
Appendix G



Foster care works to assure the safety and well-being of about 415,000 US children and youth

The mission of foster care is to assure the safety and well-being of children and youth whose parent(s) or guardian(s) are unable to appropriately care for them, typically (though not exclusively) because of abuse or neglect in the home or the grave risk of it. Its intention is a temporary arrangement in which foster children exit to a permanent home as promptly as circumstances allow—most commonly through reunification with family.

- 702,000 US children were victims of neglect or abuse in FFY 2014, per federal data. Overwhelmingly, the most likely perpetrator of the maltreatment was a parent (78.1% of perpetrators), with an unmarried partner or relative of a parent accounting for another 10.0%. (By contrast, foster parents represented only 0.3% of all perpetrators.)

At any given moment, several hundred thousand American children are in the foster care system. According to information collected by the US Department of Health and Human Services, approximately 415,000 children were in foster care in September 2014. About 265,000 entered foster care and 238,000 exited during FFY 2014.

The needs and circumstances of children and youth within this overall foster care population vary greatly, as do the types of foster care that are required and provided. In many states, independent child placing agencies work with governmental child welfare authorities to identify, support and supervise foster care placements that are appropriate to each child. Some child placing agencies may tend to serve foster children with more or greater risk factors than do others.

The MENTOR Network ("TMN") is a national network of local health and human services providers and is among the nation's largest independent child placing agencies. Since 2005, TMN has been entrusted with the foster care placements of approximately 44,000 children and youth during more than 14 million days of service.

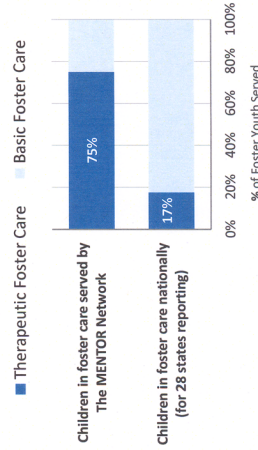


Serving more children and youth with heightened risk factors relative to others in foster care

Children and youth entering foster care programs overseen by TMN carry heightened risk factors far more often than is the case for the foster care population as a whole. This is demonstrated by comparing the percentage of children who require Therapeutic Foster Care ("TFC"), which is specialized foster care geared toward children and youth with severe mental, emotional or behavioral health needs and those who are medically fragile.

Seventy-five percent of TMN's foster care population requires and receives TFC and/or higher-acuity-level foster care services, as of 2015. By contrast, the average prevalence of TFC among foster children in the 28 states with data reported in a 2013 Boston University study was just 17.3%.

TMN serves a greater share of foster children with heightened risk factors



Source: The 50 State Chartbook on Foster Care, Boston University; The MENTOR Network

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Some actual children and youth receiving Therapeutic Foster Care:

- "James" is a 20-year old with Cystic Fibrosis who requires daily therapy and a special diet. He came into care due to medical neglect and his parents' drug use.
- "David," born to a mother herself thought to have Fetal Alcohol Syndrome, came into foster care at age 7 without language skills, not enrolled in school and not toilet trained.
- "Caleb," born deaf, entered care at age 4. He arrived at his TFC foster home unable to communicate, with no social skills and heavily medicated.
- "Robert," a teenager in care since the age of six, entered TFC diagnosed with Oppositional Defiant Disorder and a history of severe anger behaviors and poor academic performance.
- "Rachel," age 7, has ADHD, seizures and intellectual disabilities. She entered care after her mother threw her against a wall, causing traumatic brain injury.

Source: Profiles of individuals appearing in publications of the Foster Family-based Treatment Association and the State Policy and Advocacy Resource Center



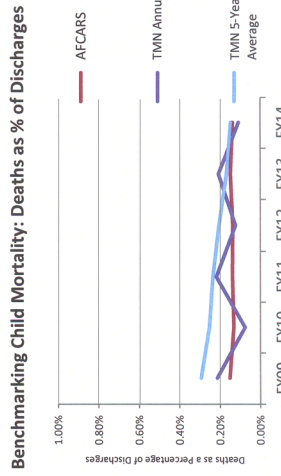
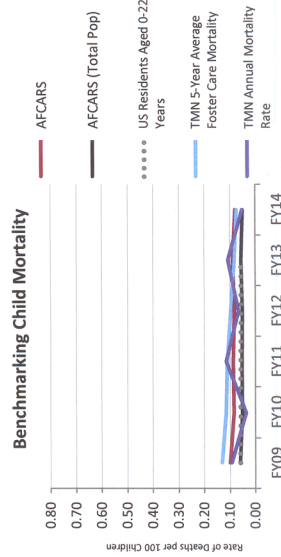
Sustaining foster child mortality rates that are comparable to national norms

TMN sustains child mortality rates that are comparable to national norms, even though children entering its foster care programs carry heightened risk factors far more often than is the case for the foster care population as a whole. This is demonstrated by examining: (a) the rate of deaths from all causes per 100 children in foster care, a widely employed measure of performance in this regard, and (b) deaths as a percentage of all discharges from foster care.

Over the past ten years, the average mortality rate for children in foster care services at TMN has been very similar to, and more recently is equal to or better than, mortality rates in foster care nationally as reported by the Adoption and Foster Care Analysis and Reporting System (AFCARS), a standard source for characteristics of children in foster care. In addition, AFCARS mortality data is understood to under-represent deaths within the foster care population, as the data includes more than 4,000 runaways (and mortality is known to be high among this group of children).

Indeed, TMN's average mortality rate for foster children is now approaching that found among the general population of all US children.

Mortality rate in TMN foster care programs has been very similar to, and more recently equal to or better than, national norms

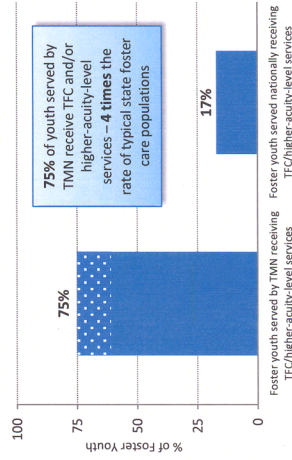


Source: Healthy People 2020; AFCARS; CDBER/UMMS analysis of TMN data for FY2005-2014

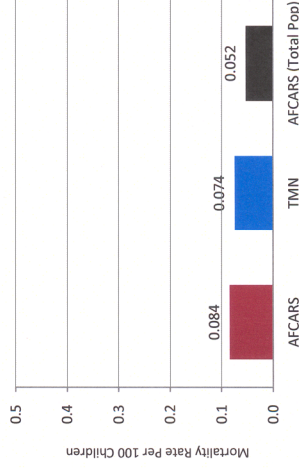


The MENTOR Network serves significantly more children and youth with heightened risk factors relative to others in foster care, and sustains child mortality rates that are comparable with national norms

Youth Requiring TFC and/or Higher-Acuity-Level Services: TMN vs. National Foster Care Populations



Average Mortality Rate: Last Five Years (2010-2014)



Note: Each State has its own definitions and methodologies for assessing the acuity level of children in care, and assigning the level of service for the child (including the per diem rate the State will pay for that level of service). There is no uniform definition of acuity level, and there may be multiple levels within and/or in addition to the TFC designation in a given State. For instance, specialized services for children considered “medically fragile” may require physician/R.N. oversight, overnight monitoring or other specific mandates based on the needs of the child; these fall under the “higher-acuity-level services” label in the chart above. Although national data on the prevalence of higher-acuity-level services is not available, TMN’s internal data show that approximately 14% of foster youth served by TMN (the shaded portion of the bar on the left) require these higher-acuity-level services, within or beyond the designation of TFC, depending on the State.



Sourcing and Methodology

1. Children and youth in foster care

Sources: Information about the number of children and youth in foster care is from *The AFCARS Report (Preliminary FY 2014 Estimates)*, U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, published in September 2015 and retrieved from <http://www.acf.hhs.gov/sites/default/files/cb/afcarsreport22.pdf>. Information about the number of children maltreated and their relationship to the perpetrator(s) is from *Child Maltreatment 2014*, U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, published in January 2016 and retrieved from <http://www.acf.hhs.gov/sites/default/files/cb/cm2014.pdf>. These represent the most recent publicly available data from these sources.

2. Therapeutic Foster Care as a share of overall foster care population

Sources: Information about average prevalence of TFC is as from Gonyea, J.G., Bachman, S.S., Rajabun, S., Springwater, J.S., Tobias, C.R., Hirschi, M. & Little, F. *The 50 State Chartbook on Foster Care*, a resource administered by Boston University and funded by The MENTOR Network Charitable Foundation, published in 2013 and retrieved from (or calculated using data retrieved from) <http://www.bu.edu/ssw/research/usfostercare/>. States covered are: AL, AK, AR, CO, CT, DE, FL, GA, IL, KS, ME, MD, MO, MT, NV, NH, NY, ND, OR, RI, SC, SD, TN, VT, WA, WV and WI. TMN's foster care population is 25% "basic" or traditional foster care, and 75% Therapeutic Foster Care, a portion of which receives higher-acuity-level services exceeding TFC levels.

3. Examples of children and youth in TFC

Source: The descriptions of representative children and youth in TFC are from descriptions of individuals profiled in publications by The State Policy and Advocacy Resource Center (SPARC) and the Foster Family-based Treatment Association (FFTA), and retrieved from <https://childwelfare.sparc.files.wordpress.com/2013/07/therapeutic-foster-care-exceptional-care-for-complex-trauma-impacted-youth-in-foster-care.pdf>. *Best Practices in Treatment Foster Care for Children and Youth with Medically Fragile Conditions*, Foster Family-based Treatment Association, retrieved from http://www.imis100us2.com/ffta/FFTA/Learn/FFTA_Publications/New_FFTA_Content/Learn/FFTA_Publications.aspx?hkey=97869752-e618-428e-84d8-9f7420262570.



4. Deaths of children aged 0-22 years while enrolled in foster care services at TMN and deaths as a percentage of all discharges
Source: Analysis by The Center for Developmental Disabilities Evaluation Center (CDDER). Based at the Eunice Kennedy Shriver Center, a part of the University of Massachusetts Medical School, CDDER has contracted with TMN since 2010 to provide expert, independent analysis of various aspects of TMN's operations, services and outcomes. Information about deaths came from TMN incident reports, TMN incidents reported to the insurance carrier, and other corporate files/records. The number was validated for all children discharged from services for which TMN had a valid Social Security Number (SSN). (Note: A few thousand discharges did not include a SSN so additional verification was not able to be performed with the United States Social Security Death Index.) The population used to calculate the rate is the count of any children enrolled in these services for at least one day during the fiscal year according to TMN enrollment systems. Discharges represents a unique count of children and youth leaving services during the year. The data is presented as a 5-year moving average given the small size of the population enrolled in TMN services compared to other sources.
5. Reported deaths of children in foster care in the US and deaths as a percentage of all discharges
Source: Adoption and Foster Care Analysis and Reporting System (AFCARS) (<http://www.acf.hhs.gov/>) which collects case-level information from state and tribal Title IV-E agencies on all children in foster care and those who have been adopted with Title IV-E agency involvement. Title IV-E agencies are required to submit AFCARS data semi-annually.
Notes: The mortality rate stated by AFCARS is an under-representation of deaths within this population due to the lack of information about runaways. The data includes more than 4,000 runaways that do not have follow-up to determine mortality rate, and mortality is known to be high among this group of children.
6. Deaths of children aged 0-22 years living in the United States
Source: U.S. Healthy People 2020, retrieved from <https://www.healthypeople.gov/2020/data-search/Search-the-Data>.



**TMN Foster Care Population
By Service Level**

State	# Children in Foster Care	Basic Level	TFC Level	Higher Acuity Level	Higher-Acuity-Level Services
MA	433	4	426	3	Enhanced TFC
MD	290	7	178	105	BMP + BTIT
PA	200	43	90	67	CRR
NJ	232	0	175	57	Second Chance/DAP
OH	263	63	133	67	Level V or Medical
AL	221	0	176	45	TFC w/ Enhanced Services
GA	290	122	137	31	Specialty Medically Fragile
FL	236	149	46	41	Enhanced Rates
SC	181	25	156	0	
NC	224	90	134	0	
IN	57	34	23	0	
LA	89	2	87	0	
TX	301	221	80	0	
TOTAL#	3,017	760	1,841	416	
%		25%	61%	14%	

Source: The MENTOR Network (October 30, 2015)

**Percent of Children in Foster Care Nationally
Receiving Therapeutic Foster Care (TFC)**

State	Percent (%) of Foster Children in TFC	Number (#) of Children in TFC	Number (#) of Children in Foster Care
AL	10.1	529	5,186
AK	11	166	1,490
AR	7	300	4,285
CO	22.4	1,512	6,774
CT	20.2	640	2,533
DE	35	281	802
FL	10.5	2,686	25,582
DC	25.7	442	1,718
GA	10.1	902	8,929
IL	15	2,723	14,080
KS	1	51	5,135
ME	27.6	375	1,359
MD	27	1,643	6,085
MO	12.1	872	7,227
MT	10.7	181	1,826
NV	10.2	438	4,706
NH	24.6	155	1,036
NY	12	2,900	8,296
ND	30	280	936
OR	4.5	400	7,678
RI	14.8	296	1,994
SC	13.1	700	5,362
SD	8	133	1,662
TN	50	3,418	6,836
VT	17.5	175	941
WA	10	1,137	11,371
WV	27.6	891	3,429
WI	15.4	1,292	8,394
AVERAGE%	17.3	25,518	155,652

Source: The 50 State Chartbook on Foster Care, 2013

Analysis of deaths of children aged 0-22 years while enrolled in foster care services at TMN

	Children aged 0-22 years enrolled in foster care services at TMN													
	Year	FY05	FY06	FY07	FY08	FY09	FY10	FY11	FY12	FY13	FY14			
No. of Deaths	8	11	16	11	16	8	3	9	5	9	4			
Population Served	6,962	8,013	8,455	8,455	8,974	8,661	8,398	7,938	7,675	8,461	7,791			
Mortality Rate per 100 Children	0.11	0.14	0.18	0.13	0.18	0.09	0.04	0.11	0.07	0.11	0.05			
TMN 5-year Average Mortality Rate per 100 Children						0.13	0.11	0.11	0.10	0.08	0.07			
Number of Discharges	2,854	3,516	3,986	3,986	4,090	3,740	3,982	4,151	4,067	4,361	3,747			
Mortality as Percent of Discharges	0.280%	0.313%	0.276%	0.276%	0.391%	0.214%	0.075%	0.217%	0.123%	0.206%	0.107%			
TMN 5-year Average Mortality as Percent of Discharges						0.295%	0.254%	0.235%	0.204%	0.167%	0.146%			

Benchmarks

	Year											
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014		
Adoption and Foster Care Analysis and Reporting System (AFCARS)												
No. of Deaths	534	509	473	456	417	338	343	327	354	326		
Population on Sept. 30	513,000	488,285	463,799	463,799	418,672	404,878	398,057	397,153	400,989	415,129		
Mortality Rate per 100 Children (Point in Time)	0.10	0.10	0.10	0.10	0.10	0.08	0.09	0.08	0.09	0.08		
Population Total During Year	797,000	800,000	783,000	752,000	699,000	664,000	646,000	638,000	641,000	653,000		
Mortality Rate per 100 Children (Total)	0.07	0.06	0.06	0.06	0.06	0.05	0.05	0.05	0.06	0.05		
Discharges	287,000	289,000	294,989	288,778	277,606	257,806	247,607	240,987	240,392	238,230		
Mortality as a Percent of Discharges	0.186%	0.176%	0.160%	0.158%	0.150%	0.131%	0.139%	0.136%	0.147%	0.137%		
US residents aged 0-22 years												
No. of Deaths	65,561	65,552	62,652	59,073	56,021	55,472	54,420	53,190	52,793			
Population	94,975,835	95,485,249	95,905,994	96,189,100	96,405,621	96,444,630	96,299,822	95,918,202	95,656,557			
Mortality Rate per 100 Children	0.07	0.07	0.07	0.06	0.06	0.06	0.06	0.06	0.06			

Source: Analysis by The Center for Developmental Disabilities Evaluation Center (CDDER), based at the Eunice Kennedy Shriver Center, a part of the University of Massachusetts Medical School. Information about deaths came from TMN incident reports, TMN incidents reported to the insurance carrier, and other corporate files/records. The number was validated for all children discharged from services for which TMN had a valid Social Security Number (SSN). (Note: A few thousand discharges did not include a SSN so additional verification was not able to be performed with the United States Social Security Death Index.) The population used to calculate the rate is the count of any children enrolled in these services for at least one day during the fiscal year according to TMN enrollment systems or the unique number of children discharged over the course of the year; both counts were provided to CDDER by TMN. The data is presented as a 5-year moving average to show the underlying trend given the small size of the population enrolled in TMN services compared to other sources.