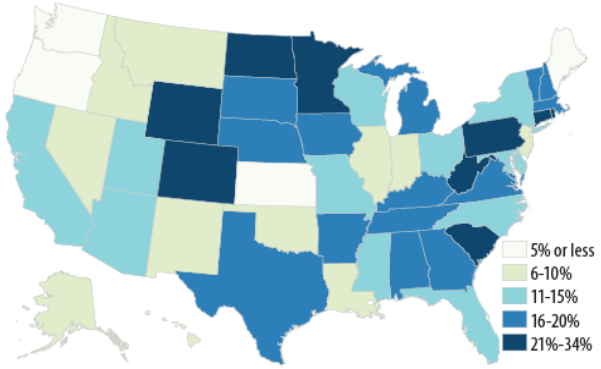
Some argue that group care should only be used to meet specialized mental or behavioral health needs of foster children (and for a limited treatment time), that it should rarely or never be used for younger children, and that better quality services are needed. At the same time, states may struggle to assess and place children in foster families on an emergency basis and may have few foster families willing and qualified to care for foster children with specialized needs (e.g., pregnant teens, medically fragile children or those with behavioral or mental health needs). Additionally, teens who have shuttled between multiple foster family homes may seek group care.

Foster Children in Group Care

On the last day of FY2013 there were more than 402,000 children in foster care and 14% of these children were living in group care. This percentage varies considerably by state. See **Figure 1**.

Figure 1. Foster Children in Group Care by State

As a % of all children in state's caseload on last day of FY2013



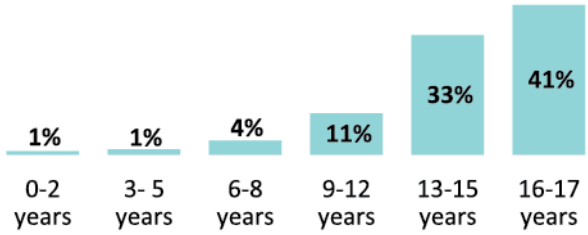
Source: Prepared by CRS based on HHS, Children's Bureau, *A National Look at the Use of Congregate Care in Child Welfare,* (2015).

Notes: Group care includes "group homes" or "institutions." Jurisdictions of DC (8%) and PR (17%) not shown.

Nationally, the number of children in group care fell 37%, from 89,000 on the last day of FY2004 to 56,000 on the last day of FY2013. As shown in **Figure 1**, on the low end four states had 5% or less of their foster children in group care, while on the high end four states had from one-fourth (25%) to about one-third (34%) in group care (WV, WY, RI, CO).

Figure 2. Foster Children in Group Care by Age

As a % of all children in the given age group in care on the last day of FY2013



Source: Prepared by CRS based on state-reported Adoption and Foster Care Analysis and Reporting System (AFCARS) data.

Notes: Group care includes "group homes" or "institutions."

The use of group care also varies significantly by age, with the likelihood that a foster child is in group care increasing with a child's age. (See **Figure 2**.) Although on a given day teenagers are far more likely to be in group care than younger children, among children who entered care in FY2008 and experienced some time in group care over the next five years, fully 31% had entered foster care before age 12. Compared to teens who spent time in group care, these younger foster children were more likely to have a very short stay (less than one week) and were far less likely to have a reported clinical or behavioral concern that might suggest a need for specialized care.

Federal Support for Foster Care

Under Title IV-E of the Social Security Act (SSA) the federal government repays states for a part of the cost of providing foster care to every child who meets all federal eligibility criteria. There are multiple criteria, and they pertain to the reason for a child's removal from home, household income, and the child's age and placement setting. In FY2013, about 40% of children in foster care met all federal IV-E eligibility criteria. During that year, states spent $8.0 billion for foster care under the Title IV-E program and received federal reimbursement for $4.3 billion (53%) of those costs.

Foster children are *not* eligible for Title IV-E support (and must be supported with non-Title IV-E dollars) if they are placed in an unlicensed family or group care setting or in "detention facilities, forestry camps, training schools, or any other facility operated primarily for the detention of children who are determined to be delinquent." Further, IV-E support is only available for foster children placed in a public

institution if it houses 25 or fewer children; there is no limit on the size of a private institution (Sec. 472(c) of the SSA).

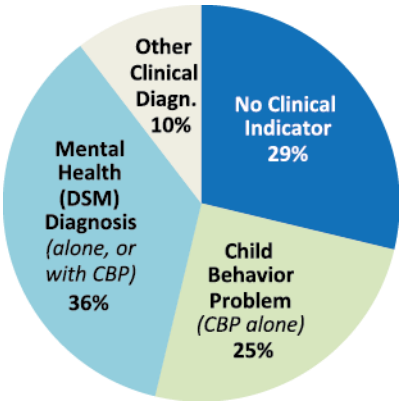
Family care, especially for young children, is believed to best nurture children's development and is generally less expensive than group care. In finding a safe place for a child to live while in foster care, federal law has long required states to identify the "least restrictive" and most family-like setting that is appropriate to the child's need and in close proximity to the child's home (Sec. 475(5)(A) of the SSA). At the same time, some children in foster care may have treatment needs that are best met, or have traditionally been met, in group care settings. The Children's Bureau, the agency within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services (HHS) that administers federal child welfare programs, analyzed current usage of group care for children in foster care and suggests that children who entered foster care in some part due to a "child behavior problem" and those with a professionally diagnosed mental health issue have the greatest need for specialized care.

Clinical or Behavioral Indicators

While a sizeable minority (29%) of foster children living in group care on the last day of FY2013 had no reported clinical or behavioral indicators, most did. (See **Figure 3**.) Foster children living in group care were six times more likely than other children in foster care to have a "child behavior problem" reported as a reason for foster care entry and were almost three times as likely to have been professionally diagnosed with a mental health disorder (based on the classifications used in the Diagnostic and Statistical Manual of Mental Disorders, DSM). Among foster children with a non-mental health clinical diagnosis (e.g., cognitively impaired) the share in group care was similar to those not in group care.

Figure 3. Foster Children in Group Care by Any Reported Clinical or Behavioral Indicator

As a % of all foster children in group care on last day of FY2013



Source: Prepared by CRS based on HHS, Children's Bureau, *A National Look at the Use of Congregate Care in Child Welfare,* (2015).

Notes: Categories are mutually exclusive. "Other clinical diagnosis" refers to non-DSM diagnosis made by a professional (e.g., physical impairment, severe medical condition, cognitive disability).

Among children 13 or older who entered foster care in FY2008 and who spent some time in group care during the next five years, 45% had a "child behavior problem" as a reason for removal, 29% had no reported clinical or behavioral indicators, 20% had a mental health diagnosis, and 6% had a non-mental health clinical diagnosis. Among these teens *without* a clinical or behavioral indicator, 52% were placed directly in group care; 21% spent one week or less in group care, but a nearly equal share (19%) spent more than a year in group care. Among those teens with a mental health diagnosis and who spent time in group care, 9% had been adopted prior to their FY2008 entry to foster care, most (62%) lived in three or more placements while in foster care and 38% spent more than a year in group care. These findings may suggest a need for better mental health assessment at entry to care or other steps to reduce placement instability and length of stay in group care.

Actions or Proposals to Reduce Use of Group Care for Foster Children

Among states that have shown reduced use of group care, challenges included a lack of appropriate family placement settings, workforce development and training issues, and limits on financial and staff resources. Strategies to reduce the use of group care have included expanding family-based placement options by locating kin, and by paying foster families to keep beds available for emergency placements. For children with specialized needs, some states have worked with group care providers to re-structure services to allow for community-based services; and others partnered child welfare and medical case managers to support family-based care. As part of ensuring appropriate use of group care for children in foster care, these states stressed the importance of skilled staff, use of data to examine use of group care, an assessment and review process to determine if and when group care must be used or continued, and evaluation of outcomes achieved by group care providers.

Some recent proposals, both on and off Capitol Hill, have sought to limit federal Title IV-E support for children placed in most group care settings, including by barring it entirely for younger children, or by limiting the length of time a foster child may be in group care and receive Title IV-E assistance. In its FY2016 budget, the Administration seeks legislative changes that would require greater review of group care placement decisions by state child welfare agencies, including court oversight. The Administration also seeks to increase availability of family-based therapeutic care through training and federal IV-E support for salaries for foster parents providing a therapeutic environment for children in care; specialized caseworker training and enhanced federal support for caseworkers supporting these families; and new federal Title IV-E support for daily supervision costs related to day treatment programs for children who are able to live in family-based care but continue to require such interventions.

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