



# Treehouse Boston Prospectus



## Description:

*Treehouse Boston is a new community-based initiative that serves children in the public foster care system by engaging community members to support children in their neighborhoods, recruiting and preparing adoptive families, and sustaining families through ongoing support and training programs. Over the next five years, Treehouse Boston will open Family Centers in multiple locations throughout the City of Boston, fundamentally changing the way children and families experience adoption through the foster care system.*

**Location:**  
Boston, MA

**Website:**  
[www.treehousecommunities.org](http://www.treehousecommunities.org)

**Founded:** 2005

**Current Budget:** \$220,000

## Geography & People Served:

Children and families in Boston who are or have been connected to the foster care system, with an initial focus on Roxbury

## Social Problem:

- In the Boston area, there are 2,800 children in care and only 1,000 foster homes.
- For every 28 families who inquire about adopting a child from foster care, only one will complete the bureaucratic process.
- Nationally, up to 25 % of adoptions from the public foster care system end with children being returned to state custody.
- Youth who age out of the foster care system are at high risk for prison, homelessness, unemployment and early parenthood – each representing a potential cost to society of \$250,000 to \$2 million over his or her lifetime.

## Key Accomplishments & Social Impact:

- Established a partnership with DSS that designates Treehouse Boston as the referral site for the Roxbury neighborhood.
- Secured Harvard University's Kennedy School of Government as a research partner. The longitudinal data set to be developed will allow for an unprecedented look at adoption dynamics in Boston at the neighborhood level.
- Developed a partnership with the Boston Public Schools to enhance school-based services for Treehouse children and families.
- Discussions are underway with community leaders and organizations including members of the Black Ministerial Alliance, Central Boston Elder Services, and the Shelburne Recreation Center to help engage residents in supporting Treehouse children and families.

## Goals – One Year (July 2006 – June 2007):

- Open the first Treehouse Family Center in Roxbury.
- Match 14 new adoptive families, placing a total of 21 children.
- Provide programs and support for 30 families and 45 children in the neighborhood who are or have been connected to the foster care system.

**Total Philanthropic Investment – One Year:** \$472,000

**Social Innovator:**  
Linda Stundis

**Contact Information:**  
(617) 327-7564  
[linda.stundis@verizon.net](mailto:linda.stundis@verizon.net)

## Ways to Invest

### In-Kind Support

- Developing and implementing a marketing communication strategy
- Developing IT infrastructure
- Implementing a database and management reporting system
- Developing the Treehouse Boston website
- Adding 2-3 Board members who have expertise in business growth and marketing. Also seeking members with leadership experience within the Roxbury/Dorchester communities

### Financial Support

- \$50,000+** Program staff to support children and families
- \$25,000** Curriculum development for parent education
- \$10,000** Research/Evaluation Software – Customization, Licensing, Training
- \$5,000** Children's Room & Parents' Resource Library
- \$1,000** Community outreach meetings

SOCIAL  
**innovation**  
FORUM Connecting Leaders, Skills,  
Networks, and Capital

a Root Cause Initiative



## Need & Opportunity

### **Social Need**

For children who cannot be reunified with their birth families, the ultimate responsibility of the child welfare system is to secure “permanency” with new adoptive parents or legal guardians. In Massachusetts, over half of all children in care need a permanent family, yet only 4% are living in pre-adoptive homes.<sup>1</sup> There are simply not enough families to take them. In the Boston area, there are 2,800 children in care and only 1,000 licensed foster homes.<sup>2</sup> Few families are initiating and completing the preparation process, and even fewer are making the transition from foster care to adoption. Looking at data for two DSS offices in Boston, only 1 in 5 children who need adoption are matched with families in a given year.<sup>3</sup>

With a shortage of families, the availability of a “bed” often trumps consideration of the children's needs when decisions about placements are made. As a result, many children are assigned to a more restrictive group home or residential facility - even if they do not have mental health issues that require a special therapeutic setting. These inappropriate placements are expensive for the state (up to \$100,000 per child per year) and can exacerbate or even create emotional and behavioral problems for the children.<sup>4</sup> Equally if not more concerning is the tendency for children to get “stuck” in the system and move from one setting to another. Half of the children in care in Massachusetts have lived in three or more placements; more than twenty percent have lived in six or more different settings.<sup>5</sup> As they move from place to place, children lose important connections to their schools, friends, faith communities, and neighbors, and experience even greater trauma. Almost a third of Boston children placed into foster homes are forced to leave the city.<sup>6</sup> Even those who stay within the city's boundaries tend to move among unfamiliar neighborhoods and schools. Predictably, children who move often are more likely to develop difficult behaviors, which in turn means they are less likely to be adopted as their “special needs” increase.<sup>7</sup>

Because the system is so overburdened, efforts to find permanent homes for more than 3,800 children in Massachusetts have ceased.<sup>8</sup> Their only remaining “goal” is to wait until age 18, and then emancipate from DSS custody. For those who leave state care without a permanent family, outcomes are frequently poor. Longitudinal research by the University of Chicago's Chapin Hall Center for Children found youth who “age out” are more likely to be, “neither employed nor in school, have children that they are not able to parent, suffer from persistent mental illness or substance use disorders, find themselves without basic necessities, become homeless, or end up involved with the criminal justice system.” Each represents a potential cost of \$250,000 to \$2 million over his or her lifetime.<sup>9</sup> Having a permanent family has been proven the single most effective way to change these odds.

### **Root Cause Factors**

The child welfare system, in Massachusetts and across the nation, becomes involved with families when dire circumstances—health and mental health concerns, substance abuse, domestic violence, homelessness, and economic insecurity—prevent parents from keeping their children safe. The agency is often successful at facing these significant challenges with families and helping birth parents reunite with their children. In recent years, DSS has launched several initiatives to “Work with Families Right from the Start.” These innovative reforms

<sup>1</sup> AFCARS Assessment Review Findings - Adoption Data Elements. State: Massachusetts. AFCARS Reporting Period: 10/1/2004 - 3/31/2005 (2005A). Available: [www.acf.hhs.gov/programs/cb/stats\\_research/afcars/aar/ma/adoption.htm](http://www.acf.hhs.gov/programs/cb/stats_research/afcars/aar/ma/adoption.htm) and DSS Quarterly Report, FY 2005, 1<sup>st</sup> Quarter.

<sup>2</sup> DSS Quarterly Report, FY 2005, 4<sup>th</sup> Quarter.

<sup>3</sup> Based on number of adoptions/guardianships completed in FY2005 and placement data for CY2004. Assumes that approximately 55% of children in care in Boston need a permanent family.

<sup>4</sup> MSPCC Child Abuse and Neglect Fact Sheet. Available: <http://www.mspcc.org>.

<sup>5</sup> Massachusetts Child and Family Service Review Date Profile (23 Aug 2005).

<sup>6</sup> Area Profiles Databook, promulgated with the Family Networks Request for Proposals (Jan 2006). During State Fiscal Year 2005, 31.3% of Dimock Streets' use of Contracted Foster Homes placed the child out of region.

<sup>7</sup> Newton, R., Litrownik, A. and Landsverk, J. (2000). Children and Youth in Foster Care: Disentangling the Relationship Between Problem Behaviors and Number of Placements. *Child Abuse & Neglect*, 24(10), 1363–1374.

<sup>8</sup> According to the Massachusetts Child and Family Service Review Date Profile, a Department of Social Services report developed for the Federal Government Review dated August 23, 2005.

<sup>9</sup> Depending on their level of engagement in criminal activity. Cohen, M. (1998). The monetary value of saving a high risk youth. *Journal of Quantitative Criminology*, 14(1), 5-33 from *Juvenile Offenders and Victims: 1999 National Report*. (Pittsburgh, PA: National Center for Juvenile Justice, 1999), p. 82. Available: <http://www.ncjrs.org/html/ojdp/nationalreport99/chapter3.pdf>.

prevent the unnecessary removal of children and speed the process of safely reuniting children with their birth parents whenever possible. However, because DSS is built to respond most effectively to safety concerns and families in crisis, the system continues to struggle to find new permanent homes for children.

The shortage of foster and adoptive parents is due to problems with both recruitment and retention. For prospective parents in Boston who want to learn about adopting through the foster care system, it can be challenging to get adequate information from DSS. The agency does not have the capacity to take a “customer service” approach and follow up with a broad range of people who show initial interest. In addition, there are few opportunities for prospective parents to learn from current foster and adoptive families. As a result, many people who start down the path of exploring parenthood through adoption decide not to continue. A Harvard University study found that for every 28 families who inquire about adopting a child from foster care, only one will complete through the process.<sup>10</sup>

Research suggests that both bureaucracy and concerns about the availability of support once they commit to a child are what keep families from following through with their plans to adopt.<sup>11</sup> In a survey about their interest and willingness to adopt a child from foster care, almost half of Americans expressed concern that the child’s mental and physical health needs would exceed their parenting skills.<sup>12</sup> Prospective parents are right to want to learn as much as possible about the process and question what happens along the way because attrition is an on-going problem. Roughly half of all new foster parents end their foster parenting “career” within a year of having the first child placed into their home. Length of service for most foster parents ranges from 8 to 14 months – less time than the average child spends in care.<sup>13</sup>

For the 800 Massachusetts families who complete the adoption process each year, the day of finalization often marks the first leg of their journey.<sup>14</sup> Children whose traumatic lives have taught them that families are unsafe and placements are only temporary, have special needs that persist well beyond the day adoption or guardianship becomes legally complete. Unfortunately, DSS does not currently have the resources, or mandate to respond to the ongoing needs of these families. Funding for most services—including case management, child care, after-school care, and family therapy—is discontinued when adoption or guardianship is finalized. This lack of support increases the risk that families will face the heart-wrenching danger of adoption disruption. National studies show that up to 25 percent of adoptions from the public child welfare system end with children being returned to foster or congregate care.<sup>15</sup>

### **Current Landscape**

Families in Boston who want to adopt from the foster care system will typically start by contacting DSS, as described above. They can also call a number of private local agencies, licensed and under contract with DSS to provide specific services. Some private agencies have contracts to work with foster families, others can complete adoptions, and still others are only qualified to work with very specific population (i.e. children with medical needs). The challenge for families is that similar to DSS, these agencies typically do not have the resources and capacity to engage them seamlessly from the first phone call of interest, throughout the adoption process and after the adoption is complete. In addition, the breadth and depth services offered are generally not adequate to meet families’ needs.

Support services that are available focus primarily on foster children and families, who still have open cases with DSS. As an example, the Massachusetts Society for the Prevention of Cruelty to Children (MSPCC) has a contract with DSS to support foster parents through KidsNet. However, once families finalize adoptions, they are

---

<sup>10</sup> Katz, J. (Mar 2005). Listening to Parents: Overcoming Barriers to Adoption of Children from Foster Care. Available: [www.adoptioninstitute.org](http://www.adoptioninstitute.org).

<sup>11</sup> Urban Institute (Nov 2005). Foster Care Adoption in the United States: An Analyst of Interest in Adoption and a Review of State Recruitment Strategies. Available: [www.urban.org](http://www.urban.org).

<sup>12</sup> *National Adoption Attitudes Survey* (2002). Dave Thomas Foundation for Adoption, Evan B. Donaldson Adoption Institute, and Harris Interactive Market Research.

<sup>13</sup> Gibbs, D (2005). *Understanding Foster Parenting: Using Administrative Data to Explore Retention*. Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

<sup>14</sup> 778 adoptions in federal fiscal year 2001 and 808 in federal fiscal year 2002, as reported in *Foster Care Adoption in the United States: A State by State Analysis of Barriers & Promising Approaches* (November 2004). Conducted by the Urban Institute on behalf of the National Adoption Day Coalition.

<sup>15</sup> National Adoption Information Clearinghouse (2004). *Adoption Disruption and Dissolution: Numbers and Trends*. <http://naic.acf.hhs.gov>

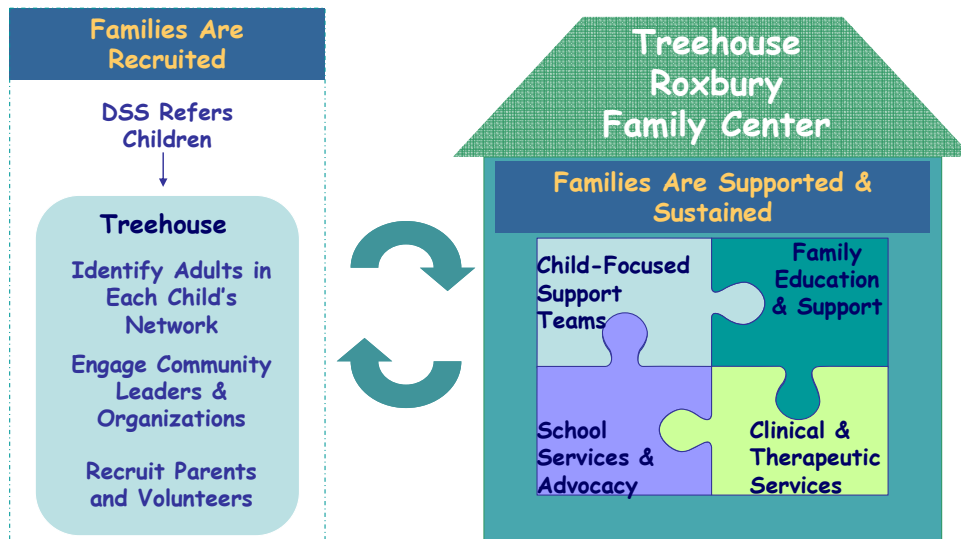
no longer eligible for KidsNet services. In the absence of post-adoption services, most families have to navigate the complex network of medical and social services on their own and try to piece together a team of providers with expertise in different disciplines who also understand the needs of children from the public foster care system. Given the complexity and fragmentation, services are often delivered inconsistently and many parents are not able to find appropriate support. In addition, there is often duplication of efforts because one provider may not be aware of the work being done by another organization.

### Social Innovation in Action: The Treehouse Boston Model

Treehouse Boston is a new initiative of the Treehouse Foundation, a nonprofit organization that aims to provide children in the public child welfare system with enduring family relationships and supportive community connections by implementing innovative programs and practices. The Foundation's flagship program is an intergenerational residential community for adoptive families in Easthampton, Massachusetts. Based on principles of the flagship program, Treehouse Boston has developed an innovative approach for urban settings, using community engagement strategies and opening Treehouse Family Centers in neighborhoods to reach two goals: 1) Recruit permanent families for children in care, particularly those who are school-aged and at greatest risk of aging out; and 2) Sustain the commitment of adoptive parents and legal guardians. *Over the next five years, Treehouse Boston will open Family Centers in multiple locations throughout the City of Boston, fundamentally changing the way children and families experience adoption through the foster care system.*

Treehouse Boston will open its first Treehouse Family Center in Roxbury this year. DSS Commissioner Harry Spence calls the Treehouse model a “research and development shop,” and has agreed to a partnership that establishes Treehouse as the referral site for children in the Roxbury neighborhood already placed or entering foster care and children from the area who have been displaced to care elsewhere. Children referred to Treehouse will participate in an array of programs, coordinated through child-focused support teams, and will work with Treehouse staff to identify adults who are already connected to them in some way. To develop a large enough pool of qualified families, Treehouse will partner with community leaders and organizations to recruit adults in the Roxbury area to participate in all levels of care-giving for children in their neighborhood. Opportunities will be available for residents to work as mentors, respite or foster parents, and ultimately permanent adoptive parents. As shown in the graphic below, the Treehouse Roxbury Family Center will serve as the hub of activities for all Treehouse families, including:

- Continuing education for prospective and current foster care and adoptive families
- Recreational and social activities to promote peer-support among children and families
- Co-location of service providers, including clinical care and other therapeutic activities
- Support to navigate the services available through the school system



Treehouse Boston's vision is to spread to other targeted Boston neighborhoods, with the second site scheduled to open in Dorchester in 2008. Ultimately, Treehouse wants to leverage its experience and results to shape child welfare practice and policies in Massachusetts and nationwide, and guide an effective redirection of public funds so that all children in care will have loving, stable families.

### Organizational and Program Health Measures

Treehouse Boston will be tracking the data below as a way to measure the growth and development of its programs:

|   | 2007E | 2008E | 2009E |
|---|-------|-------|-------|
| Number of families recruited, prepared and licensed                   | 14    | 24    | 48    |
| Number of families intensely supported (with care coordination teams) | 6     | 24    | 64    |
| Number of local families participating in Treehouse programs*         | 30    | 60    | 80    |
| Number of volunteers  | 42    | 72    | 144   |

*\*These are in addition to the families recruited and/or intensely supported by Treehouse.*

### Social Impact

The Kennedy School of Government at Harvard University is Treehouse Boston's research and evaluation partner. Dr. Julie Wilson, Director of the Wiener Center for Social Policy and Academic Dean for the Kennedy School, serves as the principal researcher. Working with the Department of Social Services, Treehouse will begin gathering data on children who currently live or are originally from Roxbury. Starting in the summer of 2006, Treehouse will collect baseline data from the children and families who enroll in their programs. Data to be gathered from children include: demographic characteristics, placement settings, movement histories, permanency goals, progress toward permanency, academic/school placements, and special needs.

Treehouse Boston has set the following goals for one of its key measures - the number of children placed with new families:

|   | FY 2007E | FY 2008E | FY 2009E |
|---|----------|----------|----------|
| Number of children placed with new families | 21       | 36       | 72       |

In three years, Treehouse expects to have approximately 130 children living in 90 new families.

Other measures that Treehouse will track include:

- Percentage of sibling groups that remain together in the same family
- Number of moves/placement changes per child per year
- Percentage of adoptions that remain intact
- Percentage of children placed with families within their neighborhood
- Number of youth who "age out" of the child welfare system (by neighborhood)

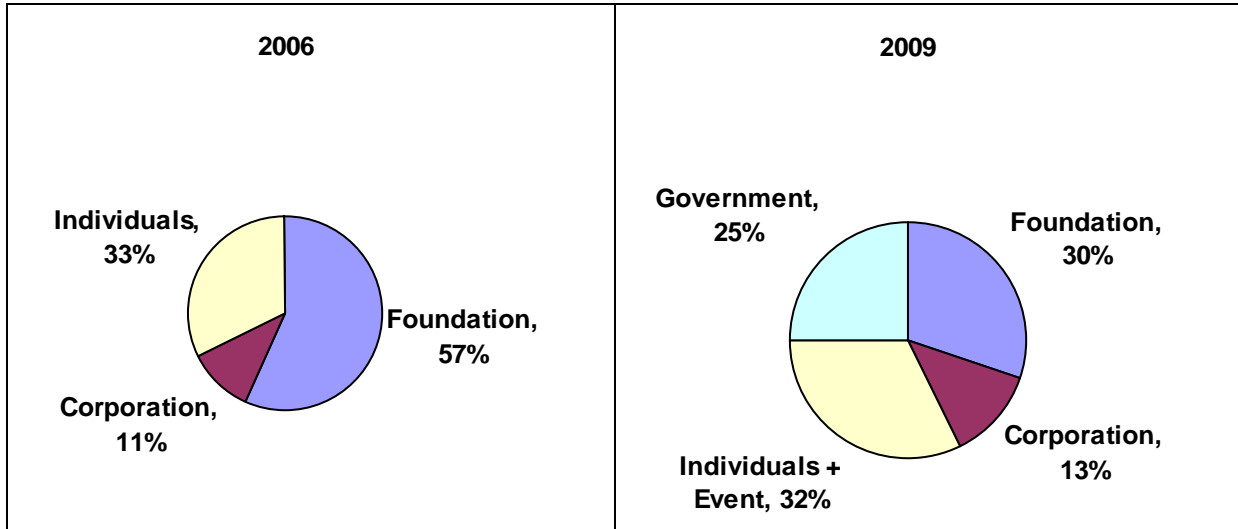
### Financial Sustainability

After an eighteen-month planning process with a team of community, social service, educational and philanthropic partners, Treehouse Boston will open its office in Dudley Square, Roxbury in June 2006. The first direct service staff to be hired are a Director of Family and Children's Services and a Community Outreach Coordinator. An additional Children's Services Coordinator will be hired in January 2007. Service delivery will begin in summer 2006 with the first referrals from DSS. Treehouse is currently planning to open the Roxbury Family Center in winter/spring 2007 and the Dorchester Family Center one year later. The budget numbers presented in the table below include initial program start-up costs (2006), and start-up costs for each Family Center (2007 and 2008). As Treehouse Boston grows, future sites will leverage the learning and resources initially invested to reduce the per site cost.

|              | FY 2006E  | FY 2007E  | FY 2008E  | FY 2009E    |
|--------------|-----------|-----------|-----------|-------------|
| Total Budget | \$220,092 | \$472,680 | \$988,595 | \$1,364,775 |
| FTEs         | 2.75      | 4.5       | 9.25      | 12.25       |

*\*Fiscal year is July 1 to June 30.*

As shown in the charts below, Treehouse Boston is initially relying on foundation and corporate support. Institutional donors have provided leadership for Treehouse's start-up, contributing essential funds for planning, operations, and pilot program implementation. This lead funding will also enable Treehouse to demonstrate initial program success and replication potential. Treehouse is also actively working to build an individual donor base, and is planning to host its first annual fundraising event in winter 2007. As the model is proven, the long-term plan for sustainability is to seek 40% of funds from state and federal government sources, working with various government agencies that serve children in care.



### Leadership

Linda Stundis, President, is a Boston native with twenty years of management experience in the nonprofit and public sectors. Linda's most recent positions include Chief of Staff at Harvard Medical School, Executive Director of the Department of Surgery, Brigham & Women's Hospital, and Director of External Relations for Governor William Weld, which included being the Governor's liaison to DSS. Linda adopted a young child with a background of trauma and loss several years ago and recently decided to make a career change to spend her professional as well as personal energies in the interest of children in care. Linda received a bachelor's degree from Wellesley College. Her graduate education includes the doctoral program in philosophy at Brown University, as well as the executive education programs at the Sloan School of Management at MIT and the Kennedy School of Government at Harvard.

The 15-member Board of Directors for the Treehouse Foundation currently oversees Treehouse Boston. Board members have expertise in law, business, public policy, social work and philanthropy. There are also Board members with experience as foster and adoptive parents.

### Key Funders

Treehouse Boston has received funding from a variety of sources, demonstrating support for the organization's approach:

- Paul and Phyllis Fireman Foundation
- Bank of America
- Strategic Grant Partners
- Foundation To Be Named Later (Theo and Paul Epstein charitable foundation)
- Brown Rudnick Charitable Foundation