

Raymond A. Kent School of Social Work, University of Louisville
Foster Care Clinic and Assessment Team (FORECAST)

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BACKGROUND: Kentucky's Program Improvement Plan (PIP) identifies a goal of increasing the percentage of children with a goal of adoption for whom diligent efforts to achieve adoption are made in a timely manner from 15.9 percent to 22.1 percent. The purpose of the FORECAST assessment clinic is to assist Cabinet workers who wish to acquire additional information and understanding that will empower them to protect the children they serve and promote healthy development and psychological well-being. This information is critical to make important placement and intervention decisions. Assessment of risk for the occurrence or reoccurrence of child maltreatment and risk for the occurrence of placement disruption are the primary foci of the FORECAST assessment team. There are currently three case profiles appropriate for referral to the FORECAST clinic: (a) potential foster and adoptive families whose capacity to parent at risk children is in question (b) children who are currently placed in foster homes and the stability or appropriateness of the placement is in question, and (c) children whose parents rights have not been terminated, but there are some concerns about their ability to effectively parent. The FORECAST team specializes in assessments that seek to address a subset of the following referral questions: (a) How seriously has the child's psychological well-being been affected? (b) What therapeutic interventions would be recommended to assist the child? (c) Can the parent(s) be successfully treated to prevent harm to the child in the future? If so, how? If not, why not? (e) What would be the psychological effect upon the child if returned to the parent(s)? Or What would be the psychological effect upon the child if separated from the parents or if paternal rights are terminated? Ultimately, the assessment evaluates the "goodness of fit" between the needs of the child and the capacities of the parent to protect the child and foster a positive family environment.

METHODOLOGY:

- FORECAST uses a multidisciplinary team to assess families and children for the purpose of decreasing disruptions.
- FORECAST is committed to the use of valid and reliable assessments that are helpful to caseworkers and legally defensible.
- FORECAST evaluations integrate multiple types of data, such as self-report questionnaires, psychological evaluations, psychiatric evaluations, medical evaluations, observation, semi-structured interviews, and standardized rating scales.
- Assessments of parents may include information relating to several domains that have been clearly associated with maltreatment outcomes, including: the potential for violence, physical abuse, substance abuse, and sexual abuse; intelligence; psychological stability/personality traits; current symptoms; cultural issues affecting parenting; expectations of child behavior; social support; parenting behaviors; emotional functioning related to parenting; the parental alliance; and tolerance for problematic behavior.

KEY FINDINGS:

- The clinic has submitted 11 reports on bio families, 11 on potential foster adopt and 9 on foster disruptions (31) and has 12 bio, 3 potential foster adopt and 1 foster disruptions in process (16) and 4 bio coming from court and 3 coming from the Cabinet this week (7). The Family Courts will be able to give us the 23 additional bio referrals we need by the end of June and PCCs will begin referring potential foster adopt parents. We still need 24 referrals in the foster/adopt category by the end of June.
- Thus far, most recommendations to the Cabinet are implemented from FORECAST reports and re-referrals are occurring.
- We are tracking child outcomes on safety, permanency and well-being 6 months after the FORECAST report is given to the Cabinet. A full report on this year's outcomes will be available in July.

USEFULNESS TO CABINET:

- The FORECAST clinic is helping the Cabinet meet their PIP goals through the use of systematic, evidence-based assessment practices. • There is a potential to build a standardized protocol that could be replicated nationally. We are in the process of writing a grant with Family and Children First to assess children for a SAMHSA based Child Trauma Center and working on an NIH grant to conduct research on this assessment protocol.