

"SAFE Homes: Is it worth the cost? An evaluation of a group home permanency planning program for children who first enter out - of - home care," by Allen DeSena, Robert Murphy, Heather Douglas - Palumberi, Gary Blau, Blandina Kelly, Sarah Horwitz and Joan Kaufman, Child Abuse and Neglect, 29 (2005) recounts an evidence based practice morality tale. In 1999, the state of Connecticut implemented the SAFE Homes program for children 3 -12 years of age entering their first out of home placement in order to reduce multiple placements, maintain sibling connections and reduce the stress (and perhaps trauma) of out of home placement.

SAFE Homes have a mandatory staffing ratio of 1:4 for day, evening and nighttime shifts and often have additional staff at peak hours for recreational and therapeutic purposes. SAFE Homes accept children 24 hours per day, 365 days per year and operate with a "no reject, no eject" policy. SAFE Homes staff schedule evaluations, provide transportation to appointments, supervise visitations and "provide a range of other case management and intervention services." SAFE Homes are community based, permitting placement of children in close proximity to birth parents. They allow siblings to be placed in one setting and, in most cases, allow children to continue attending the same school they were in prior to placement. SAFE Homes have many of the features of model permanency planning projects and have a strong focus on timely intensive work with parents to permit early reunification whenever possible.

SAFE Homes cost \$206 per child per day; this amount includes payment for child care and clinical staff. Clinical staff provides both case management services which are typically carried out by public child welfare caseworkers, as well as psychosocial evaluations. Staffing costs for just child care functions and other custodial functions are estimated at \$85 per day.

The study described in this article compared 342 children who received SAFE Home Services and 342 "foster care matched comparisons". SAFE Homes children entered care between April 1, 1999 and December 31, 2000. All children in the study were 3 -12 years old at time of entry into care; approximately one third of children in both groups were 3 -5 years of age, one third were 6-8 years of age and about one third were 9 -12 years old. "The 684 subjects for this report were selected from a larger pool of 909 subjects using propensity score matching;" in other words, the researchers did not utilize random assignment, but every effort was made to compare children with similar characteristics.

"Prior to the establishment of the SAFE Homes program, the average school - aged child who entered care in the State of Connecticut experienced four to five placements, and 75% of the children experienced three placements within the first year." Subsequent to the initiation of the SAFE Homes program, fewer than 25% of children

entering care experience three or more placements during their first year of care. If the SAFE Homes program had been evaluated using a before and after look at placement stability with SAFE Homes data, the program would likely have been viewed as a tremendous success. However, children in traditional foster care in SAFE Homes communities also experienced a comparable reduction in number of placements.

"Since the initiation of the SAFE Homes program, children are also more likely to be placed with siblings and more likely to be maintained in their community of origin."
"These improvements, again, cannot be attributed to the SAFE Homes program, as the children who received traditional foster care services ... were equally or more likely to have these outcomes."

SAFE Homes cost \$206 per day per child. "When using the State reimbursement rate of \$206 per day, the initial SAFE Home placement costs exceeded the total cost for all the out of home placements of the FC group, even though the average length of stay for children in the SAFE Homes program was only 48 days, and the average length of time in care for children in the foster care group was 7 months." Even when using \$85 per day as the cost of care (clinical services excluded), the SAFE Homes program was considerably more expensive than traditional foster care.

Children in the study spent an average of 7 months in care with SAFE Homes children remaining in care for 3 weeks longer than children in traditional foster care.

Children in the SAFE Homes program were more likely at follow up to be placed in relative foster care (16% vs. 9%), a statistically significant difference which the authors of this article minimize; however, once these rates are applied to thousands of children, they mean something important.

This study also found that SAFE Homes children were more likely than children in traditional foster care to go on to high cost residential placements, more likely to receive inpatient psychiatric care, with inpatient psychiatric care costs amounting to over 20% of the total out of home care costs for all 684 children. The meaning of these findings appear to be that earlier and more intensive high cost care and assessments leads to more restrictive high cost care, probably based on experts' recommendations. Cost minded policymakers are not likely to see this result as a benefit, though the social workers and caregivers of these children may have had a different opinion.

The SAFE Homes program had slightly lower rates of reabuse of children, but this difference was not statistically significant.

In summary, the SAFE Homes program increased the rate of relative foster care, but had no effect on multiple placements despite doing vastly better in this regard than the foster care program in Connecticut had been doing prior to developing the program. The authors do not comment on the mystery of a state's rate of multiple placements dramatically dropping at the very time that the state was investing in an innovative, costly and popular program to address the problem. Perhaps setting policy goals and

making a large commitment to reducing multiple placements effected a huge change in what is usually viewed an endemic and intractable feature of foster care systems. If so, here is a lesson to take to the bank.

The authors comment that SAFE Homes was a short term intervention. "It may be time for a paradigmatic shift in how child welfare programs are delivered. We have been using an infectious disease model in our treatment approaches with maltreating families, operating under the assumption that a quick dose of antibiotics will cure the problem. It may be time to move to a chronic disease model in child welfare --as our most successful prevention programs to date have not resulted from quick fixes -- but from sustained, multifaceted interventions."