BACKGROUND PAPER
THE JOINT CENTER HEALTH POLICY INSTITUTE

Public Policies and Practices in Child Welfare Systems that Affect Life Options for Children of Color

ERNESTINE F. JONES

DELLUMS COMMISSION

BETTER HEALTH THROUGH STRONGER COMMUNITIES: PUBLIC POLICY REFORM TO EXPAND LIFE PATHS OF YOUNG MEN OF COLOR

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Better Health Through Stronger Communities: Public Policy Reform to Expand Life Paths of Young Men of Color

PUBLIC POLICIES AND PRACTICES IN CHILD WELFARE SYSTEMS THAT AFFECT LIFE OPTIONS FOR CHILDREN OF COLOR

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CONTENTS

INTRODUCTION

According to the 2005 report by the Federal Interagency Forum on Child and Family Statistics, there were 73 million children in the United States in 2003.[1] Projections indicate that this number will increase to 80 million by 2020. It is estimated that there were more than 550,000 children in out-of-home care in the year 2000. While African American children make up about one-fifth of the children in this country, research indicates that they make up two-fifths of the children in the child welfare system.[2] Children of color are more likely to be removed from their parents and placed in out-of-home care.[3] They also are more likely to remain in care for longer periods of time and are reunified with their families or adopted at lower rates than Caucasian children.[4]

The child welfare system currently is struggling with this problem of overrepresentation of minority children among those in its care. At the same time, the system also is facing a host of challenges concerning increases in abuse and neglect reports, a lack of foster homes, and insufficient or inappropriate services to meet the needs of the children who are in its care. These problems are present in, and have an impact on, the children in the juvenile justice, health and mental health, and education systems as well. In particular, disparities in the treatment of children can be seen at every decision point in the child welfare and the juvenile justice systems, as well as in some areas of health care. For example, in a 2002 report for the Annie E. Casey Foundation, Roberts reports that "a recent study by the Minnesota Department of Human Services on outcomes for African American children in its child protection system concluded that racial disparities "in the entire process" constituted an urgent crisis. The study found that the state's African American children were six times more likely to be assessed for maltreatment and 16 times more likely to be placed in out-of-home care than Caucasian children. In Minnesota, almost one out of every 25 African American children had been placed in foster care."[5]

The 2005 report by the Federal Interagency Forum on Child and Family Statistics, *America's Children: Key National Indicators of Children's Well-Being 2005*, identifies four key indicators for measuring child well-being: health, economic security, behavior and social environment, and education. These indicators are nationally recognized and accepted criteria for examining successful individual life outcomes. Failure to achieve positive outcomes in areas such as health, education, and social development suggests the high probability that the life options of youth will be changed. For example, dropping out of school instead of having a successful educational experience that culminates in high school graduation affects future economic opportunities. Overrepresentation of children of color in the child welfare system can lead to these youth having only fragmented access to the services that are critical to ensuring child well-being and positive future outcomes.

This report examines the child welfare system with respect to the ability of minority children to pursue positive life options, with a special emphasis on male children of color. First, it considers the public policies and practices in child welfare, both historical and contemporary, that affect the life options of minority children. Next, the report discusses issues concerning placement in out-of-home care, rates of entry, length of stays and exits, and the consequences of the removal of children from their families and communities. Finally, it presents strategies and promising practices that are being developed in some jurisdictions to address these issues and bring about changes that improve the outcomes for children who end up in the child welfare system. Throughout the report, attention is paid to how the juvenile justice, health and mental health, and education systems contribute to the overrepresentation of minority children in the child welfare system and disparities in treatment.

[1] The Federal Interagency Forum on Child and Family Statistics 2005: vii.

[2] Roberts 2002a: 3.

[3] Hill 2001: 9.

[4] Hill 2001: 10.

[5] Roberts 2002a: 4.

CONTEXTUAL BACKGROUND

To place current problems in the child welfare system in context, it is important to describe some of the conditions and policies that historically gave rise to these problems and that enable their continuation. Although the U.S. is a multicultural and multi-ethnic nation, the consistent pattern of racially segregated urban and suburban neighborhoods, as well as concentrated pockets of poverty in rural communities, has contributed to our limited understanding and acceptance of cultural differences. Children of color and their families are negatively affected when they encounter language barriers in accessing needed services or when the services offered do not respect differences in beliefs and practices common to their culture. Families who live in neighborhoods of concentrated poverty are more vulnerable to the removal of their children due to service agencies that are unaware or insensitive to cultural differences. A singular focus on child protection increases the likelihood of child removal, rather than providing needed family supports that draw on the strengths of the community environment and resources.

Shifts in the approach to societal problems during the twentieth century helped to shape child welfare policies. Roberts explains in *Shattered Bonds*, "by the early twentieth century, rescuing children from maltreatment by removing them from their homes was part of a broader campaign to remedy social ills, including poverty. This movement created the juvenile courts, opposed child labor, lobbied for mandatory school attendance laws, and established pensions for widows and single mothers to reduce the need for child removal. It judged poor families by an elitist standard and ignored black children altogether."[6] Roberts goes on to explain that the "early reformers tied children's welfare to social conditions that could only be improved through societal reforms. This movement ended in the 1970s, with the emergence of a new emphasis on disassociating unpopular poverty programs from the problem of child abuse. The intent was to show that abuse was a problem for all of America, not just for those in poverty."[7] This change created a focus on saving the child, while the family was de-emphasized as a factor in helping children. The rules governing the administration of welfare programs became more restrictive, with regulations designed to change behavior. Systemic and individual bias inherent in policies and procedures ensured the removal of children from their families instead of offering supports for children while they remained with their own families. At the same time, the visibility of the impoverished—and specifically minority families—became more pronounced.

The Impact of Federal Policymaking

To understand how our institutions support this focus on child removal rather than family support, we must look briefly at three critical federal laws that have shaped the way that services are made available to children. Historically, the federal government has provided financial support and guided the development of policies implemented at the state and local levels. The federal rules and regulations established to put these policies into place are crucial to note because they often represent the point at which systemic problems become embedded in programs and services provided throughout the nation.

Although the first significant commitment of government funds for child welfare began with the Social Security Act in 1935, the federal government's direct role in funding and shaping child welfare policy began with the passage of the 1974 Child Abuse Prevention and Treatment Act (CAPTA). This law required states to set up procedures for reporting and investigating alleged child abuse and neglect. It was followed by the 1980 Adoption Assistance and Child Welfare Act, which established foster care under Title IV-E as a separately funded federal program. Kahn and Kamerman observe that, under this law, "[t]he protection, care, and reunification responsibilities were to overwhelm basic primary prevention because emergencies are visible and prevention involves slow institutional adaptations and changes."[8] The most recent change occurred with the Adoption and Safe Families Act (ASFA), which introduced time limitations on reunification or permanency plans and promoted support services for families that adopted. Child safety was established as the most important factor governing the decisions concerning placement of children in out-of-home care.

Each of these laws included funding for child welfare services, as well as major policy directives, and each was primarily authorized under Titles IV-B and IV-E of the Social Security Act—the primary source for funding to the states. The relationship between the allocation of funding and laws enacted at the federal level is important because the flexibility (or lack thereof) given to states in implementing these laws helps to determine their willingness or capacity to make changes at the point of implementation. For decades, the underlying struggle at the federal level has centered around pressure to support federal laws that are focused on child protection (out-of-the-home) versus pressure to support laws that encourage family preservation (in-the-home and community). The pendulum continues to swing back and forth, with the funding moving back and forth as well,

[6] Roberts 2002b:14.

[7] Roberts 2002b:14.

[8] Kahn and Kamerman 2000: 19.

as the pressure shifts. To understand and dismantle structural procedures that contribute to overrepresentation of minorities in the child welfare system, such funding issues must be addressed.

The Impact of Policymaking at the State Level

The role that states play deserves attention because states define more specifically how new programs and policies will be implemented. For example, the legal definition of abuse and neglect is a major determinant of what happens to children when a case is reported. Federal law defines child abuse and neglect to mean "at a minimum, any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of harm."[9] Within this definition, each state writes its own definition of maltreatment—usually referred to as neglect. In a 2003 report for the Department of Health and Human Services, Chibnall and colleagues state, "The decisions that are made to remove children reported for maltreatment [are] determined by the definitions established in the states and the policies and procedures governing the investigation, substantiation and removal of children from their families."[10]

As reported by the Congressional Research Service, "In 2000 close to 63 percent of the 879,000 victims suffered neglect (including medical neglect) while a little more than 19 percent experienced physical abuse; 10 percent were sexually abused; 8 percent were psychologically maltreated; and about 17 percent experienced maltreatment that was coded by states as other (e.g. abandonment or congenital drug addiction)."[11] Meanwhile, Chibnall and colleagues note that "studies have shown that African American families are more likely to be investigated if the allegations include emotional maltreatment, physical neglect, fatal or serious injury, or alcohol or drug involvement, or if a mental health or social service provider made the report."[12]

DEFINING THE ISSUES

Several key issues need to be considered regarding how the current child welfare system affects the life options of minority children. Particular attention is given to how child welfare, as well as the juvenile justice, health and mental health, and education systems, affect the life options of young minority males.

Disproportionate Representation of Children of Color in the Child Welfare and Juvenile Justice Systems

According to data compiled by the Center for the Study of Social Policy, African American children are overrepresented in the foster care system in every state on some level. Table 1 (following page) shows the racial disproportionality ratio for selected jurisdictions, as calculated by the Center for the Study of Social Policy; the ratio was determined by "dividing the proportion of black (or non-Hispanic white) children in foster care by the proportion of black (or non-Hispanic white) children in the state population under the age of 18."[13] The states were classified by their racial disproportionality rates for African Americans as follows: "Comparable Representation (states with rates under 1.50); Moderate Disproportion (states with rates between 1.50 – 2.49); High Disproportion (states with rates between 2.50 – 3.49); and Extreme Disproportion (states with rates of 3.50 and over). "Racial disparity" occurs when the rate of disproportionality of one racial group (e.g., African Americans) exceeds that of a comparison group (e.g., white Americans)."[14]

With the exception of the District of Columbia, which fell into the Comparable Representation category and has by far the highest percentage of African American children in the jurisdiction's population under age 18 (75 percent), all of the selected jurisdictions fall into some category of disproportion—Florida, Georgia, Maryland, and New York fell under Moderate Disproportion; Texas fell under High Disproportion; and California, Illinois, Minnesota, and New Mexico fell under Extreme Disproportion. These figures demonstrate the magnitude of the problem in some of the most heavily populated areas of the country. It is also important to note that these states are representative of different areas of the country that have similar results.

Research suggests a relationship between the child welfare system and the juvenile justice system, especially with regard to children who have a history of maltreatment. Some evidence

[9] Child Abuse Prevention and Treatment Act, Section 111(2) [42 US.C. 5106g], http://www.acf.hhs.gov/programs/cb/laws_policies/cblaws/capta03/sec_I_111.htm.

[10] Chibnall et al. 2003: 6.

[11] Stoltzfus 2002: 5.

[12] Chibnall et al. 2003: 6.

[13] The Center for the Study of Social Policy 2004: 1.

[14] The Center for the Study of Social Policy 2004: 1.

Table 1. Statistical Overrepresentation of African American Children and Black-White Disparity Among Children in Foster Care, Selected States, 2000.			
State	**% in Population (A)**	**% in Foster Care (B)**	**Overrepresentation (B)/(A)**
California			
Black	7.5	31.0	4.14
White	34.8	31.3	.90
Black/White Disparity			4.60
District of Columbia			
Black	75.0	94.6	1.26
White	11.9	4.2	.35
Black/White Disparity			3.60
Florida			
Black	21.2	47.1	2.22
White	55.4	44.1	.80
Black/White Disparity			2.78
Georgia			
Black	34.4	59.1	1.72
White	55.5	37.3	.67
Black/White Disparity			2.57
Illinois			
Black	18.7	73.5	3.93
White	59.2	21.0	.36
Black/White Disparity			10.92
Maryland			
Black	32.2	76.8	2.39
White	55.9	21.3	.38
Black/White Disparity			6.29
Minnesota			
Black	5.0	23.8	4.77
White	82.0	56.3	.69
Black/White Disparity			6.91
New Mexico			
Black	2.1	7.9	3.74
White	32.5	32.0	.98
Black/White Disparity			3.82
New York			
Black	19.3	43.5	2.26
White	54.6	40.6	.74
Black/White Disparity			3.05
Texas			
Black	12.8	32.6	2.55
White	42.6	34.1	.80
Black/White Disparity			3.19

Source: The Center for the Study of Social Policy, State-by-State Profile on Racial Overrepresentation in Foster Care (2004), http://www.cssp.org/uploadFiles/statORFactSheet2.pdf.
Note: Population figures were taken from the 2000 U.S. Census and foster care figures were retrieved from 2000 Federal Adoption Foster Care Reporting System (AFCARS).

indicates that maltreated children are more likely than non-maltreated children to end up in a juvenile institution. According to a study by Jonson-Reid and Barth in 2000, many youth who age out of the foster care system often end up in adult correctional institutions.[15] These authors further found that the majority of felons in many states were formerly wards in the foster care system. In addition, Hill's synthesis of research findings, prepared for the Race Matters Consortium, indicates that about 15 percent of foster children were placed because of delinquent behavior or status offenses.[16]

Research has also consistently shown that racial disparities continue to exist at each of the major decision points in the juvenile justice system: arrest, detention, prosecution, adjudication, transfer to adult court, and commitment to secure facilities. For example, Building Blocks for Youth highlights the following findings on racial disparities in the treatment of youth in the juvenile justice system: "For youths charged with violent offenses, the average length of incarceration is 193 days for whites, 254 for African Americans, and 303 for Latino youth. Among those not previously admitted to a secure facility, African Americans are six times as likely as whites to be incarcerated—nine times more likely if charged with a violent crime. For drug offenses, African Americans are 48 times more likely than whites to be sentenced to juvenile prisons."[17] Hill also found racial disparities in treatment at critical decision points: "African American youth are more likely than white youth, with the same offenses, to be referred to juvenile court, to be detained prior to trial in secure facilities, to be formally charged in juvenile court, to be waived for disposition in adult courts, and to be committed to a juvenile or adult correctional institution (Youth Law Center)."[18] In sum, these youth enter at higher numbers, receive harsher sentences for comparable infractions, and are often incarcerated for longer periods of time.

The Removal of Children of Color from their Families and Its Impact on Life Options

Research has consistently found that children remain in foster care far too long. Foster care is supposed to be a short-term solution, but for too many children it has become the long-term or permanent option. Stoltzfus reports the following:

> Of the 556,000 children who were in care on the last day of the year, 47 percent (267,636) were in non-relative foster family homes and 25 percent (137,385) were in relative foster family homes. The remaining children were in institutions (10 percent); group homes (8 percent); pre-adoptive homes (2 percent); on trial home visits (3 percent); had run away (2 percent); or were in supervised independent living (1 percent). During this same time 57 percent of children who exited foster care did so via family reunification; 17 percent were adopted; 10 percent exited care to live with other relatives, and 4 percent exited to guardianship. Slightly more boys (52 percent) than girls (48 percent) were among the children waiting to be adopted at the end of FY 2000.[19]

These data illustrate that too many children are removed from their families and remain in the child welfare system too long. Many experience multiple placements and most live in non-relative living arrangements. While such living arrangements may be necessary for short periods of time, they do not provide the long-term stability that children need to support their efforts to successfully pursue their life options.

The movement of children into and through the child welfare system results from actions taken at the key decision points in the process: reporting, investigation, substantiation, and placement. Reporting and screening practices are driven by state and local requirements and are used to determine which reports are appropriate, what actions are to be taken regarding removal, and what type of service is required. For example, the initial screening often determines the treatment approach that is used and what services are offered when a child is seen in a hospital or medical clinic.

The investigation and substantiation processes utilize certain assessment protocols, investigative requirements and procedures, and methodologies to confirm the actions taken or rationale for the exclusions. There is evidence suggesting that race plays a role at the investigation decision point. As reported by Hill, Sedlak and Shultz's 2001 reanalysis of NIH-3 data found "higher rates of investigations for African Americans than Caucasians: (a) among children who were emotionally maltreated or physically neglected; (b) among children who suffered serious or fatal injuries; (c) when reports came from mental health or social service professionals; and (d) when the parents were substance abusers."[20]

[15] Jonson-Reid and Barth 2000.

[16] Hill 2001: 3.

[17] Building Blocks for Youth n.d.

[18] Hill 2001: 8.

[19] Stoltzfus 2002: 9.

[20] Hill 2001: 5.

Also, even though data from the National Incidence Studies (NIS) of Child Abuse and Neglect have consistently indicated that there is no significant racial difference in the overall incidence of abuse and neglect between minority and white children, the data do indicate disparities in investigations of child abuse and neglect:

- African American children who were emotionally maltreated or physically neglected were much more likely to be investigated than white children similarly maltreated.
- African American children who suffered fatal or serious injury were much more likely to receive CPS [Child Protective Services] investigation than white children with comparable severe injuries.
- African American children whose maltreatment was recognized by mental health or social service professionals were more likely to be investigated than comparable white children.
- African American children whose perpetrator was involved with alcohol or drugs were much more likely to receive CPS investigation.[21]

The final decision point includes the way in which services are provided to families—e.g., out-of-home care, support services, mentoring, and other less disruptive services that focus on prevention and community involvement—as well as reunification. It is at this point in the process that the decision is made regarding removal of a child from the family and placement of the child in out-of-home care (usually foster care, a group home, or institutional care). At this decision point, it is critical to understand cultural differences, best permanency options, and the potential value of fully utilizing the extended family, as well as other treatment options that may have a significant impact on these children's lives.

A 2005 report on the findings of a survey conducted by GMMB for the Casey Alliance for Racial Equality[22] highlights key points about the problematic aspects of current practices regarding the removal of children from their homes.[23] The survey was conducted among selected staff of the Alliance to help identify focal points for work on disproportionality and disparities in treatment of minority children. The following responses represent areas of concern with respect to the child welfare system.

- Interventions do not always respond to real threats and assumptions are often made too quickly in the removal of children from their homes.
- There is not enough consideration from the beginning about how to help families stay together, and how to ensure that the children do not languish in care unnecessarily.
- The goal of the child welfare system should be to remove fewer children and provide more families with support services.
- It is not a question about whether or not kids should be removed, because safety always comes first, but rather a question of when and how they are removed. However, families need to be supported and strengthened and children should be returned to their homes as soon as possible.
- There is an unwillingness to place children with extended family and neighbors and keep them connected with their communities and cultures.
- Intake workers do not always make good choices. They are more likely to remove kids, and less likely to see hope, because they deal with the results of extreme poverty, such as the maltreatment or neglect of children due to the lack of access to support services. In addition, caseworkers are often afraid to make mistakes because of high profile cases where children were seriously harmed or killed in their homes.[24]

Disparate Treatment and Care in the Health and Mental Health Systems

Numerous studies indicate that racial disparities exist in the health and mental health systems. The 2005 National Healthcare Disparities Report found that disparities related to race, ethnicity, and socioeconomic status continue to plague the healthcare system.[25] Disparities appear in preventive care, treatment of acute conditions, management of chronic conditions, patient safety, and timeliness. According to the report, "studies have documented that poor and racial and ethnic minority children with chronic conditions may experience lower quality care.

[21] Sedlak and Schultz 2005: 114-115.

[22] The Casey Alliance for Racial Equality consists of the following organizations: The Annie E. Casey Foundation, the Marguerite Casey Foundation, the Casey Family Foundation, the Casey Family Services, the Jim Casey Employment Initiative, and the Center for the Study of Social Policy.

[23] The survey interviewed CEOs, communication directors, and senior staff of the participating foundations, as well as the leaders of the Alliance workgroups.

[24] GMMB 2005: 9-10.

[25] Agency for Healthcare Research and Quality 2006.

Children with chronic conditions are reported by their parents to be less likely than other children to receive the full range of needed health services. Among children with special healthcare needs, minorities are more likely than white children to be without health insurance coverage or a usual source of care."[26]

A 2002 report by Smedley, Stith, and Nelson, entitled *Unequal Treatment: What Healthcare Providers Need to Know about Racial and Ethnic Disparities in Health Care*, also indicates that "minorities are less likely than whites to receive needed services, including clinically necessary procedures. These disparities exist in a number of disease areas, including cancer, cardiovascular disease, HIV/AIDS, diabetes, and mental illness, and are found across a range of procedures including routine treatments for common health problems."[27] These research findings suggest that families must overcome significant obstacles in their struggle to acquire appropriate health services for their children—both before and after they come into contact with any of the other systems of care. The inability of these families to get quality community-based health services leads to more serious complications, which often result in the removal of the children from their families.

Some research suggests that one obstacle that these families face may come in the form of providers' perceptions of and attitudes toward patients. In a study based on clinical encounters, van Ryn and Burke found that "doctors rated black patients as less intelligent, less educated, more likely to abuse drugs and alcohol, more likely to fail to comply with medical advice, more likely to lack social support, and less likely to participate in cardiac rehabilitation than white patients, even after patients' income, education and personality characteristics were taken into account."[28] These results suggest that providers' perceptions of and attitudes toward patients may be influenced by the race or ethnicity of the patient.

Hill's synthesis of research findings indicates a similar pattern of racial disparities in mental health treatment. Hill reports that mental health institutions play a significant role in the increasing number of children of color entering the child welfare system. He found that African American youth are more likely than Caucasian youth to be prescribed psychiatric medications (such as Ritalin) in order to control their "aggressive" behavior.[29] More needs to be done to ensure that mental health professionals become more sensitive to and knowledgeable about the service needs of the various minority groups. This includes increased cultural awareness and increased numbers of minority professionals in the mental health field.

[26] Agency for Healthcare Research and Quality 2006: 173.

[27] Smedley, Stith, and Nelson 2003: 2.

[28] Smedley, Stith, and Nelson 2003: 4.

[29] Hill 2002: 3.

Family and Community Involvement in Strategies to Help Children Pursue Life Options

Child welfare experience has shown that children are most negatively affected when they are routinely disrupted from living arrangements with their parents or other family. Stability in children's living arrangements needs to be given the highest level of attention in each of the systems of care. To that end, successful interventions need to focus on prevention, with an emphasis on family and community involvement. In health care, for example, families must be encouraged to develop trust in their healthcare providers so that information critical to a child's health is shared with the provider. Such trust and communication enables a treatment environment that is less subject to bias, stereotyping, and prejudice.

Families and communities also must be included in efforts to address behaviors that lead to a child's introduction to the juvenile justice and child welfare systems. According to the Surgeon General's report on youth violence, "early childhood programs that target at-risk children and families are critical for preventing the onset of a chronic violent career."[30] The report also points out that most aggressive children do not become serious violent offenders and that "serious violence is a part of a lifestyle that includes drugs, guns, precocious sex, and other risky behaviors."[31] Therefore, focal areas for successful prevention strategies must include risky behaviors and lifestyle changes that occur during adolescence. Through such strategies, the need to remove children from their homes due to delinquent behavior may be avoided in more cases.

In the child welfare system, a greater emphasis must be placed on family supports and strategies that draw on the strengths of a child's community. This focus on family and community applies to all decision points in the child welfare system. Such a focus will help to generate policies and practices that address current racial disparities in child welfare. Promising practices from selected states, discussed in the following section, provide examples of how to effectively reduce (and perhaps ultimately eliminate) racial disparities in child welfare, as well as in the other systems of care, and help ensure that children of color can pursue positive life options.

[30] U.S. Department of Health and Human Services 2001:10.

[31] U.S. Department of Health and Human Services 2001: 9-10.

PROMISING PRACTICES FROM SELECTED STATES

Addressing the issues that are associated with overrepresentation of minority children in the child welfare system and other systems of care continues to present a significant policy challenge. Still, examples of emerging promising practices offer a starting point for changing the negative outcomes for children of color. For nine selected states and the District of Columbia, this report provides statistical data and a brief description of promising practices that are being implemented to address the issue of overrepresentation of minority children in these systems. Information provided in the profile of each jurisdiction was drawn from the following sources: Kids Count State-Level Data Online,[32] Building Blocks for Youth DMC Fact Sheets,[33] Child Welfare League of America Fact Sheets,[34] and *Background Data on Child Welfare*, a Congressional Research Service report by Emilie Stoltzfus.[35]

California Promising Practices

• *Child Welfare Services Redesign*

CWS Redesign marks a comprehensive shift in California's child welfare services, using a strength-based approach to support families while allowing children to remain with their families and in their communities.[36] It links agency services to community-based resources in order to reduce out-of-home placement and uses more self-directed solutions involving family and community. Specifically, the new approach includes the following elements: a greater focus on prevention and strengthening families; a new intake process, with customized services; greater stability through quicker placement in permanent housing arrangements; engagement of extended family; supported transitions for children aging out of foster care; and standardized approaches to address the overrepresentation of African American and Native American children in the system.

• *Differential Response*

Differential Response is a practice methodology used to engage families and agency teams (child welfare workers and community partners) in the assessment of family strengths and needs.[37] The goal is to ensure that families receive services and supports to address problems early, thereby preventing future referrals to the child welfare agency. The methodology assumes that most families benefit when engaged in change-oriented services, as opposed to being approached in an adversarial investigatory manner. Differential Response best practices emphasize cultural responsiveness, accessibility and availability, the treatment of families as partners, and services that work toward family empowerment through self-help.

• *The California Family to Family (F2F) Initiative*

The Annie E. Casey Foundation developed this reform initiative in 1992 in order to address problems in the child welfare system.[38] It introduced the concept of a neighborhood-based, culturally sensitive foster home resource system to reduce the need for children to be placed in institutions or be removed from their communities. F2F is a successful model that is being used in California's foster care system to decrease the number of

California Profile	
Child Welfare*	
• Child population under 18 years (2000)	9,249,829
• Child maltreatment victims (2000)	129,678
• Foster care caseload (2000)	112,807
• Median length of stay in foster care (2000)	26.6 months
Juvenile Justice*	
• California has an estimated minority population of 59%.	
• African American youth are 4.4 times as likely and Hispanic and Asian youth are 3.8 times as likely to be sentenced to California Youth Authority confinement as are white youth.	
Socioeconomic**	
• Poverty rate, children under 18 (2003)	19.0%
• Poverty rate, children 5-17 (2003)	18.0%
• Poverty rate, children 0-4 (2003)	20.3%
• Children in single-parent households (2003)	29.0%
• Children living in families in which no parent has full-time, year-round employment (2003)	35.0%
Education**	
• High school dropout rate (2003)	7.0%
Health and Mental Health**	
• In 2001, 3,217,075 children (under 19) were enrolled in Medicaid.	
• In 2003, 955,152 children were enrolled in California's State Health Insurance Program.	
• In 2003, 13% of children under 17 had no health insurance.	
** Congressional Research Report (2002) and Building Blocks for Youth (2000).*	
*** Child Welfare League of America Fact Sheets (2005) and Kids Count Data (2003).*	

[32] See http://www.aecf.org/kidscount/sld/profile_results.jsp?r=6&d=1.

[33] See http://www.buildingblocksforyouth.org/statebystate/cadmc.html.

[34] See http://www.cwla.org.

[35] Stoltzfus 2002.

[36] See http://www.cwsredesign.ca.gov/.

[37] See http://www.dss.cahwnet.gov/cdssweb/Res/pdf/DrOverview.pdf.

[38] See http://www.aecf.org/initiatives/familytofamily/.

children coming into the agency, increase the quality and number of foster homes, and reduce the lengths of stay of children in the system.[39]

• Circles of Support

Circles of Support is a practice methodology[40] currently used in San Francisco, California, that engages significant people in a child's life who are willing to participate in a formal way to support the child/family in crisis. The circles create a formal mechanism that ensures communication among the extended family members and holds them accountable to each other. This practice is being used in other child welfare systems; the circles of support are tailored to meet the needs of the community in which this practice is being used.

• Casa de San Bernardino's Westside Prevention Project - Low Rider Bike Club (San Bernardino, California)

The prevention project is a 20-week drug and youth violence prevention program funded by the county. As described by Goode and colleagues, the program "provides on-site counseling sessions to youth at high risk. In exchange for weekly counseling sessions youth are given free low rider bike parts. Youth activities are designed to build trust with leaders and activities are developed to enhance cross-cultural and ethnic interests. Community members serve as cultural guides and brokers representing the community's interest on behalf of the children."[41]

District of Columbia Promising Practices

• Family Team Meetings (FTM)

FTM is a practice methodology used by the District of Columbia Child and Family Services Agency.[42] Using a community representative as the coordinator, Family Team Meetings bring together the child, his/her family, and other interested family members and community representatives to develop a plan for ensuring the child's safety and, whenever possible, keeping the child with the family. Court intervention can be delayed for up to 72 hours in some situations to allow the meeting to take place and, if successful, to avoid court involvement. Community resources are used whenever possible to support the family.

District of Columbia Profile	
Child Welfare*	
• Child population under 18 years (2000)	114,992
• Child maltreatment victims (2000)	2,911
• Foster care caseload (2000)	3,054
• Median length of stay in foster care (2000)	27.4 months
Juvenile Justice*	
• From 1990 to 1999, the District of Columbia closed two locked facilities for youth.	
• The average daily population of detained youth dropped from 411 to 124, a 70% decline.	
• As the locked detention rate decreased sharply, youth crime did not increase; in fact, it decreased significantly.	
Socioeconomic**	
• Poverty rate, children under 18 (2003)	36.0%
• Poverty rate, children 5-17 (2003)	35.3%
• Poverty rate, children 0-4 (2003)	35.0%
• Children in single-parent households (2003)	62.0%
• Children living in families in which no parent has full-time, year-round employment (2003)	52.0%
Education**	
• High school dropout rate (2003)	6.0%
Health and Mental Health**	
• In 2001, 73,503 children (under 19) were enrolled in Medicaid.	
• In 2003, 5,875 children were enrolled in the District's Health Insurance Program.	
** Congressional Research Report (2002) and Building Blocks for Youth (2000).*	
*** Child Welfare League of America Fact Sheets (2005) and Kids Count Data (2003).*	

• Healthy Families/Thriving Community Collaboratives

These collaboratives are made up of neighborhood-based community service organizations that provide child welfare and other supportive services to children and families in Washington, DC.[43] The collaboratives provide intensive services to at-risk families; facilitate linkage to families when children are in out-of-home care; and provide aftercare support when children have been returned home, emancipated, or placed with kin or in guardianship or adoption relationships. They are located in seven neighborhoods throughout the District of Columbia.

[39] See http://www.f2f.ca.gov/.

[40] For more information, contact the San Francisco Department of Human Services.

[41] Goode, Sockalingham, and Snyder 2004: 19.

[42] Information was obtained from Andrea Guy (Deputy Director, Child and Family Services), interview by the author, March 7, 2006.

[43] See http://www.cfsa.dc.gov/cfsa/cwp/view,a,3q,519893,cfsaNav,31321.asp.

Florida Profile	
Child Welfare*	
• Child population under 18 years (2000)	3,646,340
• Child maltreatment victims (2000)	95,849
• Foster care caseload (2000)	35,656
• Median length of stay in foster care (2000)	14.5 months
Juvenile Justice*	
• Florida has an estimated African American youth population of 40%.	
• State-wide, African American youth are more likely to receive judicial handling and be committed and transferred to adult court than they are to receive other dispositions.	
• African Americans constitute 48% of commitments.	
• African Americans constitute 56% of the referrals transferred to adult court.	
Socioeconomic**	
• Poverty rate, children under 18 (2003)	19.0%
• Poverty rate, children 5-17 (2003)	17.7%
• Poverty rate, children 0-4 (2003)	21.2%
• Children in single-parent households (2003)	36.0%
• Children living in families in which no parent has full-time, year-round employment (2003)	33.0%
Education**	
• High school dropout rate (2003)	8.0%
Health and Mental Health**	
• In 2001, 1,203,814 children (under 19) were enrolled in Medicaid.	
• In 2003, 443,177 children were enrolled in Florida's State Health Insurance Program.	
• In 2003, 15% of children under 17 had no health insurance.	
** Congressional Research Report (2002) and Building Blocks for Youth (2000).*	
*** Child Welfare League of America Fact Sheets (2005) and Kids Count Data (2003).*	

Florida Promising Practices

• *Project CRAFT (Community Restitution Apprenticeship Focused Training)*

The Home Builders Institute (HBI), the workforce development arm of the National Association of Home Builders (NAHB), created Project CRAFT in order to "improve educational levels, teach vocational skills, and reduce recidivism among adjudicated youth, while addressing the home building industry's need for entry-level workers."[44] Youth engage in a 21-week pre-apprenticeship, receiving training in residential construction trades, and are provided with job placement and follow-up services.[45] As described by a 2004 National Mental Health Association report, key components of Project CRAFT include "partnership building and linkages; comprehensive service delivery; community training projects; industry-driven responsive training; motivation, esteem-building, and leadership skills development; and job placement."[46]

• *Family Team Conferencing (FTC)*

FTC is a practice methodology that evolved from the work of the Community Partnership for Child Protection project in Jacksonville, Florida.[47] It brings together individuals whom the families trust, along with professional helpers and others. All participants work together to find appropriate solutions to strengthen the family and provide a protection and care plan for children.

Georgia Promising Practices

• *Structured Risk Assessment System (Actuarial Risks Assessment)*[48]

This structured assessment process, operating in 159 counties in Georgia, utilizes objective factors, such as income levels, family size, and number of caretakers in the home, to determine the level of risk to a child. Application of this process provides a less subjective approach for determining the level of risk to a child in his/her home. A study by the Children's Research Center of the application of this process in Florida and other states has shown that African American children are at no greater risk of harm than are white children.[49]

• *Metro Atlanta Youth Opportunities Initiative* [50]

This initiative is a collaboration among education, employment, healthcare, and housing agencies that helps youth ages 14-23 in Fulton, Dekalb, and Clayton Counties to successfully transition from foster care to independent living. With a youth board to ensure that the vision of the project is maintained and that youth are involved in the implementation of the work, the program helps youth to learn how to handle money, build up financial resources, and obtain health care and career development prospects. It has three components: an Individual Development Account in which youth receive a matching dollar for every dollar they save (up to $1000 a year); a debit account that they establish to learn how to manage their money and avoid check-cashing fees; and the Door Openers, which provide access

[44] See http://www.hbi.org/Programs/CraftSkills/fact_projectcraft.pdf.

[45] National Mental Health Association 2004: 15.

[46] National Mental Health Association 2004: 15.

[47] Batterson, Bayless, Bird, et al. 1999.

[48] Children's Research Center 1999.

[49] See Children's Research Center 1999.

[50] See http://www.atlcf.org/GrantsScholarships/Grants/MAYOI.aspx.

Georgia Profile	
Child Welfare*	
• Child population under 18 years (2000)	2,169,234
• Child maltreatment victims (2000)	30,806
• Foster care caseload (2000)	11,204
• Median length of stay in foster care (2000)	15.2 months
Juvenile Justice*	
• Georgia estimated ethnic minority youth population	35.0%
• Minority youth juvenile arrest	58.0%
• Minority youth commitments	65.0%
• Minority youth transfers to adult courts for serious offenses	75.0%
• African American youth committed to the Department of Juvenile Justice	65.0%
Socioeconomic**	
• Poverty rate, children under 18 (2003)	19.0%
• Poverty rate, children 5-17 (2003)	17.3%
• Poverty rate, children 0-4 (2003)	21.0%
• Children in single-parent households (2003)	33.0%
• Children living in families in which no parent has full-time, year-round employment (2003)	31.0%
Education**	
• High school dropout rate (2003)	11.0%
Health and Mental Health**	
• In 2001, 736,961 children (under 19) were enrolled in Medicaid.	
• In 2003, 251,711 children were enrolled in Georgia's State Health Insurance Program.	
• In 2003, 13% of children under 17 had no health insurance.	
** Congressional Research Report (2002) and Building Blocks for Youth (2000).*	
*** Child Welfare League of America Fact Sheets (2005) and Kids Count Data (2003).*	

Illinois Profile	
Child Welfare*	
• Child population under 18 years (2000)	3,245,451
• Child maltreatment victims (2000)	31,446
• Foster care caseload (2000)	33,125
• Median length of stay in foster care (2000)	40.0 months
Juvenile Justice*	
• Illinois has an estimated minority youth population of 36%.	
• African American youth were overrepresented among admissions to the Illinois Department of Corrections in 22 of the 23 counties where they accounted for less than 3% of the population.	
Socioeconomic**	
• Poverty rate, children under 18 (2003)	15.8%
• Poverty rate, children 5-17 (2003)	14.9%
• Poverty rate, children 0-4 (2003)	16.4%
• Children in single-parent households (2003)	29.0%
• Children living in families in which no parent has full-time, year-round employment (2003)	32.0%
Education**	
• High school dropout rate (2003)	8.0%
• 73% of African Americans have a high school diploma, compared with 81% of the general population.	
Health and Mental Health**	
• In 2001, 909,694 children (under 19) were enrolled in Medicaid.	
• In 2002, 126,855 children were enrolled in Illinois' State Health Insurance Program.	
• In 2003, 11% of children under 17 had no health insurance.	
** Congressional Research Report (2002) and Building Blocks for Youth (2000).*	
*** Child Welfare League of America Fact Sheets (2005) and Kids Count Data (2003).*	

to special services such as counseling and assistance in getting medical care or a job. These three components serve to assist them in making a successful transition to adulthood.

• *Georgia Child Welfare Education Consortium*

The Georgia Child Welfare Education Consortium is a partnership between the Department of Human Resources and ten schools of social work to develop a curriculum for training and preparing caseworkers and supervisors. Social workers who obtain their master's in social work and go through the training are assured of permanent employment within the Department. The dual purpose of the program is to address the issue of a shortage of staff and to support capacity building and leadership development within the social service agencies.

• *Georgia Diversion Program*

The Georgia Diversion Program is a management system that employs traditional and nontraditional strategies to address increases in the number of reports of child abuse and neglect. A key change in the system is the utilization of a panel made up of the managers of the twelve largest jurisdictions to shape new practices and procedures based upon the analysis of data retrieved each month. The panel meets every month to formulate new strategies, where appropriate, to guide and improve practice, with a holistic focus on family and community.

Illinois Promising Practices

• *The Illinois African-American Family Commission*

The Illinois African-American Family Commission, codified into law by the Illinois legislature in 1994, is an organization that is positioned to influence and help shape laws that can help

Maryland Profile	
Child Welfare*	
• Child population under 18 years (2000)	1,356,172
• Child maltreatment victims (2000)	16,500
• Foster care caseload (2000)	13,113
• Median length of stay in foster care (2000)	33.6 months
Juvenile Justice*	
• Minority youth cases filed in Baltimore City (October 2000)	92%
• 97% of all youth who were detained pretrial were held in adult jails.	
• African American youth (20%) were more likely than white youth (14%) to receive a sentence of incarceration (as opposed to split sentence or probation).	
Socioeconomic**	
• Poverty rate, children under 18 (2003)	10.4%
• Poverty rate, children 5-17 (2003)	9.3%
• Poverty rate, children 0-4 (2003)	11.2%
• Children in single-parent households (2003)	27.0%
• Children living in families in which no parent has full-time, year-round employment (2003)	32.0%
Education**	
• High school dropout rate (2003)	6.0%
• In the school year 2003-2004, 55% of the entering kindergarten students were evaluated by their teachers as "fully" ready for kindergarten, a three percent increase over the previous year. Children from minority groups, those with limited proficiency, and children with disabilities were making progress, although they still lagged behind (School Readiness Information – 2003-2004, Maryland State Department of Education).	
Health and Mental Health**	
• In 2001, 389,086 children (under 19) were enrolled in Medicaid.	
• In 2003, 130,161 children were enrolled in Maryland's State Health Insurance Program.	
• In 2003, 9% of children under 17 had no health insurance.	
**** Congressional Research Report (2002) and Building Blocks for Youth (2000).***	
***** Child Welfare League of America Fact Sheets (2005) and Kids Count Data (2003).***	

to reduce overrepresentation of minority children in the child welfare system. In July 2003, the Commission co-hosted the "Children and Family Forum" with the Jane Addams College of Social Work and the Children and Family Research Center of the School of Social Work at the University of Illinois at Champaign-Urbana.[51] Research findings presented at the forum indicated that black children are four to five times more likely than white children to live with a relative and have a higher rate of kinship care than any other racial or ethnic group, particularly among the lowest income groups. Robert Hill, one of the forum presenters, indicated that his research supported the adoption of subsidized guardianship as a new permanency option. The research findings of Dorothy Roberts, another forum presenter, supported the implementation of improved reunification strategies, such as increasing family preservation programs and adding incentives for reunification.

The Commission also conducted a pilot study in 26 high schools to examine the dropout problem in Chicago schools and to determine whether a relationship existed between family background and dropout rates among children.[52] The results showed a correlation between the rate of dropouts and the racial composition of the schools (low dropout rates in schools in white communities and high rates in schools in black communities). This information has been used to stimulate work with the schools to improve school and child outcomes.

- ***The Diligent Search Center***

A nonprofit children's advocacy program under the direction of Illinois Action for Children, the Diligent Search Center is an organization that helps locate missing parents or relatives of children who are awaiting adoption. Illinois Action for Children is a nonprofit organization founded in 1977 to serve as an advocate for children who are dependent on public programs for their well-being. The Diligent Search Center now averages about ten locations of missing parents and relatives per week, thereby allowing those cases to be quickly processed through the system. It is especially useful for locating absent parents, who represent a major impediment in the adoption process, to obtain their consent regarding the adoption of their child.

Maryland Promising Practices

- ***Community-Based Customer Centered Service*** [53]

This Baltimore City Department of Social Service (BCDSS) model is a collaboration between the agency and other public, private, and community service providers to create a team approach for providing one-stop service delivery for families and children. The first site at which this model will be used is located in the southeast section of the city. The collaboration identifies community partners and staff is assigned to work in the community to deliver a range of financial and social services to help keep families together. The service system utilizes a cross-agency management approach to ensure that each participating agency supports the service goals, expectations, and needs of the families. Families are encouraged to lead the

[51] For an overview of the forum, see the African-American Family Commission's *Annual Report 2003-2004*: 8, http://www.aafc.org/Annual_Reports/04_Annual_Report.pdf.

[52] See the African-American Family Commission's *Annual Report 2003-2004*: 9.

[53] Information was obtained from Samuel Chambers (Director of the Baltimore City Department of Social Services), interview by the author, March 5, 2006.

process of developing the service plan and to actively participate in decision making regarding the service plan goals. Community participants are asked not only to take an active part in the planning, but also to assist in the development and expansion of resources to meet the needs of families and prevent the removal of children from their families and communities.

- ***Baltimore City Family to Family (F2F)***

Similar to California's F2F program, the Baltimore City Department of Social Services Family to Family Initiative is based on the reform initiative developed by the Annie E. Casey Foundation.[54] It utilizes the practice of Team Decision Meetings to engage the child, family, and other interested parties in conducting an assessment of the conditions. While ensuring the safety of the child, the focus is on keeping the child with his/her family and in his/her community. Baltimore F2F also engages community stakeholders and partners in a process to increase the number of foster homes.

Minnesota Promising Practices

- ***The Ramsey County Community Human Services Department***

This agency put into place a set of tools and protocols for use by the child protection staff that includes a guide for social workers, a handbook for supervisors, and a Family-Centered Assessment Guidebook.[55] These practice tools are used to ensure that 1) all social workers are given appropriate instructions and supervision; and 2) they are exposed to information that enhances their cultural awareness and competence. As new procedures are developed to correct problems in the system, these tools are revised as needed to ensure that changes are institutionalized.

– The Social Worker's Guide includes practice principles that provide the value base for social work, with a description of how they are to be implemented. Every social worker is required to look at how their biases and personal values may get in the way of effectively serving families.

– The Supervisor's Handbook is designed to ensure that organizational infrastructure and community relationships support a strength-based approach. Staff training and mentoring are important elements of supervision.

Minnesota Profile	
Child Welfare*	
• Child population under 18 years (2000)	1,286,894
• Child maltreatment victims (2000)	11,824
• Foster care caseload (2000)	8,530
• Median length of stay in foster care (2000)	12.2 months
Juvenile Justice*	
• Minnesota has an estimated minority youth population of 12%.	
Socioeconomic**	
• Poverty rate, children under 18 (2003)	9.4%
• Poverty rate, children 5-17 (2003)	7.7%
• Poverty rate, children 0-4 (2003)	12.6%
• Children in single-parent households (2003)	23.0%
• Children living in families in which no parent has full-time, year-round employment (2003)	26.0%
Education**	
• High school dropout rate (2003)	7.0%
Health and Mental Health**	
• In 2001, 253,749 children (under 19) were enrolled in Medicaid.	
• In 2004, 4,784 children were enrolled in Minnesota's State Health Insurance Program, which was a 9.6% increase over 2003 enrollment (4,366 children).	
• In 2003, 6% of children under 17 had no health insurance.	
** Congressional Research Report (2002) and Building Blocks for Youth (2000).*	
*** Child Welfare League of America Fact Sheets (2005) and Kids Count Data (2003).*	

– The Family-Centered Assessment Guidebook requires that the entire family be the focus of attention and that an array of informal and formal services and supports be available to meet the needs of families.

- ***Cultural Consultants***

This management protocol uses individuals who represent different racial and ethnic communities—African American, American Indian, Hmong, Latino, and Caucasian—to provide information, advice, and technical assistance pertinent to the history or culture of their people in the formulation of policies, procedures, and practices for use in the child welfare program in Ramsey County.[56] It was put into place to support the building of a strong and trusting partnership between the Ramsey County Community Human Services Department and representatives of minority communities to ensure that their views and perspectives would be considered in the development of new initiatives, policies, and procedures.

[54] According to Samuel Chambers, Director of the Baltimore City Department of Social Services, while the F2F program is modeled after the Annie E. Casey initiative, the city has made changes to meet the unique needs of the families in Baltimore.

[55] Contact the Ramsey County Community Human Services Department for further information on these resource tools.

[56] Contact the Ramsey County Community Human Services Department for further information about the utilization of Cultural Consultants.

New Mexico Profile	
Child Welfare*	
• Child population under 18 years (2003)	502,034
• Child maltreatment victims (2003)	6,288
• Foster care caseload (2003)	1,912
• Median length of stay in foster care (2003)	17.5 months
Juvenile Justice*	
• New Mexico has an estimated minority youth population of 62%.	
Socioeconomic**	
• Poverty rate, children under 18 (2003)	25.6%
• Poverty rate, children 5-17 (2003)	23.3%
• Poverty rate, children 0-4 (2003)	30.1%
• Children in single-parent households (2003)	36.0%
• Children living in families in which no parent has full-time, year-round employment (2003)	39.0%
Education**	
• High school dropout rate (2003)	10.0%
Health and Mental Health**	
• In 2001, 252,555 children (under 19) were enrolled in Medicaid.	
• In 2003, 18,841 children were enrolled in New Mexico's State Health Insurance Program.	
• In 2003, 14% of children under 17 had no health insurance.	
** Congressional Research Report (2002) and Building Blocks for Youth (2000).*	
*** Child Welfare League of America Fact Sheets (2005) and Kids Count Data (2003).*	

New Mexico Promising Practices

- ***Functional Family Therapy (FFT)***

FFT is "an outcome-driven, prevention/intervention program for youth who have demonstrated maladaptive, acting out behaviors and related symptoms."[57] The program targets youth ages 11-18 who are at risk for delinquency, violence, substance use, Conduct Disorder, Opposition Defiant Disorder, or Disruptive Behavior Disorder. The methodology of this program includes flexible delivery of service by one- and two-person teams into client homes, clinics, juvenile court, or after youth return from institutional placement. The program requires between 8-12 to 26 hours of direct service time and employs a wide range of interventionists, including paraprofessionals under supervision, trained probation officers, mental health technicians, and other practitioners. FFT is used in four of the other jurisdictions discussed in this paper—Florida, Illinois, Minnesota, and New York.

New York Profile	
Child Welfare*	
• Child population under 18 years (2000)	4,532,748
• Child maltreatment victims (2000)	74,065
• Foster care caseload (2000)	47,208
• Median length of stay in foster care (2000)	29.8 months
Juvenile Justice*	
• New York has an estimated minority youth population of 41%.	
• In a national study, New York's three largest counties (the Bronx, Queens, and New York) each filed 94% or more cases in adult courts involving minority youth.	
Socioeconomic**	
• Poverty rate, children under 18 (2003)	19.4%
• Poverty rate, children 5-17 (2003)	18.5%
• Poverty rate, children 0-4 (2003)	20.7%
• Children in single-parent households (2003)	34.0%
• Children living in families in which no parent has full time, year-round employment (2003)	33.0%
Education**	
• High school dropout rate (2003)	7.0%
Health and Mental Health**	
• In 2001, 1,320,941 children (under 19) were enrolled in Medicaid.	
• In 2003, 795,111 children were enrolled in New York's State Health Insurance Program.	
• In 2003, 9% of children under 17 had no health insurance.	
** Congressional Research Report (2002) and Building Blocks for Youth (2000).*	
*** Child Welfare League of America Fact Sheets (2005) and Kids Count Data (2003).*	

New York Promising Practices

- ***Mental Health/Juvenile Justice Initiative***

This collaborative effort of the Orange County Department of Probation, the New York State Office of Mental Health, and New York youth advocate programs provides a coordinated service plan for mental health and intensive case management services that involves all service providers, the youth, and his/her family. The program serves youth on probation whose mental health or substance abuse needs are unmet (at the intake, supervision, and investigation stages of probation).[58]

[57] Center for the Study and Prevention of Violence n.d.

[58] National Mental Health Association 2004: 13.

Texas Profile	
Child Welfare*	
• Child population under 18 years (2000)	5,886,759
• Child maltreatment victims (2000)	45,800
• Foster care caseload (2000)	18,236
• Median length of stay in foster care (2000)	13.5 months
Juvenile Justice*	
• Texas has an estimated minority youth population of 53%.	
Socioeconomic**	
• Poverty rate, children under 18 (2003)	23.0%
• Poverty rate, children 5-17 (2003)	20.7%
• Poverty rate, children 0-4 (2003)	27.0%
• Children in single-parent households (2003)	28.0%
• Children living in families in which no parent has full-time, year-round employment (2003)	33.0%
Education**	
• High school dropout rate (2003)	9.0%
Health and Mental Health**	
• In 2001, 1,547,587 children (under 19) were enrolled in Medicaid.	
• In 2003, 726,428 children were enrolled in Texas' State Health Insurance Program.	
• In 2003, 21% of children under 17 had no health insurance.	
** Congressional Research Report (2002) and Building Blocks for Youth (2000).*	
*** Child Welfare League of America Fact Sheets (2005) and Kids Count Data (2003).*	

Texas Promising Practices

- ***The Texas First Time Offender Program (FTO)***

The Texas FTO program "provides mental health interventions for children and adolescents who are at risk of involvement with the juvenile justice system or who have committed a misdemeanor or delinquent act for the first time."[59] Available in 43 counties across Texas, the program provides screening and assessment services, psychiatric services, substance abuse counseling, case management, and linkage to community resources and family supports. Eligible children must have a DSM IV diagnosis and/or have the symptoms of a conduct disorder.

- ***Family Matters***

Family Matters is a home-based crisis intervention and stabilization service based in Tarrant County, Texas.[60] The program targets youth who are adjudicated and at high risk for further delinquency or removal from their home. Services include individual, group, and family counseling, as well as skills-based treatment.

- ***Project H.O.P.E. (Helping Our People Excel)***

Project H.O.P.E. is a collaborative effort between the Texas Department of Family and Protective Services, community organizations, faith-based institutions, and residents to help reduce the disproportionate number of minority children in foster care. The senior management staff of the Texas Department of Family and Protective Services has participated in "The Undoing Racism Training," conducted by the People's Institute for Survival and Beyond.[61] This training is the first step of a management initiative to help staff understand structural and institutional racism and how it affects their efforts to reduce disproportionality. The goal is to help staff become active change agents.

[59] National Mental Health Association 2004: 14.

[60] National Mental Health Association 2004: 14.

[61] See http://www.pisab.org/index.php?option=com_content&task=view&id=12&Itemid=44.

RECOMMENDATIONS FOR POLICY CHANGES

Community partnerships between agencies, communities, and families to develop neighborhood-based resources

The move toward creating neighborhood-based service delivery systems for child welfare, juvenile justice, health, mental health, and education has taken on greater momentum in the last ten years. Coordinated, comprehensive, community-based services focused on prevention and treatment have become the focal point for new and innovative initiatives designed to prevent the removal of children from their families and communities. Community partnerships begin with the premise that the government cannot be the sole source for child protection and that families represent the strongest resource for raising children when they are given the appropriate supports. The implementation of this approach requires policy changes regarding the delivery of services.

The child welfare system needs to shift from a predominant focus on child protection to a more family-centered focus that engages families in the process of determining how to best meet the needs of children. As stated in a 2005 report by the Center for Community Partnerships in Child Welfare:

> Agencies need to transform their cultures to support community-based approaches that are designed to help ensure child safety by establishing and enhancing connections to the neighborhoods where families live and by locating child protective service staff in the communities working with local service providers to support children and families. Neighborhood networks must be created that include agencies, faith-based institutions, and other community groups that offer services to address domestic violence, substance abuse, mental health, respite child care, and transportation services.[62]

Family-centered casework practice to engage families in the process of maintaining responsibility for rearing children

The practice methodology with a family-centered focus engages families in the process of determining how best to meet the needs of their children. A central practice change is allowing parents and families to contribute to the development of plans and strategies to support children and, whenever possible, to ensure that children remain with their families and in their communities. Family-centeredness focuses on a family's strengths and uses these resources to generate solutions. In areas in which this shift in focus is taking place, it is proving to be an effective tool for preventing the removal of children from their families, as well as fast-tracking the reunification process so that children can quickly return to their birth family or other relatives.

Innovative community-based services supporting joint ownership of services and practices to keep children with their families and in their communities

Research has shown that children who receive mental health treatment while in the juvenile justice system have lower recidivism rates than children who do not receive treatment (indeed, the rate can be as much as 25 percent lower).[63] The 2004 National Mental Health Association report recommends a "service continuum," which encompasses "individualized formal and informal services and supports that address the physical, emotional, social, and educational needs of children in the juvenile justice system."[64] The report notes that the effectiveness of these services is optimized when they are "planned and integrated at the local level with other child and family serving systems, such as schools, child welfare agencies, and community organizations."[65]

Culturally appropriate health and mental health treatment services that support families

Another critical area in need of policy change is the healthcare delivery system. A system is needed that equalizes minority children's access to the services available through the high-end healthcare plans. As indicated by the research of Smedley and colleagues, "Racial and ethnic minorities are more likely than whites to be enrolled in lower-end health plans, which are characterized by higher per capita resource constraints and stricter limits on covered services. The disproportionate presence of racial and ethnic minorities in lower-end health plans is a potential source of healthcare disparities. Socioeconomic fragmentation of health plans engenders different clinical cultures, with different practice norms, tied to varying per capita resource constraints."[66] In other words, the current structure of the health service system perpetuates the continuation of existing racial disparities in health and mental health treatment.

Subsidized guardianship established as a federally funded permanency option for children exiting the child welfare system into legal guardianship with relatives

Thirty-four states and the District of Columbia have established subsidized guardianship as a permanency option for children leaving foster care. Support for this policy at the federal level would provide much-needed funding to help states make this option financially workable. From a financial perspective, this

[62] The Center for Community Partnerships in Child Welfare 2005: 9.

[63] National Mental Health Association 2004: 1.

[64] National Mental Health Association 2004: 2.

[65] National Mental Health Association 2004: 2.

[66] Smedley, Stith, and Nelson 2003: 13.

does not necessarily translate into more funding but rather involves moving funds previously available for foster care to subsidized guardianship.

Subsidized guardianship provides a way to support relatives who are willing and capable caregivers for these children but who do not have sufficient financial resources to act as such. This service is especially useful for older youth in care who are placed with a relative and do not want to be considered for adoption. Currently, the programs that are operational differ in the financial assistance that they can give to caregivers; some do not have the funding to make this option available to all relatives who need it. In addition to standardizing this financial aid process, it is also important to ensure uniformity in the way that families are provided services, especially in the cases in which guardianship has been established. In some jurisdictions, no service is provided to the child or the guardian, while in others, the subsidized guardianship case is treated as though the child is in long-term foster care, which entails caseworker home visits and periodic visits to the juvenile court. Adequate funding for subsidized guardianship would ensure that a more equitable and fair process for offering this service eliminated these variations in financial support and supportive services among jurisdictions.

Transitional services for youth aging out of the systems of care to ensure successful social and economic development

The federal government must expand the financial capacity of states to help youth transitioning out of these systems to access more educational opportunities. Enabling more youth in these systems of care to attend college or receive vocational or technical training would enhance their job readiness and employment options. Equalizing access to higher quality healthcare plans for youth who are moving out of the systems of care provides another way to support pursuit of gainful employment. Ensuring such equal access requires de-fragmentation of healthcare plans, especially those serving low-income families. As recommended by Smedley and colleagues, "health systems should attempt to ensure that every patient, whether insured privately or publicly, has a sustained relationship with an attending physician who is able to help the patient effectively navigate the healthcare bureaucracy."[67]

CONCLUSION

In sum, if we are to properly understand and address current problems in the child welfare system and other systems of care, we need to return to the fact that the following racial disparities continue to plague these systems:

- African American children are overrepresented in the child welfare and juvenile justice systems and their presence in these systems has inhibited their ability to optimally fulfill their life options. Poverty, institutional racism, cultural insensitivity, and drug and alcohol abuse are some of the contributing factors leading to this overrepresentation.

- Children of color are more likely to be removed from their parents and placed in out-of-home care. They also are more likely to remain in care for longer periods of time and are often reunified with their families or adopted at lower rates than Caucasian children.

- Racial disparities in the treatment of children can be seen at each decision point in the child welfare system: reporting, investigation, assessment, and placement. In the juvenile justice system, similar disparities exist in rates of arrest, detention, prosecution, adjudication, and commitment to a secure facility.

- Children of color receive disparate treatment in the health, mental health, and education systems. Many are in less-than-optimum physical condition and have more limited social and mental capabilities to deal with life's challenges and problems. These deficiencies are often the result of a lack of access to appropriate health and educational resources during childhood. For example, school systems are placing too many minority children in the special education track for behavioral reasons, which results in these children having limited opportunity to obtain the basic educational skills needed to prepare them for life.

As we look at the outcomes for young African American men and other youth passing through and exiting the systems of care, we are confronted with the reality that their ability to achieve their life options, maintain good mental and physical health, complete their education, find gainful employment, and ultimately achieve a sense of fulfillment and satisfaction in their adult lives is being thwarted by the ineptitude of these systems

[67] Smedley, Stith, and Nelson 2003: 14.

in meeting their childhood needs. There is a ripple effect at work. For example, a stable family relationship that nurtures a child's physical and mental health is tied to a successful educational experience. Educational achievement contributes heavily to success in acquiring employment.

Many youth in this country have been unable to pursue positive life options because their childhood experiences, education, and training have not adequately prepared them. Many, through no fault of their own, find themselves caught up in the quandary of surviving in one of the government's systems of care. The child welfare system is not an appropriate substitute for a parent, yet more than 550,000 children are thrust into this position. By not responsibly addressing the needs of these children and youth, we are leaving them to grow up disconnected from their families and often without a support system on which they can rely. In the worst cases, which happen all too often, children are removed from their families, placed in foster care, and, after drifting for years, eventually graduate to the juvenile and criminal justice systems.

Children, especially children of color, are confronted with many obstacles as they pursue their life options. They have the right to expect services that will help ensure a stable living arrangement and mental health and health supports, if needed, so that they can achieve their full potential. Steps must be taken to reduce the number of minority children entering the systems of care, especially in cases in which the needs of the children can be more appropriately met if they remain in the care of their parents or other family members.

Most funding available through federal and state sources supports programs and services for children *after* they are removed from their families, rather than initiatives and methods that help to keep families together. High numbers of minority children continue to enter these systems and remain in out-of-home care for long periods of time. To change this trend, child welfare and juvenile justice agencies need to place more emphasis on including the family and community in the development of solutions. Differential Response, Family to Family, and Family-Centered Assessments that emphasize these relationships are being used successfully in Minnesota, Florida, Illinois, and California, as well as other states. New York and Texas are focusing on new mental health interventions for adolescents at risk of recidivism. These states also are developing apprenticeship and career development programs in juvenile justice that include more intensive counseling, especially for first-time offenders.

Across the board, such policy changes are needed to bring about long-term improvements. There is a growing trend toward community-based services, but greater flexibility in federal funding will be needed for child welfare agencies to make these policies a more viable option. Federal and state governments have a responsibility to provide leadership and increase financial support for the work currently undertaken to respond to the problems in the systems of care.

Immediate attention must be given to improving the outcomes for minority youth in the child welfare system by expanding their access to educational opportunities and training beyond high school. The Foster Care Independence Act of 1999, which created the Chafee Foster Care Independence Program,[68] is a step in the right direction. This legislation provided funding to states to develop independent living programs for youth up to age 21 who are currently or were formerly in foster care. It made available new resources that could be used to provide financial, housing, counseling, employment, educational, and other supportive services. However, we still need legislation that requires states to be innovative in developing programs that enhance services for youth transitioning out of the child welfare and juvenile justice systems.

The desired outcome for all children and youth who enter these systems is for them to reach adulthood in good physical and mental health and positioned to succeed in their social, intellectual, and professional endeavors. The role that communities play in supporting families and children needs to be nurtured and supported by all parties engaged in this struggle to better ensure that children can pursue their life options. Community partnerships among government agencies, community-based organizations, private agencies, and faith-based organizations present a real opportunity for establishing the kinds of support networks that are needed to sustain families and support children. Ultimately, we can reach the goal of creating a society in which communities accept their share of the responsibility to provide support and protection for all children, the government supports partnerships to enable as many children as possible to remain with their families and in their communities, and children are able to successfully pursue their life options.

[68] For information about the Chafee Foster Care Independence Program, see http://www.nrcys.ou.edu/nrcyd/programs/chafee.shtml.

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ABOUT THE JOINT CENTER HEALTH POLICY INSTITUTE

The mission of the Joint Center Health Policy Institute (HPI) is to ignite a "Fair Health" movement that gives people of color the inalienable right to equal opportunity for healthy lives. HPI's goal is to help communities of color identify short-and long-term policy objectives and related activities in key areas. The Joint Center for Political and Economic Studies is a national, nonprofit research and public policy institution. Founded in 1970 by black intellectuals and professionals to provide training and technical assistance to newly elected black officials, the Joint Center is recognized today as one of the nation's premier think tanks on a broad range of public policy issues of concern to African Americans and other communities of color.

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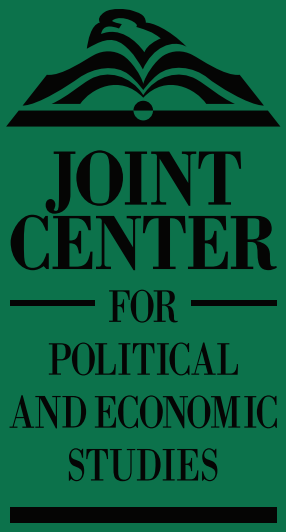

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