

Presenting:

The Indianapolis Partnership for Child Well-Being

**A Strategic Plan for the
Welfare of Marion County's
Children and Families**

June, 2005

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Several times in the past decade, the leaders of the public and private agencies that make up the child welfare system in Marion County have come together to explore ways to improve the services and programs offered to children and families in need. Over the years, these cooperative efforts have focused on: developing safe families and supportive environments for Marion County's most vulnerable children; moving children in care to permanency in a timely manner; and containing costs.

To continue the good work begun in the past, and to spur the system to further improvements, the Coalition for Indy's Kids, with the endorsement of the Director of the Marion County Department of Child Services and the presiding judge of the Marion Superior Court, Juvenile Division, asked MCCOY, Inc., the youth services intermediary organization for Marion County, to serve as the neutral convener and manager of the strategic planning process. A proposal for funding this venture was developed and submitted to the Lilly Endowment, Inc. for consideration; the Board of Trustees of the Endowment approved the grant that has made all this work possible. We are appreciative of their significant investment in the well-being of Marion County's vulnerable children and families.

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This Strategic Plan is truly a community vision of how we can do a better job of providing programs, services, and supports for the children and families of our community.

We wish to thank the following groups of participants for the generous giving of their time, their talents and their expertise.*

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- Dan Carmin, Director, Marion County Department of Child Services
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Plans are only good intentions unless they immediately degenerate into hard work.

Peter Drucker

We are challenged to implement this plan within the established community outcomes for children and families, the emerging priorities and standards now being initiated by the new Indiana Department of Child Services, and prevailing federal policies. We acknowledge this will require us to regularly update and adjust our strategic plan.

From the beginning, those involved in this strategic planning effort have said we did not want to produce a document that many would read, nod their heads in knowing consent, and then put it up on the shelf never to be seen or heard about again. The thoughtfulness of the planning process is now over. Now comes the most important part: the implementation of our collective work. Literally, the lives and well-being of children in Marion County depend upon us refusing to fail.

This project was directed by:

John Brandon, President, Marion County Commission On Youth, Inc.

Charlene Hederick, Consultant, Hederick Partnerships

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FOREWORD

This planning process began in May 2003. In these past two years, a number of important events have occurred and the environment in which child welfare operates within the state has changed significantly.

- The 2003 General Assembly mandated the appointment of a Commission on Abused and Neglected Children and their Families. In August 2003, the late Governor Frank O'Bannon appointed the Commission and in August 2004, the Commission issued their report. The report contained 32 recommendations. An Executive Summary of the Commission's report is contained in Attachment A.
- A new state administration was elected in November 2004, and Governor Mitch Daniels took office in January 2005. Governor Daniels immediately issued an Executive Order establishing the Department of Child Services (DCS), separating Child Protective Services from the larger Family and Social Services Administration. In addition, the Governor appointed the former Marion County Superior Court, Juvenile Division Judge, James Payne, to lead the Department, and elevated his position to cabinet level.
- The 2005 General Assembly passed a number of bills that enacted recommendations made by the Commission on Abused and Neglected Children and Their Families. The most significant of those:
 - The formal establishment of the Department of Child Services, with its own budget.
 - The hiring of 400 new case managers; 200 to begin work in July 2005 and 200 more in July 2006.
 - The adoption of caseload standards consistent with national best practice - 12 child protective services investigations per case manager and 17 children per family case manager.

Recently, Director Payne publicly presented the principles by which the Department of Child Services will be guided:

- Vision – Children thrive in safe, caring, supportive families and communities.
- Mission - Protect children from abuse and neglect by partnering with families and communities to provide safe, nurturing and stable homes.
- Services – Provide a continuum of care that embraces “The Four Ps.”
 - Prevention (of abuse and neglect).
 - Preservation (of the family).
 - Placement (of children in out-of-home care if necessary).
 - Permanency (providing the best safe and stable family environment possible).

- Regionalization model for operations and service delivery with 18 DCS regions. The goal of regionalization is, as stated by Director Payne, “to ensure that a proper array of quality services is provided, that there is a vehicle to provide a *consistent* selection process that is *consistent* from region to region and that there are adequate financial resources to fairly compensate providers.” See Attachment B for a map displaying the DCS regions.

The major goal of this regional structure within the Department of Child Services is to provide *consistency* across the counties, the regions and the state.

We wholeheartedly support Director Payne and his staff for their vision and leadership to improve the operation of the Department; the consistent enhancement and coordination of services; and the focus on the well-being of children and families. Because our community wants to be a place where children thrive in safe, caring, and supportive families, we intend to work in concert with DCS and connect our work to theirs. At the same time, we recognize this entire process is an organic one. Changes will occur in our community and in other communities and on the state level. Each community had its own set of resources, assets and challenges. We support consistency but also value the uniqueness of every community.

This two-year planning process brought together a wide variety of community members and organizations. By coming together and thoughtfully considering our resources, assets, and challenges, we are able to show we are a community that cares about children and families.

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

Introduction

In a perfect world, all children and families would be equally valued and all citizens in a community would willingly accept a shared responsibility for the safety, well-being, and positive development of every child and for the support and strengthening of every family constellation. Unfortunately, we live in an imperfect world and children sometimes become victims of the adults who are supposed to care for them.

Recognizing that some families face significant challenges insuring their children are nurtured and supported, a partnership of public and private entities—known as the *child welfare system*—is charged with the primary responsibility of providing services and programs to children who fall victim to abuse, abandonment, and neglect. Led by the Marion County Superior Court, Juvenile Division and by the Marion County Department of Child Services, working in concert with the Indiana Department of Child Services (DCS), and supported by a vast array of private service providers, the child welfare system attempts to protect children who are in vulnerable situations, repair the damage that has been done and to provide a safe and permanent home for these children.

Our community has regularly examined our child welfare system and its operations with the goal of improving the system and the results it produces – most recently in 1993 and again in 1999.

Over the past eighteen months, with funding support provided by Lilly Endowment, Inc., the Marion County Commission On Youth, Inc. (MCCOY) has been coordinating a process that is seeking ways to enhance and improve the child welfare system here in Marion County. Representatives of all the major service providers—both public and private, plus community members at-large —have been examining ways that our system can work more effectively on behalf of children and families.

The following recommendations attempt to address both the child welfare system as well as the context in which it operates. A well-known construct states: nature abhors a vacuum. Similarly, our child welfare system operates at the statewide direction of DCS and in the context of the larger community, a community that bears an equal responsibility for the well-being and safety of the children in its care.

Total Estimated Cost of Child Abuse and Neglect in the United States

In 2001, Prevent Child Abuse America conducted a national cost-of-injury analysis (how much does it cost when a community fails to prevent child abuse and neglect) to determine the total annual direct and indirect costs of child abuse and neglect in the United States.

Their estimate of \$94 billion per year is considered conservative because stringent categories were used for classifying abuse and neglect.

Increasing Our Emphasis on Prevention While Simultaneously Strengthening Families

I. The Community Vision

It is a factor mentioned in just about every conversation with just about every child welfare system service provider: the steady increase in the numbers of children and families who are entering the system each year. In 2004, if the rate through June 30 continued, there would have been a combined 16,846 reports of physical and sexual abuse and neglect that would translate into 3,480 substantiated cases, an increase over 2003 of 7% in substantiated cases and an increase of 28% in reported cases. (Final figures for 2004 have not been officially released as of 5/15/05.) The issues these children and families present are becoming increasingly more complex and the quantity of treatment visits and service units that must be utilized in order to heal the damage and re-unite the family are expanding. A greater challenge is the huge increase in Children In Need of Services (CHINS) during the last several years and the lack of both regular and therapeutic foster homes available for these children. The pool of both public and private dollars is shrinking as budget crises and an economic downturn combine to increase the stresses on a system that is already badly strained. **So the question we are confronted with is quite simple, yet complex: How can we reduce the number of children and families that enter the system in the first place?**

The bottom line is: We have to make every possible effort to prevent children and families from entering the child welfare system in the first place by **expanding, enhancing, and adopting prevention efforts of all kinds.**

Our current system is designed to intervene and provide services and programs only after a child has suffered abuse and/or neglect. Common sense alone would indicate that it would be better to address the issues and situations that commonly lead to a child being harmed before such damage takes place. *The Child Abuse and Neglect SFY 2004 Annual Report* issued by the Family and Social Services Administration, Division of Family and Children Family identified the most common stress factors in abuse and neglect cases:

- *In abuse cases*—Lack of parenting skills and pregnancy/new child; family discord and/or marital problems; heavy childcare responsibilities; insufficient income; domestic violence; and emotional problems.
- *In neglect cases*—Lack of parenting skills; heavy childcare responsibilities; family discord and/or marital problems; and drug dependency.

This *2004 Annual Report* provides us with a clear blueprint for what we must have available if our prevention efforts are to have the desired effect of keeping children and families from entering the system's front door.

- Those who are parents and those who will one day become parents need adequate preparation and support. *There needs to be accessible, available parent support:*

i.e., support groups, parent resource centers, hotlines, on-line assistance. *The availability of these supports needs to be widely communicated and neighborhood-based so that they are easily accessible.*

- We need to work in concert with local education officials to either *institute or strengthen life skills training in the middle school and the high school curriculum.*
- We must *increase the availability of substance abuse treatment.* At present, there exists a lack of affordable and accessible treatment and after care for those battling addictions to alcohol and other drugs.
- *Affordable, accessible childcare* continues to be a challenge despite the work of countless individuals and groups.

The financial savings are potentially enormous as well. In 1992, the Michigan Children's Trust Fund estimated the cost of child maltreatment at \$823 million annually. In contrast, the cost of providing prevention services to all first time parents was estimated to cost \$43 million per year.

II. The System Vision

Family-Centered Practice

The National Child Welfare Resource Center for Family-Centered Practice defines family-centered practice as:

“... a conceptual approach - a shift in the way we think about what is helpful for children and families in the child welfare system ... a framework based on the belief that the best way to protect children in the long run is to strengthen and support their families, whether it be nuclear, extended, foster care, or adoptive. It requires specialized knowledge and skills to build family resources for strength and resilience by providing services to the family, extended family, and kinship group, as well as by mobilizing informal resources in the community.”

The following actions will help us to move forward:

- *Adopt a family-centered perspective* that works toward the strengthening of families so children may continue to grow and thrive in the most appropriate context. A national demonstration project, The Community Partnership for Protecting Children, is being evaluated and early reports show that it is making progress on child safety, effectiveness of agency interventions, parent access to supports to care for their own children, and the willingness of neighbors and neighborhoods to offer support to its residents.
- *Gather and disseminate* to all components of our child welfare system any *emerging practice models of family-centered practice* so choices can be made about which models can be replicated locally.

- *Make a concerted effort to engage and involve fathers* by working in collaboration with the Indianapolis Fathers and Families Resource/Research Center. Research indicates that the best family-centered approach in child welfare engages fathers.

Dual Assessments and Alternative Responses

The first contact that a family has with the child welfare system should be viewed as a prevention tool for further involvement. By utilizing careful screening and assessment techniques, families at risk can be identified and preventive services provided. About half the states in the nation have an “alternate response” system. Marion County does have in place a pilot program, the *Neighborhood Alliance for Childhood Safety (NACS)*. NACS is designed after a national model of a “family support center.” It provides limited services to a small number of specific zip codes. We recommend that such a system be investigated and if deemed worthy, *be fully instituted in Marion County and statewide.*

Clearly, such a system, which is in use around the country, requires a process for accurately assessing risk and a system for linking families to community resources. The National Study of Child Protective Services and Reform Efforts suggests a good alternate response system provides:

- A response to physical abuse and neglect reports that allows for service instead of criminal investigation.
- A modified approach for low-risk families through community-based assessments.
- Support to families who could benefit from services but who are not under court mandate.
- Service without blame or stigma.
- Preventive services without the need of an investigation.
- Easily accessible, neighborhood and community based supports.

In each case, services that are provided should allow for the least possible disruption in the lives of children so they can keep their roots in neighborhood, schools, faith communities, and any other informal communities that provide care and support.

Missouri’s CPS unit drastically reduced its caseload with the dual system. Now, 80% of its cases are referred for assessment through its Family Assessment and Delivery Team and 20% are in the investigative track using CPS workers. Child safety has remained stable or improved.

Focus on Results

Better outcomes has become the watchword in the human services world in the last decade as service providers have sought to demonstrate the worth of their programs to funding sources, donors, and the general public.

As a result, one of the tasks of the Child and Adolescent Placement Project (a joint project between the Marion County Department of Child Services and the Marion County Superior Court, Juvenile Division) has been to introduce a variety of accountability measures to insure that young people and families are more efficiently and effectively served. There is no doubt that all who provide service through the child welfare system recognize the need to be outcome-driven; it remains our task to make this both a universal understanding and the common policy and practice. To achieve this goal, we recommend the following:

- We must *increase the depth and the substance of our outcome reporting*, clearly defining our desired system indicators and outcomes so that all system participants, public and private, are working toward the same goals.
- We must *determine the appropriate and needed data sets* that will present the clearest and most objective picture of our local child welfare system and its current level of effectiveness.
- The *development of a results-based accountability system* which will allow system leadership to develop a clear course upon which to guide the system for the next three years with expected outcomes; strategies to implement that will lead to those outcomes; and system indicators which will indicate progress or lack thereof toward those goals.
- *Quarterly meetings of systems leadership* should review progress toward the defined outcomes and provide opportunities to deal with issues that prove to be barriers in the way of adequate progress.
- The child welfare system participants—both the public and the private entities—should develop a way to *regularly report to the public* both its successes and its challenges.

Invest in Wisconsin's Children Now, March 2005

The Wisconsin Children's Trust Fund compared the state's current spending on prevention programs to the total cost to "repair the damage" done by child abuse and neglect. The Children's Trust Fund updated its January 2002 cost analysis that used various sources of data – everything from hospitalization and juvenile justice to loss of productivity in the workplace. (40,473 children were reported abused and neglected in Wisconsin in 2003, compared to 61,492 in Indiana.)

Wisconsin's price tag for treating and protecting abused and neglected children is \$673.3 million per year or \$1.8 million per day (direct and indirect costs). Wisconsin spends \$8.07 million annually to prevent children from abuse and neglect – or, Wisconsin *spends 83 times as much to repair the damage done by abuse and neglect as it spends on prevention.*

Investing in the Child Welfare Workforce

The success and failure of any organization depends largely on the dedication, skill, and performance of its employees. The child welfare system is no different; in fact, it may be even more critical since workers must deal with difficult situations that often lack qualitative or objective parameters to assist in the judgments that must be made. Operating within that context, supporting, developing, and sustaining our workforce becomes a very high priority.

Repeated studies and reports indicate the necessity of *establishing reasonable caseload limits for child welfare system workers*. At the local level, the Marion County Department of Child Services is operating under a federal court consent decree¹ that limits a Family Case Manager to 35 cases and a Child Protective Services (CPS) Family Case Manager to 25 cases. The Child Welfare League of America has established a standard of 17 cases per Family Case Manager and 12 cases per CPS Family Case Manager; and the Indiana Commission on Abused and Neglected Children has adopted that standard. We strongly recommend the **caseload sizes ordered by the Court be attained and maintained for the next year**. Then an internal assessment can be conducted to **determine the numerical goal and timeframe for a reduction of caseload size that is in line with the accepted national standard** established by the Child Welfare League of America.

After conducting Child and Family Services Reviews in each state, the Department of Health and Human Services, Administration for Children and Family, stated two things are critical in determining the safety and permanence of children: *Caseworkers making regular home visits and caseworkers making regular visits with children*. Excessive caseloads make this impossible, thus compromising the safety and well-being of the children we are trying to serve.

In addition to reducing caseload size, *another critical component is the number of qualified supervisors* to work with the Family Case Managers. The Council on Accreditation's standard for the ratio of supervisors to case managers is 1:7.

Continual staff vacancies are a significant challenge to the child welfare system, affecting practice, planning, morale, and service quality. Utilizing the American Public Humane Services Association's field guide, we should *create effective strategies to confront workforce development issues, specifically regarding turnover, recruitment, staff development, and succession planning*.

At the present time, the salaries for all Family Case Managers are tied to minimum levels of educational achievement and job experience. We recommend the Department of Child

¹ The consent decree, issued in July 1992, was the result of a case filed by the Indiana Civil Liberties Union against the Marion County Office of Family and Children. The Office denied the allegations of the complaint but, in the best interest of the State and its citizens, agreed to resolve the issues presented by the defendants by abiding by the order of the Court in the matter of caseload standards, caseworker performance standards, caseworker training, number of supervisors, and foster parent recruitment, supervision and retention.

Services *undertake a thorough study of its personnel policies*, including education requirements and salary scales in an effort to eliminate any would-be barriers that would dissuade qualified candidates from potentially seeking employment with the Department.

It is also important that the child welfare workforce be representative of the community that it serves. Concerted efforts need to be made to *recruit and retain a more diverse and more representative mix of workers*.

A recently published study from the Annie E. Casey Foundation on the condition of the human services workforce stated these jobs carry an enormous amount of responsibility, high expectations, and difficult working conditions. If we want our system to remain in good health, then we must assure that these *workers have the necessary supports* that will enable them to deal with the stresses of their job, not be consumed by them.

- Administrative, clerical and data entry supports.
- Current technology, including cell phones, laptop computers and digital cameras.
- A trained volunteer corps to enhance available human resources.

One of the elements so important to developing a competent workforce is a consistency of training that will prepare workers for the jobs they are required to perform. It is our recommendation that the Department of Child Services undertake a serious study of the *recommendations on training for Family Case Managers and Supervisors that was proposed by the Indiana Commission on Abused and Neglected Children and their Families*.

Financial Resource Development

The major components of our child welfare system are publicly funded entities. The Marion County Superior Court, Juvenile Division and the Marion County Department of Child Services are primarily funded by revenues raised by a property tax levy that is limited by state law. Yet the needs of abused and neglected children continue to exceed the public dollars available to purchase services. This fact should not surprise us; a cursory examination of data gathered by Prevent Child Abuse America on the total cost—both direct and indirect—of child abuse and neglect yield a staggering estimate of over \$110 billion a year.

It is important to make the case for the value of the child welfare system to children, families and the community-at-large. Currently, there is only a small amount of private investment in the child welfare system, mostly dedicated to marketing and family strengthening efforts. A *501 c 3 entity*, such as MCCOY, Inc., could work in cooperation with the public systems and the private agencies to *raise supplemental funds* to support innovative programs and services for abused and neglected children and families as well as increased prevention efforts.

Concurrently, it is equally important we *look internally* at our local child welfare system to determine if the amount of funds spent in each particular functional area matches the needs of the children and families in the system.

For whatever reasons, Indiana reportedly does not do a good job of capturing federal dollars that are available to pay for child welfare services. Perhaps one reason for this performance is that federal re-imbursement goes directly to the state, not the counties. Yet county governments incur the major portion of child welfare system costs—up to 70% in some counties. Shifting a greater percentage of child welfare costs to the state would encourage greater diligence in pursuing federal re-imbursement of the costs of service provision. There has been extensive discussion alluding to our state’s failure to *re-capture available federal funds* for child welfare services; it is time to take action to reverse this trend.

States and counties are using *waivers* (IV-E), often in pilots or demonstrations. Some pilots have then been absorbed in state budgets, especially when the demonstration proves to be cost saving for the state.

Ohio’s ProtectOHIO uses the waiver for a pre-paid monthly “capitation” to participating counties. The counties must focus on early intervention, intensive case management, respite care, parenting training and family counseling, but have total flexibility to use the funds in ways that will increase outcomes and reduce costs. Any savings the county creates can be used for other child welfare programs. In less than 3 years, *participating counties collectively saved 517,000 placement days (+\$19 million).*

Community Education and Advocacy

I. Community Education

The well-being of children in care is the joint responsibility of the entire community. Yet it is apparent that, for the most part, the larger community only takes notice of the child welfare system when something goes tragically wrong; and then the attention is both highly critical and extremely short-lived. If our system of caring for the well-being of children in need is to be improved, it requires the community as a whole seek out a proactive role and advocate for positive ways to support the system, its workers, and the children and families who are served by it.

Some communities have *initiated a citizen review board* to both provide ongoing public input to top level systems managers and to act as advocates for the child welfare system in general. The utilization of concerned and knowledgeable citizens ensures the community remains an involved stakeholder, who regularly participates in the work of the system, and remains fully informed of the value that the child welfare system adds to the community. The Citizen Review Board would be viewed as a Blue Ribbon panel, would meet on a semi-annual quarterly basis and issue *a year-end report card to the community* to show progress—or lack of it—in critical areas.

A recent study released by the Ad Council (2004) points to a sense that the public is prepared to respond in positive ways to messages that offer opportunities, both large and small, to help children. In addition to this more positive view, the study shows that a majority of Americans now believe that parents are responsible for raising children with the support of others in their communities.

Scott and Bruner (1996 and 1998) have written several publications on how to develop successful citizen review boards and community collaborations between CPS, residents, and consumers. Publications include step-by-step instructions and protocols.

II. Community Advocacy Efforts

Advocacy has often been considered the effort to influence legislators to pass laws beneficial to one particular interest in our community. While that is one facet, genuine advocacy means to “give voice”, most especially to the needs of those whose voices are often not heard. *Our advocacy efforts must make clear the needs of the children and families who are served by the child-well being system we propose.*

Entrenched attitudes and behaviors, which portray Child Protection Services as the bad people and abusive/neglectful parents as evil, must be changed. We are a community concerned about the “well-being” of all children: We want all children to have safe, supportive homes in which they can grow up to be positive, productive, and responsible adult citizens. Our voices must call out to the community at large, and to community leadership, to establish priorities that assure ALL children grow up well.

Voices for Florida’s Children² is an alliance of Floridians that informs, inspires, and empowers people to create caring communities. Established in 1976, it provides strategic communication, develops networks between organizations and individuals, and engages in public policy initiatives. It has a strong presence in newsrooms and is the “go to” organization for “real-time” information for both print and broadcast. Individual Voices network members are actively engaged in the work. Voices also created Advocacy Academy. Some Voices council members include former congressional leaders, heads of major corporations, founders of foundations, and large publishing companies.

III. Racial Disparity and Overrepresentation

One issue that demands special attention in the areas of advocacy and community education is that of racial disparity and overrepresentation of children and families of color in the child welfare system.

² www.floridakids.org

“Children of color, belonging to various cultural, ethnic, and racial communities (primarily African American/black, Latino/Hispanic and Native/Indigenous American), are disproportionately represented in the child welfare system and frequently experience disparate and inequitable service provision.” (CWLA, 2004) The issue of overrepresentation is evident in Indiana and children of color are disproportionately represented in child welfare data for the Indianapolis area.

For the year 2000, the Marion County child population of 221,997, included 60.1% White, Non-Hispanic; 30.5% Black; 4.7% Hispanic, and 4.7% other. The foster care numbers for 2001 in Marion County reflected 36.05% White; 59.28% Black; 2.98% Biracial; 1% American Indian and .68% other or unable to determine. These results from a study undertaken by Children’s Bureau, Inc. (2003) clearly indicate that overrepresentation and disproportionality needs attention in Marion County.

While the data documents this is, indeed, an issue, only *further assessment and analysis* will allow us to determine the true nature and extent of the problem; its causes and then the specific interventions needed to move towards its resolution. The Indiana Commission on Abused and Neglected Children and Their Families has also identified the overrepresentation of children of color in the system to be an issue that must be addressed. We would welcome the opportunity to work together with them on this issue. To exploit fully the data and to explain its significance *will require an investment of time and expertise.*

Disproportionality is not unique to Indiana. An analysis of U.S. Census and AFCARS data by the Center for the Study of Social Policy’s The Race + Child Welfare Project shows that forty-six states have disproportionate representations of African-American children in their child welfare systems. Indiana is characterized as having an extreme disproportion since statistics show that the proportion of African-American children in care is almost four times the proportion of African-American children in the state’s total population 18 years and younger. Preliminary research suggests that *a three-prong approach is needed; continuous research, policy changes to reflect the lessons learned from the research and modification of service delivery systems to reflect practice needs.*

A university professor at the University of Minnesota’s School of Social Work established the Center for Advanced Studies of Child Welfare, raising over \$22 million, to recruit social work students committed to the field of child welfare. Specifically, she is recruiting African American, Native American, Hispanic, Somali, and Hmong students. Over 220 students have graduated.

LIST OF ACTION STEPS

PREVENTION

I. The Community Vision

- **Strengthen and expand the public education effort around the prevention message.**
 - Collaborate with the Marion County Committee to Prevent Child Abuse and the Information and Referral Network to develop a plan to produce and sustain a Family Support Guidebook of recommended services available to all parents. Develop best-practice criteria for agency inclusion in the Guidebook.
 - Develop a plan for educating the medical community about child abuse and the supports and services available to parents.
 - Reframe the child abuse message around child development concepts.
- **Increase supports for parents.**
 - Develop a concept paper for enhancing and expanding Family Support Centers, much like the existing Neighborhood Child Safety (NACS) project in Marion County.
- **Institute age-appropriate life skills training in Middle School.**
 - Inventory existing programs and identify needs/gaps/barriers in programming.
- **Increase affordable, accessible substance abuse treatment.**
 - Support the efforts of Drug Free Marion County in the development and implementation of their Strategic Plan.
 - Advocate for broader and more consistent use of drug assessments.
- **Increase affordable, quality childcare.**
 - Explore the possibility of creating a plan that would encourage the business community to become more engaged in providing affordable childcare.
 - Investigate other ways to diversify funding for childcare centers, i.e. private funds, state funds, federal funds.

II. The System Vision

- **Aggressively utilize family-centered practice.**
 - Expand Fathers and Families training to service providers.
 - Develop a plan for training public and private service providers on family-centered practice.
- **Adopt a dual assessment and alternative response process.**
 - Develop a model for dual assessment/alternative response process.
 - Obtain consensus around the model.
 - Develop procedures for implementing and obtain needed policy and regulatory changes.
 - Explore and adopt a screening/assessment tool.

WORKING TOWARD RESULTS

- **Develop a Community Child Welfare Report Card**
 - Conduct focus groups seeking input regarding desired/needed elements of the Report Card. Focus groups should include at-large community members, the business community, legislative members, consumers of the child welfare system, child welfare staff and service providers.
 - Engage a consultant (Mark Friedman – Results-Based Accountability) to lead a Work Group in identifying the final data elements for the Report Card.
 - Develop a plan for the distribution of the Report Card and how and when to update it.
- **Improve the use of data as a management tool for the system.**
 - Convene a service provider's outcome/results data group.
 - Aggregate and analyze data from the Marion County Department of Child Services service provider's Outcome Measures Reports, and other data as provided by the service providers.
 - Develop a centralized, service provider outcome database.
 - Develop meaningful ways to share data among the service providers and the Department of Child Services.

INVESTING IN THE CHILD WELFARE WORKFORCE

- **Significantly reduce the caseload size of all Family Case Managers.**
- **Adopt a salary scale that rewards workers for advanced degrees, continuing education, and experience in the field**, both at the point of hiring and throughout their careers. In addition, the consideration of shift differential compensation is also warranted.
- **Recruit and retain more males; people of color; and individuals from diverse ethnic backgrounds.**
- **Hire additional administrative/clerical personnel to provide adequate support to front line staff.**
- **Significantly increase the utilization of technology at both professional and support staff levels.**
- **Adopt and implement the recommendations of the Indiana Commission on Abused and Neglected Children and their Families concerning training for Family Case Managers and Supervisors.**
- **An “over-hire policy” should be investigated for possible adoption locally.**
- **Investigate the feasibility of establishing a volunteer corps that could assist system personnel in either service delivery or administrative functions.**
- **Seek ways to nurture new workers and to revitalize veteran workers.**
 - Establish a mentoring system for all new Family Case Managers modeled after the successful master teacher program to allow veteran workers to share their wisdom and experience and to allow new workers to share their enthusiasm and new vision.
 - Provide employee assistance programs on a regular basis to offer support for those who do this mentally and emotionally challenging work: retreats; in-service programs; sabbatical programs for longer tenured employees; weekly group de-stressing and support sessions; and wellness counseling. Utilize community partners to help achieve some of the above.
 - Develop, with broader community involvement and support, peer recognition and incentive programs such as caseworker of the week and month; weekly recognition of exceptional service; and other morale boosting programs. Enlist community partners to provide incentives such as gift certificates.
 - Develop partnerships with the various institutions of higher education in the county to provide ongoing educational and training opportunities for

workers as well as internships for students studying in the areas of social work, counseling, education, psychology, etc.

FINANCIAL RESOURCE DEVELOPMENT

- **Utilize an existing 501 c 3 organization as an entity for resource development and community education on behalf of the child welfare system** and provide this agency with the tools to carry out the work. MCCOY, Inc. seems to be a logical choice for this work.
- **Enhance federal government re-imbursements by fully accessing funds that are available.** Clearly identify the sources of those funds and the process to re-capture them.
- **Conduct a comprehensive internal audit to assure that we are most effectively utilizing public dollars to provide services to children and families.**

COMMUNITY EDUCATION AND ADVOCACY

I. Community Education

- **Convene a group of diverse and representative community leadership to form a Citizens Advisory Board to:**
 - Monitor the progress of the child welfare system as it progresses toward a more responsive and proactive force that serves children and families.
 - Monitor the progress of the community as it takes on greater responsibility to support and sustain those involved in the challenging work of parenting.
 - Monitor the risk factors that increase the incidence and prevalence of child abuse and neglect—substance abuse, poverty, domestic violence, lack of parenting skills, mental/emotional health issues—and promote efforts to address these community deficits.
- **Widely communicate a mission statement for all the child welfare system that clearly delineates its roles and goals.** Such a mission statement must be endorsed by those who make up the system and by the general public at large.
- **Secure media/public relations expertise** in order to accomplish the following tasks:
 - Develop and implement a strategic communication plan.

- Develop messages that build a sense of shared responsibility for children-in-care as “our kids.”
- Cast our effort as a “community development” strategy so that it appeals to and encompasses all sectors of the community.
- Develop the “sound bite”, slogan/motto, and symbol with which the public can identify.
- Launch an “Everyday Heroes” campaign that highlights the impact of various people in the system—staff, volunteers, government, judges, law enforcement, foster parents, youth.
- Develop specific action steps for all who have a role in the well-being of children: parents, grandparents, neighbors, law enforcement, teachers, faith communities, business, government leaders, schools, medical personnel, youth serving agencies, etc.

II. Community Advocacy Efforts

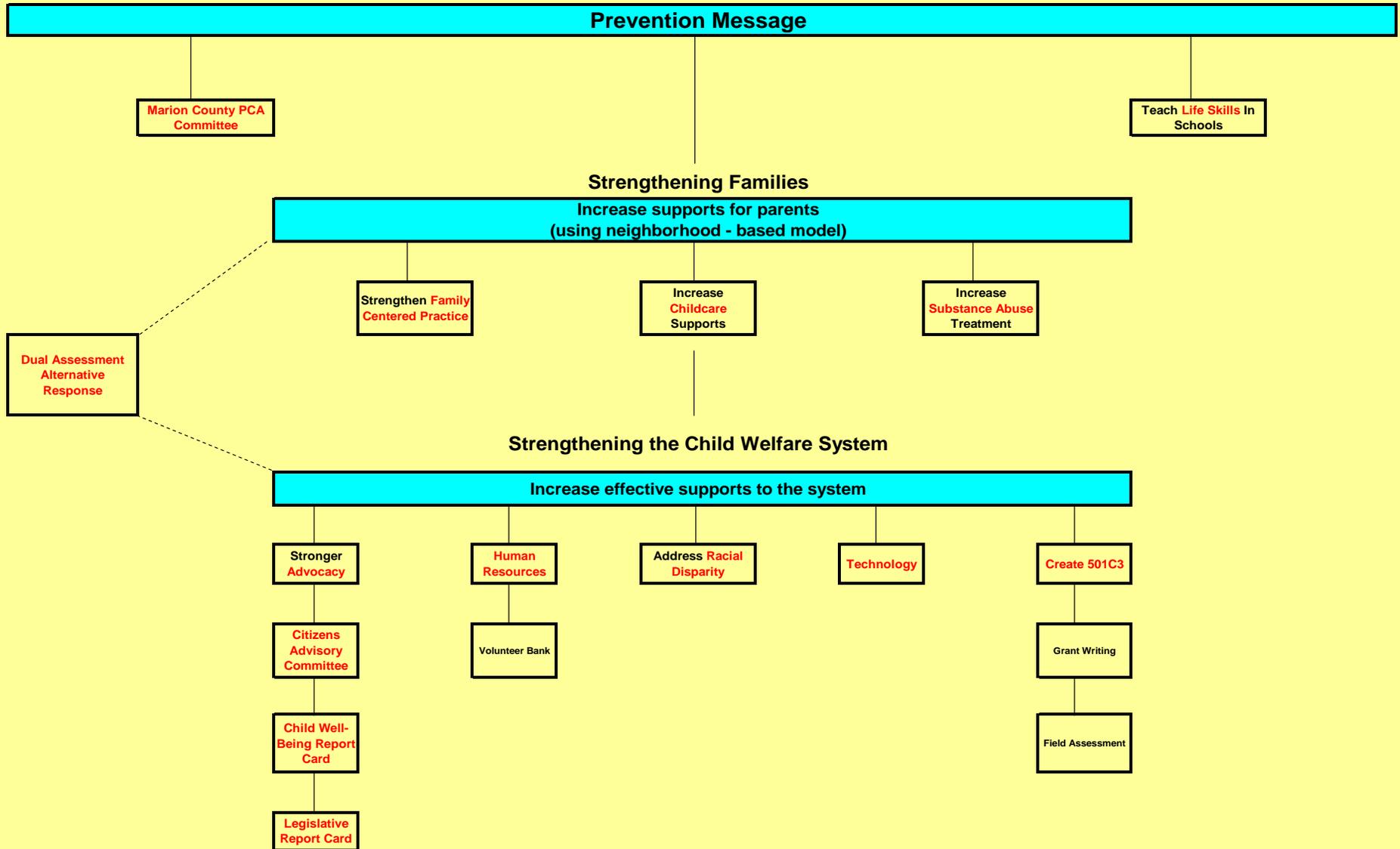
- **Secure the services of a marketing/public relations person in order to promote the work of both the public and private child welfare service providers and accomplish the following tasks:**
 - Develop and disseminate positive and persuasive messages that show the system’s positive outcomes and report the accomplishments.
 - Construct and implement an ongoing community education campaign that will emphasize the protection of young people and will show we are moving the child welfare system to a “child well-being” system.
 - Broaden the message—the well-being of children depends on a variety of factors: healthy families, quality childcare, skilled parents, supportive programs and services, an involved community.
 - Disseminate data and hard evidence of both the issue and the solutions.
 - Build a community coalition so that the welfare of children becomes an issue for all to become actively involved in achieving.
 - Disseminate the notion that it is both normal and good to seek help with parenting and child raising and promote the broad usage of parenting education and assistance programs for people of all races, socioeconomic backgrounds, creeds, and ethnic origins.
- **In cooperation with the Department of Education, develop and present training programs focused on teaching abuse and neglect prevention and intervention skills for school counselors, social workers, teachers, youth workers, childcare workers, and all who work with children.**
- **Develop a well-trained, skilled force of child advocates who can educate and influence legislators and policymakers.**

- Provide training for members of boards of directors, staff members, community partners so that all become knowledgeable on key issues, pertinent statistical information, and emerging best practices in the field.
 - Collect and distribute information on lobbying and advocacy to all child welfare organizations on the legal/tax regulations governing not-for-profits, so all can effectively operate within the boundaries established by law.
 - Provide pertinent information to all levels - local, state, and federal - of government officials, legislators, policymakers and the public, which promotes increasing resources for strengthening families and preventing child abuse and neglect as a fiscally responsible strategy.
 - Special emphasis must be made on developing partnerships with the faith community and with other child-focused interest groups.
- **Compile and publish a “voting report card” which will track the recorded votes of state legislators and city-county councilors on legislation pertaining to child welfare.**
 - A model is the Indiana State Chamber of Commerce’s Legislative Vote Analysis. This voting report card would be distributed widely to all stakeholders so they can see which legislators vote to support the needs of children in the system and those who do not.

III. Racial Disparity and Overrepresentation

- **Free sharing of knowledge of the demographic make-up of those involved in the child welfare system, including race, culture, socio-economic status, and other identifying characteristics.**
- **Develop intervention options for children and families that are culturally and racially sensitive and appropriate.**
- **Recruit, train, and retain workers of all backgrounds so that staffing patterns at every level of the system will reflect the populations being served.**
- **Engage community-based and faith-based entities from overrepresented population groups to help craft strategies that will lead to a reduction in involvement with the child welfare system by those particular populations.**

Community Partnership For Child Well-Being



NEXT STEPS

The initial planning phase is completed. MCCOY, Inc. and its partners will develop and implement a distribution and communication plan to inform the stakeholders and the public of the work that has been accomplished and the plan that is being put forth. This will be completed by September 1, 2005.

MCCOY, Inc. will then gather together community partners and resources to develop a timeline and a specific Work Plan to move the action steps forward and implement the recommendations.

If you would like more information on this project, please contact John Brandon, MCCOY, at 317-921-1288 or e-mail john.brandon@mccoyouth.org.

INTRODUCTION

INTRODUCTION

In a perfect world, all children and families would be equally valued and all citizens in a community would willingly accept a shared responsibility for the safety, well-being, and positive development of every child and for the support and strengthening of every family constellation. Unfortunately, we live in an imperfect world and children sometimes become victims of the adults who are charged with taking care of them.

Recognizing that some families face significant challenges in insuring that their children are nurtured and supported, a partnership of public and private entities—known as the *child welfare system*—is charged with the primary responsibility of providing services and programs to children who fall victim to abuse, abandonment, and neglect. Led by the Marion County Superior Court, Juvenile Division and by the Marion County Department of Child Services, and supported by a vast array of private service providers, the child welfare system attempts to protect children who are in vulnerable situations, repair the damage that has been done and to provide a safe and permanent home for these children.

It is important that we think of the child welfare system as a broad continuum of services from prevention on the front end and early intervention services and family support services for families at risk; to more intensive family preservation and family strengthening services for those families in crisis; to family reunification and treatment services where abuse and neglect have already occurred in order to help families rectify their problems and restore their unity.

Our community has regularly examined our child welfare system and its operations with the goal of improving the system and the results it produces. In 1993, thanks to a planning grant from the W.K. Kellogg Foundation, a thorough analysis of the system was undertaken and significant improvements in policies and programs were instituted. Many of these programs continue to operate successfully today. In 1999, the Children's Services Collaborative Initiative—a joint project of Marion County Juvenile Court, the Marion County Department of Child Services, and the Mayor's Office—again placed the system under a microscope in a concerted effort to ensure that the system was effectively meeting the needs of vulnerable families and children.

Over the past eighteen months, with funding support provided by Lilly Endowment, Inc., the Marion County Commission On Youth, Inc. (MCCOY, Inc.) has been coordinating a process that is seeking ways to enhance and improve the child welfare system here in Marion County. Representatives of all the major service providers—both public and private—have been examining ways that our system can work more effectively on behalf of children and families. Known as the Resource Group, they have identified the major issues and challenges that confront the system. They examined research, compiled by a local consultant, on emerging and promising practices at both a local and national level; outlined the major needs that must be addressed if there is to be meaningful reform; and considered possible solutions to the problems that can be implemented by our community.

An equally important group of individuals who have participated in this planning process is the Community Stakeholders Group. This group of business and community leaders from outside the child welfare system have also contributed fresh insights and ideas to this process while looking at the system with fresh eyes and an “outsiders” perspective. The Community Stakeholders Group compiled an extensive listing of issues they believe face our system. Attachment C contains their input on the scope of the issues—system, community, and policy—that we are facing and attempting to rectify. What follows is the result of the work from both of the Groups with an accompanying series of action steps and recommendations we all believe can make the system better and yield positive long-term outcomes for children and their families.

The following recommendations attempt to address both the child welfare system as well as the context in which it operates. A well-known construct states: nature abhors a vacuum. Similarly, our child welfare system operates at the statewide direction of the Indiana Department of Child Services and in the context of the larger community, a community that bears an equal responsibility for the well-being and safety of the children in its care.

Total Estimated Cost of Child Abuse and Neglect in the United States

In 2001, Prevent Child Abuse America conducted a national cost-of-injury analysis (how much does it cost when a community fails to prevent child abuse and neglect) to determine the total annual direct and indirect costs of child abuse and neglect in the United States.

Their estimate of \$94 billion per year is considered conservative because stringent categories were used for classifying abuse and neglect.

PREVENTION

INCREASE OUR EMPHASIS ON PREVENTION WHILE SIMULTANEOUSLY STRENGTHENING FAMILIES

I. The Community Vision

It is a factor mentioned in just about every conversation with just about every child welfare system service provider: the steady increase in the numbers of children and families who are entering the system each year. The past five years has seen a steady increase in the number of children and families coming into the system. In 2003 alone, there were a combined 12,188 reports of physical abuse, sexual abuse, and child neglect in Marion County; 3,255 cases were substantiated after investigation by child protection caseworkers and law enforcement authorities. In 2004, if the rate through June 30 continued, there will be a combined 16,846 reports of physical and sexual abuse and neglect that would translate into 3,480 substantiated cases, an increase over 2003 of 7% in substantiated cases and an increase of 28% in reported cases. (Final figures for 2004 have not been officially released as of 5/15/05.)

Additionally, staff from the Marion County Juvenile Court, Family Case Managers from the Department of Child Services, and casework staff from the private agencies that provide the system's services indicate the issues these children and families present are becoming increasingly more complex and the quantity of treatment visits and service units that must be utilized in order to heal the damage and re-unite the family are expanding. A greater challenge is the huge increase in Children In Need of Services (CHINS) in the last several years and the lack of both regular and therapeutic foster homes available for these children. A number of these children are younger, more violent, and present developmental delays all of which require more intensive services and interventions.

As the numbers of children entering the system and the presenting problems they bring with them increase in severity, the costs of treatment are also escalating. Concerted efforts to decrease the number of children in residential placement had been very successful. In 1994, the percentage of the county budget spent on residential placements was 83%; by 2001, it had declined to about 35%. However, beginning in 2002, that number began to rise once again, reaching 40% in 2002 and 51% in 2003. The pool of both public and private dollars is shrinking as budget crises and an economic downturn combine to increase the stresses on a system that is already badly strained. **So the question we are confronted with is quite simple, yet complex: How can we reduce the number of children and families that enter the system in the first place?**

The bottom line is: We have to make every possible effort to prevent children and families from entering the child welfare system in the first place by **expanding, enhancing, and adopting prevention efforts of all kinds.**

The influence of child abuse and neglect is much deeper than its immediate effects. Abuse and neglect are associated with a variety of near and far term impacts including brain damage, developmental delays, assorted learning disorders, relationship difficulties,

inappropriate and aggressive behavior patterns, and emotional and mental health disorders. The victims of child abuse often exhibit higher risk for problems later in life—low academic performance and achievement, substance abuse, premature parenting, and criminal behavior—that affect not just the child but an entire community.

The Administration for Children and Families of the U.S. Department of Health and Human Services has identified risk factors for child maltreatment and has organized them into a framework of four principal systems: the child, the family, the community, and the society. It outlines the characteristics that seem to increase the risk or the potential for abuse and neglect and notes that the **prevention** of socially undesirable and hazardous behaviors not only saves lives, but also precious resources.

According to the Administration for Children and Families website, “the term prevention has several meanings. Prevention can be used to represent activities that stop an action or behavior. The term is also used to represent activities that stop an action or behavior from occurring.” Our efforts should focus on both.

There is adequate proof that prevention works in areas such as reducing alcohol-related traffic deaths, adolescent pregnancy, and smoking. For example, alcohol-related traffic deaths have dropped substantially from the early 1980s to 2002, attributable in part to national awareness campaigns such as the “Designated Driver” as well as the sustained advocacy efforts by such groups as Mothers Against Drunk Driving (MADD). Experts believe we can experience the same success in significantly reducing the number of children who are harmed each year if we are willing to embrace a comprehensive prevention effort.

The financial savings are potentially enormous as well. In 1992, the Michigan Children’s Trust Fund estimated the cost of child maltreatment at \$823 million annually. In contrast, the cost of providing prevention services to all first time parents was estimated to cost \$43 million per year.

Our current system is designed to intervene and provide services and programs only after a child has suffered abuse and/or neglect. Common sense alone would indicate that it would be better to address the issues and situations that commonly lead to a child being harmed before such damage takes place. The *Child Abuse and Neglect SFY 2004 Annual Report* issued by the Family and Social Services Administration Division of Children and Family identified the most common stress factors in abuse and neglect cases:

- *In abuse cases—Lack of parenting skills and pregnancy/new child; family discord and/or marital problems; heavy childcare responsibilities; insufficient income; domestic violence; and emotional problems.*
- *In neglect cases—Lack of parenting skills; heavy childcare responsibilities; family discord and/or marital problems; and drug dependency.*

Additional studies point out that when there are multiple risk factors present, the risk greatly increases. For many of the families who enter our child welfare system, this is

obviously the case as they struggle with financial and environmental stressors, difficulty in relationships, lack of knowledge, and emotional problems.

The Family and Social Services Administration *SFY 2004 Annual Report* provides us with a clear blueprint for what we must have available if our prevention efforts are to have the desired effect of keeping children and families from entering the system's front door. Since we *know* the factors that lead to abuse and neglect, our strategies must obviously address those factors:

- Parenting is difficult and challenging work yet we generally do little in the way of preparing those who are taking on this task. Those who are parents and those who will one day become parents need adequate preparation and support. **There needs to be accessible, available parent supports** -- i.e., support groups, parent resource centers, hotlines, on-line assistance -- that address both the ordinary and the extra-ordinary needs of parents. Partnerships can be negotiated that will utilize the strengths and resources of all groups so that parents are supported, especially in times of crisis. **The availability of these supports needs to be widely communicated and they need to be neighborhood-based so that they are easily accessible.**
- We need to work in concert with local education officials to either **institute or strengthen family life skills training in the middle school curriculum.**
- We must **increase the availability of substance abuse treatment.** At present, there exists a lack of affordable and accessible treatment and after care for those battling addictions to alcohol and other drugs. The expansion of these programs is critical.
- **Affordable, accessible childcare** continues to be a challenge despite the work of countless individuals and groups. Marion County Step Ahead and Success by Six would be key partners in any efforts in this arena.

There already exists a strong organization dedicated to the prevention of child abuse and neglect in our community, namely Prevent Child Abuse Indiana; it has recently established a Marion County Advisory Committee to head up prevention efforts in our area. Without a doubt, there are other organizations who are engaged in prevention efforts as well. A strong partnership needs to be developed between the child welfare system and those in the prevention field in order to assure that joint efforts in intervention and prevention can be developed, enhanced, and expanded and adequate funding from both the public and private sectors must be provided to assure the success of these prevention efforts.

In addition, the Family Strengthening Coalition has been formed with the express purpose to be a community champion for family strengthening, supporting our community in a broad range of strategies to keep families strong, capable, and connected.

The Coalition has identified the following Priority Results for all families in the county:

- Families are healthy and safe
- Families are financially secure
- Families are engaged in each others' lives
- Families are engaged in the community

This body would clearly be a key partner to work jointly with the child welfare system to bring these identified supports to those families most at risk.

Emerging Practices

Family Supports

- CPS workers are stationed in neighborhoods with other service providers such as health and employment center staff. This often includes the development of “**neighborhood networks**”, a successful nationwide model of training respected neighborhood leaders to move neighbors toward a neighborhood-based center. *Co-located services like Iowa’s Patch Project, Louisville’s Neighborhood Place, or Jacksonville’s Full Service Schools are examples. In these centers, CPS, income support, public health, employment, recreation, parent supports, preschools, and community – building activities are joined.*³ *The Patch Project assigns staff to a “patch” as members of a neighborhood-based interagency team.*
- *In Jacksonville, St. Louis, Cedar Rapids and Louisville, the **Community Partnership for Protecting Children**⁴ is being evaluated and shown to be making progress on child safety, parent access to supports to care for their own children, effectiveness of agencies to serve children, and the willingness of neighbors to reach out to one another in support. A story from Jacksonville: A neighbor told police Crystal left her four small children alone in their public housing community. The mom was arrested on felony charges and the police readied their report to the Department of Children and Family (DCF). However, when the police arrived to take the children that night, two mothers were already watching the children in Crystal’s apartment. Several other mothers promised to watch the children overnight and until the mother returned from jail. Each was a trained member of the Partnership. The children were not removed, were cared for in their own home by neighbors and the decision trusted and respected by both police and DCF.*

Family Support Programs: Economic Impact*

- **Percent of parents who became self-supporting at a 10-year follow-up after their participation in a high-quality parent support program** (including early-start programs with high intensity) - **88%** -- (non-participating families: 52%)

*Unless otherwise noted, evidence of economic impact was primarily found in **What Works in Child Welfare** (Child Welfare League of America, 2000.) A handful was found in **A Framework for Community Action** (Child Welfare League of America, 2003). Reviews of program outcomes also highlight public and private savings even if dollar amounts aren’t included. Reduced caseloads, shorter times in service, higher education levels, high “clean and sober” rates, healthy newborns, increased employment rates, low criminal recidivism rates (among many other outcomes) save communities millions of dollars down the road.

³ *Study of Child Protective Service Systems and Reform Efforts: Literature Review.* March 2001.

<http://aspe.hhs.gov/hsp/protective01/index.htm>

⁴ www.emcf.org/programs/children/index.htm. This source was found in **Making Children a National Priority: A Framework for Community Action** (Child Welfare League of America). 2003

Substance Abuse Treatment

Parent Substance Abuse Programs: With 40-80% of all child abuse/neglect cases involving parental misuse of alcohol and drugs, the need for dual assessments and service is evident. The National Treatment Improvement Evaluation Study and other research indicate that substance abuse programs work when they combine life skills training, job readiness, and parenting work over 6-18 months. Typically, women **improve their parenting skills, reduce/stop drug use, gain employment, have no other contact with the justice system, and reunite successfully with their children.**

Length of stay makes a significant difference in results, as do efforts to meet basic needs and develop economic stability. Women remaining in programs for over 180 days are usually **employed (63%), drug-free (94%), and without new arrests (96%)**. Additionally, women who participate in intensive programs while pregnant **substantially upgrade the health of babies at birth.**

Treatment for Substance-Abusing Mothers: Economic Impact

- **National Treatment Improvement Evaluation Study:** Comparing all types of drug treatment options for mothers, on average the number of women employed rose 25% within one year of treatment and their incomes rose by 6%. The number of women turning to public assistance decreased by 8%.
- It costs \$43,200 annually to **jail an untreated drug abuser** (not including cost of foster care for children and/or neonatal expenses for newborn). It costs \$16,000 for one year of treatment in a residential program for same user, only \$1,500 for an effective outpatient program.
- **California:** Statewide studies prove that for every \$1 invested in treatment, the state saved \$7.
- **Oregon:** For every \$1 spent on treatment, the state avoided \$5.60 worth of AOD-related expenses.

ACTION STEPS

- **Strengthen and expand the public education effort around the prevention message.**
 - Collaborate with the Marion County Committee to Prevent Child Abuse and the Information and Referral Network to develop a plan to produce and sustain a Family Support Guidebook of recommended services available to all parents. Develop best-practice criteria for agency inclusion in the Guidebook.
 - Develop a plan for educating the medical community about child abuse and the supports and services available to parents.
 - Reframe the child abuse message around child development concepts.

- **Institute age-appropriate family life skills training in Middle School.**
 - Inventory existing programs and identify needs/gaps/barriers in programming.

- **Increase supports for parents.**
 - Develop a concept paper for enhancing and expanding Family Support Centers, much like the existing Neighborhood Child Safety (NACS) project in Marion County.

- **Increase affordable, accessible substance abuse treatment.**
 - Support the efforts of Drug Free Marion County in the development and implementation of their Strategic Plan.
 - Advocate for broader and more consistent use of drug assessments.

- **Increase affordable, quality childcare.**
 - Explore the possibility of creating a plan that would encourage the business community to become more engaged in providing affordable childcare.
 - Investigate other ways to diversify funding for childcare centers, i.e. private funds, state funds, federal funds.

II. The System Vision

Family-Centered Practice

The National Child Welfare Resource Center for Family-Centered Practice defines family-centered practice as:

“A family-centered perspective in child welfare services is a conceptual approach - a shift in the way we think about what is helpful for children and families in the child welfare system. It is not merely a set of specific strategies or models (for example, family conferencing or family preservation) to use with families. Instead, it is a framework based on the belief that the best way to protect children in the long run is to strengthen and support their families, whether it be nuclear, extended, foster care, or adoptive. It requires specialized knowledge and skills to build family resources for strength and resilience by providing services to the family, extended family, and kinship group, as well as by mobilizing informal resources in the community.”

Aggressively utilizing family-centered practice is based on the following premises:

- The safety, permanency, and well-being of children are the leading criteria in child welfare decision-making.
- Whenever possible, families are seen as providing the best care and protection for children.
- The family as a unit—as well as its individual members—is the focus of the child welfare casework process (intake, assessment, planning, service provision, monitoring of progress and closure).
- Successful outcomes of the interventions in child welfare are demonstrated in the child’s developmental progress and well-being, and in the increased capacity of the parents to nurture and protect the children.
- Families need to be actively engaged in developing, implementing, and monitoring the service plan.
- Respect for families’ ethnic and racial backgrounds, values, and customs are built into organizational structures and service delivery.

(From the National Child Welfare Resource Center for Family-Centered Practice of the Administration for Children and Families, U.S. Department of Health and Human Services)

The following actions will help us to move forward:

- **Adopt a family-centered perspective** that works toward the strengthening of families so children may continue to grow and thrive in the most appropriate context. In Jacksonville, St. Louis, Cedar Rapids, and Louisville, the Community Partnership for Protecting Children is being evaluated and early reports show that it is making progress on child safety, effectiveness of agency interventions, parent access to supports to care for their own children,

and the willingness of neighbors and neighborhoods to offer support to its residents.

- **Gather and disseminate** to all components of our child welfare system **any emerging practice models of family-centered practice** so choices can be made about which models can be replicated locally. The primary emerging shift in thinking is a move from protecting children as the single goal of the system to protecting children while simultaneously strengthening families.
- **Make a concerted effort to engage and involve fathers** by working in collaboration with the Indianapolis Fathers and Families Resource/Research Center. Research indicates that the best family-centered approach in child welfare engages fathers, especially those who have been previously uninvolved in the lives of their children. Lilly Endowment, Inc. has awarded funding to the Resource/Research Center to provide training, in partnership with the National Family Preservation Network and the Marion County Juvenile Court, to Marion County child welfare workers on fatherhood issues. Such training should be made available to private agency workers as well.

Emerging Practices

Family Group Decision-Making: Economic Impact

- **Michigan:** In 2000, because of the use of this strategy, 75% of families participating in FGCM had their cases closed for successful completion of goals.

Family Reunification/Preservation Programs: Economic Impact

- **Michigan Reunification study:** The state spent \$5,326 annually on each child before family preservation services. Following family preservation services, the state spent only \$2,271 per child. Subtracting out the actual cost of providing the service against the cost of these children remaining in childcare realized a savings of \$1,099 per child serviced. Only 21% of graduates had to be placed elsewhere compared to 46% of children without family reunification services.
- Adolescents and their families who only participated in 3 months of intensive service cost the state \$739 in out-of-home-costs per family. **Adolescents and families who were motivated to remain in longer and in more intensive programs cost the state more (\$835 per family), but because the additional 3 months gave staff time to work with schools and other community supports, it lowered overall placement rates by 66%** (\$31,415 compared to a typical placement cost of \$109,614).
- 14% fewer participants had to be **placed in a second foster care situation** within a year of family reunification service. Over 70% were still in their biological home a year after service, compared to 47% of children not in family preservation programs.
- **ProtectOHIO, Ohio:** Using early intervention, intensive case management, respite care, parenting skills training, and family counseling, participating counties in this new program have, in 3 years, collectively saved 517,000 placement days valued at more than \$19 million in federal funds. The saved funds were transferred to other county child welfare services.

Engaging Fathers

Research indicates that the best family-center approach in child welfare engages fathers. Caseworkers should discuss the potential role and benefits of an engaged father, outreach to the father and his own family, develop materials that appeal to fathers, assist fathers in employment or educational pursuits, refer fathers to fatherhood programs. It requires child welfare agencies to hire more men, change hours to meet needs of working fathers, and train staff to encourage fatherhood.⁵

Because so few fatherhood programs exist in the country (and fewer still evaluated), it is important for child welfare organizations to rely on those that may be available, help them develop program and effective curricula, develop close relations, and rely on the expertise of program leaders to make internal changes in child welfare offices/services.

Emerging Practices

*The Illinois Fatherhood Initiative has a **Boot Camp for New Dads in area Chicago hospitals -- a ½ day program taught by more experienced new dads.***

The Sisters of Charity Foundation in South Carolina has strategic grant making in the area of fatherhood. Their website includes research, resources, funding sources, and technical assistance available to local organizations. It lists all fatherhood programs in the state and an on-line practitioner's network. The foundation also has a policy project office in the foundation to improve state and local policies that discourage responsible fatherhood.

***Hui Makuakane (Hawaii)** is modeled after Healthy Families Hawaii, but for fathers who live both in and out of the home. Its goal is to prevent abuse and neglect by positively engaging them with their children and supporting them as effective parents and role models. Through male facilitators, it teaches fathers about child development, ideas on activities at each age/stage, ways to interact on a daily basis, positive discipline. It helps fathers uncover positive feelings about themselves as parents and to set personal goals. Fathers participate in home visits, group activities with their children and other fathers, career development, job help, 24-hour crisis support from their facilitator, community services – even if fathers are in jail.*

***Fathers and Children Together (Lexington, KY)** is a program of Prevent Child Abuse Kentucky and is prison-based. Fathers participate in 13 weeks of classroom activity; have father-child visits, and opportunities to develop their leadership through the program. They learn positive discipline, communication and anger management techniques, self-esteem and effects of abuse. Using Long Distance Dads workbooks, they develop positive relationships with their children between their bi-monthly visits. Families receive newsletters about what is being learned and fathers participate in Storybook Project (a weekly audio book reading for their children).*

DUAL ASSESSMENTS AND ALTERNATIVE RESPONSES

The first contact that a family has with the child welfare system should be viewed as a prevention tool for further involvement. By utilizing careful screening and assessment techniques, families-at-risk can be identified and preventive services provided. About half the states in the nation have an “alternate response” system so

⁵ www.nfpn.org/tools/articles/fatherhood1.php.

when a report is made to system workers, they do not automatically have to launch a full-scale investigation if the family is assessed as low-risk; instead, they can institute a range of services to be provided to meet family needs. This does not seem to be a common practice in the state of Indiana. However, Marion County does have in place a pilot program, the Neighborhood Alliance for Childhood Safety (NACS). NACS is designed after a national model for a “family support center.” It provides limited services to a small number of specific zip codes. *We recommend that such a system be investigated and if deemed worthy, be fully instituted in Marion County and statewide.* The flow chart in Appendix A is an example of how this type of system could work in Marion County.

Clearly, such a system, which is in use around the country, requires a process for accurately assessing risk and a system for linking families to community resources. The National Study of Child Protective Services and Reform Efforts suggests a good alternate response system provides:

- A response to physical abuse and neglect reports that allows for service instead of criminal investigation.
- A modified approach for low-risk families through community-based assessments.
- Support to families who could benefit from services but who are not under court mandate.
- Service without blame or stigma.
- Preventive services without the need of an investigation.
- Easily accessible, neighborhood and community based supports.

In each case, services that are provided should allow for the least possible disruption in the lives of children so they can keep their roots in neighborhood, schools, faith communities, and any other informal communities that provide care and support.

Again, this is not a new idea but a concerted effort to expand upon what we know works. In Marion County, we have in place a number of proven, successful alternative response programs:

- Back-To-Home
 - Child and Adolescent Placement Project
 - Dawn Project
 - Family Case Managers assigned to specific zip codes
 - Family Group Conferencing
 - Families Reaching for Rainbows
 - Healthy Families Indiana
 - Home-Based Counseling
 - Intensive Family Preservation and Intensive Family Reunification
 - The Mediation Program
 - Neighborhood Alliance for Childhood Safety (NACS)
 - Youth Emergency Services
- See the Appendix B chart*

However, the majority of these programs are used after a family enters the system. Every effort must be made to expand and strengthen these initiatives to allow them to serve more children and families, helping them before a crisis situation deteriorates into one where a child is seriously harmed and system intervention and involvement is necessary.

Emerging Practices

Alternate Response/Family Assessments/Dual Response: “Alternate response” means that when a report is made to child welfare caseworkers, he/she does not automatically have to investigate if the family is at low-risk of maltreatment. For such a response, child welfare offices have to create a dual-track system and a process for accurately assessing risk. Almost 50% of states use alternate response system. Indiana does not. About 50% of these states do not offer alternative response in all counties.

Families that do not meet the moderate or high-risk indicators for continued problems would be linked with proved, contracted community resources. Some states have three tracks – only one requires law enforcement intervention (ones that did not involve caretakers).

- *State legislation in Missouri led to its dual-track approach. During the pilot, 71% received family assessments and only 29% were investigated. Evaluations found that child safety was not compromised, hotline reports declined, community resource use increased, and families felt more engaged in their own recovery. In fact, families started services in ½ the time. In Florida, dual track assessments shortened case durations by almost 20 days.*

Good assessments shift the mindset of workers from uncovering what is wrong with the family to what is working in the family, building on those strengths, and finding community supports to supplement and build others. Assessments have proven to reduce recurrence of substantiated abuse by 29% over 3 years.

- *In Fairfax County, Virginia, their Differential Response System provides a family assessment if the child is not in immediate danger and connects the family to immediate services built on family strengths. Those receiving family assessments are not entered in the state central registry.*

Reasons for using an alternate response system are evenly divided – half want to improve their ability to assure child safety, the other half want methods that strengthen families for long-term gain. Almost 70% use other agencies to make the assessments. In every case, a decision not to investigate is made either with supervisor consultation or by a supervisor. Decisions to move to an alternate response system are usually part of an organizational overhaul, but have frequently been mandated by state or local legislation.

- **Dual Investigative Practices** require the development of a very strong assessment tool and service-oriented protocols. Through a new staffing pattern or new procedures, each child or family is **screened** to determine if they will be assessed for community service or sent through the more traditional (though family-centered) investigative track. Innovations include:

- Revising interagency child abuse protocols
 - Including analysis of critical incidences as part of staff training
 - Using community-based review teams to provide feedback and clarify system-wide issues
 - Resolving parental rights issues with hospitals drug-testing newborns
 - Improving relationship with police⁶
- **Family Assessments** vary widely. Some states use an either/or approach – families are either assessed or they participate in an investigation. In some **Florida** counties, all families are assessed (assuming that if they can catch all families and engage them in community services, in the long run, both families and CPS win). Only families with criminal activities move toward investigation. In **Iowa**, all families are assessed and all families are investigated. In **North Dakota**, all families are assessed and none participates in a traditional investigative process. Some states maintain a registry, but do not substantiate. Others determine which kinds of families must enter the investigative track. Generally, success is determined by a decrease in the number of families participating in investigations coupled with an increase in service delivery to families and no decrease in the number of children kept safe.

Evaluations of assessment programs in four states show that in counties that use family assessments:

- **The number of families investigated and identified for the child abuse registry decreased (sometimes by 50%)**
- **The length of time families were involved with CPS decreased (between 15-22% fewer days)**
- **The use of existing community resources by families increased (by 5-11%)**
- **Children remained safe** (counties report either the same numbers as non-pilot counties or report a decrease in the number of children who experience repeat abuse by caregivers)

Missouri's CPS unit drastically reduced its caseload with the dual system. Now, **80% of its cases are referred for assessment** through its Family Assessment and Delivery Team and **20% are in the investigative track** using CPS workers. **Child safety has remained stable or improved.**

⁶ National Study of Child Protective Services Systems and Reform Efforts. US Dept of HHS. May 2003.

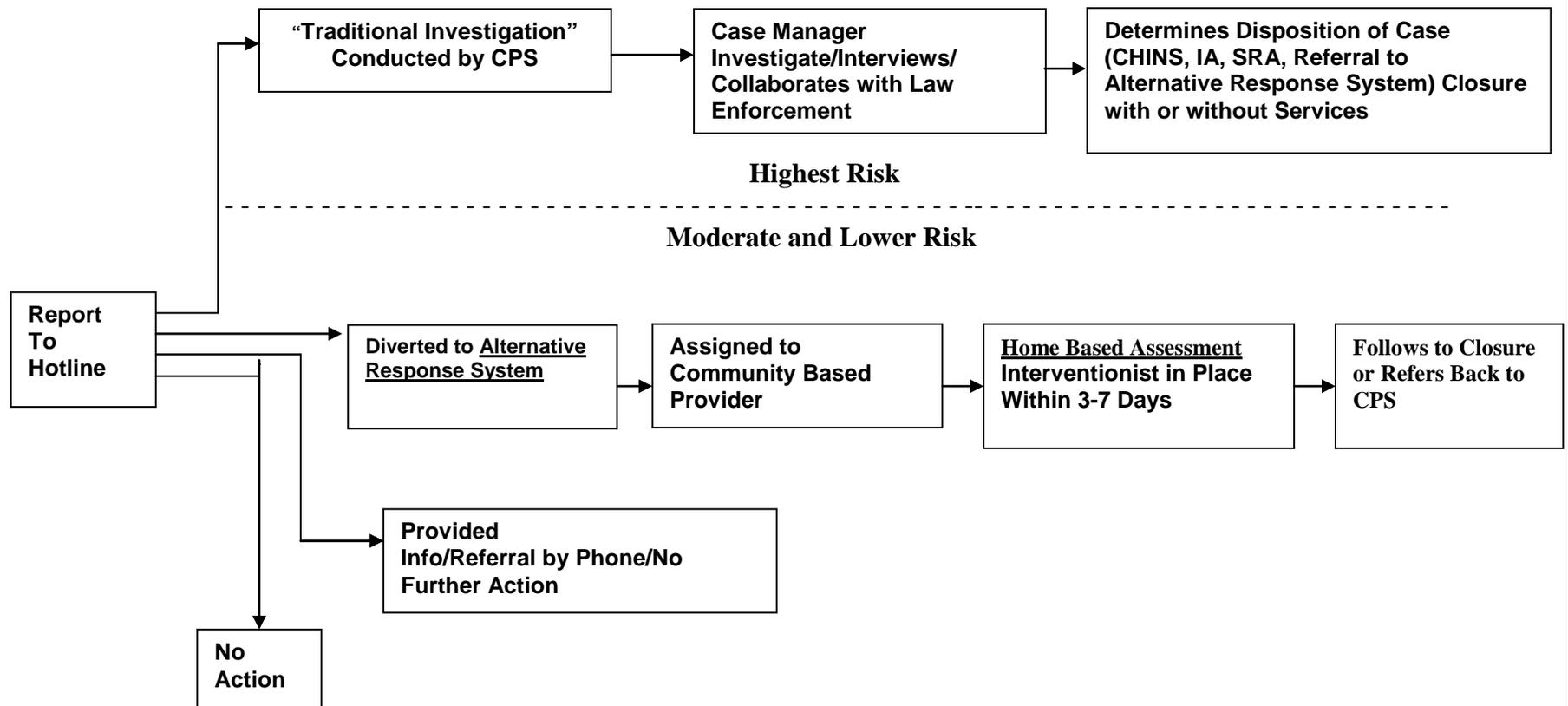
ACTION STEPS

- **Aggressively utilize family-centered practice.**
 - Expand Fathers and Families training to service providers.
 - Develop a plan for training public and private service providers on family-centered practice.

- **Adopt a dual assessment and alternative response process.**
 - Develop a model for dual assessment/alternative response process.
 - Obtain consensus around the model.
 - Develop procedures for implementing and obtain needed policy and regulatory changes.
 - Explore and adopt a screening/assessment tool.

Appendix A

Marion County Dual Assessment and Alternative Response System



Program	Description	Utilizes family-centered practice?	Does it serve children & families <i>before</i> they enter system?	If no, could it serve this group?	Should it be expanded to serve this group?	What would it take to expand?	Is there an independent program evaluation?
DAWN Project <i>Choices</i>	Serves youth, with serious emotional disturbances that are at-risk of residential placement, and their families using a "system of care" approach.	Yes	Yes, IPS has purchased slots and other school systems are considering. In addition, they are serving SED waiver kids.	Yes, it could.	More expansion is needed, especially for children with mental illnesses. Also trying to reach youth through schools, Medicaid wavier.	Funding from the Division of Mental Health; Increased eligibility from funders.	Yes, 6 years of research and evaluation by Indiana Consortium for Mental Health Services Research and MACRO.
Family Group Conferencing <i>Children's Bureau</i>	A process using a trained facilitator, which involves the family and extended family in developing a safety and treatment plan utilizing community-based resources.	Yes	No	Recently received grant to work with this population.	Grant will allow a pilot project to serve 50 families in this group.	Additional funding to expand the number of families in the pilot program.	Yes, evaluation being completed through Model Courts project, but has been slow to finalize and there are concerns about the scope and accuracy.

Program	Description	Utilizes family-centered practice?	Does it serve children & families before they enter system?	If no, could it serve this group?	Should it be expanded to serve this group?	What would it take to expand?	Is there an independent program evaluation?
Families Reaching for Rainbows <i>Choices</i>	A Family Support Organization that offers support, education and advocacy for parents focused on the needs of children with serious emotional behavior. Chapter for the Federation of Families.	N/A	Yes, serves both in and out of system families.	Currently serves this group.	Yes, needs more funding to sustain operations.	Funding	Yes, part of the Dawn Project evaluation qualitative study.
Family Support Center <i>Children's Bureau</i>	Provides emergency shelter for children, planned respite care, and connections to community resources.	Yes	Yes	Currently serves this group.	Currently serves this group.	No need for further expansion.	No
Geographic Family Case Manager (FCM) assignments	The assignment of FCMs to work only cases in specific zip codes.	Working toward more family engagement with case conferences.	FCM's can refer to NACS and request some emergency funding to prevent family placement disruption.	Not under current state statute.	No	N/A	N/A

Program	Description	Utilizes family-centered practice?	Does it serve children & families <i>before</i> they enter system?	If no, could it serve this group?	Should it be expanded to serve this group?	What would it take to expand?	Is there an independent program evaluation?
Healthy Families	A voluntary home visitation program for families that could benefit from education and support services designed to strengthen families, promote healthy childhood growth and development.	Yes	Yes	N/A	N/A	N/A	Yes
Home-Based Counseling 12 Agencies Including Faith Based Providers	Provides home-based counseling services (from Level 1 to Level 4) to families at risk of losing their children due to substantiated child abuse/neglect, or serious behavioral, academic or legal problems.	Yes	No	There is no funding stream for this.	Healthy Families already does home visits for at risk kids. Additional Home-Based services would probably provide more prevention. There are also some other community based programs.	Referral mechanism, monitoring mechanism, funding.	Outcomes are monitored and periodic audits occur, but there is no formal program evaluation.

Program	Description	Utilizes family-centered practice?	Does it serve children & families <i>before</i> they enter system?	If no, could it serve this group?	Should it be expanded to serve this group?	What would it take to expand?	Is there an independent program evaluation?
Intensive Family Preservation	Provides in-home services to families <u>to prevent disruption</u> ; focuses on educating and empowering families.	Yes	No	No, imminent risk of placement is the criteria for the program.	Need to utilize more and not remove as many children.	N/A	There are many national research data based on 20 years of practice.
Intensive Family Reunification	Provides counseling to families <u>when reunification is expected</u> to occur within 42 days (child in placement).	Yes	No	No, designed to reunite families after placement.	No		
Mediation Program Child Advocates	A process used in Termination of Parental Rights cases in which a trained mediator provides a forum for all concerned parties to come to a resolution, avoiding a trial.	No	No	Yes	Other CASA/GAL programs provide such facilitation at the beginning of the CHINS process.	More funding for mediators, coordination with DCS, agreement with the Court.	No
Neighborhood Alliance for Child Safety (NACS) Children's Bureau	Connects families in selected zip codes with neighborhood resources and services. Works with referred families to create a safety plan to prevent child abuse and neglect and lower family stress.	Yes	Yes	N/A	N/A	Currently working with DCS to expand program into additional zip codes.	Yes – also looking at conducting a 5-year longitudinal study.

Program	Description	Utilizes family-centered practice?	Does it serve children & families <i>before</i> they enter system?	If no, could it serve this group?	Should it be expanded to serve this group?	What would it take to expand?	Is there an independent program evaluation?
Youth Emergency Services (YES) Choices	A 24-hour in-home crisis intervention and follow-up program that helps a family develop a safety plan for children at risk of being removed from the home during a CPS investigation.	Yes	Yes, but many of these children and families are at a high level of risk and most likely will enter the system.	Yes, these families are at the entrance to the system.	Yes	Funding and decisions about eligibility and services to be provided.	No

5/05

FOCUS ON RESULTS

FOCUS ON RESULTS

Better outcomes has become the watchword in the human services world in the last decade as service providers have sought to demonstrate the worth of their programs to funding sources, donors, and the general public. In a mission statement that was developed in June 1999 to describe the work of the Children's Services Collaborative Initiative -- an effort composed of representatives from the Marion County Office of Family and Children; the Marion County Superior Court, Juvenile Division; and the Office of the Mayor, City of Indianapolis -- the leadership of our local child welfare services attempted to outline the results that should come from the system's work:

To develop in Marion County a comprehensive family-centered, neighborhood-based system of services and supports that ensures the safety of children and families and viable neighborhoods, and to the degree possible, minimizes the involvement of children and family in the child welfare system.

As a result, one of the tasks of the Child and Adolescent Placement Project (a joint project between the Marion County Department of Child services and the Marion County Superior Court, Juvenile Division) has been to introduce a variety of accountability measures to insure that young people and families are more efficiently and effectively served. Private service providers, especially those receiving funding from the United Way of Central Indiana, have developed outcome measures to demonstrate both the impact of their work as well as the cost effectiveness. There is no doubt that all who provide service through the child welfare system recognize the need to be outcome-driven; it remains our task to make this both a universal understanding and the common policy and practice. To achieve this goal, we recommend the following:

- We must **increase the depth and the substance of our outcome reporting**, clearly defining our desired system indicators and outcomes so that all system participants, public and private, are working toward the same goals.
- We must **determine the appropriate and needed data sets** that will present the clearest and most objective picture of our local child welfare system and its current level of effectiveness. We are a data driven society; but at times, the amount of information can literally overwhelm us. It is critical that we utilize an effective management information system that allows us to gather and analyze data so that it can be utilized to make effective policy and program decisions.
- The **development of a results-based accountability system** which will allow system leadership to develop a clear course upon which to guide the system for the next three years with expected outcomes; strategies to implement that will lead to those outcomes; and system indicators which will indicate progress or lack thereof toward those goals.
- **Quarterly meetings of systems leadership** should review progress toward the defined outcomes and provide opportunities to deal with issues that prove to be barriers in the way of adequate progress.

- The child welfare system participants—both the public and the private entities—should develop a way to **regularly report to the public** both its successes and its challenges. This ongoing sharing of information will build a two-way communication that allows the public to recognize both its stake in and its responsibility for the success of the child welfare system in Marion County. One way this could be accomplished is by the development of a **community report card**. We recommend this “Community Report Card” be issued on an annual basis in order to report the outcomes of the child welfare system to the various stakeholders: community, funding bodies, and policymakers. This will demonstrate the commitment of the system and its component parts to continuously improving its services and yielding better outcomes for children and families. The production of such a report would best be placed in the hands of an independent entity that can be viewed as credible by the various audiences who will receive this report. Not only should this report contain data sets that describe the work of the system but also stories about lives changed and families reunited by the system and its components. It must also list the challenges that remain to be dealt with as our system strives to become more effective, efficient, and child and family-centered.

Invest in Wisconsin’s Children Now, March 2005

The Wisconsin Children’s Trust Fund compared the State’s current spending on prevention programs to the total cost to “repair the damage” done by child abuse and neglect. The Children’s Trust Fund updated its January 2002 cost analysis that used various sources of data – everything from hospitalization and juvenile justice to loss of productivity in the workplace. (40,473 children were reported abused and neglected in Wisconsin in 2003, compared to 61,492 in Indiana.)

Wisconsin’s price tag for **treating and protecting** abused and neglected children is **\$673.3 million a year** or \$1.8 million a day (direct and indirect costs). Wisconsin spends **\$8.07 million annually** to **prevent** children from abuse and neglect – or, Wisconsin *spends 83 times as much to repair the damage done by abuse and neglect as it spends on prevention.*

The Costs of Child Abuse vs. Child Abuse Prevention: A Decade of Michigan’s Experience, 2004

In 2002, the Michigan Children’s Trust Fund began a 10-year update of its 1992 research into the costs of child maltreatment and the benefits of prevention.

Among other findings, the research indicated a statewide prevention program for *all* families having their first child would cost less than 3 percent of the money spent to treat the consequences of abuse and neglect.

ACTION STEPS

- **Develop a Community Child Welfare Report Card**
 - Conduct focus groups seeking input regarding desired/needed elements of the Report Card. Focus groups should include at-large community members, the business community, legislative members, consumers of the child welfare system, child welfare staff and service providers.
 - Engage a consultant (Mark Friedman – Results-Based Accountability) to lead a Work Group in identifying the final data elements for the Report Card.
 - Develop a plan for the distribution of the Report Card and how and when to update it.

- **Improve the use of data as a management tool for the system.**
 - Convene a service provider's outcome/results data group.
 - Aggregate and analyze data from the Marion County Department of Child Services service provider's Outcome Measures Reports, and other data as provided by the service providers.
 - Develop a centralized, service provider outcome database.
 - Develop meaningful ways to share data among the service providers and the Department of Child Services.

HUMAN RESOURCE DEVELOPMENT

INVESTING IN THE CHILD WELFARE WORKFORCE

The success and failure of any organization depends largely on the dedication, skill, and performance of its employees. The child welfare system is no different; in fact, it may be even more critical since workers must deal with difficult situations that often lack qualitative or objective parameters to assist in the judgments that must be made. Child Protective Service workers, Family Case Managers, caseworkers, and others are making life-determining decisions on a daily basis, and the stress and strain of such responsibility often takes a tremendous toll. Operating within that context, supporting, developing, and sustaining our workforce becomes a very high priority. It is absolutely critical that we take every possible step to assure that Marion County has a skilled and competent workforce that is capable of producing desirable outcomes for our families and our children.

Repeated studies and reports indicate the necessity of *establishing reasonable caseload limits for child welfare system workers*. They must have adequate time to determine both the appropriate programs and services a child and family require in order to be returned to healthy functioning and to monitor the family's progress toward attaining that goal. At the local level, the Marion County Department of Child Services is operating under a federal court consent decree⁷ that limits a Family Case Manager to 35 cases and a Child Protective Services (CPS) Family Case Manager to 25 cases. The Child Welfare League of America has established a standard of 17 cases per Family Case Manager and 12 cases for a CPS Family Case Manager; and the Indiana Commission on Abused and Neglected Children has adopted that standard. Clearly, there is a significant difference between the standard of Marion County Department of Child Services and what has been established as a national best practice standard by CWLA. Given the current circumstances under which the local office must operate, it is difficult to determine a "reasonable" caseload size. We strongly recommend the **caseload sizes ordered by the Court be attained and maintained for the next year**. Then an internal assessment can be conducted to **determine the numerical goal and timeframe for a reduction of caseload size that is in line with the accepted national standard** established by the Child Welfare League of America.

In addition to reducing caseload size, *another critical component is the number of qualified supervisors* to work with the Family Case Managers. The Council on Accreditation's standard for the ratio of supervisors to case managers is 1:7. Every reasonable effort must be made to bring our local Department of Child Services into compliance with this standard. Alignment with this standard will help to assure a high level of quality service is both attained and maintained, and decision-making for children and families is expedited.

⁷ The consent decree, issued in July 1992, was the result of a case filed by the Indiana Civil Liberties Union against the Marion County Office of Family and Children. The Office denied the allegations of the complaint but, in the best interest of the State and its citizens, agreed to resolve the issues presented by the defendants by abiding by the order of the Court in the matter of caseload standards, caseworker performance standards, caseworker training, number of supervisors, and foster parent recruitment, supervision and retention.

After conducting Child and Family Services Reviews in each state, the Department of Health and Human Services, Administration for Children and Family, stated two things are critical in determining the safety and permanence of children:

Caseworkers making regular home visits and caseworkers making regular visits with children. Excessive caseloads make this impossible, thus compromising the safety and well-being of the children we are trying to serve.

Continual staff vacancies are a significant challenge to the child welfare system, effecting practice, planning, morale, and service quality. Often, when a position becomes vacant, there is a delay in filling that slot, further increasing workloads on those who remain. Utilizing the American Public Humane Services Association's field guide, we should *create effective strategies to confront workforce development issues, specifically regarding turnover, recruitment, staff development, and succession planning.* It is critical that we find ways to recruit, retain, and sustain quality staff. In Delaware, the Department of Services to Children, Youth, and Their Families' "over-hire policy" has been cited as a promising practice that both assures continuity and consistency of service while reducing staff overextension.

It is a truism that the best people in any field are motivated by passion, not money. However, those who are charged with doing the difficult and challenging work this field requires should receive compensation that recognizes their educational attainment, experience, and efforts to continuously hone their skills and increase their knowledge. At the present time, the salaries for all Family Case Managers are tied to minimum levels of educational achievement and job experience. We recommend the Department of Child Services *undertake a thorough study of its personnel policies*, including education requirements and salary scales in an effort to eliminate any would-be barriers that would dissuade qualified candidates from potentially seeking employment with the Department.

It is also important that the child welfare workforce be representative of the community that it serves. Concerted efforts need to be made to *recruit and retain a more diverse and more representative mix of workers.* Fresh thinking will have to take place in order for this strategy to be successful. A joint management-staff-higher education task force should be convened to develop strategies to portray the important role of the child welfare workforce in our community in a positive manner, and to develop strategies to attract talented, quality individuals to the work.

A recently published study from the Annie E. Casey Foundation on the condition of the human services workforce noted that frontline social service workers "are the heart and soul of our nation's publicly funded human services system." It further states these jobs carry an enormous amount of responsibility, high expectations, and difficult working conditions. (The Unsolved Challenge of System Reform: The condition of the frontline human services workforce, Annie E. Casey Foundation, 2003) If we want our system to remain in good health, then we must assure that these *workers have the necessary supports* that will enable them to deal with the stresses of their job, not be consumed by them. Providing them with ongoing support, both from internal and external sources will be an important retention strategy.

Family Case Managers need to be able to focus their time and energy on providing services and supports to families, not on data entry and paperwork tasks. In order to assure that these important tracking, monitoring, and recordkeeping functions are also done well and in a timely fashion, *administrative, clerical and data entry supports are needed.*

In addition, it is necessary that our workers have access to the tools that will help them to do their jobs effectively and efficiently. The capacity to manage large amounts of information, some of which changes frequently, poses a challenge to those who work within the system. Access to newer and more advanced computer hardware and advanced software packages would significantly empower child welfare system professionals in doing their work more effectively and efficiently. *Equip all field workers with cell phones, laptop computers, and digital cameras.* Adequate training must be made available to all workers to assure that they can best utilize the tools in their hands to both fulfill their responsibilities and assure their safety and the safety of the children they serve.

Additional resources to the Department could also be provided by volunteers. These volunteers could be trained to assist with administrative tasks, data entry tasks and/or clerical tasks. The volunteers could reduce the burden of routine, repetitive tasks, allowing for the efficient use of limited revenue.

One of the elements so important to developing a competent workforce is a consistency of training that will prepare workers for the jobs they are required to perform. It is our recommendation that the Department of Child Services undertake a serious study of the *recommendations on training for Family Case Managers and Supervisors that was proposed by the Indiana Commission on Abused and Neglected Children and Their Families.* Following this well-developed strategy of the Commission for the professional formation and development of child welfare staff members will provide children and families with well-trained public servants who are equipped to carry out their duties in a highly competent fashion. See Appendix A for a detailed recommendation on training.

Emerging Practices

Human Resources

- *In Delaware, the Department of Services to Children, Youth and Their Families responded to state legislation to improve staff competencies. Their efforts have been cited by Children's Bureau/HHS as a promising practice. Delaware has:*
- *Created an over-hire policy that other states also use. They created up to 15 over hire positions by putting two people in one budget position. High staff turnover resulted in staff personnel overspending, so this did not change the reality of their expenses. The Department keeps the second positions full. For the first 6 weeks, the staff person takes no cases, but participates in intensive training. Cases are slowly given to them and a mentor assigned, who supervises them during this time period. Given turnover, a position is usually available within 6 weeks. By then, the new staff person is trained and ready for immediate integration.*

- *Mandated new caseload standards based on Child Welfare League standards. New caseworker positions are automatically created whenever the number of cases increases by 10% over the standard.*
- *Instituted supervisory training that trains supervisors on supporting staff teams and holding staff accountable. Each supervisor has to create a performance plan for its team, including how to reduce staff turnover. Training is provided on how to meet these targets.*
- *Raised its minimum education requirements through legislation.*

A university professor at the University of Minnesota's School of Social Work established the Center for Advanced Studies of Child Welfare, raising over \$22 million, to recruit social work students committed to the field of child welfare. Specifically, the professor is recruiting African-American, Native American, Hispanic, Somali, and Hmong students—the ethnic and racial make-up of the population in the area. To date, over 220 students have graduated from the program.

What difference do significant staff changes make? **Ventura County, CA** reports that as a result of improved training, better pay, more support for workers, alternative work schedules, and opportunities for advancement they have – in two years – **reduced staff turnover from 20% to 4%**. Other evaluations indicate that all these factors are necessary to see real reductions in staff turnover. Singularly, none seems effective (better pay with no improved training does not seem to change turnover rates.)⁸ In **Delaware**, its retention efforts reduced staff **turnover from 48% to 16%**. In addition, **case backlogs have been reduced from 40% to less than 10%** in 3 years.⁹

Technology

- *Vermont created “PIP Points”. With its state outcomes in place and its computerized data system in place, it regularly sends to all staff and the general public quarterly updates on progress toward stable placements and permanence.*
- *In Delaware, child welfare, juvenile justice, and child mental health services have been fully integrated utilizing a management information system called FACT. Supporting 400 individual tasks, FACT tracks cases in real time, provides service information files, and includes evaluation protocols. It has reduced time spent by staff in generating reports; facilitated more accurate and timely assessments; given caseworkers immediate access to case files; and increased productivity.*
- *Florida uses technology for online training of staff in a variety of areas.*
- *Illinois, Utah, and Alabama established and now track performance and outcome indicators with an online process.*

⁸ <http://aspe.hhs.gov/hsp> Study of CPS policy and practices in all 50 states (including random survey in 300 counties and site visits to 8 local offices).

⁹ Children's Bureau/HHS Summary Report of Promising Practices November 2002. Original contact is Delaware Youth and Family Center ccharkow@state.de.us

ACTION STEPS

- **Significantly reduce the caseload size of all Family Case Managers.**
- **Adopt a salary scale that rewards workers for advanced degrees, continuing education, and experience in the field**, both at the point of hiring and throughout their careers. In addition, the consideration of shift differential compensation is also warranted.
- **Recruit and retain more males; people of color; and individuals from diverse ethnic backgrounds.**
- **Hire additional administrative/clerical personnel to provide adequate support to front line staff.**
- **Significantly increase the utilization of technology at both professional and support staff levels.**
- **Adopt and implement the recommendations of the Indiana Commission on Abused and Neglected Children and Their Families concerning training for Family Case Managers and Supervisors.**
- **An over-hire policy should be investigated for possible adoption locally.**
- **Investigate the feasibility of establishing a volunteer corps that could assist system personnel in either service delivery or administrative functions.**
- **Seek ways to nurture new workers and to revitalize veteran workers.**
 - Establish a mentoring system for all new Family Case Managers modeled after the successful master teacher program to allow veteran workers to share their wisdom and experience and to allow new workers to share their enthusiasm and new vision.
 - Provide employee assistance programs on a regular basis to offer support for those who do this mentally and emotionally challenging work: retreats; in-service programs; sabbatical programs for longer tenured employees; weekly group de-stressing and support sessions; and wellness counseling. Utilize community partners to help achieve some of the above.
 - Develop, with broader community involvement and support, peer recognition and incentive programs such as caseworker of the week and month; weekly recognition of exceptional service; and other morale boosting programs. Enlist community partners to provide incentives such as gift certificates.

- Develop partnerships with the various institutions of higher education in the county to provide ongoing educational and training opportunities for workers as well as internships for students studying in the areas of social work, counseling, education, psychology, etc.

APPENDIX A

Department of Child Services Training Curricula:

The Department of Child Services should develop a policy requiring training for all Family Case Managers *before* a worker is assigned a caseload. Training should include a period of job shadowing and a shared caseload. Training should be followed by close monitoring and supervision. Case managers should have the following trainings:

- Orientation/Data entry Training on the Indiana Child Welfare Information System (ICWIS) required before starting a caseload.
- CORE required before assigning a caseload.
- The first 10 units of foster parent pre-service training should be required within the first 6 months.
- Advanced classes should be offered and required as an ongoing process.
- Advanced training in sexual abuse required within the first year.
- Cultural sensitivity should be required with the first year. Cultural sensitivity training should include information on culture as it relates to oppressed populations, social class with specific information about overrepresented racial and ethnic groups.
- Training in cultural sensitivity as it relates to oppressed populations and social class required within the first year.
- Training in childhood disabilities, how to interview disabled children, and on how to work with families who care for children with disabilities.

Supervisors should have the following training:

- All supervisors should be exposed to the family case manager pre-service (CORE) training and either take the training or pass a competency qualifying exam.
- Supervisory CORE, required and mandatory.
- Overview of sex abuse.
- Diversity training.
- Mentoring with field personnel (hands on) if no current/previous child welfare field experience; that is, hands on field experience.
- Clinical supervision for new supervisors.

FINANCIAL RESOURCE DEVELOPMENT

FINANCIAL RESOURCE DEVELOPMENT

The major components of our child welfare system are publicly funded entities. The Marion County Superior Court, Juvenile Division and the Marion County Department of Child Services are primarily funded by revenues raised by a property tax levy that is limited by state law. (See Attachment D) Many of the nonprofit service providers are the recipients of a portion of these public dollars, providing contractual services and programs at the direction of the Court and the Department of Child Services.

We have pointed out earlier in this document that each of these entities has taken numerous steps to assure that the public's dollars are being used in the most efficient manner. Yet, despite these efforts, the needs of abused and neglected children continue to exceed the public dollars available to purchase services. This fact should not surprise us; a cursory examination of data gathered by Prevent Child Abuse America on the total cost—both direct and indirect—of child abuse and neglect yield a staggering estimate of over \$110 billion a year. (See Attachment E)

It is important to make the case for the value of the child welfare system to children, families and the community-at-large so private foundations, corporations, and individuals will invest more dollars in the work. Currently, there is only a small amount of private investment in the child welfare system, mostly dedicated to marketing and family strengthening efforts. A 501 c 3 entity, such as MCCOY, Inc., could work in cooperation with the public systems and the private agencies to *raise supplemental funds* to support innovative programs and services for abused and neglected children and families as well as increased prevention efforts. The Indiana Code does not appear to prohibit state agencies from receiving and utilizing donations from private sources. As a 501 c 3 entity, this resource development arm could approach private donors who are not able to contribute directly to a public institution. Private funding could be utilized for services, prevention efforts, marketing, training, research, and recognition/rewards for the child welfare workforce.

Concurrently, it is equally important we *look internally* at our local child welfare system to determine if the amount of funds spent in each particular functional area matches the needs of the children and families in the system. We must assure ourselves we are utilizing public dollars effectively to deliver needed services.

For whatever reasons, Indiana reportedly does not do a good job of capturing federal dollars that are available to pay for child welfare services. Perhaps one reason for this performance is that federal re-imbusement goes directly to the state, not the counties. Yet county governments incur the major portion of child welfare system costs—up to 70% in some counties. Shifting a greater percentage of child welfare costs to the state would encourage greater diligence in pursuing federal re-imbusement of the costs of service provision. There has been extensive discussion alluding to our state's failure to *re-capture available federal funds* for child welfare services; it is time to take action to reverse this trend.

While it is true that one of the most effective cost-saving strategies we can adopt is reducing the number of children and families entering the system, prevention strategies are going to take time to have an effect. The crisis of paying for necessary services must be met now if we are to produce the outcomes we want and which our children and families deserve.

Emerging Practices

Financial Resources

While not transformative, child welfare offices are looking for more creative ways to resource services – not only through sources available to private agencies, but also through flexible funding available through other government departments.

States and counties are using **waivers** (IV-E), often in pilots or demonstrations. Some pilots have then been absorbed in state budgets, especially when the demonstration proves to be cost saving for the state. Waivers are used in many ways, but specifically in family-centered, neighborhood-based placements.¹⁰

- *Washington DC uses the waiver to match child welfare workers with trained neighborhood-based collaborative workers in kinship triads with a kin raising a relative within the foster care system. The pilot program runs through 2005.*
- *Ohio's ProtectOHIO uses the waiver for a pre-paid monthly "capitation" to participating counties. The counties must focus on early intervention, intensive case management, respite care, parenting training and family counseling, but have total flexibility to use the funds in ways that will increase outcomes and reduce costs. Any savings the county creates can be used for other child welfare programs. In less than 3 years, **participating counties collectively saved 517,000 placement days (+\$19 million).***

States are using **Temporary Assistance for Needy Families (TANF) dollars** to promote kinship care by paying for support groups, legal services, and other supports for grandparents raising low-income grandchildren. These funds can also be used to build partnerships between Child Welfare and TANF caseworkers.

In Colorado¹¹, one county integrated child welfare and TANF services so children are moved as quickly as possible through the child welfare system if a supportive extended family is in place. The integration prevents entry into the system for some. An experienced child welfare worker and TANF caseworker serve kinship families with grandparent support groups and legal aid. They have flexible funds to provide additional income supports to these families. Families are moved from child welfare into TANF, but without the work requirement restrictions because only the children are served. The teams also serve teen parents on TANF or older teens that were in foster care, but are in aftercare services now (between ages 18-25).

¹⁰ NGA Center for Best Practices www.nga.org Oct 2000

¹¹ "Serving Children and Youth Through the TANF Block Grant". National Governors Assn. for Best Practices. www.nga.org

ACTION STEPS

- **Utilize an existing 501 c 3 organization as an entity for resource development and community education on behalf of the child welfare system** and provide this agency with the tools to carry out the work. MCCOY, Inc. seems to be a logical choice for this work.
- **Enhance federal government re-imbursements by fully accessing funds that are available.** Clearly identify the sources of those funds and the process to re-capture them.
- **Conduct a comprehensive internal audit to assure that we are most effectively utilizing public dollars to provide services to children and families.**

COMMUNITY EDUCATION AND ADVOCACY

RACIAL DISPARITY

COMMUNITY EDUCATION AND ADVOCACY

Knowledge That Leads To Action

I. Community Education

The well-being of children in care is the joint responsibility of the entire community. It is a job much too important to leave to only the workforce of a single system, no matter how dedicated and committed they might be. Yet it is apparent that, for the most part, the larger community only takes notice of the child welfare system when something goes tragically wrong; and then the attention is both highly critical and extremely short-lived. If our system of caring for the well-being of children in need is to be improved, it requires the community as a whole seek out a proactive role and advocate for positive ways to support the system, its workers, and the children and families who are served by it. In order for this to happen, the knowledge the community has about the child welfare system must be greatly expanded.

Few would argue the right to confidentiality of children and families in the child welfare system. However, at times, this desire to keep things “under wraps” has actually been disadvantageous. We recommend every effort be made to preserve the confidentiality of children in care while opening the system itself up to public scrutiny and assistance. Informed and caring citizen involvement is critical if the child welfare system is to continue to change positively for the better. Some communities have *initiated a citizen review board* to both provide ongoing public input to top level systems managers and to act as advocates for the child welfare system in general. The utilization of concerned and knowledgeable citizens ensures the community remains an involved stakeholder, who regularly participates in the work of the system, and remains fully informed of the value that the child welfare system adds to the community. This is to be viewed as a Blue Ribbon panel of which the convening and swearing-in is a major event in our community’s life. It will meet on a quarterly basis and issue *a year-end report card to the community* to show progress—or lack of it—in critical areas. The board should take a broad view, keeping the focus on prevention, promoting the successes of the system and take a proactive stance.

A recent study released by the Ad Council entitled “Engaging the Public on Behalf of Children 2004” reveals significant shifts in the public’s view of children, their sense of responsibility for all children, and their willingness to offer assistance. It points to a sense that the public is prepared to respond in positive ways to messages that offer opportunities, both large and small, to help children. In addition to this more positive view, the study shows that a majority of Americans now believe that parents are responsible for raising children with the support of others in their communities.

Emerging Practices

- **Scott and Bruner** (1996 and 1998) have written several publications on how to develop successful citizen review boards and community collaborations between CPS, residents, and consumers. Publications include step-by-step instructions and protocols.
- In **Rhode Island**, a former employee of a teaching hospital created **Families Together** when she found a new use for the local children's museum. The museum-based experiential teaming experience builds parenting skills and allows visitation between parents/children. Child welfare offices now use the museum (and her program) for visitation instead of municipal buildings. She meets with parents at the museum to develop goals for each visit and measure success. Visits take place weekly for 12 weeks, staff stays with the family during the visit to educate parents on developmental stages, model how to deal with behavior issues in real time, and model fun. Ten staff serves 50 families a year. It has been recognized by the U.S. Department of Health and Human Services as a national promising practice.
- In **New Jersey**, the **Community Affairs Director and Executive Producer** of a local television station sits on several state task forces related to child abuse and neglect. She advocates for legislation. She creates public education campaigns and materials. At the TV station, she has produced award-winning programs for the public and has written resource directories. The television station provides airtime for Public Service Announcements. She developed a statewide poster contest and public awareness campaign.
- In **Washington DC**, a **For Love of Children male volunteer** moved the organization from a church-based foster care program to a multi-agency staff of 120 and a budget of \$10 million. It operates schools, neighborhood tutoring programs, foster care, transitional housing for families, outdoor youth leadership training, home visitations to first-time mothers, parent training, and advocacy services. He created the DC Consortium for Child Welfare, unifying the district's nonprofit foster care, adoption, and family services agencies. The volunteer also created the Columbia Heights/Shaw Family Support Collaborative, now a successful example of neighborhood-based capacity building. Today he serves on mayoral committees and has written a book about his work with local children. He has been named Public Citizen of the Year by the National Association of Social Workers, DC chapter and Washingtonian of the Year.

ACTION STEPS

- **Convene a group of diverse and representative community leadership to form a Citizens Advisory Board to:**
 - Monitor the progress of the child welfare system as it progresses toward a more responsive and proactive force that serves children and families.
 - Monitor the progress of the community as it takes on greater responsibility to support and sustain those involved in the challenging work of parenting.
 - Monitor the risk factors that increase the incidence and prevalence of child abuse and neglect—substance abuse, poverty, domestic violence, lack of parenting skills, mental/emotional health issues—and promote efforts to address these community deficits.

- **Widely communicate a mission statement for all the child welfare system that clearly delineates its roles and goals.** Such a mission statement must be endorsed by those who make up the system and by the general public at large.

A possible mission statement might be:

The Marion County child welfare system shall serve the children, youth, and families of our community with a comprehensive, family centered and neighborhood based system of services and supports that ensures the safety of all children, strengthens each family, and contributes to the stability of each neighborhood.

- **Secure media/public relations expertise in order to accomplish the following tasks:**
 - Develop and implement a strategic communication plan.
 - Develop messages that build a sense of shared responsibility for children-in-care as “our kids.”
 - Cast our effort as a “community development” strategy so that it appeals to and encompasses all sectors of the community.
 - Develop the “sound bite”, slogan/motto, and symbol with which the public can identify.
 - Launch an “Everyday Heroes” campaign that highlights the impact of various people in the system—staff, volunteers, government, judges, law enforcement, foster parents, youth.
 - Develop specific action steps for all who have a role in the well-being of children: parents, grandparents, neighbors, law enforcement, teachers, faith communities, business, government leaders, schools, medical personnel, youth serving agencies, etc.

II. Community Advocacy Efforts

Advocacy has often been considered the effort to influence legislators to pass laws beneficial to one particular interest in our community. While that is one facet, genuine advocacy means to “give voice”, most especially to the needs of those whose voices are often not heard. *Our advocacy efforts must make clear the needs of the children and families who are served by the child-well being system we propose.*

Entrenched attitudes and behaviors, which portray Child Protection Services as the bad people and abusive/neglectful parents as evil, must be changed. We are a community concerned about the “well-being” of all children: We want all children to have safe, supportive homes in which they can grow up to be positive, productive, and responsible adult citizens. Our voices must call out to the community at large, and to community leadership, to establish priorities that assure ALL children grow up well.

Emerging Practices

The Florida Child Welfare Advocacy Project is a web-based information service. It is designed to encourage grassroots advocacy to make changes in local child protection services, family preservation, and child welfare services.

Voices for Florida’s Children¹² is an alliance of Floridians that informs, inspires, and empowers people to create caring communities. Established in 1976, it provides strategic communication, develops networks between organizations and individuals, and engages in public policy initiatives. It has a strong presence in newsrooms and is the “go to” organization for “real-time” information for both print and broadcast. Individual Voices network members are actively engaged in the work. Voices also created Advocacy Academy. Some Voices council members include former congressional leaders, heads of major corporations, founders of foundations, and large publishing companies.

¹² www.floridakids.org

ACTION STEPS

- **Secure the services of a marketing/public relations person in order to promote the work of both the public and private child welfare service providers and accomplish the following tasks:**
 - Develop and disseminate positive and persuasive messages that show the system's positive outcomes and report the accomplishments.
 - Construct and implement an ongoing community education campaign that will emphasize the protection of young people and will show we are moving the child welfare system to a "child well-being" system.
 - Broaden the message—the well-being of children depends on a variety of factors: healthy families, quality childcare, skilled parents, supportive programs and services, an involved community.
 - Disseminate data and hard evidence of both the issue and the solutions.
 - Build a community coalition so that the welfare of children becomes an issue for all to become actively involved in achieving.
 - Disseminate the notion that it is both normal and good to seek help with parenting and child raising and promote the broad usage of parenting education and assistance programs for people of all races, socioeconomic backgrounds, creeds, and ethnic origins.

- **In cooperation with the Department of Education, develop and present training programs focused on teaching abuse and neglect prevention and intervention skills for school counselors, social workers, teachers, youth workers, childcare workers, and all who work with children.**

- **Develop a well-trained, skilled force of child advocates who can educate and influence legislators and policymakers.**
 - Provide training for members of boards of directors, staff members, community partners so that all become knowledgeable on key issues, pertinent statistical information, and emerging best practices in the field.
 - Collect and distribute information on lobbying and advocacy to all child welfare organizations on the legal/tax regulations governing not-for-profits, so all can effectively operate within the boundaries established by law.
 - Provide pertinent information to all levels - local, state, and federal - of government officials, legislators, policymakers and the public, which promotes increasing resources for strengthening families and preventing child abuse and neglect as a fiscally responsible strategy.
 - Special emphasis must be made on developing partnerships with the faith community and with other child-focused interest groups.

- **Compile and publish a “voting report card” which will track the recorded votes of state legislators and city-county councilors on legislation pertaining to child welfare.**
 - A model is the Indiana State Chamber of Commerce’s Legislative Vote Analysis. This voting report would be distributed widely to all stakeholders so they can see which legislators vote to support the needs of children in the system and those who do not.

III. Racial Disparity and Overrepresentation

One issue that demands special attention in the areas of advocacy and community education is that of racial disparity and overrepresentation of children and families of color in the child welfare system.

“Children of color, belonging to various cultural, ethnic, and racial communities (primarily African American/black, Latino/Hispanic and Native/Indigenous American), are disproportionately represented in the child welfare system and frequently experience disparate and inequitable service provision.” (CWLA, 2004) The issue of overrepresentation is evident in Indiana and children of color are disproportionately represented in child welfare data for the Indianapolis area.

For the year 2000, the Marion County child population of 221,997, included 60.1% White, Non-Hispanic; 30.5% Black; 4.7% Hispanic, and 4.7% other. The foster care numbers for 2001 in Marion County reflected 36.05% White; 59.28% Black; 2.98% Biracial; 1% American Indian and .68% other or unable to determine. These results from a study undertaken by Children’s Bureau, Inc. (2003) clearly indicate that overrepresentation and disproportionality needs attention in Marion County. Overrepresentation is defined as the high percentage of children of color in the child welfare system when compared to their percentage of the general population. Disproportionality refers to a situation in which a particular racial or ethnic group of children is represented at a higher percentage than other racial or ethnic groups within a particular population.

While the data documents this is, indeed, an issue, only *further assessment and analysis* will allow us to determine the true nature and extent of the problem; its causes and then the specific interventions needed to move towards its resolution. Children’s Bureau staff members have compiled a significant amount of data and have undertaken an initial analysis of the numbers. The Indiana Commission on Abused and Neglected Children and Their Families has also identified the overrepresentation of children of color in the system to be an issue that must be addressed. We would welcome the opportunity to work together with them on this issue. To exploit fully the data and to explain its significance *will require an investment of time and expertise*. The Children’s Bureau has identified a local researcher who is willing to carry out the project but has been unable to move forward because of insufficient funding. Funds should be located so that this project can be carried out. The information gained from this exercise will far outweigh the resources needed to carry it forward.

Disproportionality is not unique to Indiana. An analysis of U.S. Census and AFCARS data by the Center for the Study of Social Policy’s The Race + Child Welfare Project shows that forty-six states have disproportionate representations of African-American children in their child welfare systems. Indiana is characterized as having an extreme disproportion since statistics show that the proportion of African-American children in care is almost four times the proportion of African-American children in the state’s total population 18 years and younger. The Child Welfare League of America, Casey Family

Programs, and various juvenile justice entities recognize the need to target this issue. Preliminary research suggests that *a three-prong approach is needed; continuous research, policy changes to reflect the lessons learned from the research and modification of service delivery systems to reflect practice needs*. Indeed, the effort to provide community-based, family-centered, alternative response services determined by culturally competent providers holds promise in eliminating the racial disparities in child welfare practice.

Emerging Practices

- *A university professor at the University of Minnesota's School of Social Work established the Center for Advanced Studies of Child Welfare, raising over \$22 million, to recruit social work students committed to the field of child welfare. Specifically, she is recruiting African American, Native American, Hispanic, Somali, and Hmong students. Over 220 students have graduated.*

A number of emerging practices will likely net changes in this disparity. Specifically, using:

- Family-centered practice and family-decision-making models.
- Putting a greater emphasis on kinship care supports.
- Moving CPS and other workers into geographically targeted areas, serving specific neighborhoods and seeking out foster families within several miles of the child's birth home.
- Strategies to engage fathers.
- Home-based services that work to preserve families before removing child.
- Early interventions with substance-abusing parents that keep the infant with the parent during treatment rather than removing the child.
- One Church/One Child adoption approaches.
- State efforts to increase adoptions by offering full scholarships to state employees' adopted children (One state's effort saw an increase of 46% in adoptions of children of color as a result).
- Efforts that move children more quickly back either with families or into permanent family solutions through the watchful eye of improved technology.
- Caseworker recruitment efforts that focus on social workers of color and/or using staff from other agencies (neighborhoods) as staff members of child welfare offices.
- Neighbor training.
- Resources available through the federal government for healthy marriage programs (which includes parenting education), especially the African American Healthy Marriage Initiative (a faith-based effort supported through the current administration).

ACTION STEPS

- **Free sharing of knowledge of the demographic make-up of those involved in the child welfare system, including race, culture, socio-economic status, and other identifying characteristics.**
- **Develop intervention options for children and families that are culturally and racially sensitive and appropriate.**
- **Recruit, train, and retain workers of all backgrounds so that staffing patterns at every level of the system will reflect the populations being served.**
- **Engage community-based and faith-based entities from overrepresented population groups to help craft strategies that will lead to a reduction in involvement with the child welfare system by those particular populations.**

ATTACHMENT A

Attachment A

Executive Summary

The 2003-2004 Indiana Commission on Abused and Neglected Children and Their Families was created by the 2003 Indiana General Assembly (SEA 62) and appointed by the Governor, Speaker of the House and President Pro Tempore of the Senate. The Commission was charged with reviewing several areas related to child victims and children at risk of abuse and neglect. The charges included:

- Reviewing Indiana's public and private family services delivery system for children at risk of abuse or neglect and for children who have been reported as suspected victims of child abuse or neglect.
- Reviewing federal, state, and local funds appropriated to meet the service needs of children and their families.
- Reviewing current best practices standards for the provision of child and family services.
- Examining the qualifications and training of service providers, including foster parents, adoptive parents, child caring institution staff, child placing agency staff, case managers, supervisors, and administrators, and making recommendations for a training curriculum and other necessary changes.
- Recommending methods to improve use of available public and private funds to address the service needs.
- Providing information concerning identified unmet needs of children and families and providing recommendations concerning the development of resources to meet the identified needs.
- Suggesting policy, program, and legislative changes related to the family services to enhance the quality of the services and identify potential resources to promote change to enhance services.

The Commission recommendations are listed below:

1. The DFC shall meet the caseload best practice standard so that each worker shall have no more than 12 active investigations per month and 17 children for ongoing workers. Provisions shall be made to adequately staff so that caseloads are sufficiently covered during times of turnover, maternity leave, sick leave, vacation, etc.
2. Within the public sector, hiring requirements for Family Case Managers (line staff)

must be changed to include a degree requirement with a preference for a degree in human service or social work from a program which contains a structured, supervised practicum. To be consistent with the Council on Accreditation (COA) requirements, the practicum should have learning objectives and be a minimum of 6 academic credit hours. The student placement should occur in a child and family service agency. Public child welfare supervisors should hold an MSW degree and/or bachelor's degree with 5 years of child welfare experience.

3. The Commission recommends that the State allocate additional positions to increase the number of permanent DFC child welfare training staff to provide at least one full time trainer in each of the seven DFC regions.
4. The DFC should develop a policy requiring preservice training for all Family Case Managers before a worker carries a caseload. Training should include a period of job shadowing and a shared caseload. Preservice training should be followed by close monitoring and supervision.
5. Create and fund a Permanent Executive Committee on Child Abuse and Neglect (PECCAN) through legislative action. PECCAN shall be an ongoing child welfare advisory council to FSSA and the Board for the Coordination of Child Care Regulations, primarily responsible for assuring that the recommendations of this Commission are enacted, collaborating with the DFC in the development of strategic plans to enhance the child welfare system, identifying cutting edge practices in the work of child welfare, and serving as a conduit to coordinate communication and the work of other boards and councils throughout FSSA that work with child welfare issues and programs. PECCAN shall be composed of representatives from all disciplines involved in the issue of child abuse and neglect both public and private as well as clients who have been served by the DFC.
6. Strengthen the independence, monitoring and review functions of the Community Child Protection Team (CPT) by providing training, resources, support and accountability.
7. Reduce the overrepresentation of children of color in the child welfare system by funding research to develop culturally sensitive screening tools, refine assessment practices and revise training. The unique factors that bring children into care must be identified and barriers to timely and appropriate interventions eliminated.
8. Develop and implement transitional living services for youth in out-of-home care who are "aging out" (turning 18 years of age or being emancipated) of the child welfare system. Transitional living services need to assist the youth in planning and implementing a plan for education, employment, housing, health care, connecting with significant others, and the development of problem-solving skills.
9. Amend HB 1194 to better facilitate kinship and emergency placements of children removed from their homes following reports of abuse or neglect.

10. Amend IC 31-34-9-8 to require the Division of Family and Children to provide a rationale to the court in every instance in which they request a motion to dismiss a case. The motion shall be granted within 10 days unless the court sets the matter for a hearing.
11. Amend IC 31-19-11-1 to include a finding that the requirements of IC 31-19-17, Sections 1, 2, 3 and 4, have been complied with prior to approval of an adoption.
12. Carve out the Family and Children Fund from the growth caps and limits on the banking of unused tax levies that were imposed as a result of SEA 01 enacted in December 2003.
13. Encourage parents to pay child support for children in out-of-home care, in accordance with the parents' ability to pay.
14. Comply with IC 36-2-10-11 regarding timely payments to providers by the county treasurer. Conform to best practice standards that require payment of providers within 60 days.
15. Amend IC-31-34-10-3 so that every child in Indiana who is found to be a Child in Need of Services (CHINS) is represented by a Guardian ad Litem (GAL) or Court Appointed Special Advocate(CASA) with a gradual phasing in of the GAL/CASA program over the next 6 years. Volunteer GAL/CASAs assigned to represent children in a CHINS must be well-trained, well-screened, and supported in their work with children by a certified program pursuant to Indiana Office of GAL/CASA program standards.
16. Sustain, expand and improve family support services in all 92 counties. Insure that each county has sufficient public and private family support services to provide pre-out-of-home placement and abuse prevention services. Continue and expand the Indiana Supreme Court Family Court Project.
17. Increase federal dollars into Indiana, particularly under Title IV-E, Medicaid, and other sources.
18. Maximize each child's eligibility for federal programs through use of regional experts in funding resources. Where possible, streamline the processes for determining eligibility and provide incentives for agencies to work together to fund services.
19. Reinstate the Title IV-E State share in budget cycle 2006-07 and increase the State share of funding for the Family and Children Fund in budget cycle 2008-09.
20. Provide Medicaid waiver services to families with children with disabilities.
21. Foster parent trainings, both preservice and in-service, should be standardized,

mandated and regularly scheduled. An assessment system needs to be developed to identify the ongoing training needs of foster parents on an annual basis. (Details on qualifications, training and curriculum are included in the recommendation in the body of the report.)

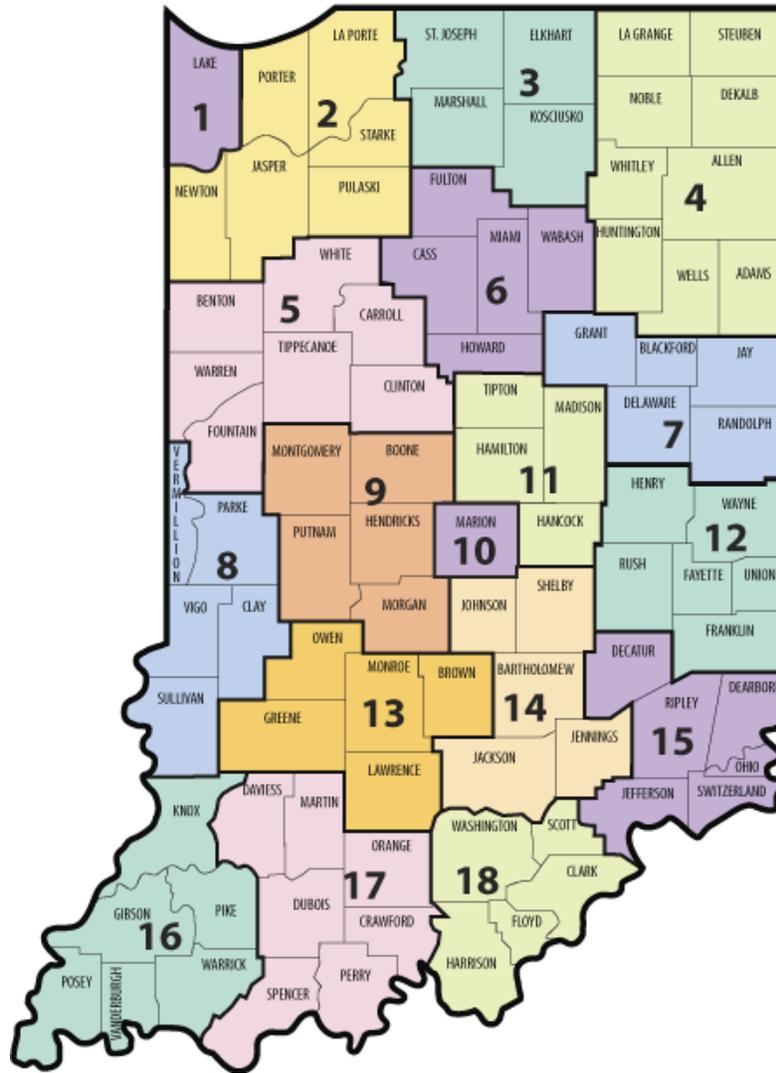
22. Professional licensing boards and entities responsible for oversight for all healthcare providers, child care providers, psychologists, social workers, educators, attorneys, law enforcement, first responders, and other professionals who regularly work with children should adopt a renewable training requirement in child abuse and neglect.
23. Evaluate use of the Kids First Trust Fund to increase accountability for the fund and to support its purpose of primary prevention, and create additional mechanisms for donations.
24. Amend the State Adoption Statute to require all prospective adoptive parents, initiating adoptive proceedings through the child welfare system to attend 20 hours of foster parent training plus six hours of pre-adoptive training. These trainings shall also be open to relatives and adult partners who are considering adoption and should be strongly encouraged. Prospective adoptive parents interested in adopting children who reside in therapeutic foster care shall be required to attend the additional 10 hours of training required of therapeutic foster parents. Pre- and post-adoptive services should be funded, advertised and made available throughout the state for individuals considering adoption from any source.
25. The State of Indiana should move to achieve full accreditation of its Child Welfare, Child Protection and Child and Family Services systems by the Council on Accreditation over the next three years.
26. Adequate technology with continual updates needs to be institutionalized and accessible to staff across disciplines, including access to a statewide common database or case management system such as the one currently under review by JTAC (Judicial Technology and Automation Committee). An independent group should be formed to analyze the ICWIS (Indiana Child Welfare Information System) data system, making recommendations on how to streamline the system to make the system less time consuming and more user friendly.
27. Increase parental understanding of, and participation in, the CHINS process by requiring: 1) better training of OFC attorneys and public defenders as to the due process rights of parents; 2) appointments of attorneys and/or GALs for parents with mental health, developmental delays or ongoing drug addiction issues; 3) provision by the courts of "In the Child's Best Interest" publication to every parent involved in a CHINS case, as well as information about the Children's Law Center and other resources for parents, such as pro bono legal services and parental support groups; and 4) increased utilization of CHINS facilitation, which promotes greater understanding of and participation in the CHINS process by parents. To further ensure that parents are adequately involved in the CHINS process, a parent entitled to court-appointed counsel should receive counsel even if the parent admits to the

charges, and counsel appointed for parents to represent them in the termination process also should be appointed to represent the parents in the CHINS process.

28. Develop a ten-year, multi-media public awareness campaign designed to educate the general public about issues, factors and available resources for positive “parenting” and child development (prenatal through eighteen years).
29. Establish a permanent Research and Training Institute for Children or similar entity to conduct and compile research for both child abuse prevention and intervention, disseminate information, develop and provide training, and identify and promote best practices models. This Institute would provide these services to all professionals who impact the lives of at-risk and abused children including DFC staff, law enforcement, medical and other service providers, judges, day care and preschool providers, Department of Education, and prosecuting attorneys.
30. Indiana should adopt an Alternative Response System in response to allegations of abuse and neglect. Traditional investigations should be limited to the most serious cases of physical and sexual abuse and severe neglect while low risk cases should receive the Alternative Response of supportive counseling and case management services.
31. Support the Indiana Supreme Court in its efforts to continue and expand the Indiana Supreme Court Family Court Project.
32. Title IV-B contracts shall be expanded to include standards for continuing education and training for Home Based service providers, including specialized training in areas identified by the service provider as areas of expertise such as sexual abuse, developmental disabilities, etc. Evidence of such training should be made available to FSSA. Family Case Managers should be trained on the best use of home-based services as well as the strengths and limitations to ensure that these services are used appropriately.

ATTACHMENT B

Indiana Department of Child Services Regions



Indiana Department of Child Services Regions

REGION 01	Clinton	REGION 10	REGION 15
County	Fountain	County	County
Lake	Tippecanoe	Marion	Dearborn
REGION 02	Warren	REGION 11	Decatur
County	White	County	Jefferson
Jasper	REGION 06	Hamilton	Ohio
La Porte	County	Hancock	Ripley
Newton	Cass	Madison	Switzerland
Porter	Fulton	Tipton	REGION 16
Pulaski	Howard	REGION 12	County
Starke	Miami	County	Gibson
REGION 03	Wabash	Fayette	Knox
County	REGION 07	Franklin	Pike
Elkhart	County	Henry	Pose
Kosciusko	Blackford	Rush	Vanderburgh
Marshall	Delaware	Union	Warrick
St. Joseph	Grant	Wayne	REGION 17
REGION 04	Jay	REGION 13	County
County	Randolph	County	Crawford
Adams	REGION 08	Brown	Daviess
Allen	County	Greene	Dubois
DeKalb	Clay	Lawrence	Martin
Huntington	Parke	Monroe	Orange
La Grange	Sullivan	Owen	Perry
Noble	Vermillion	REGION 14	Spencer
Steuben	Vigo	County	REGION 18
Wells	REGION 09	Bartholomew	County
Whitley	County	Jackson	Clark
REGION 05	Boone	Jennings	Floyd
County	Hendricks	Johnson	Harrison
Benton	Montgomery	Shelby	Scott
Carroll	Morgan		Washington

ATTACHMENT C

ATTACHMENT C

ISSUES SUGGESTED TO BE PURSUED DURING THE PLANNING PROCESS BY THE COMMUNITY STAKEHOLDER GROUP*

January 29, 2004

At our first meeting, chairperson Milt Thompson asked the group members to formulate some possible goals or changes that we might like to achieve for the Child Welfare System in Marion County as a result of this process. The following is a listing of those thoughts.

1. That every child in the child welfare system can have a mentor who can provide support and assistance.
2. The establishment of more comprehensive parenting education programs
3. The availability of respite care for families in crisis.
4. The availability of well-trained and supported foster parents.
5. Proactive education for middle school students as a means of early intervention.
6. That our community would come to value children as the number one priority in all decisions.
7. Strengthened linkages between the educational system and children and families.
8. Children in the system must be meaningfully involved in the decision-making process about actions that will directly and indirectly affect them.
9. Better training and ongoing evaluation of foster parents.
10. Build on previous actions plans regarding system reform and take bold action to bring about change.
11. Recognition that the problem belongs to ALL of us.
12. A belief that we can do something to make things work differently.
13. Better coordination of available resources while encouraging funders to invest more in what is usually an under-funded system.
14. Teach youth in schools how to be parents.
15. Provide value based education to young people; teach them such basics as responsibility; right from wrong; acceptable behaviors.
16. Strengthen families—however, they are constituted—so that parents can effectively raise their children. Provide practical tools.
17. Build community awareness—help the larger community see and understand the long-term costs and impact of child abuse and neglect, both human and financial.
18. Greater funding for the services of the system from both private and public sources.
19. High quality training opportunities are accessible and available to all who work within the child welfare system.

*This list is a result of a brainstorming session held by the Community Stakeholder Group during their first meeting. That Group was composed of men and women from the community-at-large.

ATTACHMENT D

Financing Child Welfare in Marion County

Community Stakeholder Group
September 22, 2004

All Child Welfare Funds Sources

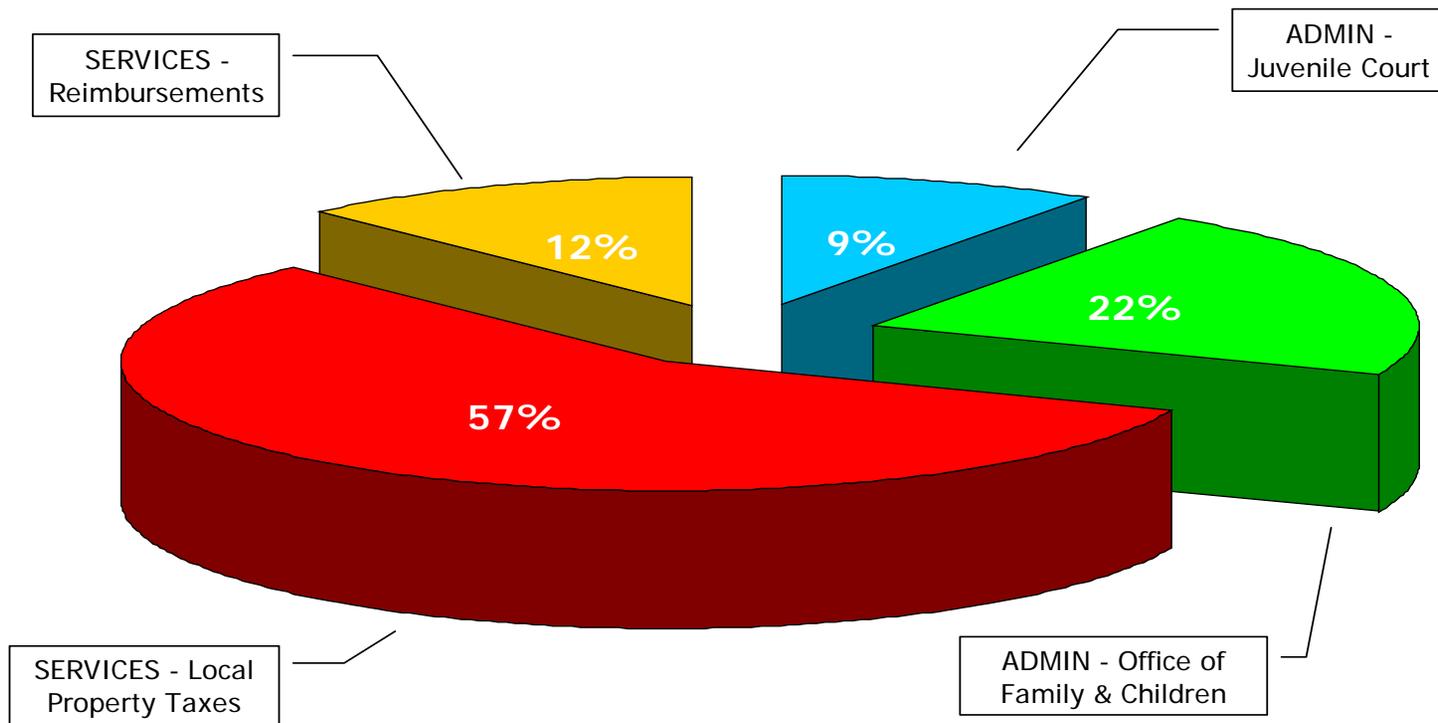
Local Property Taxes	56%
State General Fund	18%
Private Philanthropy	16%
Federal Programs	10%

Child Welfare Funding – 2003

Cost Type	Organization	Funding Source	2003 Budget
Administration	Marion County Office of Family and Children	State General Fund	\$26,052,627
	Marion Superior Court, Juvenile Division	Local Property Taxes	\$11,252,925
Services	Indiana Department of Corrections	Local Property Taxes	\$16,548,908
	Private Contracting Agencies	Local Property Taxes	\$51,691,265
		Federal and other Reimbursements	\$14,488,021
GRAND TOTAL			\$120,033,746

Child Welfare Expenditures, 2003

(Total: \$120,033,746)



Child Welfare System Costs

- **Administration**
 - Case Management
(Marion County Office of Family and Children)
 - Court Supervision
(Marion Superior Court, Juvenile Division)
- **Direct Client Services**
 - Public Agencies (CPS, Guardian Home, Boys School, Girls School)
 - Private Agencies (Children's Bureau, etc.)

ATTACHMENT E

**Total Estimated Cost of
Child Abuse and Neglect in the United States**
Statistical Evidence

From, Suzette © 2001

Introduction

For years, we have recognized the tragic effects of abuse and neglect on the children against which it is perpetrated. Innumerable scientific studies have documented the link between the abuse and neglect of children and a wide range of medical, emotional, psychological and behavioral disorders. For example, abused and neglected children are more likely to suffer from depression, alcoholism, drug abuse and severe obesity. They are also more likely to require special education in school and to become juvenile delinquents and adult criminals.

This data represents the first attempt to document the nationwide costs resulting from abuse and neglect. These costs can be placed in one of two categories: **direct** (those costs associated with the immediate needs of abused or neglected children) and **indirect** (those costs associated with the long-term and/or secondary effects of child abuse and neglect).

The data cited in the following pages has been drawn from a variety of sources, including the Department of Health and Human Services, the Department of Justice, the U.S. Census and others. Appropriate data citations are included throughout the report.

In all instances, we have opted to use conservative estimates. For instance, only children who could be classified as being abused or neglected according to the harm standard were included in the analysis. The harm standard is the U.S. Department of Health and Human Services' more stringent classification category. In addition, we have not attempted to quantify all of the indirect costs of abuse and neglect including, for example, the provision of Welfare benefits to adults whose economic condition is a direct result of the abuse and neglect they suffered as children. For this reason, we believe the estimate of \$94 billion per year is conservative.

Regardless of the economic costs associated with child abuse and neglect, it is impossible to overstate the tragic consequences endured by the children themselves. Each year, more than three million children are reported as abused or neglected in the United States. And three children die each day from abuse and neglect in this country. The costs of such human suffering are incalculable.

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This report was funded by The Edna McConnell Clark Foundation

Total Annual Cost of Child Abuse and Neglect in the United States
DIRECT COSTS

Statistical Justification Data

Direct Costs	Estimated Annual Cost
<p>Hospitalization</p> <p><i>Rationale: 565,000 children were reported as suffering serious harm from abuse in 1993¹. One of the less severe injuries is a broken or fractured bone. Cost of treating a fracture or dislocation of the radius or ulna per incident is \$10,983².</i></p> <p><i>Calculation: 565,000 x \$10,983</i></p>	\$6,205,395,000
<p>Chronic Health Problems</p> <p><i>Rationale: 30% of maltreated children suffer chronic medical problems³. The cost of treating a child with asthma per incident in the hospital is \$6,410.</i></p> <p><i>Calculations: .30 x 1,553,800 = 446,140; 446,140 x \$6,410</i></p>	2,987,957,400
<p>Mental Health Care System</p> <p><i>Rationale: 743,200 children were abused in 1993⁴. For purposes of obtaining a conservative estimate, neglected children are not included. One of the costs to the mental health care system is counseling. Estimated cost per family for counseling is \$2,860⁵. One in five abused children is estimated to receive these services.</i></p> <p><i>Calculations: 743,200/5 = 148,640; 148,640 x \$2,860</i></p>	425,110,400
<p>Child Welfare System</p> <p><i>Rationale: The Urban Institute published a paper in 1999 reporting on the results of a study it conducted estimating child welfare costs associated with child abuse and neglect to be \$14.4 billion⁶.</i></p>	14,400,000,000
<p>Law Enforcement</p> <p><i>Rationale: The National Institute of Justice estimates the following costs of police services for each of the following interventions: child sexual abuse (\$56); physical abuse (\$20); emotional abuse (\$20) and child educational neglect (\$2)⁷. Cross-referenced against DHHS statistics on number of each incidents occurring annually⁸.</i></p> <p><i>Calculations: Physical Abuse – 381,700 x \$20 = \$7,634,000; Sexual Abuse – 217,700 x \$56 = \$12,191,200; Emotional Abuse – 204,500 x \$20 = \$4,090,000; and Educational Neglect – 397,300 x \$2 = \$794,600</i></p>	24,709,800
<p>Judicial System</p> <p><i>Rationale: The Dallas Commission on Children and Youth determined the cost per initiated court action for each case of child maltreatment was \$1,372.34⁹. Approximately 16% of child abuse victims have court action taken on their behalf.</i></p> <p><i>Calculations: 1,553,800 cases nationwide¹⁰ x .16 = 248,608 victims with court action;</i> <i>248,608 x \$1,372.34</i></p>	341,174,702
Total Direct Costs	\$24,384,347,302

¹ Sedlak, A. & Broadhurst, D. (1996). The Third National Incidence Study of Child Abuse and Neglect: NIS 3. U.S. Department of Health and Human Services.

² HCUPnet (2000). Available on-line at <http://www.ahrq.gov/data/hcup/hcupnet.htm>.

³ Hammerle (1992) as cited in Myles, K.T. (2001) Disabilities Caused by Child Maltreatment: Incidence, Prevalence and Financial Data.

⁴ Sedlak, A. & Broadhurst, D. (1996). The Third National Incidence Study of Child Abuse and Neglect: NIS 3. U.S. Department of Health and Human Services.

⁵ Daro, D. Confronting Child Abuse (New York, NY: The Free Press, 1988).

⁶ Geen, Waters Boots and Tumlin (March 1999). The Cost of Protecting Vulnerable Children: Understanding Federal, State, and Local Child Welfare Spending. The Urban Institute.

⁷ Miller, T., Cohen, M. & Wiersema (1996). Victims' Cost and Consequences: A New Look. The National Institute of Justice. Available on-line at www.nij.com.

⁸ Sedlak, A. & Broadhurst, D. (1996). The Third National Incidence Study of Child Abuse and Neglect: NIS 3. U.S. Department of Health and Human Services.

⁹ Dallas Commission on Children and Youth (1988). A Step Towards a Business Plan for Children in Dallas County: Technical Report Child Abuse and Neglect. Available on-line at www.ccgd.org.

¹⁰ Sedlak, A. & Broadhurst, D. (1996). The Third National Incidence Study of Child Abuse and Neglect: NIS 3. U.S. Department of Health and Human Services.

Total Annual Cost of Child Abuse and Neglect in the United States INDIRECT COSTS

Statistical Justification Data

Indirect Costs	Estimated Annual Cost
<p>Special Education</p> <p><i>Rationale: More than 22% of abused children have a learning disorder requiring special education¹¹. Total cost per child for learning disorders is \$655 per year.</i></p> <p><i>Calculations: $1,553,80012 \times .22 = 341,386$; $341,386 \times \\$655$</i></p>	\$223,607,830
<p>Mental Health and Health Care</p> <p><i>The health care cost per woman related to child abuse and neglect is \$8,175,816/163,844=\$50¹³. If the costs were similar for men, we could estimate that \$50 x 185,105,441¹⁴ adults in the U.S. cost the nation \$9,255,272,050. However, the costs for men are likely to be very different and a more conservative estimate would be half of that amount.</i></p>	4,627,636,025
<p>Juvenile Delinquency</p> <p><i>Rationale: 26% of children who are abused or neglected become delinquents, compared to 17% of children as a whole¹⁵, for a difference of 9%. Cost per year per child for incarceration is \$62,966. Average length of incarceration in Michigan is 15 months¹⁶.</i></p> <p><i>Calculations: $0.09 \times 1,553,80017 = 139,842$; $139,842 \times \\$62,966 = \\$8,805,291,372$</i></p>	8,805,291,372
<p>Lost Productivity to Society</p> <p><i>Rationale: Abused and neglected children grow up to be disproportionately affected by unemployment and underemployment. Lost productivity has been estimated at \$656 million to \$1.3 billion¹⁸. Conservative estimate is used.</i></p>	656,000,000
<p>Adult Criminality</p> <p><i>Rationale: Violent crime in U.S. costs \$426 billion per year¹⁹. According to the National Institute of Justice, 13% of all violence can be linked to earlier child maltreatment²⁰.</i></p> <p><i>Calculations: $\\$426 \text{ billion} \times .13$</i></p>	55,380,000,000
<p>Total Indirect Costs</p>	\$69,692,535,227
<p>TOTAL COST</p>	\$94,076,882,529

¹¹ Hammerle (1992) as cited in Daro, D., Confronting Child Abuse (New York, NY: The Free Press, 1988).

¹² Sedlak, A. & Broadhurst, D. (1996). The Third National Incidence Study of Child Abuse and Neglect: NIS 3. U.S. Department of Health and Human Services.

¹³ Walker, E, Unutzer, J., Rutter, C., Gelfand, A. Saunders, K., VonKorff, M. Koss, M. & Katon, W. (1997). Cost of Health Care Use by Women HMO Members with a History of Childhood Abuse and Neglect. *Arc General Psychiatry*, Vol 56, 609-613.

¹⁴ US Census. Available on-line at www.census.gov.

¹⁵ Widom (2000). The Cycle of Violence. Available on-line. U.S. Department of Justice, National Institute of Justice.

¹⁶ Caldwell, R.A. (1992). The Costs of Child Abuse vs. Child Abuse Prevention: Michigan's Experience. Michigan Children's Trust Fund and Michigan State University.

¹⁷ Sedlak, A. & Broadhurst, D. (1996). The Third National Incidence Study of Child Abuse and Neglect: NIS 3. U.S. Department of Health and Human Services.

¹⁸ Widom (2000). The Cycle of Violence. Available on-line. U.S. Department of Justice, National Institute of Justice.

¹⁹ Trends to Watch: 1998 and Beyond: Readers Digest. Ministry Development Division: Washington D.C, 1998.

²⁰ Miller, T., Cohen, M. & Wiersema (1996). Victims Cost and Consequences: A New Look. The National Institute of Justice. Available on-line at www.nij.com.

ATTACHMENT F

The Indianapolis Partnership for Child Well-Being

What Do You Want to Sustain?	How Will You Measure Your Progress?
<p>VISION AND DESIRED RESULTS</p> <p>Children can grow up in a safe, stable family environment.</p>	<p>INDICATORS</p> <p>Prevention – Families and children have sufficient supports to keep them safe.</p>
<p>CRITICAL CONDITIONS</p> <p>Families are actively engaged in developing and advocating for resources and supports.</p> <p>System partners, both public and private, are actively engaged in creating resources and supports for families.</p> <p>Human and financial resources are sufficient to provide for well-trained, diverse, motivated child welfare staff.</p> <p>Data gathering and communication efforts consistently document results, identify developing trends and disseminate emerging practices,</p> <p>Public will and policy continues to focus on needed reforms.</p>	<p>Results – The child welfare system and the community have current, meaningful system data to guide improvements and assure quality service delivery.</p> <p>Human Resources – The child welfare system will have sufficient human resources to provide a diverse, well-trained staff, meeting recommended national standards.</p> <p>Financial Resources – The child welfare system will have sufficient financial resources to adequately meet the needs of families and children.</p> <p>Community Education and Advocacy – Our community will be knowledgeable about and actively engaged in the child welfare system.</p>

STRATEGIES

Prevention

- Strengthen the public education message around child abuse and neglect.
- Increase supports to families.
- Increase affordable, accessible substance abuse treatment.
- Increase affordable, quality childcare.
- Institute/expand life skills training in middle school.
- Aggressively utilize family-centered practice.
- Adopt a dual assessment and alternative response system response.

Results

- Increase the depth and substance of outcomes.
- Identify appropriate and needed data.
- Develop a results-based accountability system.
- Convene quarterly leadership meetings.
- Produce and distribute an annual Community Report Card on child welfare.

Investing in the Child Welfare Workforce

- Reduce the Family Case Managers' caseload size.
- Provide timely, high quality training.
- Adopt an "over-hire" policy.
- Tie salary to education, performance and experience.
- Develop retention strategies.
- Provide sufficient administrative supports.
- Invest in technology.
- Diversify the workforce.

Financial Resource Development

- Utilize an existing 501c3 to focus on resource development and community education.
- Increase federal government reimbursements.
- Conduct an internal audit of service needs and current service capacity.

Community Education and Advocacy

- Develop/enhance training programs on child abuse and neglect for professionals outside the child welfare system.
- Develop a well-trained, skilled group of child advocates.
- Compile and publish a Legislator's Voting Report Card.
- Develop a volunteer program to assist public agency staff.

PERFORMANCE MEASURES

Prevention

- Number of calls to child abuse and neglect Hotline.
- Number of families diverted to an alternative response.
- Number of families entering the child welfare system.
- Number of CHINS cases.
- Number of children entering out-of-home-care.
- Average length of stay in foster care.
- Average length of time to permanency.
- Number of families re-entering the child welfare system.

Results

- Length of time a family is in the system.
- The number of families successfully completing their Service Plan.

Investing in the Child Welfare Workforce

- Percent of staff turnover.
- Percent of men and people of color in the workforce.
- The average annual caseload size.
- The supervisor-to-caseworker ratio.
- The administrative support-to-caseworker ratio.

Financial Resource Development

- Percent increase in private funding to the system.
- Percent increase of public funding to the system.
- Percent of annual Marion County Department of Child Services budget funded by the City-County Council.
- Percent of annual Marion County Department of Child Services budget dedicated to programs and services.

Community Education and Advocacy

- The number of child abuse and neglect trainings held.
- The number of child advocates trained.
- Annual distribution of the Legislator's Voting Report Card.
- Annual distribution of the Community Report Card.
- The number of public system volunteer hours.
- The number of positive media articles and stories.



- Convene a Citizen's Review Board and publish a Community Report Card.
- Broadly communicate the mission statement of the child welfare system.
- Develop a strategic communications plan to increase community awareness and knowledge.
- Promote the work of the public and private child welfare service providers.

ACTIVITIES

See the specific Action Steps within the Strategic Plan for the Welfare of Marion County's Children and Families.