

Child Welfare Summit: Looking to the Future

*An Examination of the State
of Child Welfare and
Recommendations for Action*

Center
for the
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COMMUNITY PARTNERSHIPS
in Child Welfare

April 2003

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Introduction

The urgent need for reform in child welfare is documented monthly, weekly, and all too often, daily in headline news. A child in foster care is missing. An infant and his teen mother have no home, no health care and no prospects. Another child dies at the hands of a parent whose acts of abuse and neglect went unnoticed, or worse, ignored by those who might have helped. Millions of families are at risk for abusing or neglecting their children, and they need, but do not receive, support and attention. The fact that their needs are not being met is not for lack of caring; dedicated workers and administrators seek daily to protect and help vulnerable children and families. But child welfare systems are severely hampered by high turnover, poor training, low pay, unmanageable caseloads and inadequate resources.

The tragedies that have already occurred—and those that are waiting to happen—have heightened the need for deep and urgent scrutiny of how this nation protects children and promotes their healthy development. Many communities have already shown the way to keeping children and families safe and stable. It is time to put their experience into practice and policy to protect all vulnerable children and families.

Several concerned Members of Congress, spurred by their belief that the federal government shares responsibility for the well-being of these children and families, called for such an examination. In response to that call, the Center for the Study of Social Policy, through its Center for Community Partnerships in Child Welfare sponsored “A Child Welfare Summit: Looking to the Future.” The Summit was designed to examine major problems and challenges, highlight innovative and promising approaches that have been instituted in some states and communities, and propose recommendations for change at the federal level. Summit participants represented a broad spectrum of the field with experience in child welfare services as administrators, practitioners, parents, researchers, former foster youth, community advocates, judges and legislators.

In addition to the day’s dialogue, background papers were prepared and distributed, participants submitted proposals for consideration, and the Congressional Research Service provided a memorandum detailing

relevant law and an up-to-date statistical summary about child maltreatment and foster care.¹

The Summit combined different perspectives, varied experiences and strongly held views. While not every participant agreed with the specifics of each recommendation, a broad consensus emerged.

The child welfare crisis is not a new crisis, but a continuing one. Innovations have sprouted across the country and it is time to apply and provide resources for the promising results of some states, communities and families to create the conditions in every state and community that will enable all children to thrive, not just survive. The innovations that this report highlights have not yet reached all systems, and no system has yet applied every one of the promising approaches. Yet, taken together, the innovations demonstrate that the systems can be improved and that vulnerable children and families can achieve safety, stability and permanence in their lives.

Six consistent and critical themes emerged from the Summit deliberations:

- **Focus on outcomes**

Children’s safety, development and their opportunity to live in a stable family are the goals that must provide the framework for judging the performance of the child welfare system.

- **Establish shared accountability**

Responsibility for the welfare of vulnerable children and families is a joint enterprise, shared across the federal and state levels as well as across the public and private sectors.

- **Strengthen the workforce**

What happens to and for children in the child welfare system depends on the numbers, preparation and quality of the workforce.

- **Engage families in new ways**

Families are essential players in the planning and decision-making that affects them or their children. The participation of the family is a key to reaching successful outcomes.

- **Promote community partnerships**

Parents, civic organizations, faith-based groups, and public and private agencies, including those that provide services and supports for families and children (substance abuse, mental health and domestic violence services) must be key partners with child welfare agencies in achieving positive outcomes for children.

¹ *The Center for Community Partnerships in Child Welfare of the Center for the Study of Social Policy, Briefing Book prepared for the “Child Welfare Summit: Looking To the Future,” Washington, D.C. November 18, 2002.*

- **Reform federal financing**

Federal financing of the child welfare system must be redesigned to support and promote new directions for change, especially the successful strategies that are already achieving positive results for children across the country.

The innovations undertaken by states and communities across the nation can lead the way. The task of change is demanding, but change must happen. The nation can, and certainly must, do a better job of protecting children and supporting families. Priorities can be set and the Summit participants proposed several for consideration.

This report is designed to be a pathway for change, and it is organized into four major sections:

- Section I presents a brief overview of the children touched by the child welfare system, challenges for the system itself, and the emerging innovations that provide a basis for improving public child welfare nationwide.
- Section II offers a vision of an effective child protection and child welfare system, including the necessary critical attributes.
- Section III details priorities for action in five areas:
 - ▶ Prevention;
 - ▶ Workforce development;
 - ▶ Permanency options and adoptions;
 - ▶ Creating assets and supports for youth leaving foster care; and
 - ▶ Accountability.

These priorities include the need for both short- and long-term actions; some of which require administrative change only. Others can be addressed by legislative measures during the 108th Congress, such as reauthorization of:

- ▶ The Temporary Assistance for Needy Families Act (TANF);
- ▶ Head Start Act;
- ▶ The Child Abuse Prevention and Treatment Act (CAPTA);
- ▶ Individuals with Disabilities Education Act (IDEA) in 2003; and
- ▶ The Higher Education Act in 2004.

Other priorities for change may require more discussion and refinement among a broad group of stakeholders.

- Section IV addresses a set of principles for reforming public financing of child welfare systems to support the promising innovations described throughout the report.

Crisis in Child Welfare: Brief Overview

1

A. The Children

All children need to be safe, nurtured by a permanent family, and able to achieve the key elements of well-being, including learning and healthy development. Most children in the United States enjoy conditions that enable them to meet these goals, aided in large part by families and communities that can support and care for them. Millions of children are not so fortunate; they have been neglected or maltreated. The public hears about these children primarily at the point of tragedy—when a child has died or the state has lost track of children in its charge. What receives less attention is that many more children and their families need—and could be reached through care and support—before tragedy strikes.

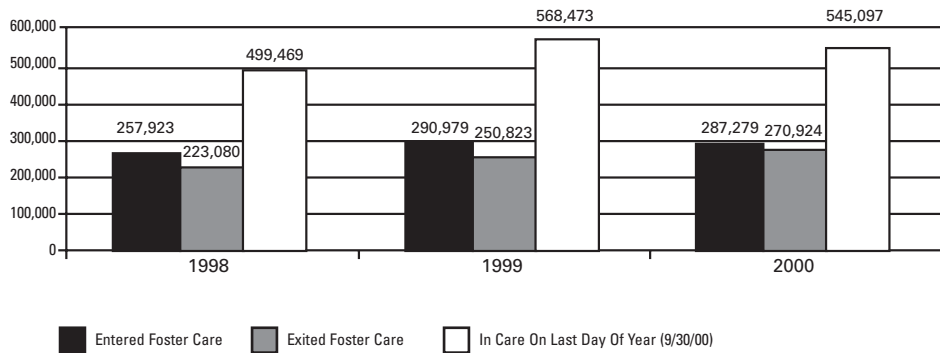
Year 2000 At A Glance

In 2000, according to the U.S. Department of Health and Human Services, an estimated 5 million children were reported to public agencies for alleged child maltreatment - some form of abuse or neglect. Approximately 1.8 million reports were investigated by child protection agencies, resulting in 879,000 substantiated cases of child maltreatment, principally neglect.² While this represents a consistent decline in the past decade in the numbers of children found to be maltreated, the number of remaining children whose healthy development is in jeopardy is startlingly high and unacceptable. What is more egregious is that nearly 8 percent of these children, on average, were re-abused within a six-month period; in some states the percentage of children who experienced an abuse recurrence was more than 13 percent.

On September 30, 2000, approximately 545,000 children were in foster care. In any year, tens of thousands of children enter foster care, while others leave to be reunited with their families, adopted or provided a permanent guardian, or because they “age out” of the system. For many years, children entering foster care have exceeded those that exit. FY 2000 was no exception; in that year, 287,000 children entered foster care and 271,000 children exited foster care. (See Figure 1, on page 10)

² This section is drawn largely from a memorandum prepared by the Congressional Research Service for the Child Welfare Summit. See Stoltzfus, Emilie, “Background Data on Child Welfare,” Congressional Research Service, November 13, 2002.

Figure 1: Foster Care Children in the United States — 1998-2000



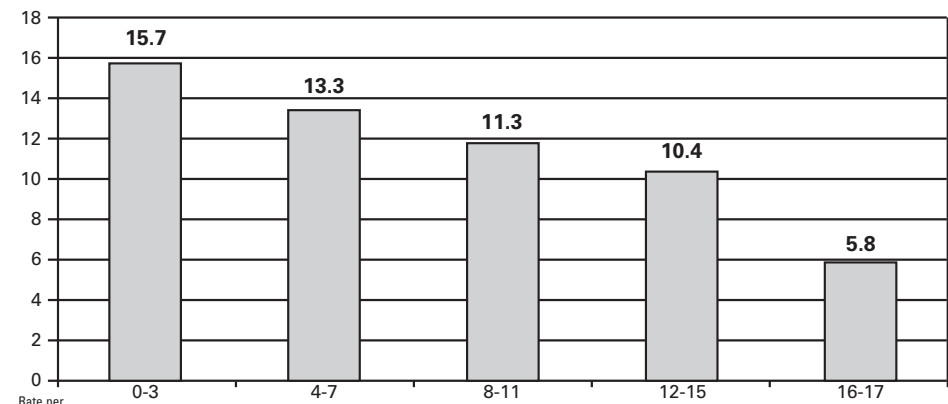
SOURCE: Adoption and Foster Care Analysis and Reporting System, U.S. Department of Health and Human Services.

What do we know about these children?

The highest rates of victimization—15.7 per thousand children—occur to children three years of age and younger. As children get older, the victimization rate gradually declines (see Figure 2). Maltreatment rates vary significantly from state to state. There is little difference in the rate of abuse of girls and boys, although girls are victimized sexually at a higher rate than boys.

The portrait of children in foster care differs in some respects. While the largest percentage of children entering foster care are infants, the average age of children in foster care in September 2000 was 10.4 years, reflecting longer stays for children who remain in care than for those who left care through reunification or adoption in that year. This compares with approximately 4 percent who were under age 1; 24 percent ages 1 through 5; 25 percent who were ages 6 through 10; 29 percent who were ages 11 through 15; and 16 percent who were 16 through 18 years old. Another 2 percent were 19 years old or older. Children entering care averaged 8.7

Figure 2: Substantiated Child Maltreatment in the U.S. by age — Year 2000



SOURCE: National Child Abuse and Neglect Data System, U.S. Department of Health and Human Services

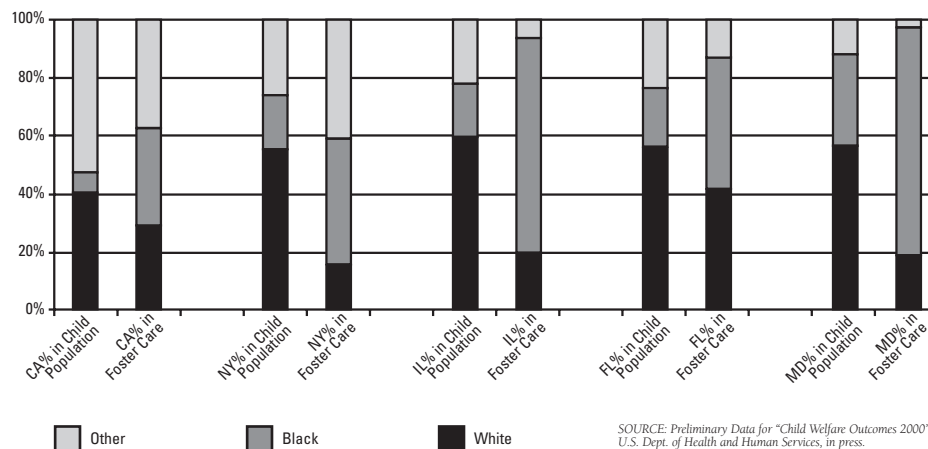
years of age, and 10.2 years for those exiting, considerably older than the perception one might have if considering the predominance of child victimization among younger children.

Factors associated with families' involvement in the child welfare system include poverty, substance abuse, mental health problems and domestic violence. Drug or alcohol abuse has been identified as a common problem for a high percentage of these families.³ A wide range of studies has documented a 30 to 60 percent overlap in the families that experience domestic violence and child maltreatment.⁴

Issues of equity persist in the child welfare system. Children's experience in the system varies considerably, far too often as a result of their race or ethnicity and community. Black children in placement are disproportionately represented among children entering care, compared to their presence in the child population at large; American Indian children are generally over-represented in placement; white children represent the fewest number of children entering care, compared to their presence in the child population at large. Figure 3 provides data on the racial inequity in foster care in FY 2000 for five selected states (California, New York, Illinois, Florida and Maryland). Nevertheless, in the year 2000, black children exited care at rates higher than those who entered. For Hispanic children, the proportions of children who entered, exited and stayed in care were more reflective of their numbers in the population at large.

One of the few local studies examining how and why children of color come into the child welfare system at such high rates found that, within a community, different ethnic and racial groups as well as newcomers and

Figure 3: Children in Foster Care by Race in California, New York, Illinois, Florida & Maryland – 2000



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³ U.S. Department of Health and Human Services, "Blending Perspectives and Building Common Ground: A Report to Congress on Substance Abuse and Child Protection," Washington, D.C.: U.S. Government Printing Office, 1999.

⁴ National Research Council, "Understanding Child Abuse and Neglect," Washington, D.C., National Academy of Sciences (1993). See also, Schechter, S. and Edleson, J.L., "Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice," Reno, NV, National Council of Juvenile and Family Court Judges, 1999.

All too often, children in the child welfare system experience multiple placements, compounding the initial disruption that has occurred with their biological family.

⁵ *The Child Welfare Research Team, "An Evaluation of Factors Related to the Disproportionate Representation of Children of Color in Santa Clara County's Child Welfare System: Child and Family Characteristics and Pathways Through the System, Phase 2-Final Report," College of Social Work, San Jose State University, October 2002.*

⁶ *U.S. Department of Health and Human Services, Child Welfare Outcomes 2002: Annual Report, (not yet published) Washington, D.C.: U.S. Government Printing Office, 2002. According to the National Clearinghouse on Child Abuse and Neglect, in the first half of FY 1999, 8 percent of the 122,000 children who exited foster care were emancipated; of the 248,000 children who left care in FY 1998, 7 percent were emancipated.*

⁷ *For a history of these laws, see "A Brief History of Federal Child Welfare Legislation and Policy (1935-2000), Summit Background Paper #1, prepared for Child Welfare Summit: Looking to the Future, The Center for Community Partnerships in Child Welfare of the Center for the Study of Social Policy, November 18, 2002; and Stoltzfus, Emilie, "Background Data on Child Welfare," Congressional Research Service, November 13, 2002.*

immigrants present distinct and diverse characteristics. Once in the system, these groups are often treated differently, especially at critical decision points. As a result, children from these different racial and ethnic groups are likely to "follow different pathways and experience different outcomes."⁵

In recent years, recognizing the importance of permanency for children, efforts have been stepped up to ensure that children in foster care are either reunited with their families or adopted. About 57 percent of children who left foster care in FY 2000 went home to their families and an even higher percentage, on average, of those who are in care for less than a year, are reunited with their families. Yet, children who stay in care beyond a year generally experience significantly longer stays in care - nearly 20 months - compared to those who leave within less than a year.

All too often, children in the child welfare system experience multiple placements, compounding the initial disruption that has occurred with their biological family. In FY 2000, according to state reports, more than 84 percent of children who were in foster care for less than a year experienced two or fewer placements, while children in care for extended periods were placed multiple times.

In addition to the exiting children who were reunified in FY 2000, another 17 percent of exiting children were adopted, while about 14 percent left to live with relatives or a permanent guardian. Between 1.7 and 14.2 percent, depending on state variations, are youth who reach age 18 and thus "age out" of the system.⁶

B. Challenges for the Child Welfare System

Every state has a system that responds to reports of abuse and neglect, investigates these reports, connects some families to services, and places children in substitute care when necessary to keep a child safe. State and federal laws, framed largely by the Child Abuse Prevention and Treatment Act (CAPTA) of 1974 and the Adoption Assistance and Child Welfare Act of 1980 as well as legislative advances through the 1990s—Promoting Safe and Stable Families Program, Adoption and Safe Families Act (ASFA) and John H. Chafee Foster Care Independence Program (CFCIP)—guide these systems and provide major resources for implementation.⁷

Repeated reviews of child protective services and other components of child welfare systems, however, reveal that the agencies responsible for protecting and placing children are overwhelmed and underresourced: they lack leadership and are plagued by high turnover among staff who lack adequate training to make life-determining decisions about vulnerable families. In addition, they are required to focus most of their

investment of human and financial resources on investigations to determine blame, punishment and placement rather than on assessment, services and safety strategies for families and children. These systems communicate and coordinate insufficiently with their partner agencies such as the juvenile and family courts, and strain to navigate between heightened, usually critical, publicity when tragedy occurs and weak public support the rest of the time.

At the same time, frontline workers are severely hampered by the lack of critical services that troubled families and their children need, whether it is mental health or housing, legal assistance or treatment for drug or alcohol abuse, protection and safety for battered mothers or interventions for abusers. In communities where some of these services are available, they are often out of reach because of eligibility restrictions or limitations on how funds can be used. Making the arrangements for families to gain access is often too complicated and too time-consuming for workers whose caseloads are excessive and difficult to manage in the first place.

C. Reasons for Hope

Yet there are important reasons for hope. Cities, towns and rural areas—from Jacksonville, Florida to Minneapolis, Minnesota, from Louisville, Kentucky to New York City, from Pittsburgh, Pennsylvania to the state of Illinois, from Salt Lake City, Utah to Cedar Rapids, Iowa to Cuyahoga County, Ohio to Vermont and many more—are taking responsibility for the protection of children, testing new approaches that involve partnerships with families, with community-based organizations, and across government agencies, strengthening professional development and giving workers greater credibility and flexibility to aid troubled families. Parents and foster parents are playing increasingly important roles as partners in decisions affecting their children, and children are more quickly finding permanent family settings in which to find care and nurturance. Innovative federal accountability processes, while still flawed, offer a reasonable platform that, with some changes, can provide useful information about how states and communities are enhancing—or need to strengthen—child welfare policy, practice, and most importantly, outcomes for children.

The challenge, most agree, is how to maximize the effectiveness of these innovations and enable them to spread throughout the country. Only if that challenge is met will all families get the support they need to raise their children safely, or when biological parents are unavailable or unable to care for a child, relatives or other families who are capable of raising them can take on that noble task with a network of support and the least possible disruption to a child's healthy development.

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2

An Effective System

Identifying the key elements of an effective child welfare system threaded through the conference discussions, and the wide variety of experiences that conference participants brought added depth and insight. The Summit discussions evidenced widespread agreement on several key elements.

Focusing on outcomes. As recently as 1997, Congress has clarified the key goals for children who come into contact with the child welfare system. These goals—safety, permanency, and well-being—are essential elements for children’s development toward healthy and productive adulthood. By setting goals, Congress created a much-needed focus on child outcomes, reminding all stakeholders that what happens to and for children must be the framework for judging the performance of the child welfare system.

Sharing accountability. An important new concept of accountability—that of shared responsibility across many sectors of society—is gaining acceptance and will move child welfare systems to a higher level of effectiveness. While federal and state agencies play a critical and necessary leadership role in supporting and overseeing the protection of children, achieving positive outcomes for vulnerable children and families is not solely the responsibility of government. Families, communities and other agencies that interact with and provide services for children and families are also accountable for reaching these outcomes.

Strengthening the workforce. The largest contributing factor toward successful outcomes for vulnerable children and families is the professionalism and continuity of people doing the work. Yet there has been too little policy attention given to ensuring strong leadership and a competent, collaborative, well-compensated workforce within child welfare and across its various partner agencies.

Engaging families in new ways. For too long, the knowledge and strengths of families have been dismissed in the day-to-day pressures on agencies and workers. Engaging families in crucial decisions about their children, however, is essential to ensuring the best outcomes for them. Effective systems draw on families, including extended families, as essential team members in learning about, making, and implementing decisions

No single agency has all the resources or supports that families with complex and multiple challenges need in order to heal, find safety, and enable strong and capable parents to balance work and child-rearing responsibilities. A wide range of partnerships becomes critical to this task.

Turning systems around takes renewed and enhanced leadership, policy, and public will. Lessons can be learned from the communities that have had the collective will to push forward.

about children who require special protection or placement. In some instances, the safety of a parent or caretaking adult is also at stake, and these adults may have the best sense of what strategies will be most likely to protect their children. Family voices must be heard and heeded throughout the process of raising children and keeping them safe.

Promoting community partnerships. No single agency has all the resources or supports that families with complex and multiple challenges need in order to heal, find safety, and enable strong and capable parents to balance work and child-rearing responsibilities. A wide range of partnerships becomes critical to this task. First and foremost, public agencies need to recognize that they are partners with parents, kin and foster families in this effort. Other agencies that provide crucial supports and services—including mental health and substance abuse treatment and domestic violence services—are key local partners. These agencies also have vital information about and experience working with these families. In many communities, private or contracted agencies also are indispensable partners with whom both responsibility and accountability must be shared.

Reforming federal financing. Current federal support for child welfare is based on outmoded information and outdated practice. A retooled financing framework should rely on up-to-date information about the children and families served, promote practice that is effective in enabling children to achieve their key goals of safety, permanence and well-being, and extend the key elements of an effective system throughout the nation.

Despite accelerating efforts to institute these components across the child welfare system, these elements of an effective system remain the exception rather than the rule, are fragmented, and do not reach most of the children who need them. In states and communities that are making progress in protecting children, intensified efforts are required to expand and sustain the innovations.

Some communities have identified a set of critical variables that have helped them turn their systems around. It takes renewed and enhanced leadership, policy, and public will. It requires regular, accessible and understandable information and dissemination. It requires respect for families, for children, and for workers. It requires perseverance. And it requires resources. Lessons can be learned from the communities that have had the collective will to push forward.

Realizing the vision for an effective system for protecting children is within our reach. Delineated in this report are 21 federal actions that will significantly improve the way that child welfare is conducted. Working together to take action for more effective and accountable systems, we will be able to strengthen the conditions that enable children and families to succeed.

New York City

Ten variables that make for success: the New York City experience:

- **Political will:** The Mayor said “I’m responsible” and pulled the child welfare system closer to him.
- **Added resources:** The city invested significant additional dollars to support the changes.
- **Leadership:** Competent leaders not only at the top, but include middle management.
- **Workforce investment:** Increase salaries, improve training, strengthen academic requirements especially for caseworkers and frontline supervisors.
- **Clear plan of action:** We made a plan and stuck to it.
- **Data driven accountability:** Developed a system that reported the performance of contract agencies as well as the public agency.
- **Ongoing advice and support from people in the field:** This is a complex challenge and it can’t be taken on in a vacuum; the experience and insight from others is constantly needed.
- **Partnerships:** Collaboration on the frontline with neighborhood based services provides more immediate and familiar and culturally appropriate services for families in the geographic areas that need it most (of 59 community districts, 18 produce 60 percent of the children in the child welfare system).
- **Clearly articulated principles and standards that guide the work:** Safety of children drives decisions; foster care is temporary; permanency planning should begin as soon as a child enters the system; focus on results and accountability.
- **Time:** These changes take time and tenacity, and need a leader who will stay for the long haul.

Results: Between 1997-2002, the number of children in foster care dropped from 40,000 to 26,000; more children were served with home-based supportive services; admissions to foster care were reduced by almost 40 percent; and, discharges from care now significantly exceed entries into care.

Adapted from presentation by
William Bell, Commissioner, New York City,
Administration for Children’s Services.

3

Priorities for Action

A. Keeping Children Safe at Home: Prevention Strategies

Preventing compromises to children's development—their learning, health, and social and emotional competence—requires deliberate and consistent attention. Children in the child welfare system are no less in need of this ongoing focus on their development. Yet prevention is what gets dropped from hard-pressed child welfare systems. Few systems have given strategic focus to prevention efforts. Most are not even using the resources that already exist in families and neighborhoods and knitting them together to support their most vulnerable members. Taken together, a series of key steps will markedly advance opportunities for prevention.

Focus on young children and young families

If systems cannot do everything to prevent child maltreatment or family disruption, they can start where the payoff is greatest and where opportunities may be highest—with families of young children. The most vulnerable families in this group are generally urban, low income, racial and ethnic minorities, and have multiple barriers to employment such as substance abuse, domestic violence, and mental health problems. Many of these families overlap with those participating in the TANF program.

While states vary, the highest percentage of maltreated children and children entering foster care are young children under age 7. This may, in some part, be due to the fact that some states' threshold for substantiating a case makes it more likely that young children will get into the system, while older children will not. Children who enter foster care in the earliest months and years of life are more likely to stay longer in out-of-home placement. At the same time, infants and toddlers are the most likely to be adopted from public child welfare rather than reunified with their families, and for these children, the time between entry and adoption is generally faster. The dependency court of Miami/Dade County, Florida, in concert with many partners, is focusing intensively on the families with young children who come to their attention. It has created a child development team and has also put into place several of the strategies described below.

The Juvenile and Family Court of Miami/Dade County, for example, has been successfully using IDEA to support early screening of children who come to dependency court and to connect them and their families with developmental and family support programs.

Take advantage of existing community resources for prevention

As the TANF system has learned, cross-agency community-based collaborations can be put together to provide the services vulnerable families need. Opportunities already exist for early screening and entry to supports from which families with young children and young parents can benefit.

For example, every state has an IDEA Early Childhood program that provides diagnostic services. These services could be tapped to reach children at risk of abuse or neglect, and children exposed to domestic violence. With the assessment expertise that resides in these IDEA programs, and their experience at working with families, these programs may be able to provide new routes for early identification and links to services. The Juvenile and Family Court of Miami/Dade County, for example, has been successfully using IDEA to support early screening of children who come to dependency court and to connect them and their families with developmental and family support programs.

Vermont has used a different strategy. It has given priority in their early care and education programs to vulnerable children who come to the attention of the child protection agency. By using participation in Early Head Start, a comprehensive program for low-income 0-3 year olds and their families, and other early childhood care and education programs to strengthen vulnerable families with children at risk of abuse, the state is averting unnecessary placements of children out of their homes.

The June 2002 national evaluation for Early Head Start reported strong outcomes for participating toddlers and mothers, and for some fathers as well. Building on these results, and the experience of some states, in January 2003, the Department of Health and Human Services awarded additional funds to 25 Early Head Start programs across the country to demonstrate the use of Early Head Start slots for child protection cases. Through this demonstration, the Administration seeks to show how Early Head Start services can both prevent the need for foster care placements and facilitate reunification for children already in out-of-home placement. The Juvenile and Family Court of Miami/Dade County is the first dependency court in the nation to incorporate an Early Head Start program into its services.

Promote community partnerships

Communities that have instituted partnership models have been successful in taking advantage of existing resources and expanding them. These models emphasize early provision of supports and services to families in need. According to a recent evaluation by Chapin Hall Center for Children

of four communities, the partnership approach is both strengthening collaboration across community agencies, and increasing vulnerable families' access to critical services, such as substance abuse treatment, mental health care and domestic violence services. These partnerships are also improving the quality of the corollary services these sister agencies provide.⁸

The *Family-to-Family* initiative developed by the Annie E. Casey Foundation works to increase community and family involvement in decision-making about children's placement and in developing and supporting neighborhood foster care. This initiative is producing significant reductions in out-of-home placement in cities like Louisville, Kentucky and Cleveland, Ohio, among other places.

COMMUNITY PARTNERSHIPS

The premise of the community partnership approach is that children's safety depends on strong families, and strong families depend on connections with a broad range of people, organizations, and community institutions. No single factor is responsible for child abuse and neglect; therefore no one public agency alone can safeguard children. Partnerships engage community members and agencies to reach out and support families before they face crises; intervene more rapidly, comprehensively, and effectively when abuse and neglect occur; and join with the public child welfare agency to improve child protection policy, programs, and practice in ways that more reliably strengthen families and more aggressively safeguard children.

This effort began with four sites—Jacksonville, FL; Louisville, KY; Cedar Rapids, IA; and St. Louis, MO—and is now being implemented in over 40 communities in those four states and Georgia. They employ a common set of strategies, including:

- *Partnerships establish staff capacity within CPS and other agencies to engage family members as planning partners, assess a full range of family issues, and build a team to support struggling families.*
- *Child protection workers are assigned cases geographically and may be based within community agencies along with family support workers, battered women's advocates, substance abuse treatment providers, and mental health services staff.*

⁸ Chapin Hall Center for Children, *Community Partnerships for Protecting Children, Indicators of Site Progress: Overall Report*, November 15, 1999.

- *Partnerships use aggressive outreach to identify vulnerable families and connect them with appropriate support.*
- *Leadership development opportunities help local residents deepen their involvement with the partnerships' work.*

Some preliminary findings are emerging from the sites:

- *A Florida Department of Children and Families study found rates of repeat reports were nearly 30 percent lower for families served by the Jacksonville Community Partnership than for families receiving traditional services.*
- *The Louisville Community Partnership catchment area, working in concert with a system-wide Family-to-Family initiative, shows a 75 percent reduction of children in placement. While placement rates have declined across the city, partnership neighborhoods show the most dramatic decrease.*

Distinguish among cases needing investigation and court involvement from those primarily needing services

A growing number of states have realized that the traditional one-size-fits-all model of responding to reports of child abuse and neglect through investigation and substantiation is not consistently ensuring child safety, does not serve families well and frequently stymies public agencies' capacity to address specific family needs. These states and communities are developing approaches that enable workers to move directly to assessment and linkages to services in situations where a full-fledged investigation is not necessary to ensure a child's safety. As a result, there are multiple places around the country implementing changes that are variously called "differential response," "alternative response," "dual track," or "multiple track."⁹

A differentiated response system, which enables provision of services quickly and in a supportive and non-adversarial way, makes timely and appropriate decision-making for a child more likely and has the potential to expedite permanency options in the event the child cannot remain in the care of the biological family. In those places where the strategy is designed to encourage individualized responses for families, and is combined with increased services and supports, it has had positive effects. In some states, it is providing opportunities for families to receive services they might otherwise not have accessed.

Washington State has long used risk assessments rather than substantiation as a key criterion to divert lower risk reports of child maltreatment

⁹ See Schene, Patricia, "Meeting Each Family's Needs: Using Differential Response in Reports of Child Abuse and Neglect," *Best Practice/Next Practice*, National Child Welfare Resource Center for Family-Centered Practice, Spring 2001.

to community-based services. Early evaluations of their approach demonstrated that these lower-risk cases are less likely to be reported for re-abuse, though continued issues arose in cases in which families had a history of long-term problems or there was evidence of domestic violence. After establishing, in the early 1990s, a stronger network of community-based services to address these concerns, the state legislature, in 1997, made an “alternative response” system mandatory, and it has been implemented statewide since 1999. Many other states, including Missouri, Kentucky, South Carolina, Minnesota, Michigan and Louisiana have instituted some form of differentiated response system, with promising results.

MINNESOTA: POSITIVE OUTCOMES USING A DIFFERENTIAL RESPONSE SYSTEM

Minnesota is conducting a demonstration of an alternative response system in 20 diverse counties across the state. Most counties are implementing the system similarly - assigning cases that do not rise to the state’s statutory requirements for a mandated investigation to an “alternative response track” while those that meet the requirements follow the “traditional response” of investigation and substantiation. This determination is made generally at the point of assessment. According to the first year process and impact analysis of an ongoing rigorous evaluation, conducted by the Institute for Applied Research, workers quickly felt reassured that the alternative track in no way compromised their ability to protect children. Workers reported the following beneficial changes in practice: “flexibility provided to workers, the involvement of families, the examination of broader issues [and] the non-accusatory and non-policing approach.”

While the findings for the first year represent only the earliest phase of implementation, the results have been positive:

- *No significant differences were found in the characteristics of the families assigned to the alternative versus the traditional tracks.*
- *No significant differences were found in the nature of the maltreatment issues that families presented in the two tracks.*
- *Re-reports of abuse—or child maltreatment recidivism—were very low, less than 6 percent of families regardless of the track to which they were assigned.*

- *No significant differences were found in the rate of placement into out-of-home care for any of the children from the families studies.*

In addition, workers made more contacts with families assigned to the “alternative response track.”

Flag repeat cases for special attention

Some children repeatedly come to the attention of the child protection system. By identifying these children and their families and giving them special attention, it may be possible to engage the family more directly and intensively, including involving them in the development of an appropriate safety plan. Cedar Rapids, Iowa, one of the four initial Community Partnership sites, has instituted a system of “flagging” cases for special attention if they have three or more reports to child protection. This flagging system generates a special review and usually leads to convening a “family team meeting” with child protective services staff and other partner agencies.

Provide clinical supports where appropriate

It is also known that interventions matter, especially for children who have been traumatized by abuse or have been exposed to violence between their adult caretakers.

Two pioneering programs, at San Francisco General Hospital and Boston Medical Center, offer clinical services for battered women and their traumatized young children. Both of these programs are demonstrating that these intensive clinical supports can result in positive changes in parenting behavior and positive changes in children’s conduct and functioning.

Federal Policy Recommendations:

- 1. Expansion of promising innovations through waivers.** *In the TANF reauthorization, extend the waiver authority and allow more states to test specifically identified innovations.* These should include: differential response systems; reallocation of resources from maintenance to provision of assessment and services to families before investigation; and strategies involving partnerships between child welfare agencies and other public and private agencies including mental health, domestic violence and substance abuse, schools and early childhood, and other

organizations including civic associations and faith communities that provide services to eligible families. Current child welfare law (Title IV-E of the Social Security Act) gives authority for a limited number of states to seek waivers for demonstrations to improve child welfare operations. These demonstrations require evaluation and do not permit relaxation of core protections for children.

2. **Confidentiality.** *The Department of Health and Human Services should, through regulation, ease confidentiality restrictions in federal policy to allow more effective collaboration among service providers and families.* Although confidentiality provisions in child welfare law and regulation generally allow agencies to share information when it is in the best interest of the child, they have been interpreted as posing significant barriers to effective case planning and case management that draws upon the full range of health, mental health, substance abuse treatment, and other services many families need. Similar protective restrictions affect the ability of mental health and substance abuse treatment professionals to participate fully in multidisciplinary teams and joint casework in child protection cases.
3. **Therapeutic support.** *Include opportunities for clinical program development, training and replication in the reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA) and other legislation.* Other entry points for enhancement of therapeutic programs for parents and children may be available in substance abuse and mental health treatment programs, especially the Child and Adolescent Trauma Research and Demonstration Network. Few clinical programs exist to serve traumatized mothers and children together, yet several programs have proven successful in achieving changes in parenting capacity and children's cognitive, social and emotional development. These programs need to be made more widely available across the country and accessible to families in the child welfare system.
4. **Screening, assessment and services for young maltreated children.** *In the reauthorization of the Individuals with Disabilities Education Act (IDEA), add "abused and neglected children and children at risk of abuse or neglect" to those eligible for evaluation and services under Part C.* These children have significant social and emotional problems that may not be identified as a developmental delay, but warrant intervention. Currently, only a few states have abuse and neglect as an eligibility criterion.
5. **Participation in early childhood programs.** *In the reauthorization of the Head Start Act, give priority to children and families at risk of abuse and neglect for slots in Early Head Start, Head Start and other early childhood*

programs. The federal government and states support a range of high quality comprehensive early care and education programs for infants, toddlers and pre-schoolers. These programs offer opportunities for learning and development for children, often provide links to health care and family support, and engage parents in strengthening their own parenting skills and capacity to participate in the education of their young children. Vulnerable children and families, especially those at risk of abuse and neglect, need these high-quality, non-stigmatized experiences to prevent more difficult problems and to promote healthy development.

- 6. Flexible funds.** *Give states authority to use a modest amount of Title IV-E funds for worker-directed resources to meet individual needs of family and kin.* In addition to making preventive services available to vulnerable families before a child is removed from home, workers need the resources to respond immediately to the individual needs of children and families. This requires the availability of flexible dollars over which workers have discretion so that they can design or create family-specific interventions.

B. Ensuring Timely and Appropriate Decision-making: Workforce Development

Traumatized children and vulnerable families require timely and appropriate decision-making by all the agencies that are charged with responsibility for them: child protection agencies, child welfare agencies, and juvenile and family courts. The stakes for each child and each family are very high. Decisions made before appropriate services have been provided and families engaged in them, decisions made without giving families a chance to get help, or decisions that do not take into account children's developmental status and needs can have extraordinary and costly consequences over a long period of time for both children and their families.

Since the 1980 Adoption Assistance and Child Welfare Act, and accelerated in the Adoption and Safe Families Act of 1997, federal policy requires that certain decisions for children removed from their families be made within specific timeframes. Case plans, case reviews, and termination of parental rights all must follow strict guidelines in order to ensure that children are not languishing in foster care and denied the opportunity to be reunited safely with their families or provided a permanent placement with relatives or an adoptive family.

Ultimately, the most critical element in achieving success for these vulnerable children and families is dependent on the professionalism

and continuity of people doing the work. Whatever programmatic and operational issues may be addressed, it is frontline workers, supervisors, administrators, judges and other court personnel, providers offering collateral services, and many others who bear the responsibility and burden of making often excruciatingly difficult judgments that determine how to keep a child safe and how to ensure the love and support of a permanent family.

Build and sustain a quality child welfare staff

There has been too little policy attention to ensuring a competent, collaborative, well-compensated workforce within the child welfare system and across its various partner agencies. State requirements for caseworker qualifications are weak, pre-service and in-service training minimal, and wages meager. In many counties, caseloads remain unmanageably high—sometimes reaching 80-120 families per caseworker compared to the accepted guideline of 17 to 20 families—severely limiting the time that a worker can spend with any individual family. Appreciation for the relentless problems, the wrenching circumstances and the persistent criticism that child welfare systems, and the families in them face, makes a daunting job even more so. The capacity to address the needs of families of diverse ethnic, racial and cultural backgrounds is severely underdeveloped. Not surprisingly, turnover among staff in child welfare agencies typically occurs at a very high rate, undermining the little continuity of relationship those on the front line can build with the families for whom they are responsible. With most states experiencing budget cuts, hiring freezes, and small candidate pools, replacing these workers with staff who have the right professional experience and training has been very difficult.

Similar challenges plague juvenile and family courts. Judges are relatively few in number, they are often rotated among several different courts, caseloads are overwhelming and mandated timelines add to the pressure to move them quickly. Information with which to become adequately informed about any specific family or child is limited making solid bases for dispositions rare. Resources to assess let alone ensure treatment for families and children are inadequate, and prestige for handling these significant decisions in the lives of vulnerable children and families is extremely hard to come by. While current federal law includes some resources for training, access to them is restricted to public child welfare workers. Yet many more individuals are working with families that child welfare encounters, and they need training both within and across their disciplines, functions and agencies. Training and cross training are essential for a wide range of stakeholders, including: public and contract

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agency workers in all the systems (judicial, substance abuse, domestic violence, mental health, health) dealing with the families, kin, foster parents and children who come to the attention of child welfare.

Strengthen leadership

Leadership is a fundamental component of improving the effectiveness of systems to protect children. System leaders and managers also require continuing opportunities to strengthen their skills and knowledge. This is especially valuable in highly visible systems with many employees, complicated and multiple funding sources, and significant challenges related to racial and ethnic diversity of the workforce in relation to disproportionate racial and ethnic background of the families involved.

Among the aspects of leadership and staffing that require attention are efforts to increase the number of African-Americans, Latinos, Asians and American Indians who hold high level administrative positions. Leaders who understand, interact with, and model respect for diverse communities will be more effective in recruiting and retaining culturally competent professionals at every level and expecting positive outcomes for children and families.

Other child-serving systems such as Head Start and child care have instituted new approaches to building leadership, strengthening management, and improving the quality of frontline practice. The Head Start Program has an intensive management-training program that is the collaboration of a business school and a foundation, giving Head Start program directors access to experienced professional development that would otherwise be unavailable. The Head Start program has also mandated, on a phased-in basis, improved credentials for all its teachers by a date certain. Federal child care funds can now be used by states to draw on and adapt the TEACH program, initiated in North Carolina, which enables child care teachers to obtain stipends to enable them to take advantage of additional university-based training and to improve their compensation if they gain additional training. There are opportunities for the child welfare system to learn from these experiences.

TRAINING TO “MAKE CHILD WELFARE WORK”

In implementing a court-ordered consent decree, the Alabama Department of Human Resources (DHR) fielded the Alabama Certification Training (ACT) curriculum for its entire child welfare workforce. The Atlanta-based Child Welfare Institute developed the curriculum to reorient workers to a new family-centered practice model that builds on key principles embodied in the decree regarding parent-child attachment and the goal of ensuring child safety while keeping families intact if at all possible.

“ACT not only built skills, but it gave workers permission to approach families in a new way, which proved critical for transforming the DHR bureaucracy. ACT was tangible evidence of DHR’s commitment to reform. It built buy-in for the reform and, to a far greater extent than was ever anticipated, unleashed the creative energies of DHR’s staff.”

From Making Child Welfare Work: How the R.C. Lawsuit Forged New Partnerships to Protect Children and Sustain Families. (Washington, DC: Bazelon Center for Mental Health Law, 1998).

Once again, communities across the country are experimenting with new ways to improve the child welfare workforce and strengthen judicial processes and competence. Systematic efforts in many of these communities are paying off.

Hennepin County (Minneapolis), MN has successfully lowered caseloads and significantly improved retention of caseworkers. Child protective services staff turnover has been reduced to 4 percent and the average tenure of workers is approximately ten years. A significant contributor to worker retention in Hennepin County is the relatively higher rates of pay for public agency social workers in comparison to private sector payees. New York City has strengthened its workforce by increasing salary levels, improving training and strengthening academic requirements to become a caseworker, and lowering caseloads. NYC’s Administration for Children’s Services also reduced caseloads from 23 families per worker in FY 1996 to 12.6 per worker in FY 2002. In Alabama, significant investment in training and retraining for frontline workers has transformed the capacity of frontline staff to individualize work with families.

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Federal Policy Recommendations:

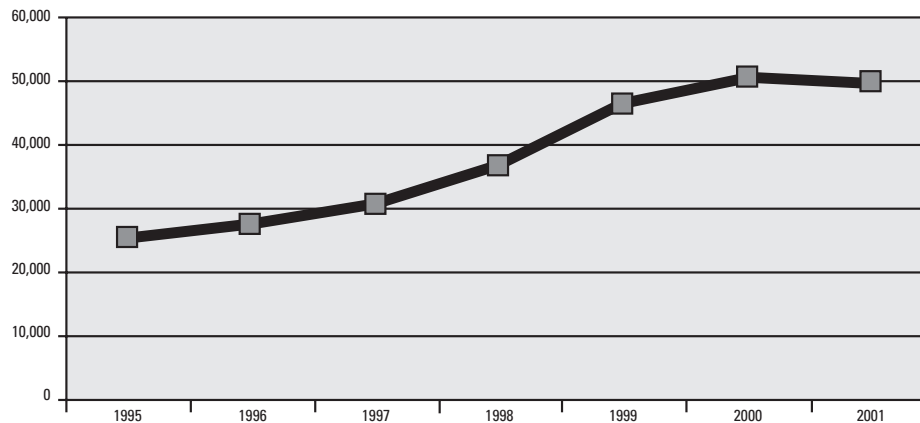
- 7. Incentives for entry and retention.** *Create incentives, such as loans for participation in education with forgiveness after working in the field for a defined period of years, stipends for tuition reimbursement and graduate study, improved wages, and other financial rewards for increasing knowledge, experience and skills, to make jobs in child welfare more attractive for qualified individuals to enter and remain.* Other professions, such as medicine and health, education and childcare provide a series of financial incentives for individuals entering these fields, and those seeking to upgrade their skills to gain promotions and remain successfully in the field.
- 8. Training for frontline workers.** *Enable the full complement of individuals who work with vulnerable families to benefit from federal training resources at the enhanced matching rate.* An increasing number of states contract with private agencies to provide services for these children and families, and there are other agencies—such as mental health, substance abuse, and domestic violence service providers—and the courts with whom they must coordinate their work. Current law (Title IV-E) permits states to claim federal funds at an enhanced match rate (75%) for training limited to state and local employees, foster or adoptive parents. To support training for non-state and local employees, states can rely only on administrative funds, which are paid at a considerably lower matching rate (50%).
- 9. Professional development for child welfare leadership.** *Establish a new executive leadership and management program to broaden and deepen the skills and capacities of top managers in the child welfare field.* Just as it is essential to find ways to generate and retain qualified frontline workers, it is critical to develop and retain top-flight executives and administrators. Following the example of the Head Start program, which is served by the UCLA Business School-based Johnson and Johnson Management Institute for Head Start, the child welfare field would benefit from a similar executive leadership and management program, preferably through a public-private partnership and a university base where graduate studies in both social work and business and management are available.

C. Strengthening permanency options and successful adoption

Continue promoting adoption

One of the key goals for vulnerable children is permanency. All children need permanent families to nurture and care for them. The Adoption and Safe Families Act of 1997 instituted tighter timelines to achieve adoption more quickly and thereby avoid children staying excessively long in foster care and bumping around from family to family. The law also provides financial incentives for states to increase the numbers of children adopted. Efforts to promote adoption from public child welfare as a permanency alternative have had success in recent years. In addition to providing support for prevention, the Promoting Safe and Stable Families Act also provides resources to advance family reunification and adoption (See Figure 4).

Figure 4: Children Adopted from Child Welfare System in the United States – 1995-2000



SOURCE: Adoption and Foster Care Analysis and Reporting System, U.S. Department of Health and Human Services

In the last five years, adoption from public foster care has doubled—reaching 51,000 in FY 2000 from 26,000 in FY 1995. Despite this substantial increase, far higher numbers of children are waiting to be adopted. Returning home is not an option for these children.

Of the children remaining at the end of FY 2000, states reported that 131,000 either had a goal of adoption or their parental rights had been terminated.

Develop other permanency approaches

Another group of children, including some with a goal of adoption, may more readily find permanent homes through a mechanism that does not require termination of parental rights. This option is usually called permanent guardianship. In some instances this arrangement is publicly subsidized, which makes it more likely that low and moderate income parents can take on this additional responsibility and commit to a court-approved long term legal relationship with the child. Unfortunately, this option is not uniformly available under current law, which allows use of Title IV-E funds only for permanency through adoption.

Adoption is not a workable approach in some instances. Relatives who are taking care of children may be unwilling to force the parent(s) of the children to relinquish their parental rights. In these instances, other permanency options, such as kinship care or guardianship, are needed, but although ASFA authorized a variety of permanency options, it only allows funding for adoption assistance.

Recognizing the need for new permanency approaches, several states, under ASFA's waiver provisions, have tested the use of Title IV-E funds to subsidize guardianship as an incentive and a support to enable more families to make the commitment to bringing a child into their home permanently. Illinois has instituted this approach most extensively, and with strong results. The state succeeded in matching more children with permanent homes through subsidized guardianship, and at the same time, maintained or increased the numbers of children being adopted. Other states, such as California, have invested a substantial amount of state funds to develop subsidized guardianships.

Make available post-permanency services for children and families

Major transitions—new jobs, blended families, moves to another community, illness or death of a loved one—are difficult to navigate for people at any age or stage of development, and many seek help and comfort—informal or formal—to get through them successfully. Children in foster care, who may have already experienced many disruptions, are in great need of such supports.

SUBSIDIZED GUARDIANSHIP

Subsidized guardianship is the transfer of legal responsibility for a minor child from the state to a private caregiver or guardian, who is provided with a monthly subsidy for the care and support of the child. The transfer of legal responsibility removes the child from the child welfare system, allows a caregiver to make important decisions on the child's behalf, and creates a long-term caregiver for the child. Recently several states have begun using subsidized guardianship as a tool to expedite permanency for children who are in the child welfare system, and for whom reunification with the birth parents or adoption are not options. Illinois, for example, conducted a federal demonstration using waivers that permitted use of Title IV-E funds for subsidies paid to foster parents and relatives who assumed responsibilities as private guardians for children who had been in foster care for a certain period of time. The state found the numbers of children achieving permanency increased, without substantially decreasing the numbers of children who are adopted.

At least thirty-four states and the District of Columbia have established some kind of subsidized guardianship program, although only seven of them have received a federal waiver to allow Title IV-E support for guardianship as a permanency option: Alaska, Arizona, California, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Minnesota, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, West Virginia, Wyoming, and Washington, D.C.

*Expanding Permanency Options
for Children: A Guide to Subsidized
Guardianship Programs
MaryLee Allen and Mary Bissell,
Children's Defense Fund and Jennifer L.
Miller, Cornerstone Consulting Group*

Given the increased number and speed of adoptions, the potential for new permanent family arrangements, and steady numbers of reunifications, more attention must be paid to the range of supports that children need during these transitions. When family bonds have been disrupted, often as a result of physical or emotional trauma, children face added psychological challenges in adapting to new circumstances. Many of these foster care arrangements are temporary, compounding the confusion, hurt and distrust that children may experience. Finally, the opportunity to return home, or move to a new “permanent” home, while theoretically a very positive development, still requires of the child yet another set of emotional hurdles and adaptations, to negotiate or renegotiate a set of relationships with family members, siblings, friends, teachers and classmates, relatives and neighbors.

Supports are needed for both parents and children to help smooth the adoption transition and to avert disrupted adoptions. Sometimes the challenges for guardianship and kinship families, as with adoptive families, bubble up unexpectedly, and often after the first year. Services should be available to these families on an as-needed basis.

Federal Policy Recommendations:

10. Permanency through guardianship. Make carefully designed guardianship a permanency option eligible for reimbursement under Title IV-E with the following conditions: reasonable efforts have been made for reunification; children have been in care for a designated period of time. For guardianship families receiving TANF, work requirements should be relaxed, as some states now do, to enable an appropriate adjustment time for the child and the family. This change should be made as part of the TANF program reauthorization.

More flexible permanency options, beyond subsidized adoption (which Title IV-E currently supports), are required if the numbers of children with a goal of adoption are going to achieve permanent placements. This approach will enhance the ability of many relatives of “waiting children” to take on the responsibility of providing them a permanent home and family, without requiring termination of parental rights. It will also help reduce the over-representation of African American and American Indian children in the child welfare system. This policy builds on the successful waiver experiments in several states.

11. Family reunification and adoption. Regularize funding under the Promoting Safe and Stable Families Act (PSSF) by making all, rather than only a portion, of the funds mandatory. The PSSF assists activities that promote permanency through family support programs, services that aid in reunifying children safely with their families, and adoption promotion activities. For FY 2003, only half of the authorized discretionary funds were appropriated.

12. Post-permanency and post-adoptive services. Authorize use of Title IV-E funds by states and localities to develop and provide post-adoptive and post-permanency services for children reunified with their families and for children who have been placed and their new families. As states step up placing children in adoptive homes or other permanent family arrangements, it is in their economic interest to ensure that these new relationships are indeed permanent. Many families adjusting to these new circumstances may, at unpredictable times, need a range of social and mental health counseling and services.

D. Creating assets and supports for youth leaving foster care

While most of the children leaving foster care are either reunified with their birth parents, go to live with relatives, or are placed with a permanent family, a portion of those who leave each year do so only because they have reached the age of majority.

In 1999, more than 56,000 young people ages 16 and older left the foster care system; of these, 19,000 were 18 or older and “aged out” of placement by reaching the age of majority.¹⁰ This group reflects similarly disproportionate numbers of racial and ethnic minority teenagers as the general population of children in foster care.

Older adolescents in foster care face enormous challenges. They have usually entered into care later, been placed in group homes or institutions rather than family settings, and are the least likely group to be adopted from public child welfare. When they reach age 18, many want “independence” yet lack the education, skills, support networks, and financial wherewithal to survive on their own. Fewer than half of young people leaving foster care as adults have completed high school; even fewer have had meaningful employment experiences.

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¹⁰ Wertheimer, Richard, *Child Trends*, Washington, D.C. 2002.

All too often, as a result, these young people get into difficult circumstances: they try to survive on the street, rely on homeless shelters, get involved in drugs or alcohol use, become parents as teenagers and turn to welfare, or get involved in the criminal justice system. According to a survey of foster care alumni conducted by Casey Family Programs, 13 percent reported being homeless at least once since being discharged and 15 percent reported being arrested since leaving foster care.¹¹

Congress, in 1999, strengthened the law providing special supports for young people ages 18-20 that were former foster children, and older teenagers preparing for independence from foster care. The John H. Chafee Foster Care Independence Program (CFCIP) authorizes vouchers for educational opportunities, financial assistance and help with housing, counseling and other social services. The law also gives states the flexibility to design programs to improve the likelihood that emancipation and independence bring successful outcomes for these youth. While CFCIP provides a strong platform on which to build, much more is needed if these young people are to avoid the hazards of emancipation without a safe and reliable network of social and financial opportunity and assistance.

Make the basic needs of health care and housing available and affordable

Young people who become independent after leaving foster care have a variety of basic needs, but lack the means to fulfill them. Many states and communities have made advances in this direction. Several states, for example, recognized early the need to maintain connection to older foster youth. Even before enactment of CFCIP, New York, Maryland, California, Connecticut, and Massachusetts had moved to extend the age of emancipation for youth in foster care to age 21 by individual agreement. Since then, Connecticut and Arizona also have made provision for continuing care to age 21 for all wards of their child welfare systems.

Ensuring health care for older youth leaving foster care also has risen to attention in several states. By October 2001, seven states had exercised the federal option provided by CFCIP to extend Medicaid and the State Child Health Insurance Program (SCHIP) coverage for foster children through age 21. Several other states have similar legislation pending.

Housing and transportation subsidies are vital supports as well to enable older youth to make the transition from foster care to independence. One study found that former foster youth are approximately five times more likely than a matched comparison group to experience at least one period

¹¹ www.pbs.org/wgbh/pages/front-line/shows/fostercare/inside/stats.html, reviewed February 12, 2003.

of homelessness following emancipation. California, Idaho, Illinois, Louisiana, Ohio, Oklahoma, and Washington either now provide or have legislation pending to aid former foster youth in making independent living arrangements.

Promote higher education and links to employment

An emerging practice that has proven effective involves providing after-care services that link former foster youth to postsecondary educational opportunities, workforce development programs, and community participation.

For many young people who leave foster care, pursuing higher education is unaffordable. Several states—including California, Kentucky, New Jersey, Hawaii, Oregon, and Utah—address this concern by waiving tuition at public higher education institutions. In addition, some provide assistance for living expenses for youth “aging out” of foster care and attending college or a trade school.

Preparation for adulthood also involves learning about careers, training for employment, and understanding basic skills for succeeding in the labor market. Yet the foster care system has often overlooked these essential aspects of making the transition from placement to independence. Local partnerships, such as the Youth Employment Services of San Diego County and Great Start/The Sacramento Emancipation Collaboration, have demonstrated the importance of combining resources for workforce development with the state’s Independent Living Program in order to target youth who are moving toward emancipation with the preparation they need to succeed as employed adults.

Federal Policy Recommendations:

13. Education stipends. *Appropriate additional funds to implement the CFCIP program to pay for education stipends for emancipated youth to participate in a program of education or training at the college level, at a vocational or technical school, or as preparation for a General Equivalency Diploma (GED). If the promise of additional help to achieve a high school degree or engage in higher education is to be real, it is essential for stipends to be readily available for youth.*

14. Training and employment. *Authorize coordinated use of Workforce Investment Act (WIA) and Chafee Independent Living Program funds. Combining resources available through these two federal programs*

will allow the development and support of more effective efforts to give youth leaving foster care the skills and experience to succeed in the workforce.

15. **Safe housing.** *Expand the number of Section 8 housing vouchers available to older youth leaving foster care and ensure that the vouchers are usable for a long enough time that these youth can achieve stability.* Current law provides that priority for Section 8 housing vouchers can be given to older youth leaving foster care. However, the number of vouchers available is low, and there are limits on how long they can be used. These limitations have hampered the ability of many young former foster care residents, who have few alternatives, from finding safe and affordable housing.
16. **Substance abuse and mental health services.** *Strengthen the incentives for states to take up the option, provided in CFCIP, to extend Medicaid coverage for these programs to former foster youth up to age 21.* In addition, where states are not providing adequate Medicaid coverage for mental health and substance abuse treatment programs in general, new funding and incentives need to be developed to stimulate the availability of these services in addition to mechanisms to make sure emancipated foster youth can participate in them. Far too many of the young people who exit foster care have serious substance abuse or mental health problems but cannot obtain treatment services.
17. **Individual development accounts.** *Expand incentives for Individual Development Accounts (IDAs) to make them available, with appropriate financial counseling, to former foster care youth who have aged out of the system.* TANF recognized the importance of providing incentives for welfare recipients to build assets; it established a program of Individual Development Accounts (IDAs) to encourage saving for education, housing, and other basic needs which could be expanded to older foster youth in the TANF reauthorization. Young people emancipating from foster care need similar opportunities to build assets that will help them more quickly and successfully achieve independence. When young people exit foster care, they generally have few material or financial resources.

E. Augmenting accountability

Who is responsible for protecting children? Ultimately, the responsibility for children's safety rests with parents. Over the last several years, however, "accountability" for ensuring the goals of safety, permanency and well-being

of vulnerable children has gained a new, important, and challenging definition. Families, child welfare agencies and the courts, communities, and other agencies that deal with families and children all share responsibility to ensure that children reach these goals. The challenges come in how each partner, singly and together, upholds these responsibilities. The federal government, states, selected communities, and families are testing new forms of shared responsibility and accountability for outcomes when children come to the attention of public agencies. These approaches provide the platform on which to build stronger, more diverse, and more open accountability structures that will drive a constant focus on children achieving success.

New federal accountability approach a significant improvement, but requires key refinements

Significant changes in accountability systems are already in place. The 1997 Adoption and Safe Families Act enunciated clear outcome goals for children in the child welfare system and shifted the focus of federal review away from “paper compliance” to states’ and localities’ performance in reaching these goals. The Department of Health and Human Services instituted Child and Family Services Reviews (CFSRs), which are conducted as a partnership among the federal and state government and a wide range of stakeholders in each state. The federal government is midway into the implementation phase of this new system; 32 states have already completed their initial CFSR and the remaining states will do so over the next two years. No state has yet met the CFSR performance standards established for the three goals—safety, permanency, and well-being—for children in their child welfare system.

Federal law also requires—and supports—states to develop automated data systems (Statewide Automated Child Welfare Information Systems, or SACWIS) and to put into place a data system (Adoption and Foster Care Analysis and Reporting System, AFCARS) to strengthen their capacity to know who is in the child welfare system and what is happening to them. Only four states have federally certified SACWIS systems.

In response to deficiencies in meeting the federal performance requirements, states are required to develop and implement Program Improvement Plans (PIPs). It is too early in the process of instituting the new accountability system to determine how effective the PIP process will be. That may entail the need for resources to states to implement their plans and will require monitoring by the federal government and the states to see that Program Improvement Plans are implemented effectively.

No state has yet met the CFSR performance standards established for the three goals—safety, permanency, and well-being—for children in their child welfare system.

Developing and using meaningful data for accountability

Child and Family Service Reviews, Program Improvement Plans, and SACWIS are only as good as the data used in them. States need the capacity to actually use their own data and learn from those data to improve practice and policy. While the conceptual framework for the new federal accountability approach is sound, the data that will make it work are inadequate, and often can be misleading.

AFCARS, the federal data system, is not set up to follow children over time. Without this longitudinal data, it is very difficult to answer key questions about how changes in policy, resources, practice or incentives have changed the outcomes for children.

In addition, CFSRs use as the current measure for examination groups of children exiting the foster care system. Measuring cohorts of children exiting the system overstates “both the proportion of children who are reunified within 12 months and the proportion of children adopted within twelve months” because exit cohorts favor children who have been in foster care for shorter periods of time. According to researchers at the Chapin Hall Center for Children who maintain the Multi-state Foster Care Data Archive: “to the extent possible, state performance should be evaluated using data that best reflect the experiences of all the children served. For analyzing performance, it is in most instances best to group children who entered out of home care during a specific year, following their progress through placement until they experience some form of exit.”¹² Some states, such as California and New York, have chosen to use alternative measures to those delineated by the CFSRs. These measures have proven useful, and have not undermined the CFSR process.

Recognize and support the critical role of family courts

Courts play the pivotal role in moving or slowing the pace of dispositions for children - removal from home and into foster care; reunification with parents; termination of parental rights, adoption or guardianship; and determination of whether reasonable efforts have been made toward keeping the family together, or reunification, before exercising more radical solutions. Judges and court personnel control key decisions that contribute substantially to the outcomes—positive or harmful—for vulnerable children.

However, unlike other parts of the child welfare system, courts rely almost entirely on state and local funding sources, which are limited at

¹² Wulczyn, Fred H., Hislop, Kristin and Haight, Jennifer “Reunification and Adoption from Foster Care: State Performance and the Federal Outcome Standards: An issue paper prepared for the American Public Human Services Association, National Association of Public Child Welfare Administrators, Chicago, IL: Chapin Hall Center for Children, undated.

best. The role that juvenile and family courts can play in children's lives has not been well recognized nor well compensated through federal policy and resources. The primary federal support has come through the Court Improvement Program, which initially provided minimal funds to states to assess their dependency court needs. This program has been extended, enabling some courts to develop model court improvement projects, but major judicial system reform is not supported and has not yet occurred. ASFA requirements, including expedited timelines to permanency and exemptions allowing some children to bypass the basic timelines, added to court responsibilities, but provided no additional financial support.

Not all states have full systems of juvenile and family courts, let alone continuity of decision-making for families across (or within) the court systems. Professional development for court personnel is weak. Automated systems for juvenile and family courts, to enable them to track cases, are rare. In addition to hardware, tracking cases appropriately requires use of performance measures and indicators of child outcomes. These measures can enable judicial officials to identify logjams in the caseload, highlight cases where problems are inhibiting timely dispositions, identify ways to address these issues, and assess the effect of strategies used on both court performance and results for children.

Many communities have made advances in the capacity of judicial agencies and personnel to fulfill their responsibilities of ensuring that children, and their families, who become involved in the dependency court receive needed diagnostic services, preventive services and treatment where appropriate, skilled representation, informed decisions, and timely dispositions that lead to reunification or permanency. As noted earlier, for example, Miami/Dade County, Florida has linked screening, assessment and treatment for young abused children and their parents to the services provided under the Individuals with Disabilities Education Act.

San Diego, Miami, Kansas City, Missouri, Suffolk County and Manhattan, New York and several other communities have instituted "drug courts" to provide immediate substance abuse treatment services for children and families in the dependency court, and regular (sometimes as often as weekly) judicial oversight of the child and/or family's treatment progress. Interventions such as these, made available as soon as a family has entered child protective services, risks removal of a child to foster care or has had a child placed into care, raise the likelihood that families can remain safely together and avert the need for termination of parental rights. Not surprisingly, these innovations have gained heightened atten-

The role that juvenile and family courts can play in children's lives has not been well recognized nor well compensated through federal policy and resources.

Providing information to the public on a regular basis, rather than only when tragedy or scandal wracks the system, is one way to increase citizen understanding, knowledge and investment in improving the well-being of vulnerable families and supporting the role of the courts in that effort.

tion since the enactment of expedited ASFA timelines for children to achieve permanency, yet they are far from uniformly available.

Another advance tested in some communities makes more information about dependency cases available for public scrutiny. Pittsburgh, Pennsylvania, for example has permitted the media to review case tracking, including the time it takes from entry to dependency court to intermediate and final disposition points, without compromising confidentiality of individual families. Providing information to the public on a regular basis, rather than only when tragedy or scandal wracks the system, is one way to increase citizen understanding, knowledge and investment in improving the well-being of vulnerable families and supporting the role of the courts in that effort.

SANTA CLARA COUNTY'S INNOVATIVE DEPENDENCY COURTS

Leaders of the Santa Clara County (San Jose), California juvenile and family court have pioneered a comprehensive set of reforms designed to:

- *Strengthen the relationship between the court and families that come before it;*
- *Engage families more fully in decision-making that affects them;*
- *Involve community stakeholders including a range of family-serving agencies, in collaborative efforts to assist the families in dependency court;*
- *Create alternative means for resolving disputes that will achieve positive results for families;*
- *Reduce caseloads*

Among the changes Santa Clara has instituted are:

- ▶ *One judge/one family to provide continuity of information and relationship;*
- ▶ *Court-based dependency mediation services;*
- ▶ *Family group conferencing;*
- ▶ *Dependency drug treatment court;*
- ▶ *Advocates and services for non-offending parents who are victims of domestic violence; and*
- ▶ *Support for a range of partnerships with community agencies.*

As one of six demonstration sites¹³ applying the National Council of Juvenile and Family Court Judges' "Guidelines for Effective Intervention in Cases of Domestic Violence and Child Maltreatment," the court and its family service agency partners have established initiatives in the following areas:

- *Training and cross-training for court social workers, attorneys and judges in the dynamics of domestic violence*
- *Inclusion in juvenile dependency court proceedings of domestic violence advocates to assist adult domestic abuse victims whose children are before the court*
- *New protocols, developed in collaboration with police, child protective services, and domestic violence service providers, for response to crises involving the co-occurrence of domestic violence and child abuse, including the development of an immediate response team*
- *Redesigning the county family and children's agency policies and practices related to child protection cases involving domestic violence*
- *New treatment programs for children exposed to violence*
- *Special class for parents entitled, "Parenting Without Violence"*

Ensure meaningful engagement of families in decisions that affect them and their children

One of the overarching principles emerging from the most effective practices around the country is that family members' participation in making decisions at every stage of child welfare and family court processes makes a positive difference. While this principle is not new, its actual implementation has been weak at best.

Federal regulations provide for including families in decision-making. Nevertheless, in many jurisdictions, family inclusion in case planning has amounted to little more than getting their signature on the plan after it has been drafted by the agency. Paul Vincent, director of the Child Welfare Policy and Practice Group, who has reviewed thousands of cases and permanency plans in more than ten states in the last several years, indicates that "the percentage of cases where the family had a meaningful role in designing the plan is minuscule. Often, you don't even find the parents' signature on the plan; rarely do you see any influence from

¹³ *The other federally funded sites are: El Paso County, Colorado; Grafton County, New Hampshire; San Francisco City and County, California; St., Louis County, Missouri; and Lane County (Eugene), Oregon*

the parent.”¹⁴ Yet families that do have meaningful roles in planning and decision-making are much more likely to feel respected and trusted, and as a result, more likely to put the plans into practice in their own lives.

There are a variety of ways to involve families in these critical processes. Regardless of the name given to the practices, family decision-making meetings are premised on common values: all families have strengths and deserve to be treated with respect and dignity, families can make well-informed decisions about keeping their children safe, and outcomes will improve when families are involved in the decision-making process.¹⁵ At key times, and with the authority of the family itself, extended family members, agency workers, neighbors, and others whom the family identifies are included as partners in these team meetings.

Family-to-Family sites across the country require a team decision-making meeting involving the family and others whenever a decision is made about placement or replacement of a child. Community Partnership sites emphasize that strong frontline practice is not a single event, but has many components: engagement with families, assessment, building a team of formal services and informal supports, holding one or a series of family team meetings to create a plan addressing safety issues and other family needs, and continuous monitoring of progress. Through this approach, families gain a sense of trust in themselves, build a network of support, establish plans tailored to their individual needs and strengths, and find consistent support over time to help them achieve safety, well-being and permanence for themselves and their children.

Develop external accountability mechanisms

Another approach to augmenting accountability is the involvement of individuals or groups of individuals who are independent of either child welfare or the courts as knowledgeable reviewers or advisors. This can bring greater public awareness of children’s need for protection, engage citizens in important work related to a community’s most vulnerable families, and bring fresh perspectives to bear on both the mandates and the implementation of those mandates by child welfare and the courts.

The Child Abuse Prevention and Treatment Act (CAPTA) requires the establishment of citizens review boards to provide oversight for child protective services. Their development and use has been limited despite the positive experiences many states have had in employing external review of what is happening to vulnerable children. Many states, such as Maryland, have set up a Foster Care Review Board to give independent scrutiny to foster care placement decisions. Alabama, in response to

¹⁴ www.pbs.org/wgbh/pages/frontline/shows/fostercare/inside/stats.html, reviewed February 12, 2003.

¹⁵ For a more extensive list of underlying values, see Center for Community Partnerships in Child Welfare, “Bringing Families to the Table: A Comparative Guide to Family Meetings in Child Welfare,” Center for the Study of Social Policy, Washington, D.C., March 2002.

litigation, created quality assurance committees in every county. These committees are composed of volunteers who review a sample of cases throughout the year to ensure that they are being properly handled. New York has an external foster care commission that advises the Office of Child and Family Services on child welfare policy including its handling of foster care cases.

ALABAMA'S COUNTY QUALITY ASSURANCE COMMITTEES

Alabama's accountability process for child welfare makes extensive use of volunteer citizen participation at the county level. Each county has a Quality Assurance Committee, designed to provide independent scrutiny by looking at the system and at individual cases. Committees range from 12 to 30 members, depending on the size of the county, and have broad membership, including: retired professionals from social work, mental health, law, and education; adoptive and foster parents; homemakers; religious leaders; former recipients of agency services; private industry; and citizen advocates. Members contribute considerable time to regular, in-depth, qualitative review of child protection cases, reviewing between 8 and 24 cases each year, based on county population and caseload. They use the same case review instrument that the state quality assurance team uses when it conducts qualitative case reviews, as well as the same rating approach and write-up of case review findings and recommendations.

In addition, committees conduct their own special studies to explore particular issues, related to practice, organizational infrastructure, and, in some instances, particularly problematic cases. In one county, for example, where there were multiple complaints by foster families, client families, and service providers about their inability to communicate with child welfare case-workers, a committee investigation led to recommendation for an updated telephone system with multiple lines. Other county committees have explored issues of high incidence of repeat maltreatment, multiple placements involving four or more moves for some children, and permanency delays, particularly for those children who have been in foster care for periods exceeding 13 months.

Federal Policy Recommendations:**18. Federal accountability structure and incentives for performance.**

Maintain the current federal accountability framework, but change performance measures, augment federal monitoring and technical assistance capacity and provide fiscal incentives to states for improved performance.

Four principal changes are required:

- ▶ It is essential to redesign the performance measures against which states are measured to portray more accurately what is happening to children in the system. Longitudinal data sets of children entering placement should replace currently used exit cohorts.
- ▶ The AFCARS data system should be redesigned to incorporate the same data elements that are used to measure CFSR outcomes and the capacity to follow children over time.
- ▶ The Department of Health and Human Services should be provided adequate resources to ensure sufficient personnel and expertise to oversee implementation of state Program Improvement Plans. To make the PIPs meaningful will require monitoring by the federal government, continued cooperation across the federal, state and local levels, and technical assistance to help states meet the goals they have set forth in their plans.
- ▶ The federal government should provide additional resources to states to implement their PIPs and provide performance bonuses once states hit performance benchmarks.

The recently instituted Child and Family Service Reviews and Program Improvement Plans significantly advance the accountability mechanisms used by the federal government. They need to be continued, and strengthened going forward based on a review of experience to date. These important actions will make the federal accountability system useful to states and communities and will improve federal stewardship of child welfare resources.

19. Community collaborations. *Clarify policy and provide guidance about the allowable use of Title IV-E administrative funds for community partnerships and neighborhood-based personnel and services.* Community partnerships reorganize services to be closer to the families they are intended to aid, decentralize public child welfare personnel including placing them at the neighborhood level and in other child and family-serving agencies, develop new types of collaborative neighborhood-based services, and arrange and support family involvement in decision-making meetings. These practices, taken together, are improving the effective

use of services by families whose children are in care or are candidates for care, and helping them keep their children safe.

20. Family involvement. *Provide policy and model practices to states and communities to increase engagement of families in planning and decision-making.* The Department of Health and Human Services should assist states and localities by providing more detailed guidance about how to implement current federal regulations, which require family involvement in child welfare decisions. There is considerable information available for dissemination or ready to be developed regarding best practices from community innovations, as well as training to improve the skills of administrators, supervisors and frontline workers to involve families in planning and decision-making meetings. While federal regulations require family involvement, the practice is not widespread.

21. Public participation and court contribution to accountability. *Open the child welfare system, including the courts, to greater public scrutiny by citizens and by substantially increasing resources to improve court tracking and monitoring capacity, and by widely disseminating best practices with regard to citizen review panels and community public information policies.* There are several useful vehicles to increase public understanding of, support for, and engagement with the challenges faced by the public child welfare system:

- ▶ The Department of Health and Human Services should provide guidance to states and localities about how to establish, operate and use information generated by independent review panels—such as citizen review boards for child protection or foster care review boards. Community partnerships offer another approach to public accountability. Federal dollars should be provided to support these entities and their oversight functions.
- ▶ Significant investment should be made in juvenile and family courts to strengthen their capacity to track and monitor dependency cases. Courts need automated information systems that link their case data with that of their partner child welfare agencies. One way to do this would be to fully fund State Court Improvement efforts to authorized levels.
- ▶ The Department of Health and Human Services should disseminate pioneering efforts by local courts to open their tracking systems to public review. Without compromising critical confidentiality protections, the public should have access to this tracking information, such as how long cases stay on the court docket and how required timelines are met for case dispositions.

4

Financing Reform

The basic structure of child welfare financing and incentives has not changed since 1980, when the first major federal reform of the child welfare system was enacted. While funding has increased, driven largely by the growing numbers of children in placement, the underlying framework has not adapted to the goals that have been enunciated for child welfare systems, to changes in related law and policy, or to community innovations that are mapping a pathway for best practice. It is time to undertake a major review and create a new framework for child welfare financing in the 21st century.

First, it is important to align federal financing with the stated purposes of the child welfare system: safety, permanency and well-being for children. Current funding focuses principally on safety, but safety only defined as foster care placement. While the 1997 law created new incentives, in the form of bonuses to states for permanency, it only provides funding for permanency through adoption. Well-being involves health, learning, emotional and social competencies for children at risk of maltreatment as well as for those in placement. Yet current law provides far fewer funds for services, and only for services tied to eligible children.

The current funding scheme is weighted toward maintaining children in temporary out-of-home placements that all too often are not temporary. Further, current funding precludes financing for preventive and in-home services that might reduce the need for removing children from their families. The funds states receive under Title IV-E are principally for the maintenance of children in out-of-home care, and generally cannot be used for purposes other than foster care. This severely limits the ability of states to make investments in the services and supports that might reduce the need for removing children from their families.

This financing imbalance is compounded because current funding is tied, through states, to public and private providers of these foster care placements, rather than to what the children need. This not only creates an incentive for placement as providers gain more funding by keeping more children in placement for more days, but also narrows the nature of services provided because funds are not designed to be responsive to individual families.

As initially designed, federal child welfare law entitles states to reimbursement for maintenance costs for children based on their tie to the since-repealed Aid to Families With Dependent Children (AFDC) program. This child welfare eligibility tie to AFDC eligibility standards was not modified by TANF, even though TANF now permits states to determine the parameters of who is “needy” for the purposes of welfare assistance. Thus current child welfare law is based both on outdated information, and most likely on information that is inapplicable to the recently delineated goals of child welfare.

States have also diversified the sources of funds used to support the child welfare system. One reason for the diversification involves the fact that states’ Title IV-E funding is dependent on the outdated AFDC linkage and a base year of 1996. As this “look-back” becomes more and more distant, and fewer and fewer children are Title IV-E eligible, states have looked elsewhere for resources for child welfare. This is an immediate problem for almost every state.

In the last several years, child welfare agencies have begun to draw on TANF funds for a range of services and linked more consistently to Medicaid for case management and rehabilitative health services. El Paso County, Colorado, for example, substantially augments available services for vulnerable families by drawing on TANF dollars. However, TANF provides a fixed amount of funding to states, designated primarily to help needy families transition to economic self-sufficiency through employment. States’ expenditures for Medicaid, overall, have consistently increased in the past few years, compounding the economic problems imperiling state budgets. Given the current constraints on both the federal and states’ budgets, states’ increased reliance on these funds by child welfare agencies may face serious problems in the future.

Since the Child Welfare Summit, the Administration has offered its proposal for the FY 2004 budget. The Administration’s plan calls for needed flexibility to address the adverse incentives in the current child welfare system but it fails to base funding on any assessment of what states truly need to run an effective system or provide for a meaningful mechanism to address unanticipated caseload increases. It is not specifically designed to build on and advance the kinds of innovations that have proven effective in communities across the country.

Many organizations and individuals have made proposals to alter the current child welfare financing structure; scores of proposals were advanced for the Child Welfare Summit alone. Given the multiplicity of approaches, the better way to proceed is to examine carefully what states

have done to improve child welfare and the courts and, based on this systematic review, determine the types of federal financing strategies that will support such innovations. The Pew Charitable Trusts has recently established the Pew Commission on Children in Foster Care, which has as one of its two principal purposes the development of recommendations for reform of child welfare financing. This independent commission of knowledgeable leaders and experts can undertake the needed study over a defined period of time and offer a reasoned and comprehensive series of proposals for comprehensive financing reform.

In anticipation of the Commission's work, the proposals presented for the Child Welfare Summit, taken together, suggest a set of seven principles for considering any financing reform recommendations, no matter when or from what forum they arise. While each principle is articulated individually, and addresses a specific aspect of the reform framework, the seven principles are interrelated and should be viewed as an integrated platform for policy.

Seven Key Principles for Reforming Federal Finance of Child Welfare:

- 1. Maintain core protections for children and families.** The 1980 law laid out a set of fundamental protections for children in the child welfare system—from individualized plans to timely case dispositions, from reasonable efforts to keep children with their families or reunify them, to placements as close to home as possible. Each subsequent legislative effort to improve the child welfare system has upheld these basic protections and every future legislative proposal must maintain them as well.
- 2. Base funding on up-to-date, need-based data.** Child welfare funding should be untied from outmoded programs such as AFDC and based on current data related to states' pool of children and families at risk of maltreatment or neglect. At minimum, states should be allowed to use their current TANF eligibility standards to determine if children are Title IV-E eligible. Careful study should be given to alternative bases for state receipt of child welfare funds, including poverty, numbers of children in care, numbers of substantiated reports of abuse and neglect, or some other formulation that ensures states equitable funding.
- 3. Design funding so that dollars follow children and children's needs.** By contrast with current law, in the future, funding should be tied to what children need, rather than solely to those who provide the services. With this strategy, resources will be available to respond flexibly to children and families' changing needs and circumstances

and to create individualized interventions, rather than be limited to traditional maintenance payments or counseling and services programs.

- 4. Recognize wide variation in state financing arrangements.** States vary considerably in the ways in which they have developed a base of resources to support their child welfare systems and in the fluctuations in their total spending in any given year. Any financing reform proposal should take account of these widely varying financing arrangements across the states. This is important not only to recognize individual state needs and caseload changes, but also to ensure that each state has sufficient capacity to maintain a quality system of care for its most vulnerable children even in difficult economic times.
- 5. Ensure funding can cover preventive services and non-foster care arrangements.** New avenues should be explored to make funding available for provision of preventive services that can enable children to stay safely with their family. Many of these services may be provided in-home, while others may be developed in partnerships with other community agencies. Funding should both ensure coverage for these services and also enable them to be provided as early as possible after families come to the attention of child protective services or the child welfare agency.

Alternative permanency arrangements, such as guardianship and kinship guardianship, can augment adoption as a way to achieve stability and security for children who cannot return to their birth parents. The backlog of “waiting children” continues to be high. Experiments testing subsidization of these options have been successful. Consequently, these alternative permanency options should be eligible for support, without requiring a waiver, in any future federal funding plans.

- 6. Provide direct federal funding for child welfare services, including foster care maintenance and adoption assistance, to Indian Tribes.** Current Title IV-E federal financial assistance for foster care, adoption assistance, and related administrative and training costs is available only to states. These services for children of Tribal Reservations must come to each Tribe through agreements with individual states. For years, American Indian Tribes have sought recognition of their government-to-government relationship with the federal government for purposes of funding all child welfare services. Reform of federal participation in the financing of child welfare services should address this anomaly in federal-tribal relationships and provide funding directly to the Tribes, authorizing tribal administration of federally funded services.

7. Maintain and build upon adequate levels of federal and state funding.

It is evident that many of the recommendations suggested throughout this report cannot occur if resources are reduced. According to the Urban Institute, states spent an estimated \$20 billion dollars of combined federal, state and local funds on child welfare in state fiscal year 2000, a 20 percent increase since fiscal year 1998.¹⁶ While some states caseloads have increased while others decreased, and specific events, legislation and leadership may have redirected funds within the system, it remains critical to maintain current funding and, in clearly identified areas, to target specific increases. It will be important to ensure maintenance of Medicaid funding so that child welfare agencies can continue to access treatment services for children and families in their systems.

¹⁶ Bess, R., Andrews, C., Jantz, A., Russell, V., and Geen, R., "The Cost of Protecting Vulnerable Children III: What Factors Affect States' Fiscal Decisions?" *Assessing the New Federalism Occasional Paper Number 61*, The Urban Institute, Washington, D.C., undated.

Conclusion

Children should not needlessly risk maltreatment or death, when there are strategies that can prevent harm and provide protection and care. Cities and towns across the country are taking the lead in developing better ways to keep children safe, to improve their stability in their own or another permanent family, and, by increasing their protection and reducing the harm and disruptions in their lives, to enhance their basic physical, emotional and social health and learning. Now it is time to ensure that all communities across the country can learn from these innovations, adapt them to their own circumstances, and create the conditions so that all vulnerable children and families have the opportunity to reach the goals that the nation has established: safety, permanency and well-being.

This report sets forth a set of realistic recommendations for action. The recommendations draw on a wide range of experience and expertise. Legislation and administrative policy and guidance can put these into wide use. Parents and policymakers, public agencies and private organizations, states and localities, experts and scholars are prepared to join together to make these recommendations a reality.

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APPENDICES

- A. November 18, 2002 Agenda
- B. Child Welfare Summit Participants
- C. Resource List: List of Background Papers
- D. State by State Table of Child Abuse/Neglect Victims, 2000
- E. State by State Tables of Foster Care Dynamics
 - Foster Care Caseloads, FY 2000
 - Median Length of Stay in Foster Care, FY 2000
 - Exits to Reunification within 12 Months, FY 2000
 - Exit Outcomes for Children Leaving Care, FY 2000
 - Children Waiting to be Adopted, September 30, 2000

APPENDIX A:

November 18, 2002 Agenda

CHILD WELFARE SUMMIT: LOOKING TO THE FUTURE
LIBRARY OF CONGRESS ♦ WASHINGTON, DC
NOVEMBER 18, 2002

Hosted by:

THE HONORABLE GEORGE MILLER (D-CALIFORNIA)
THE HONORABLE CHARLES RANGEL (D-NEW YORK)
THE HONORABLE BENJAMIN CARDIN (D-MARYLAND)

Sponsored by:

THE CENTER FOR COMMUNITY PARTNERSHIPS IN CHILD WELFARE
OF THE CENTER FOR THE STUDY OF SOCIAL POLICY

AGENDA

- 9:00 AM** **REGISTRATION & BREAKFAST**
- 9:30 AM** **WELCOME & PURPOSE**
Frank Farrow
Director
Center for the Study of Social Policy
- 9:45 AM** **SETTING THE CONTEXT: *THE CONTINUING CRISIS IN CHILD WELFARE***
The Honorable George Miller
Senior Democratic Member
Committee on Education and the Workforce
- 10:00 AM** **OVERVIEW OF THE DAY**
Jolie Bain Pillsbury, Facilitator
- 10:15 AM** **IMPLEMENTATION OF IMPROVED CHILD WELFARE OUTCOMES:
ONE SYSTEM'S APPROACH TO CHANGE**
Panelists:
❖ *William Bell, Commissioner, Administration for Children and Families,
New York, NY*
❖ *Sandra Jimenez, New York City Parent Advocate*
❖ *John Mattingly, Senior Associate, The Annie E. Casey Foundation,
Member of the Special Child Welfare Advisory Panel for New York City*
- 11:00 AM** **BREAK**

11:15 AM HIGH QUALITY FRONTLINE PRACTICE

Panelists:

- ❖ *Paul Vincent, Director, The Child Welfare Policy and Practice Group*
- ❖ *Carol Wilson Spigner, Professor of Social Work, University of Pennsylvania*
- ❖ *Brandy Hudson, California Youth Connection*
- ❖ *Susan Schechter, Professor of Social Work, University of Iowa*
- ❖ *The Honorable Cindy S. Lederman, Administrative Judge, Miami-Dade Juvenile Courts*

12:45 PM LUNCH

1:30 PM ACCOUNTABILITY FOR RESULTS

Panelists:

- ❖ *The Honorable Ernestine S. Grey, Judge, New Orleans Parish Juvenile Court*
- ❖ *Marcia Lowry, Director, Children's Rights, Inc.*
- ❖ *David Sanders, Director, Children, Family and Adult Services Department, Minneapolis, MN*
- ❖ *LaJean Ray, Director, Fatima Family Center*

2:30 PM BREAK

2:45 PM ADDITIONAL PROPOSALS FOR ACHIEVING SAFETY, PERMANENCY AND WELL-BEING OF CHILDREN

Panelists:

- ❖ *Richard Gelles, Dean, University of Pennsylvania School of Social Work*
- ❖ *Terry Cross, Executive Director, National Indian Child Welfare Association*
- ❖ *MaryLee Allen, Director, Child Welfare and Mental Health Division, Children's Defense Fund*

4:15 PM CLOSING REMARKS - SUMMARY AND NEXT STEPS

Susan Notkin

Director

Center for Community Partnerships in Child Welfare

4:30 PM ADJOURN

This Summit was made possible with support from the Annie E. Casey and David and Lucile Packard Foundations

APPENDIX B:

Child Welfare Summit Participants

CHILD WELFARE SUMMIT PARTICIPANTS

NAME	AFFILIATION
Ms. Barbara Alexander, <i>Executive Director</i>	First Coast Family Center
Ms. Mary Lee Allen, <i>Director</i>	Children's Defense Fund
Ms. Sue Badeau, <i>Child Welfare Policy Consultant</i>	Pew Charitable Trusts
Ms. Kathy Barbell, <i>Director</i>	Casey National Center for Resource Family Support
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APPENDIX C:

Resource List:

List of Background Papers Prepared for the Summit

Background Paper #1:

Brief Legislative History

Related Policy Recommendations

Background Paper #2:

Accountability and Oversight in Child Welfare Services

Related Policy Recommendations

Background Paper #3:

Building a Quality Workforce

Related Policy Recommendations

Background Paper #4:

Child Welfare Practice

Related Policy Recommendations

Background Paper #5:

Partnerships with Communities, Neighborhoods and Families

Related Policy Recommendations

Background papers are available through the Center for the Study of Social Policy and through its website or through its Center for Community Partnerships in Child Welfare:

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APPENDIX D:

State by State Table of Child Abuse/Neglect Victims, 2000

Child Maltreatment Victims by State, 2000

State	Child population < 18 years of age	Victims	Rate ^a
Alabama	1,123,422	9,990	8.9
Alaska	190,717	6,957	36.5
Arizona	1,366,947	7,460	5.5
Arkansas	680,369	7,479	11.0
California	9,249,829	129,678	14.0
Colorado	1,100,795	7,467	6.8
Connecticut	841,688	14,462	17.2
Delaware	194,587	1,813	9.3
District of Columbia	114,992	2,911	25.3
Florida	3,646,340	95,849	26.3
Georgia	2,169,234	30,806	14.2
Hawaii	295,767	3,533	11.9
Idaho	369,030	3,171	8.6
Illinois	3,245,451	31,446	9.7
Indiana	1,574,396	21,890	13.9
Iowa	733,638	10,822	14.8
Kansas	712,993	8,356	11.7
Kentucky	994,818	18,600	18.7
Louisiana	1,219,799	10,618	8.7
Maine	301,238	4,779	15.9
Maryland	1,356,172	16,500	12.2
Massachusetts	1,500,064	32,334	21.6
Michigan	2,595,767	26,680	10.3
Minnesota	1,286,894	11,824	9.2
Mississippi	775,187	6,389	8.2
Missouri	1,427,692	7,658	5.4
Montana	230,062	3,347	14.5
Nebraska	450,242	3,701	8.2
Nevada	511,799	5,775	11.3
New Hampshire	309,562	842	2.7
New Jersey	2,087,558	8,727	4.2
New Mexico	508,574	6,288	12.4
New York	4,690,107	74,065	15.8
North Carolina	1,964,047	36,186	18.4
North Dakota ^b	160,849	0	0.0
Ohio	2,888,339	54,084	18.7
Oklahoma	892,360	13,861	15.5
Oregon	846,526	11,381	13.4
Pennsylvania	2,922,221	5,002	1.7
Rhode Island	247,822	3,361	13.6
South Carolina	1,009,641	11,246	11.1
South Dakota	202,649	3,081	15.2
Tennessee	1,398,521	16,572	11.8
Texas	5,886,759	45,800	7.8
Utah	718,698	8,729	12.1
Vermont	147,523	1,347	9.1
Virginia	1,738,262	7,416	4.3
Washington	1,513,843	7,095	4.7
West Virginia	402,393	8,244	20.5
Wisconsin	1,368,756	12,001	8.8
Wyoming	128,873	1,332	10.3
Total	72,293,812	878,955	12.2

Source: U.S. Department of Health and Human Services (HHS), *Child Maltreatment 2000, 2002*.

^aRate is calculated by dividing a state's number of victims by its child population and multiplying by 1,000.

^bNorth Dakota reported 703 children "in need of services" but it did not code these children as victims.

APPENDIX E:

State by State Tables of Foster Care Dynamics

Foster Care Caseloads, FY 2000

Median Length of Stay in Foster Care, FY 2000

Exits to Reunification Within 12 Months, FY 2000

Exit Outcomes for Children Leaving Care, FY 2000

Children Waiting to be Adopted, September 30, 2000

Foster Care Caseloads by State, FY2000

State	Number in foster care 9/30/2000	Rate ^a
Alabama	5,621	4.6
Alaska	2,193	10.9
Arizona	6,475	4.5
Arkansas	3,045	4.2
California	112,807	11.4
Colorado	7,533	6.4
Connecticut	6,996	7.7
Delaware	1,098	5.3
District of Columbia	3,054	23.0
Florida	35,656	9.2
Georgia	11,204	4.9
Hawaii	2,379	7.6
Idaho	1,034	2.6
Illinois	33,125	9.1
Indiana	7,482	4.5
Iowa	5,068	6.5
Kansas	6,569	8.6
Kentucky	6,152	5.8
Louisiana	5,406	4.2
Maine	3,191	9.7
Maryland	13,113	8.8
Massachusetts	11,619	7.1
Michigan	20,034	7.2
Minnesota	8,530	6.2
Mississippi	3,292	3.9
Missouri	13,181	8.6
Montana	2,180	8.9
Nebraska	5,674	11.9
Nevada	1,615	3.0
New Hampshire	1,342	4.1
New Jersey	9,794	4.5
New Mexico	1,912	3.6
New York	47,208	9.2
North Carolina	10,847	5.2
North Dakota	1,129	6.5
Ohio	20,365	6.6
Oklahoma	8,406	8.8
Oregon	9,193	10.2
Pennsylvania	21,631	6.9
Rhode Island	2,302	8.4
South Carolina	4,566	4.2
South Dakota	1,215	5.6
Tennessee	10,144	6.8
Texas	18,236	2.9
Utah	1,805	2.3
Vermont	1,318	8.4
Virginia	7,380	3.8
Washington	8,945	5.6
West Virginia	3,388	7.8
Wisconsin	10,148	6.9
Wyoming	815	5.8
Total (caseload estimate includes Puerto Rico; rate does not)	556,000^b	7.0

Source: U.S. Department of Health and Human Services (HHS), AFCARS 2000 data.

^aRate of foster care is calculated by dividing a state's number of children (under 19 years of age) in foster care by its total under-19-years-of-age population and multiplying by 1,000. Note: The state caseload numbers shown in this table include youths aged 19 or older who remain in the custody of the state child welfare agency.

^bTotal caseload, as shown in table, for all states and the District of Columbia only, is 547,415.

Median Length of Stay in Foster Care, FY2000

Children in care on 9/30/2000

State	Median length of stay in months
Alabama	22.0
Alaska	16.7
Arizona	18.0
Arkansas	12.6
California	26.6
Colorado	12.0
Connecticut	24.6
Delaware	13.7
District of Columbia	27.4
Florida	14.5
Georgia	15.2
Hawaii	11.6
Idaho	11.0
Illinois	40.0
Indiana	12.7
Iowa	10.7
Kansas	14.8
Kentucky	15.5
Louisiana	16.3
Maine	24.9
Maryland	33.6
Massachusetts	17.4
Michigan	14.7
Minnesota	12.7
Mississippi	16.0
Missouri	17.0
Montana	16.0
Nebraska	14.4
Nevada	17.0
New Hampshire	26.1
New Jersey	20.8
New Mexico	17.5
New York	29.8
North Carolina	16.4
North Dakota	10.8
Ohio	14.4
Oklahoma	11.9
Oregon	18.5
Pennsylvania	19.9
Rhode Island	15.1
South Carolina	20.7
South Dakota	8.3
Tennessee	16.8
Texas	13.5
Utah	10.4
Vermont	15.9
Virginia	24.3
Washington	15.9
West Virginia	15.1
Wisconsin	25.0
Wyoming	12.5
National median	20.2

Source: U.S. Department of Health and Human Services (HHS), AFCARS 2000 data.

Children Exiting to Reunification in FY2000 Who Did So within 12 Months of Entry

State	Number	Percent
Alabama	1,118	61.7
Alaska	359	58.0
Arizona	2,597	71.5
Arkansas	1,892	86.2
California	16,441	53.2
Colorado	3,388	85.7
Connecticut	784	49.3
Delaware	588	83.6
District of Columbia	100	59.9
Florida	5,818	48.0
Georgia	2,351	75.9
Hawaii	848	80.4
Idaho	659	82.1
Illinois	1,263	34.9
Indiana	2,480	76.9
Iowa	3,443	81.1
Kansas	681	47.8
Kentucky	2,070	79.8
Louisiana	1,195	64.8
Maine	144	50.5
Maryland	1,039	55.3
Massachusetts	2,672	76.6
Michigan	2,317	52.9
Minnesota	6,986	84.9
Mississippi	855	67.7
Missouri	2,290	68.0
Montana	664	87.0
Nebraska	699	44.4
Nevada	89	60.5
New Hampshire	154	57.5
New Jersey	1,767	60.3
New Mexico	1,049	81.8
New York	6,413	49.9
North Carolina	1,528	59.2
North Dakota	491	81.4
Ohio	6,710	73.9
Oklahoma	3,057	80.2
Oregon	1,760	64.3
Pennsylvania	5,720	67.7
Rhode Island	506	63.3
South Carolina	1,952	82.0
South Dakota	670	84.0
Tennessee	1,930	61.3
Texas	2,739	64.4
Utah	1,195	82.9
Vermont	284	66.2
Virginia	650	70.9
Washington	111,703	83.5
West Virginia	716	79.5
Wisconsin	2,207	80.0
Wyoming	430	81.6
National median	84.3%	

Source: AFCARS 2000, version 1. The percentages in this table are consistent with those in U.S. Department of Health and Human Services, *Child Welfare Outcomes 2000*, forthcoming. However, numbers in the table were separately generated and may vary slightly from the AFCARS numbers used to create tables in the forthcoming *Child Welfare Outcomes 2000*.

Exit Outcomes for Children Leaving Care in FY2000

Exit outcomes shown as percentage; final column shows total number of exits from care

State	Reunification ^a	Adoption	Guardianship	Other ^b	Missing data	Total number
Alabama	77.7	6.2	-	9.0	7.2	2,334
Alaska	67.8	18.1	8.7	5.4	0.1	913
Arizona	71.8	18.4	0.5	9.3	-	5,056
Arkansas	59.7	10.7	-	5.3	24.4	3,679
California	61.7	15.4	7.1	14.4	1.5	50,112
Colorado	71.7	3.1	1.3	16.2	7.6	5,512
Connecticut	67.1	20.1	5.9	6.9	0.0	2,368
Delaware	79.3	10.9	1.8	7.9	-	886
District of Columbia	53.0	14.3	1.3	31.4	-	315
Florida	78.1	10.3	1.7	9.9	-	15,507
Georgia	66.5	23.5	2.5	7.4	0.1	4,657
Hawaii	59.7	16.9	8.5	11.1	3.8	1,768
Idaho	81.0	10.0	-	7.6	1.4	991
Illinois	31.5	41.2	10.2	13.2	4.0	11,505
Indiana	62.0	20.8	6.1	7.6	3.5	5,197
Iowa	78.4	13.3	-	8.2	0.0	5,414
Kansas	79.6	1.7	5.6	13.0	-	1,788
Kentucky	63.4	8.5	0.5	6.5	21.2	4,091
Louisiana	58.6	15.0	1.8	24.6	-	3,146
Maine	39.5	41.3	0.7	2.9	15.5	721
Maryland	60.4	15.5	4.6	10.0	9.5	3,110
Massachusetts	54.6	12.1	6.7	9.3	17.3	6,392
Michigan	56.2	21.8	1.2	20.7	0.2	7,802
Minnesota	82.8	5.9	0.7	10.5	0.1	9,939
Mississippi	73.2	16.3	3.4	5.4	1.7	1,726
Missouri	61.1	19.6	5.0	14.3	-	5,509
Montana	57.5	19.3	2.0	8.8	12.4	1,327
Nebraska	62.6	7.1	2.9	0.8	26.6	2,514
Nevada	38.0	-	0.3	5.4	56.3	387
New Hampshire	49.8	16.4	4.8	19.5	9.5	538
New Jersey	71.3	16.3	-	12.4	0.0	4,109
New Mexico	74.7	14.1	4.2	6.0	1.0	1,716
New York	63.4	20.9	-	13.4	2.2	20,243
North Carolina	57.6	23.0	8.8	10.6	-	4,481
North Dakota	70.9	5.2	0.5	18.4	5.1	851
Ohio	64.2	12.0	3.9	8.4	11.4	14,131
Oklahoma	71.0	19.7	2.3	6.9	-	5,364
Oregon	60.0	18.3	3.9	8.5	9.2	4,563
Pennsylvania	70.8	13.9	1.1	14.0	0.2	11,926
Rhode Island	59.3	12.6	3.1	14.5	10.4	1,348
South Carolina	75.8	13.2	0.8	10.3	-	3,140
South Dakota	76.6	8.3	3.9	8.3	2.9	1,042
Tennessee	72.1	8.1	0.2	16.0	3.6	4,370
Texas	51.3	25.6	-	6.1	17.0	8,283
Utah	63.7	13.4	9.5	11.3	2.1	2,264
Vermont	62.7	14.3	2.3	10.5	10.1	684
Virginia	56.8	22.3	-	20.9	-	1,614
Washington	66.3	15.2	7.9	10.4	0.1	7,129
West Virginia	39.9	12.3	0.1	9.7	38.0	2,256
Wisconsin	63.2	14.8	-	22.0	-	4,366
Wyoming	72.1	4.4	6.6	15.7	1.2	731

Source: U.S. Department of Health and Human Services (HHS), *Child Welfare Outcomes, 2000*, forthcoming.

^aIncludes children living with relatives other than parents.

^bIncludes youths who emancipated as well as children who were transferred to another agency, ran away, or died.

Children Waiting to Be Adopted, as of September 30, 2000

State	Waiting children
Alabama	1,162
Alaska	780
Arizona	2,370
Arkansas	817
California	12,632
Colorado	1,788
Connecticut	257
Delaware	334
District of Columbia	1,086
Florida	5,318
Georgia	2,875
Hawaii	657
Idaho	208
Illinois	7,990
Indiana	1,966
Iowa	1,019
Kansas	1,910
Kentucky	2,039
Louisiana	1,542
Maine	1,101
Maryland	3,076
Massachusetts	3,147
Michigan	7,745
Minnesota	1,839
Mississippi	520
Missouri	3,131
Montana	854
Nebraska	488
Nevada	68
New Hampshire	229
New Jersey	5,032
New Mexico	822
New York	17,327
North Carolina	3,715
North Dakota	343
Ohio	4,439
Oklahoma	1,767
Oregon	3,150
Pennsylvania	5,210
Rhode Island	399
South Carolina	2,014
South Dakota	311
Tennessee	2,044
Texas	7,214
Utah	371
Vermont	252
Virginia	2,084
Washington	2,669
West Virginia	766
Wisconsin	969
Wyoming	125
Total	129,971

Source: U.S. Department of Health and Human Services (HHS), *Child Welfare Outcomes*, 2000, forthcoming. The total estimated number of waiting children, as of September 30, 2000, is 131,000. This includes children waiting to be adopted in Puerto Rico.

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