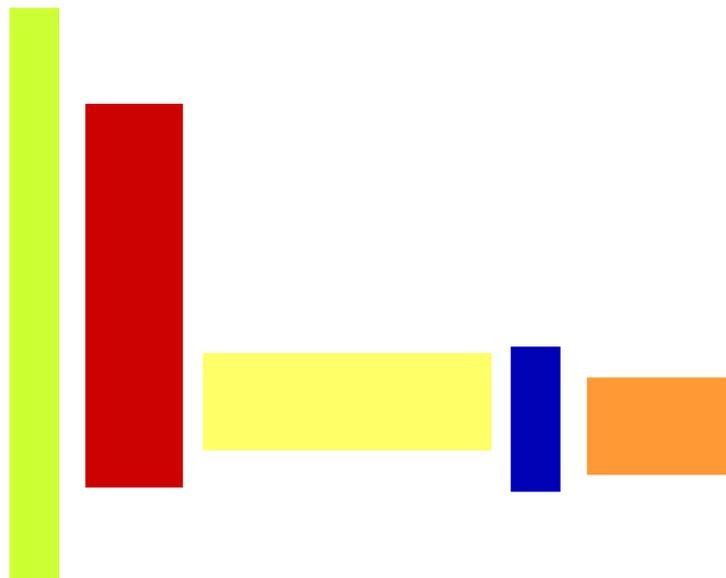


# Our Children: Our Future

*A research report on Minnesota  
children who do not live at home*

SEPTEMBER 2003



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# Introduction

The problems of any society are magnified in the lives of its children. Adult struggles and choices – whether domestic violence, poverty, drug or alcohol addiction, racial injustice, mental illness, or other problems – end up affecting the lives of the young, often in very damaging ways.

The good news is that most children in Minnesota are safe in their homes and with their parents. In fact, on most indicators of child well-being, Minnesota is ahead of other states. And most youth get through adolescence without getting into serious trouble. But still, every year, nearly 30,000 Minnesota children and youth stay in some type of publicly supervised treatment program, foster care, correctional facility, or shelter. For most this is a temporary arrangement, but for a substantial number (we estimate at least a quarter, or 7,500 children), it is one in a series of placements or shelters.

This report is unique because it takes a combined look at all Minnesota children who are living away from home, regardless of the reason: those who are in the child welfare system because of abuse or neglect or needs that their parents cannot meet, those who are in the corrections system because of delinquency, and those who are homeless because they have left home or been asked to leave.

Combining the best current knowledge about these three groups is not easy. For the most part, record-keeping and research about these children's experiences remains quite separate for each "system" that is in charge of their care. Yet there are many common threads in the life stories of all three groups of children.

One of those common threads is the very high prevalence of abuse and neglect. Maltreatment is not only traumatic at the time, but also damaging in the long term. Abused and neglected children are more likely to become juvenile delinquents and adult criminals, to have trouble in school and at work, to leave home even if they have no safe place to go, and to have long-term emotional, intellectual, and social problems. They are also likely to continue the damaging cycle, if not helped, by abusing or neglecting their own children. The costs to society of child maltreatment have been estimated at \$94 billion per year in the United States.

For many years, child welfare and juvenile justice professionals have been concerned that the complexity of these systems makes it nearly impossible for the wider community to have a voice in how things are done. The maze of federal, state, and local regulations is virtually impossible to grasp in a brief overview. Yet it is vitally important that these policies, which dramatically affect the lives of so many children, reflect community values and the views of informed and committed adults.

## **The Our Children: Our Future project and its products**

The Summary research report, "*Minnesota kids who don't live at home*," published separately, puts in plain language some essential background about the issues that affect the lives of children living away from home. Its ultimate aim is to increase public awareness of the needs and status of these children, and to strengthen the public resolve to help every Minnesota child become a successful, productive adult.

This research supplement is a more complete and technical compilation of research on the subject.

The "Our Children: Our Future" project has also produced a summary of community listening sessions held throughout the state. That summary and the research summary provide background for a day-long conference in June 2003 that will develop an action agenda for addressing the needs of at-risk children, including policy recommendations, suggestions for collaboration and public education, and further specification of the roles private and philanthropic organizations might play in creating healthy homes for every child in Minnesota.

### **This document**

This research supplement describes the best available information about:

- The number of Minnesota children who do not live with birth or adoptive families.
- The characteristics of these children.
- The primary reasons why children do not live with their families.
- The main types of placements or living arrangements for children not living with their families.
- What is known about the effectiveness of different placement alternatives.
- Minnesota's criteria for placement.
- The typical costs associated with placement.
- The current supply of placement settings and alternative services.
- The potential for reducing out-of-home placements.

Here are some of the important questions that this report addresses:

- Who are the children in placement today? Are some children more likely to be placed than others?
- What are the common family characteristics associated with placements? What is the difference between a social service and correctional placement? Who gets treatment?
- Why do homeless youth leave home in the first place? What does it mean to be at risk, and what places a child at risk of homelessness or placement?
- How do laws like the Indian Child Welfare Act or the Adoption and Safe Families Act relate to each other? How do the laws that social workers and others are expected to follow converge or conflict in their purposes?
- What is meant by “family preservation”? What is known about the effectiveness of different efforts to preserve families?
- What do child welfare professionals see as the current gaps in service?
- Are some services underused or underfunded? Are there services that are needed but not available?
- What can or should be done differently? What might be done to increase the likelihood that every child in Minnesota will have a healthy home?

### ***Minnesota’s reputation as a leader in policy and services for children***

Minnesota has long enjoyed one of the top spots in the nation in terms of its reputation for providing high quality care and services to children at risk of out-of-home placement. Minnesota’s colleges and universities are noted for strong training programs in social work and child welfare. Twin Cities area counties and many counties in greater Minnesota have consistently received high marks for the quality of their screening and early intervention programs (*Kids Count Data Book, 2002*).

According to the national report on child maltreatment in 2001, there were 21.6 child maltreatment (alleged abuse and neglect) reports for every 1,000 children in Minnesota compared to the nationwide average of 36.6 reports per 1,000 children. A larger percentage of reports are received from mandated reporters in Minnesota compared to the national average. Fewer Minnesota children are found upon investigation to be

substantiated victims of maltreatment compared to the national average, and fewer Minnesota children die as a result of maltreatment. The recurrence of child maltreatment is also lower in Minnesota compared to the national average. Child protection caseloads in Minnesota are smaller than the national average (U.S. Department of Health and Human Services [DHHS], 2003). In addition, national reports indicate that Minnesota's child protection workforce is less troubled by turnover and morale problems than in most of the rest of the country (Malm et al., 2001; Tout et al., 2001).

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### 1. Comparing Minnesota and U.S. child welfare indicators, 2001

	Minnesota	U.S.
Reports alleging child maltreatment, per 1,000 child population	21.6	36.6
Percent of reports that are received from mandated reporters (professionals such as teachers, child care workers, doctors)	75%	57%
Number of child maltreatment victims (substantiated) per 1,000 children	7.6	12.4
Child maltreatment fatalities, per 100,000 child population	1.23	1.81
Number of children assigned to each investigation/assessment worker	93	126
Maltreatment victims with a new incidence of maltreatment within 6 months	5.3%	8.9%

**Source:** U.S. Department of Health and Human Services, 2003.

Minnesota also compares favorably with the rest of the nation on a number of measures relating to juvenile delinquency. In the latest year for which figures have been published (1997), Minnesota arrested significantly fewer juveniles for violent crimes (murder, forcible rape, robbery, and aggravated assault), arrested slightly more for property crimes, and had a lower proportion of juveniles in custody.

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### 2. Comparing Minnesota and U.S. juvenile delinquency indicators, 1997

	Minnesota	U.S.
Violent crime arrests per 100,000 juveniles age 10-17	207	412
Property crime arrests per 100,000 juveniles age 10-17	2,501	2,338
Juveniles in custody per 100,000 juveniles age 10-17	258	368

**Source:** Snyder & Sickmund, 1999.

Minnesota has a tradition of maintaining a “continuum of care” in human services – that is, making services available in a range of types and intensities, to best meet the individual circumstances of children and families. These services have typically been offered through a mix of public and private funding and service providers, and have included many innovative approaches. Some of these that have since been adopted more widely elsewhere include the restorative justice approach to juvenile offenders, family group conferencing and the wraparound approach to identifying and coordinating services, and the Alternative Response approach to working with families reported for possible child maltreatment. (These service models are described more fully later in the report.)

Minnesota has also established a solid reputation in the areas of foster and residential care for children and adolescents through voluntary associations like the Professional Association of Treatment Homes and the Minnesota Council of Child Caring Agencies. Both of these organizations foster high standards for service and encourage a focus on outcome measurement. Minnesota is also one of the few states to conduct regular surveys of homeless children, youth, and adults. Minnesota Housing Finance Agency staff and interagency task force members have received national recognition for their innovative approaches to preventing and ending homelessness.

In the Twin Cities area, Minnesota has received wide attention for innovative programs for early intervention with young delinquents. Hennepin County serves 7, 8, and 9 year old delinquents through the Delinquents Under 10 Targeted Early Intervention program. Ramsey County serves a similar population through their ACE program. Evaluations of both programs show promising results related to both school attendance and reductions in the severity of subsequent offenses (Beuhring & Melton, 2002; Gerrard & Owen, 2003).

Despite Minnesota’s reputation and the early promise showed through many of these approaches, current and projected budget cuts lead many of the experts interviewed for our study to express concerns about the state’s ability to sustain its place as a leader in services to troubled families.

I think the progress that has been made over the last several years is in jeopardy of being lost because money is just not there to support it.

I think the Alternative Response unit is the best thing to happen in years...but we are so busy we just keep up with the bare minimum staff to process all that we are required to do so that there is little time to dream.

In general, we need money to support the programs we already have.

I already see a reduced ability to pay for services like home monitoring, chemical dependency assessments and other middle level services. When those services dry up, we will be left with only the extremes of letting a kid go or placing them in a very restrictive setting.

Whatever cuts come in the child protection area will increase the resource problem. We will have to use more of the available budget for immediate crises.

## ***Questions answered in this report***

The main sections of this report provide answers to the following questions:

- What are the pathways to out-of-home placement, homelessness, or juvenile delinquency?
- Who are the children we are talking about and how can they best be described?
- How are decisions made about placements and services?
- What do we know about existing services (including efforts to prevent placement as well as services to help children and families during placement or after reunification) and what do we know about how well they work?
- What are the gaps in current services?
- What might be done differently to strengthen the likelihood that more children will succeed?

## ***Sources of information***

This study has taken a wide reach by seeking out information on virtually all children at risk of placement and those not living at home. Much of the demographic information about children in substitute care was provided by the Minnesota departments of Human Services and Corrections. In addition, this report incorporates an extensive review of research about the effectiveness of current services. It also includes results of a “key informant” survey undertaken specifically for this project, to learn more about the views of child protection workers, juvenile probation officers, and court officers concerning what is working in Minnesota and what might need attention.

Where appropriate, this research supplement includes links to state and other web resources that we used in part to create this document. The links include the Department of Human Services, the Department of Corrections, sources related to homeless youths, and experts on various aspects of the topic of children who are placed out of their homes.

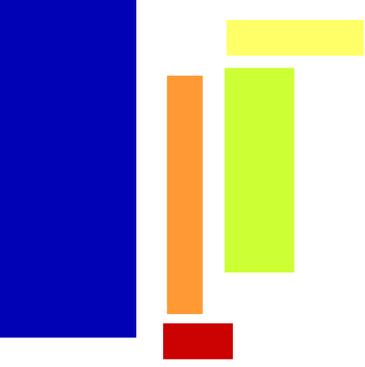
## **Methodology for literature review on program effectiveness**

Wilder researchers reviewed relevant articles in academic journals, newspapers, magazines, conference proceedings, research briefs from government and private sources, government reports, program evaluations, and other documents. In all, over 250 documents, web sites, and correspondences were reviewed. (See the References for a complete list.) Documents were found using Internet search tools and reference lists from previously collected articles. Articles in academic journals and other documents such as program evaluations were reviewed using a structured note-taking tool, in order to consistently record the study's sample size and other research methodology, type of service, duration and intensity of service, and outcomes. Other documents that did not fit this research or program evaluation model were read and annotated by research staff if they included information relevant to the project.

The information gathered from the literature review is grouped by the various types of programs or services potentially available to children at risk of being placed out of their homes and children already in placement. Due to differences in the quality and quantity of research on different placement settings and services, we cannot provide the same level of detail and strength of conclusions about each topic.

## **Review of laws and statutes**

This report also takes a careful look at the main federal and state laws and statutes related to the placement of children. These include laws related to child welfare that attempt to prevent the need for placement, protect the interests of children and parents if placement is indicated, and encourage prompt family reunification following children's placements, provide services that are culturally specific to the child and family, and invest in service options most likely to lead to permanent solutions such as adoption for those unable to be promptly reunified with their parents. This review of policies and funding also describes laws related to juvenile delinquency and services for unaccompanied homeless youth.



## What are the pathways to placement and homelessness?



Later we will look at the decision-making process that takes a child from first involvement in the child welfare or juvenile justice system to a placement outside of the home. That process is complex and involves decisions made by families and children, county social workers, corrections workers, and courts.

Before we look at that process, we will look at life experiences and other factors that occur before the placement decision:

- What are some of the factors that place a child at greater risk of being neglected or abused?
- How do children become involved with the child protection, child welfare, or juvenile justice system?
- What are some of the child and family circumstances that increase the chances that child protection or juvenile justice authorities will determine that a child under their supervision needs to be removed from his or her home?
- What are the pathways toward youth homelessness?

This section discusses factors that lead to child maltreatment, and to out-of-home placement for child protection; factors that lead to juvenile delinquency and to corrective placements; and factors that contribute to unaccompanied homelessness among youth. It then describes some of the most common factors that relate to all three of these main reasons for children being away from their families. It concludes with information about protective factors that help children and their families be resilient – that is, avoid some of the more harmful consequences of the risks that they may face.

## ***In sum: a complex series of events and risks***

A review of current research knowledge shows that:

- No single factor or problem places a child at risk of being removed from the home due to neglect, abuse, or delinquency; multiple factors are almost always involved.
- These factors often include characteristics of the individual child, the parent and family, and the community.
- Because of these interrelated risks involved in the path toward placement, addressing only one risk factor (such as the child’s behavior or a lack of parenting skills) often cannot prevent placement.
- Many sets of values contribute to the decision to place a child outside of the home; cultural factors and bias are interrelated with other risk factors.
- Many problems identified in this review are not only risk factors for delinquency, violence, and homelessness in youth, but are also characteristics typically found in abusive or neglectful families.
- Resilience factors and protective factors can lessen a child’s risk of out-of-home placement.

## ***Pathways toward child abuse and neglect***

Many families face multiple hardships that place them at greater risk for abuse or neglect. For the vast majority, it is the presence of multiple risks, and a lack of “protective” supports, that increases the risk of abuse or neglect (Masten & Wright, 1998). Throughout the research literature, several risk factors consistently appear in the lists of factors linked to abuse and neglect. In general, these include: a lack of parenting skills, family functioning problems such as family conflict and domestic violence, chemical dependency, lack of financial and other resources, and the child’s own disability or mental health problems. The figure below shows the greatest risk factors related to child abuse and neglect.

### 3. Risk factors and predictors of child abuse (including physical, sexual, and emotional abuse)

Where the factor is located	Risk factors and predictors (listed in no particular order)
Individual child	Child's personality and temperament Psychiatric symptoms Disabilities Gender (girls are at greater risk for sexual abuse than boys) Early separation from mother
Parents	Poor parent-child relationships Use of severe physical punishment more frequently More power-assertive Punish children more frequently Domestic conflict/violence Parental substance abuse Serious maternal illness Low parental involvement and warmth Mother under age 20 at birth of first child Social isolation or lack of informal social supports Low education and/or IQ
Neighborhood/community	There appears to be a link to lack of connection with community or faith institutions There appears to be a relationship between poverty and neglect – although other risk factors may be causal Substandard or temporary housing

*Primary sources: Brown et al., 1998; Berry, 1997; Masten & Wright, 1998.*

### *Pathways toward a social services placement*

Not all instances of abuse or neglect result in out-of-home placements for children. In certain family situations, placement services are more often deemed necessary (McCroskey & Meezan, 1998):

- Families in crisis or at risk of dissolution, thereby placing children at serious risk.
- Families in which children cannot be protected within the home, who need services such as therapy or other mental health treatments.
- Families who cannot be reunified.

The issues behind these family situations can include children's mental health, chemical dependency (parent or child), parent mental health, serious child behavior problems, child abuse, child neglect, and issues related to poverty and homelessness.

More specifically, several research studies have found factors that increase the likelihood of placement, including low income, limited support from family and friends, lack of access to health and social services, poor living conditions, minority group status, incarceration of an adult family member, unplanned child protection case closing (e.g., if the child is removed from the child protection system by their parents before the treatment or services have ended), previous involvement with child protection or prior placement, parents with a positive or neutral attitude toward placement, use of authoritarian verbal discipline, parents with unrealistic expectations for children's behavior, problems with supervision of young children, parents and/or child mental health problems, poor school attendance, and lower-functioning children and parents (McCroskey & Meezan, 1997; Nelson, 1984; Nelson, 1991; Spaid & Fraser, 1991; Yuan & Struckman-Johnson, 1991). Nelson (1984) also reported that families with relatively more identified problems and with older children were more likely to experience placement than families with fewer problems and with younger children.

### ***Pathways toward juvenile delinquency and possible placement***

Research suggests that the factors that influence juvenile delinquency include individual characteristics of the child and key social systems surrounding them – their families, peer groups, schools, and communities. One of the more consistent precursors of juvenile offending is the combination of hyperactivity, attention deficit, and impulsivity (Comings & Blum, 2000; Hawkins et al., 1999; Lynam, 1996).

For the vast majority of children, the delinquent activity that first involves them in the juvenile justice system does not result in an out-of-home placement. Instead, it is the child's repeated involvement in the system that causes corrections and court officials to consider a placement as a treatment or consequence for the child. A single factor, if severe enough, can lead to a decision to place a child outside of the home, but most often a placement is the result of a combination of risk factors.

Researchers have found that without intervention, juvenile offending is highly resistant to change, and antisocial behavior often continues into adulthood (Farrington, 1995; Jenson & Howard, 1998; Lattimore, Visher, & Linster, 1995; Lynam, 1996). Depending on the child's offense and background, effective "treatment" may include a variety of informal or formal community-based services rather than placement in correctional or therapeutic

institutions. Estimates of repeated delinquency without treatment range from 60 to 80 percent (Farrington, 1995; Jenson & Howard, 1998; Lattimore et al., 1995).

Several research studies carried out over the past 15 to 20 years illustrate the risk factors for predicting repeated delinquency (Buka & Earls, 1993; Farrington, 1989; Hennepin County Attorney's Office, 1995; Loeber, 1982; Kumpher, 1994; Patterson et al., 1998; Snyder et al., 1996; West, 1982). They include:

- Age at first contact with the police or first documented incident of delinquency.
- Abuse, neglect, or violence in the home.
- Other factors related to family functioning, such as chemical and mental health problems and developmental disabilities.
- Criminal or delinquent histories of parents or siblings.
- Poor school attendance and school failure.
- Absence of positive, supportive relationships with adults and peers.

Early contact with the police has been shown to be one of the most reliable predictors of future delinquency. For example, one study found that children whose first contact with the police came between the ages of 7 and 12 subsequently averaged more serious crimes than those whose first contact with the police occurred between the ages of 13 and 16 (Loeber, 1982).

However, early contact with police is not in itself a cause of later delinquency, but rather a symptom of other underlying causes. The delinquent behavior generally results from a complex interplay of multiple factors (Buka & Earls, 1993). It is the accumulation of these risk factors that puts children at high risk of future delinquency and thus of increased risk of a correctional placement outside the home.

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#### 4. Risk factors and predictors of juvenile criminal activity

Where the factor is located	Risk factors and predictors (listed in no particular order)
Individual child	Drug use Low social conformity or rebelliousness Low verbal skills Attitudes favorable to antisocial behavior Low self-esteem Peer rejection Poor school achievement Immature moral reasoning Mental health issues
Family	Lack of parental monitoring Inept discipline, conflict, hostility Maltreatment Parental difficulties (e.g. drug use/abuse, mental illness, criminal activity) Low affection and warmth Lack of family cohesion
Peers	Increased associations with deviant peers Limited associations with pro-social peers Poor relationship skills
Neighborhood/community	Criminal subculture (e.g. exposure to drug dealing, prostitution) Low community organization, neighborhood attachment, and participation among residents Frequent mobility and residential transitions, and low social support (e.g. church, neighbors) Availability of firearms

*Primary sources: Hawkins et al., 1995; Tarolla et al., 2002; Loeber et al., 1991.*

### ***Pathways toward youth homelessness***

Three primary groups of youth are found in the unaccompanied youth homeless population. These are “throwaway youth,” a group of adolescents whose parents demand that they leave the home; “runaway youth,” a group of adolescents who make a decision to leave home; and “systems” homeless youth, a group of adolescents who have been involved in government systems due to abuse, neglect, or homelessness with their families, and whose transitions from previous placements did not result in stable living situations. In other

words, homeless youth are not from a homogeneous population. The causes of homelessness among youth fall into three interrelated categories: family problems (which include the behaviors of both parents and youth), economic problems, and residential instability.

Researchers have investigated the backgrounds of different groups of homeless youth and have found different pathways toward youth homelessness based on the “throwaway,” “runaway,” or “systems” categories. In a study of 356 homeless youth in the Seattle area, MacLean et al. (1999) found that:

- Boys are more likely to be kicked out of the home, while girls are more likely to run away.
- 35 percent of runaways, 36 percent of throwaways, and 56 percent of systems homeless youth had been sexually abused.
- Runaways are more likely than other homeless youth to report that they could live with their mother or father.
- Getting kicked out of the family was not associated with a higher average level of “acting out” behavior, so it is possible that throwaway youth homelessness is more closely related to parental instability and intolerance than with the behavior of the adolescent.

Many homeless youth leave home after years of physical and sexual abuse, strained relationships, addiction of a family member, and parental neglect (National Coalition for the Homeless, 2002; Whitbeck & Simons, 1990; Wilder Research Center, 2001).

Disruptive family conditions are the principal reason that young people leave home. In one study, more than half of the youth interviewed during shelter stays reported that their parents either told them to leave or knew they were leaving and did not care (Greene et al., 1995). Other studies have found that:

- About half of runaway and homeless youth had been physically abused (MacLean et al., 1999; US DHHS, 1997; Wilder Research Center, 2001).
- 41 percent of girls under age 18 had been sexually abused (Wilder Research Center, 2001).
- 37 to 69 percent reported that at least one parent abused drugs or alcohol (MacLean et al., 1999; Wilder Research Center, 2001).
- 40 percent had a parent who was involved with the criminal justice system (MacLean et al., 1999).

Some youth become homeless when their families become homeless, but are later separated from the family by policies of shelters, transitional housing, or the child welfare system (Shinn & Weitzman, 1996).

Out-of-home placements also contribute to homelessness among youth. A history of foster care is correlated with becoming homeless at an earlier age and remaining homeless for a longer period of time (Roman & Wolfe, 1995). Some youth living in residential or institutional placements become homeless upon discharge. Many researchers and advocates have voiced concern about youth “aging out” of the system (Robertson, 1996). One national study reported that more than one in five youth who arrived at emergency shelters came directly from foster care, and that more than one in four had been in foster care in the previous year (National Association of Social Workers, 1992). Two-thirds (67%) of the youth who participated in the Wilder Research Center Homeless Study reported having lived in foster care, chemical dependency treatment facilities, correctional facilities, halfway houses, residential treatment centers, orphanages, group homes, or Indian schools (Wilder Research Center, 2001).

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### 5. Risk factors and predictors of unaccompanied youth homelessness

Location of the risk factor	Risk factors and predictors (listed in no particular order)
Individual child	History of abuse and/or neglect Chemical dependency Sexual orientation different from parents Delinquency History of out-of-home placement
Family	Few family resources Parental substance abuse Poor parent/child relationship
Neighborhood/community	Children of color are disproportionately represented Substandard or temporary housing

**Primary sources:** Wattenberg, 2002, April; MacLean et al., 1999; Wilder Research Center, 2001.

## ***Overlap of risk factors***

Although the immediate causes of children's being out of their homes are different for the three groups of children discussed in this report (abused and neglected children, delinquents, and homeless children), their overall histories and risk factors overlap to a great extent. Parents' problems with alcohol and drugs, mental illness, and violence are reflected in the lives of many children who are homeless, delinquent, and in child protection placement. Around two-thirds of homeless children have previously lived in foster care, chemical dependency treatment facilities, correctional facilities, halfway houses, residential treatment centers, orphanages, group homes, or Indian schools. Many studies have found that abused and neglected children are significantly more likely than other children to commit delinquent acts, and to start at a younger age. According to studies cited by the National Council on Crime and Delinquency:

- Maltreated children are significantly more likely to commit delinquent acts, even controlling for gender, ethnicity/race, family disadvantage, family structure, and mobility (U.S. Department of Justice, 1997).
- Seventy percent of young people in juvenile court have a history of abuse or neglect (Wisconsin Department of Health and Social Services, 1990).
- Seventy to 80 percent of prison inmates have a history of abuse or neglect (Wisconsin Department of Health and Social Services, 1990).

The figure below presents the main risk factors that research has linked to increased chances for out-of-home placement. The check marks show the striking degree to which these factors overlap for the three groups of children we are concerned with.

Bear in mind that the presence of these risk factors does not mean a child will end up being removed from home. The vast majority of children in homes with problems of abuse or neglect, or who get in trouble with the law, remain in their own homes. In addition, many children who enter these systems do so only once, briefly, and then return to their families without further involvement with the system.

**6. Risk factors and predictors common among children who spend time away from their homes (not listed in order of importance)**

	<b>Child protection</b>	<b>Juvenile corrections</b>	<b>Homelessness</b>
<b>Individual child</b>			
Personality and temperament	✓	✓	✓
Mental health problems	✓	✓	✓
Disabilities	✓	✓	
Early separation from mother	✓		
Drug use		✓	✓
Poor school achievement		✓	✓
Spending time with deviant peers		✓	✓
<b>Parents</b>			
Poor parent-child relationships (such as poor attachment or conflicts)	✓	✓	✓
Inconsistent parenting/lack of monitoring	✓	✓	
Frequent use of severe physical punishment	✓	✓	✓
Domestic conflict/violence	✓	✓	
Parent's substance abuse	✓		✓
Low parental involvement and warmth	✓	✓	✓
Mother under age 20 at birth of first child	✓		✓
Parents' social isolation or lack of informal social support	✓	✓	
Low education and/or IQ	✓		✓
<b>Neighborhood / Community</b>			
Little social support, lack of connection with community	✓	✓	
Substandard or temporary housing	✓		✓
Low community organization, neighborhood attachment, and participation among residents		✓	

**Source:** Wilder Research Center compilation, from studies cited above.

Rarely does a single event or problem lead to a child being placed outside the home for the child's own protection or the protection of the community. The fact that risk factors are so often interrelated, and rarely occur in isolation, is extensively supported by research and interviews with workers in the field. Problems in the home that increase the likelihood of placement include: mental health problems or chemical dependency of either the parent or the child, serious child behavior issues, child abuse, child neglect, domestic violence, or problems related to poverty and homelessness. A child's or family's culture, if misunderstood or viewed with bias on the part of authorities, may also increase the risk of placement.

Because these problems so commonly occur in combination, addressing only one often cannot improve the situation enough to prevent the need for placement.

### **Domestic violence**

One factor very often associated with child maltreatment is domestic violence. In fact, the Minnesota Department of Human Services has developed a training manual for workers entitled, "Guidelines for responding to the co-occurrence of child maltreatment and domestic violence" (Minnesota Department of Human Services [DHS], 2002d).

Recent reviews of more than 35 studies conducted during the past two decades show that in about half the families in which a child is being abused, their mother is also being assaulted (Appel & Holden, 1998; Edleson, 1999). Most often these studies have collected data for other purposes, only mentioning the overlap between child abuse and mother assaults as an aside. They provide little more than an indication that there is a significant overlap between abuse of children and their mothers in the same homes.

Estimates of the number of U.S. children who are not abused but rather witness adult domestic violence vary from 3.3 million (Carlson, 1984) to 10 million (Strauss et al., 1990). A growing body of research has shown that these child witnesses are likely to exhibit a host of developmental problems (Edleson, 1999). These problems include behavioral, emotional, cognitive and physical difficulties. Increasingly, this field of research has shown that problems associated with witnessing assaults on one's mother are distinct from the effects of the child's own victimization. However, among children who have witnessed abuse, those who are also victims themselves are at greater risk for emotional and behavioral problems (Rossman et al., 2000).

## **Parents' substance abuse**

The relationship between parents' alcohol or drug abuse and child maltreatment is becoming increasingly evident. According to a U.S. Department of Health and Human Services report (SAMHSA, 1999), 11 percent of children in the United States live with at least one parent who is either alcoholic or in need of treatment for the abuse of illicit drugs. These children are distributed relatively evenly across the childhood age span, although younger children more often come into contact with the child welfare system. While figures vary due to methodological reasons, most studies find that parental substance abuse is a contributing problem for between one-third and two-thirds of children involved with child welfare systems. In Minnesota, parents' alcohol abuse was named as a factor in 19 percent of maltreatment determinations; drug abuse was cited in 16 percent of maltreatment determinations (including some of the same cases). These rates were even higher (about 20%) in cases of neglect. Rates of substance use by parents involved with the child protection system may be even higher, because these statistics are only for parents whose social worker identified this issue during the assessment phase (immediately after the child maltreatment report was filed.) Parental substance abuse was cited as a reason for entering out-of-home placement for over 3,000 children in 2001 (Minnesota DHS, 2003b). In addition, 30 percent of homeless youth in the Wilder Research Center study reported their parents' substance abuse was one of the reasons they were homeless. Children in this environment often have behavior problems and "act out," making it more likely for them to spend time in the juvenile corrections system.

## **Prenatal exposure to alcohol and drugs**

Pregnant women who use alcohol or drugs may bear children with fetal alcohol syndrome, fetal alcohol effects, or other disorders. Although these children are only a small fraction of the children affected and potentially endangered by their parents' substance abuse, nationally it has been found that about 10 to 20 percent of children who experienced prenatal exposure to drugs and alcohol enter foster care shortly after birth, and about one-third do so by the time they are 3 years old (U.S. DHHS, SAMHSA, 1999).

## **Children's substance abuse**

Children with their own substance abuse problems are also more likely to be involved with the child protection or juvenile justice systems, or to be homeless, compared to children who do not use drugs or alcohol. A national study found strong links between persistent delinquency and persistent drug use – especially for boys, but also for girls (Eisen et al., 2000). In Minnesota, homeless youth are about five times more likely than other youth to have been treated for drug or alcohol problems (Wilder Research Center, 2001).

## **Multiple links between alcohol and drug use and child maltreatment**

The reasons for the extensive connection between substance abuse problems and child maltreatment vary. Alcohol and other drugs may act as disinhibitors, lessening the impulse control and allowing parents to behave abusively. Children in this environment often demonstrate behavioral problems and may be more likely to act out. In addition, children suffering from fetal alcohol syndrome or other disorders are more difficult to care for and, therefore, may be more likely to be abused or neglected. Research has shown that when families exhibit both child maltreatment and substance abuse problems, the problems must be treated simultaneously in order to reasonably insure the child's safety. Although ending drug dependency does not automatically end child maltreatment, very little can be done to improve parenting skills until the addiction is ended. During this time, it is especially important that resources be available to the family (U.S. DHHS, 1999).

## **Children's severe emotional problems**

Children with mental health problems are over-represented in the child welfare and juvenile justice systems, and they are more likely to be homeless. In 2001, 5,566 children in Minnesota were placed in residential treatment centers for children with severe emotional disturbances. In a national study, one-third to one-half of boys who had serious mental health problems were also serious, persistent delinquents (Eisen et al., 2000). In Minnesota, one indicator of mental health problems among homeless children is that they are twice as likely as other Minnesota children to have attempted suicide (Wilder Research Center, 2001).

## ***Protective factors: characteristics associated with resilience in children***

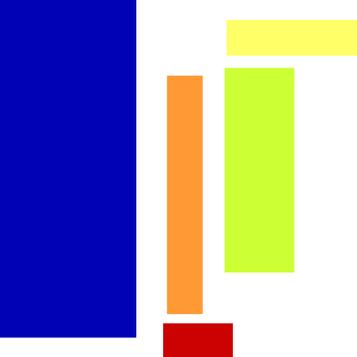
Protective factors are conditions that buffer against the impact of risk factors. Such conditions may prevent or counter risk-producing conditions by promoting the development of countervailing strengths within the individual child, family, peer group, school, or community (UCLA, 2002). Protective factors are those "traits, conditions, situations, and episodes that appear to alter – or even reverse – predictions of [negative outcomes] and enable individuals to circumvent life stressors" (Segal, 1986; Garmezy, 1991).

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## 7. Protective factors that can lessen the likelihood of out-of-home placement

Location of the protective factor	Protective factors (listed in no particular order)
Individual child	Social competence, including responsiveness, flexibility, empathy, caring, communication skills, and a sense of humor Problem-solving skills such as active stance toward an obstacle or difficulty, or a capacity to flexibly use a range of strategies and skills to solve problems Autonomy or sense of one's own identity A sense of purpose and future
Family	Caring and support High expectations Encouragement of child's participation in family activities and decisions
Neighborhood/community	Caring and support High expectations Youth participation and involvement in school Opportunities for community participation

**Primary sources:** *Werner & Smith, 1989; Demos, 1989; Masten & Wright, 1998.*



## Who are the children who are not living with their families?



We estimate that nearly 30,000 Minnesota children under the age of 18 spent at least one night away from home, either in a shelter, foster care, group home, detention center, in some other type of facility, or on the streets during 2001.

Child placements are recorded in several different tracking systems. Court placements are tracked with the Total Court Information System (TCIS) of the Court Services Tracking System (CSTS). Social Services use the Social Service Information System (SSIS) to track their clients, and the Department of Corrections uses the Detention Information System (DIS). Some counties in Minnesota use the Community Services Information System (CSIS). The federal government uses the Adoption and Foster Care Analysis and Reporting System (AFCARS). Because these many different systems are used to track out-of-home placements, and data cannot currently be shared or compared among the systems, it is not possible to get a clear picture (without overlap and duplication) of how many children really are placed out of their homes each year. Our estimate is based on some solid numbers and some informed guesses, as follows:

- 1) In 2001, **15,719** Minnesota children age 17 or under were in placements that were tracked by Social Services (Minnesota DHS, 2003b).
- 2) In 2001, the TCIS system recorded 28,429 *placements* in DOC-licensed facilities, although many children may have had multiple placements and the total number of *children* placed is not available (Minnesota Department of Corrections, U. Lohani, personal communications, September-November 2002). Of these placements, 18,853 were in detention, and 9,576 were non-detention placements. The SSIS system tracks the vast majority of non-detention placements, so we will obtain the best unduplicated estimate by counting only the detention placements, which are not tracked in SSIS. Detention placements typically occur after a child has been taken into custody but before the court has issued a finding (and are thus “pre-dispositional”) and non-detention placements typically are made after the court has issued a finding and determined the consequences for the child (“post-dispositional”). Juvenile offenders who are found by the courts to have treatment needs (or to pose safety threats) serious

enough to require removal from the home have also typically been held for at least some time in detention before their hearings. We can therefore assume that children who received non-detention placements had also previously received pre-dispositional detention placements.

In addition, based on other court records that document duplicate placements for juveniles (Minnesota Supreme Court, C. Hagensick, personal communications, January-February 2003), we assume that 10 percent of the remaining 9,277 detention-only placements represent multiple placements for one child. Therefore, we *estimate* that over **8,300** unique children were placed in a correctional facility or other DOC-licensed out-of-home placements in Minnesota in 2001.

- 3) The 2000 Wilder Research Center Homeless Study estimated that 660 unaccompanied youth age 17 or younger are homeless on any given night in Minnesota, and that approximately 9,807 unaccompanied children spent at least one night without regular or permanent shelter in 2000. Most homeless youth have been in some kind of out-of-home placement; 41 percent have been in foster care. Close to half have spent at least one night in a detention center (46%), and about 1 in 10 has lived in a drug or alcohol treatment center. Overall, 67 percent of the unaccompanied homeless children who participated in the survey reported that they had lived in a foster home, drug treatment facility, group home, or other type of institution. Of these previously institutionalized children, we estimate that 70 percent were living at some type of an institutional facility at some time in the previous year. So an estimated 4,600 of the 9,807 children who experienced unaccompanied homelessness in 2000 were tracked by the SSIS system due to their previous placement, which indicates that approximately **5,200** children who experienced unaccompanied homelessness in 2000 were not counted in any of our other data sources (Wilder Research Center, 2001).<sup>1</sup>

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<sup>1</sup> The number of homeless youth in Minnesota on any given night is calculated by counting the number of youths in emergency shelters and multiplying that number by 2.7, which is a method adopted from a 1989 U.S. General Accounting Office report. The number of children who spent at least one night unaccompanied by a parent or guardian without shelter is estimated at 2.8 percent of the Minnesota population age 12-17. This estimation is based on research that found 2.8 percent of a national sample of currently housed children had spent at least one night homeless in the last 12 months.

The figure below summarizes the *estimated* number of children in out-of-home placement in Minnesota in 2001.

**8. Number of children (age 17 and under) not living at home in 2001, by setting**

<b>Setting</b>	<b>Number of children</b>	<b>Data source</b>
1. Child welfare and non-detention correctional placements tracked by Social Services	15,719 (actual)	Minnesota Department of Human Services report (2003, April)
2. Unduplicated correctional placements (i.e., those that are not in the SSIS system)	8,300 (estimated)	Unpublished Minnesota Department of Corrections reports
3. Unduplicated homeless count	5,200 (estimated)	Wilder Research Center Homeless Study (2001)
Total	29,219 (estimated)	Above sources, with some estimates about overlap and duplication

These estimates should be considered conservative, erring on the low side of the actual number of children living away from their homes during the course of a year. The Legislative Auditor’s Office estimated that about 7 percent of days-in-care are not reported to any statewide information system (Minnesota Office of the Legislative Auditor, 1999). We cannot adjust our estimate to reflect this because we do not know how many *children* these days might belong to. Estimates also do not include children in voluntary placements, such as privately-paid or insurance-paid drug or mental health treatment settings, children in out-of state boarding schools, or children unofficially staying with friends or relatives.

The remainder of this section of the report is divided into descriptions of children in Social Services placements, children in corrections placements, and children who are homeless. The descriptions are presented separately for each type of placement because the information available differs for each setting. The discussion of race includes data from Social Services, corrections, and homeless children, as this data was more accessible than other demographic information.

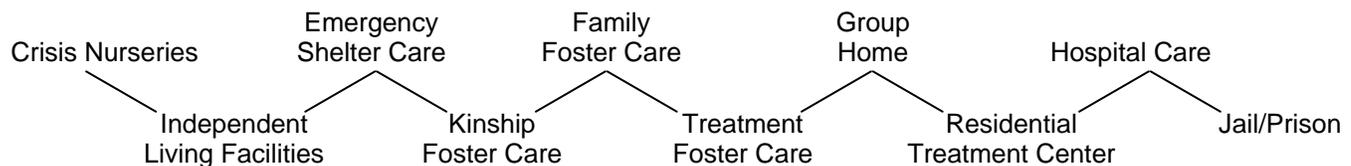
***Out-of-home placement options***

In general, Minnesota embraces a model of service based on the idea of a “continuum of care.” This means that different types and levels of service are available to meet different types and levels of need, so that families with relatively modest problems can be offered less intensive and disruptive interventions, while families with more serious or multiple problems are provided the range and intensity of help that they need. The placements

available for children on this continuum range from those that are either of very short duration (emergency shelter care) or the most family-like, at the one end, to the most restrictive at the other end (Wattenberg, 2002).

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**9. Minnesota’s continuum of care: least to most restrictive out-of-home placement options**



**Source:** Adapted from Wattenberg, 2002.

**Crisis nurseries.** These are community-based family support programs designed to provide safe, short-term care for children, when families need to address a crisis, such as eviction or unemployment. Currently, 20 crisis nursery programs provide voluntary services to families in 28 Minnesota counties. Crisis nursery programs served more than 2,300 families and 4,400 children in 2001 (Minnesota DHS, 2002c). Some of these children received overnight care, while other received day-time care only.

**Emergency shelters and transitional/independent living facilities:** These are the primary form of housing for homeless youth who are not staying with friends or on the streets. Ideally youth move from an emergency shelter to some type of transitional or independent living facility if available and if return to their families is unlikely. The independent living facility works with youth to develop basic living skills and prepare them for living on their own. We do not have estimates for the number of youth served in these facilities in a given year.

**Kinship care:** A child is placed with a relative or sometimes a family friend while the family works on a plan to enable the child to return home. To receive reimbursement, these relatives must meet the same licensing requirements as any other foster parent. In 2001 approximately 2,500 children were in this type of setting as a result of a court order (Minnesota DHS, 2003b). An unknown number more were with relatives or friends informally, with or without the counties’ knowledge.

**Non-relative family foster care:** These foster care families must meet certain standards in order to be licensed by the counties. For children in the child welfare system, this is the most common type of placement. In 2001, about 8,000 children in Minnesota were in non-relative foster care (Minnesota DHS, 2003b).

**Pre-adoptive home:** Parental rights have been terminated, and the child is living with a family where permanent guardianship or adoption is expected. The adoptive family may or may not be related to the child. In 2001, 979 Minnesota children were in pre-adoptive homes (Minnesota DHS, 2003b).

**Therapeutic/treatment foster care:** Treatment foster care is used with children who need counseling or behavior modification, but can still live in a family environment. The foster parents are specially trained to maintain a therapeutic environment. In Minnesota, treatment foster care is licensed under the same rules as regular foster care. Children in these homes are included in the count of children in family foster care, above.

**Group home:** Group homes are typically for older children or those with emotional or behavioral problems that require more structured settings than family foster homes. In general, group homes have a 24-hour-awake staff in 8-hour shifts. In 2001, about 2,800 Minnesota children were in group homes (Minnesota DHS, 2003b).

**Residential treatment:** These settings provide intensive therapy or treatment in highly structured settings with 24-hour-awake staff. They typically serve children with severe emotional and behavioral problems. In 2001 about 5,500 Minnesota children were placed in residential treatment programs (Minnesota DHS, 2003b).

**Chemical dependency treatment:** These in-patient and outpatient programs focus on children's alcohol or drug use and may include services for mental health, emotional, or behavioral problems as well. Four major types of chemical dependency treatment services are licensed in Minnesota: chemical dependency out-patient services, short-term in-patient programs, extended care programs, and halfway houses. Although the majority of individuals needing treatment are admitted to outpatient programs, in 2001 over 1,100 Minnesota children had alcohol or drug use as a reason for entering out-of-home care (Minnesota DHS, 2003b).

**Correctional facilities:** These facilities focus programming (where available) on reducing the likelihood of future delinquency. They vary widely in how restrictive they are, how long children stay there, and the types of services they provide. In 2001, about 8,300 Minnesota children were in some type of correctional facility.

**Other facilities:** Small numbers of children are also placed in residential educational academies and in hospitals. Many of these types of placement are voluntary and privately paid. Information on the number of children in these types of placements is not available through any statewide data system.

## *Social Services placements*

Many different kinds of children in Minnesota are placed out of their homes for child welfare reasons. In summary:

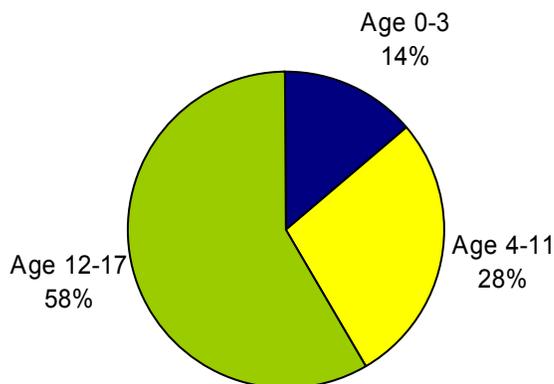
- Most children in these placements are teenagers.
- More boys than girls experience out-of-home placements.
- In any given year, most children are placed only once.
- White children are equally likely to be placed for child- or parent-related reasons.
- African American, Latino, and American Indian children are more likely to be placed for parent reasons.
- Asian children are more likely to be placed for child reasons.
- Neglect and child behavior are the most common reasons for out-of-home placements.

### **Characteristics of the children in Social Services placements**

In 2001, 14 percent of children in Social Services placement in Minnesota were age 3 and under, 28 percent were age 4 to 11, and 59 percent were age 12 to 17. In 2000, 162 children “aged out” of the Social Services system. That is, they reached the age of 18 without a permanent caregiver (Minnesota DHS, 2003b).

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#### **10. Age of children in social services placements in 2001**



Fifty-six percent of out-of-home placements through Social Services in 2001 were for boys and 44 percent were for girls (Minnesota DHS, 2003b).

As of March of 2002, 52 percent of children in Social Services placement had a sibling who was also in placement. Attempts are made to place siblings together unless sexual abuse or violence has occurred between them (Wattenberg, 2002).

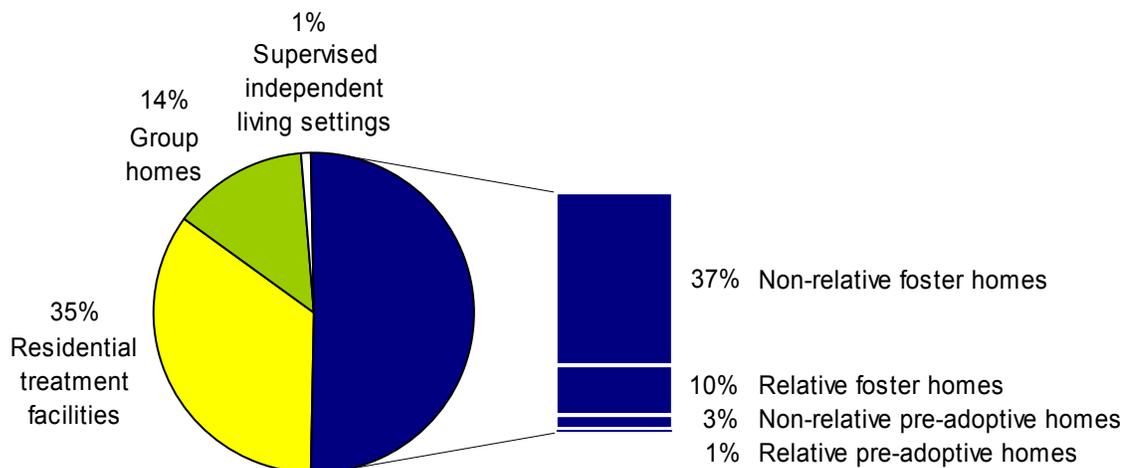
### **Type and number of placements**

In 2001, Social Services recorded 28,933 out-of-home placements for 15,719 children (13% of the children were placed more than once) (Minnesota DHS, 2003b). Of those 28,933 placements (not children):

- Half of all of these placements were in home-like settings:
  - 37 percent were in non-relative foster homes.
  - 10 percent were in relative family foster homes.
  - 3 percent were in non-relative pre-adoptive homes.
  - Less than 1 percent were in relative pre-adoptive homes.
  
- Half of these placements were in institutional settings:
  - 35 percent were in residential treatment facilities or institutions.
  - 14 percent were in group facilities.
  - Less than 1 percent were in supervised independent living.

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### **11. Types of social services placements in 2001**



The data indicate that children under age 12 are primarily placed in a home-based setting, such as a relative or non-relative foster or pre-adoptive home (Children, Youth and Families Consortium, 2001).

Of the Minnesota children who received placements for chemical dependency in 2000 (Wattenberg, 2002):

- 56 percent were placed in group homes.
- 46 percent were placed in residential treatment.
- 39 percent were placed in treatment foster care.

In 2001, most (87%) of children who were placed out-of-home by Social Services were placed only once, 10 percent were placed twice, 2 percent were placed three times, and less than 1 percent were placed four or more times during the year (Minnesota DHS, 2003b).

### **Length of placements**

Of the 15,719 children whose placements were tracked by Social Services in 2001, 48 percent were in placement for less than six months, and 23 percent spent 30 days or less in placement (Minnesota DHS, 2003b).

At the end of 2001, 37 percent of the children in placement during that year remained in placement at the end of the year (Minnesota DHS, 2003b). Of the 8,109 children still in placement at the end of 2000, 35 percent had been in care for two or more years (Wattenberg, 2002).

Children in family settings tend to spend more time in placement than those in institutional settings. Although about half of *placements* in 2001 were in family settings (including family foster care and pre-adoptive homes), these settings accounted for three-quarters (73%) of total *days in care*. The remaining quarter of days in care were in institutional settings, with 18 percent in residential care, and 9 percent in group homes (Minnesota DHS, 2003b).

### **Reasons for placement**

In Minnesota, reasons for out-of-home placement are recorded by county social workers in the SSIS database using these categories: parent reasons, child reasons, child disability, and two or more reasons. Reasons related to parents include physical abuse, sexual abuse, neglect, parent substance abuse, death or abandonment by a parent, parental illness or disability, inadequate housing, inability to cope, or incarceration. Reasons related to

children include a child’s behavior, delinquency, status offenses, and child substance abuse. The majority of all out-of-home placements are made by a court order (Children, Youth, and Family Consortium, 2001).

In 2000, 44 percent of White children in out-of-home placement were removed from their homes for child-related reasons and 40 percent were removed from their homes for parent or family functioning reasons. Asian children were also more often placed for child-related reasons (53%) versus parent or family functioning reasons (35%). However, in the same year, most African American children (70%), American Indian (62%), Hispanic/ Latino (59%), and mixed raced children (67%) were placed for parent or family functioning reasons (Minnesota DHS, 2002, April). This indicates that out-of-home placements for parent or family functioning reasons are more common in Minnesota minority families (except Asian) than in White families (as recorded by the county social worker).

Children who entered care for reasons related to their own behavior were twice as likely to re-enter care as children who entered care for parental reasons (Minnesota DHS, 2003b).

The figure below shows the categories for placement, by percentage of each racial or ethnic group placed in 2000.

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**12. Reason for placement, by race/ethnicity of the child, 2000**

<b>Race</b>	<b>Parent reasons</b>	<b>Child reasons</b>	<b>Child disability</b>	<b>Two or more reasons</b>
White or Caucasian alone	40%	44%	3%	13%
Black or African American alone	70%	20%	1%	10%
American Indian and Alaska Native	62%	27%	1%	10%
Asian alone	35%	53%	2%	11%
Two or more races	67%	20%	1%	12%
<b>Ethnicity</b>				
Hispanic or Chicano/Latino*	59%	29%	1%	11%
<b>Overall</b>	<b>47%</b>	<b>38%</b>	<b>2%</b>	<b>13%</b>

\* May be of any race.

**Source:** Minnesota Department of Human Services, 2003b.

**Note:** These numbers are for placements. The actual number of children is lower, due to multiple placements of some children.

The figure below shows the more specific “presenting problems” or reasons why children were put in out-of-home placements tracked by Social Services in 2001. When social workers remove children from their homes, they are required to record the reasons for the out-of-home placements. They record as many reasons as apply, so some children are counted for multiple reasons. Because of variation between social workers, similar cases may be coded with different reasons for placement.

**13. Reasons for Minnesota children’s placement in 2001 (for placements tracked by Department of Human Services only)**

<b>Reason for placement (as recorded by the social worker)</b>	<b>Number of placements tracked by MN DHS*</b>
1. Physical abuse	1,945
2. Sexual abuse	873
3. Neglect/abandonment	5,735
4. Parent alcohol/drug abuse	3,363
5. Relinquishment of parental rights	463
6. Parent incarceration	1,002
7. Child alcohol/drug abuse	1,184
8. Child behavior	8,114
9. Child disability/mental health problems	1,128
10. Parent death	139
11. Caretaker inability to cope	3,532
12. Inadequate housing	1,056
<b>Total number of placements for child-related reasons**</b>	<b>10,426</b>
<b>Total number of placements for parent-related reasons**</b>	<b>17,052</b>

**Source:** Minnesota Department of Human Services, 2003b.

**\*Note:** These numbers are for placements. The actual number of children is lower, due to multiple placements of some children

**\*\*Note:** Some children are counted in both of these categories because some placements involve a combination of parent- and child-related reasons.

## *Corrections placements*

### **Characteristics of children in corrections placements**

The Department of Corrections estimates that at least 80 percent of children in corrections placement are age 14 to 18 (Department of Corrections, U. Lohani, personal communication, October 2002). The majority of corrections placements (75%) are for boys.

### **Length and type of placements**

The average length of stay for children placed in a correctional placement of any type was 24 days in 2001. The longest average stay was for family group foster homes, at 114 days. Aside from the 24-hour holdover and eight-day holdover facilities, the shortest average stay was for secure detention facilities, at 8 days (Department of Corrections, U. Lohani, personal communication, October 2002).

Of the 25,180 juvenile corrections placements in 2001, approximately 70 percent were for placement needs prior to court action. These included:

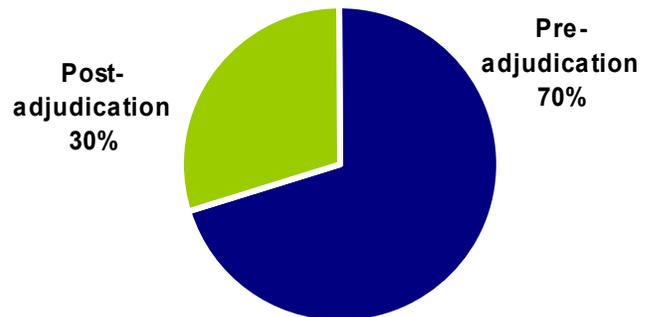
- 52% in a secure detention facility.
- 8% in a secure eight-day holdover facility.
- 5% in a non-secure detention facility.
- 5% in an interchangeable secure residential/detention facility.

The remaining placements, approximately 30 percent, represented placements required following court action. These included:

- 15% in a non-secure residential facility.
- 9% in a secure residential facility.
- 7% in institutional group foster homes, family group foster homes, and similar facilities.

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#### **14. Types of placements for juvenile delinquents**

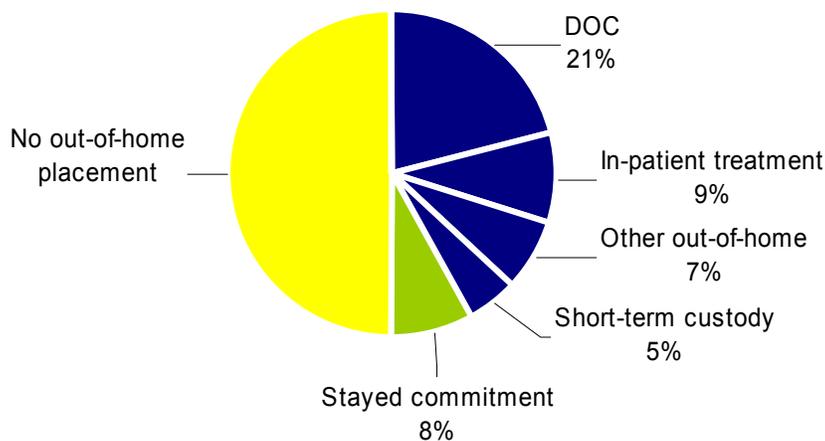


Of the 11,734 juvenile delinquency petitions with adjudication or finding of guilt (56% of all the juvenile delinquency petitions filed in 2001), there were:

- 2,433 DOC commitments (21% of adjudications).
- 1,056 orders for in-patient treatment (9% of adjudications).
- 862 other out-of-home placements (7% of adjudications).
- 631 orders for short-term custody (5% of adjudications).
- 951 “stayed DOC commitments,” or orders that were not to be imposed unless the child failed to follow through on a less serious penalty (8% of adjudications).

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### 15. Dispositions of petitions with findings of guilt, 2001



### Types of offenses

Of the 24,367 delinquency petitions filed in Minnesota courts in 2001, 39 percent were for felonies, 10 percent were for gross misdemeanors, and 52 percent were for misdemeanors (Minnesota Supreme Court, 2002). We do not have the data to show the types of offenses committed by children who were placed out of their homes for correctional reasons.

## *Homeless youths*

### **Characteristics of homeless youths**

In 2000, Wilder Research Center conducted a single-night survey with 209 homeless youth. This is thought to represent between one-quarter and one-third of the youth who are homeless and on their own on any given night in Minnesota. The study found that fewer than 10 percent of the 209 unaccompanied homeless youth who reported their age were 13 or younger. Ten percent of homeless children were age 14, 15 percent were age 15, 31 percent were age 16, and 35 percent were age 17. On average, children had first become homeless at age 13. Just over half (53%) of the unaccompanied homeless children interviewed were girls and 47 percent were boys.

Compared to the general Minnesota youth population, the survey found that homeless youth are:

- Five times more likely to have been treated for drug or alcohol problems.
- Four times more likely to have been hit by a date or intimate partner.
- Three to four times more likely to have been physically or sexually abused.
- Two to three times more likely to have lived in a single-parent home.
- About twice as likely to have attempted suicide.
- (Among girls) 13 times more likely to have been pregnant.

### **Stability of current living arrangement**

Almost half (47%) of the 209 unaccompanied children who participated in the Wilder Research Center Homeless Study (2001) reported that they had been staying in the same place seven days or less. Only 10 percent of these children reported that they had been staying in the same place for four months or more. The average number of days staying in the same place was 49 for females and 32 for males statewide.

Of the unaccompanied children age 10 to 17 who identified where they had stayed the previous night, 40 percent statewide said they had stayed in an emergency shelter (30% in the metro area); 21 percent said they had stayed in a free, temporary arrangement (24% in the metro area); 17 percent said they had stayed in transitional housing (22% in the metro area); 16 percent said they had stayed outdoors, or in an abandoned vehicle or building (14% in the metro area); and the rest reported staying in supportive housing; a temporary, paid arrangement; a battered women's shelter; jail; a foster or host home; or some other unspecified place.

## **History of out-of-home placements**

Many of the youth who participated in the Wilder Research Center homeless study (2001) have previously been in and out-of-home placement setting (67%). Forty-one percent of the youths who participated in the study have been in foster care. In addition, 72 percent reported having ever lived in transitional housing, an emergency shelter, battered women's shelter, or long-term supportive housing. Close to half have spent at least one night in a detention center (46%), and about 1 in 10 have lived in a drug or alcohol treatment center.

## **Reason for being homeless**

Most homeless youth come from difficult home environments, many reporting that they have been abused (Whitbeck & Simons, 1990; Wilder Research Center, 2001). However, as discussed previously there are a multitude of pathways toward youth homelessness. According to the Wilder Research Center Homeless Study (2001), conflict with parents is the most common reason that youth report for having left home (39%). The main reasons they do not return home (often a combination of reasons): an adult in the home will not tolerate their presence (50% of youth); alcohol or drug use by a parent or someone else in the household (30%); adults in the household do not attend to the youth's basic needs (30%); not enough space for everyone in the home (27%); and danger of physical or sexual abuse (25%).

## ***Race of children not living at home in Minnesota***

Across the nation, children of color are disproportionately represented in both the child protection and juvenile justice systems (Feldman & Kubrin, 2002). In Minnesota, for African American and American Indian children, this disparity is among the highest anywhere in the nation (Minnesota Planning Department, 2001). Minnesota's Chicano/Latino children are also disproportionately represented in these systems, although to a lesser extent.

In the juvenile justice system, the overrepresentation of minority youth actually *increases* at every step of the process from arrest to sentencing. For example, a national study found that African American youth make up 15 percent of the U.S. youth population as a whole, but they represent 26 percent of arrested youths, 44 percent of detained youths, 46 percent of youths sent to criminal (as opposed to juvenile) court, and 58 percent of all youths sent to state prisons (Feldman & Kubrin, 2002).

Similarly, not only across the U.S. but in many other nations as well where homelessness has been studied, people who are members of non-mainstream racial or cultural groups tend to be overrepresented among those who are homeless.

In 2001, 57 percent of Minnesota children in out-of-home placement tracked through Social Services were White, 20 percent were Black or African American, 12 percent were American Indian or Alaskan Native, 2 percent were Asian or Pacific Islander, 8 percent were two or more races, and 2 percent were of an unknown race. In addition, about 6 percent of all the children in placement were Chicano/Latino, although the Department of Human Services tracks this information as Chicano/Latino (i.e., “Hispanic”) ethnicity rather than race (Minnesota DHS, 2003b). Over one-third of the children in Social Services placement in Minnesota are African American or American Indian, yet these groups only constitute 6 percent of all Minnesota children. African American children are seven times more likely than White children to be placed out-of-home and American Indian children are six times more likely than White children to be placed out-of-home (Wattenberg, 2002). Some, but not all, of the disparity can be attributed to differences in the rates of poverty and other household characteristics including the presence of domestic violence or substance abuse. The disparity is greater in the rate at which suspected maltreatment is reported than in the rate at which reported cases are substantiated (i.e., disparities are greater earlier in the system). The disparity for any given group also tends to be higher in counties in which that group is a smaller proportion of the overall population. Some have suggested this is the result of higher visibility of minorities in areas in which they represent such a small proportion of the population (Ards et al., 2002).

In 1999 (the most recent year for which DOC data are available), 45 percent of the juveniles in Minnesota juvenile corrections facilities were White, 28 percent were African American, 18 percent were American Indian, 6 percent were Chicano/Latino, and 2 percent were some other race (Minnesota Planning Department, 2001).

Almost half (46%) of unaccompanied homeless youth reported being White, 21 percent reported being Black or African American, 20 percent reported being American Indian, and fewer than 10 percent reported being two or more races, African Native, Asian or Pacific Islander, or another race. Five percent of the participants reported being of Hispanic, Latino, or Chicano origin (Wilder Research Center, 2001).

According to a study of African American racial disparities conducted by the Minnesota Department of Human Services, African American children are over 16 times more likely to be placed outside of the home than a White child while an allegation of child maltreatment is being assessed. During the assessment phase for the African American child population, six children per 1,000 were placed; in the White child population, 0.4 children per 1,000 were placed. This study found that African American children are disproportionately

represented in every phase of the decision making process including: 1) the report to child protection; 2) accepted for assessment or not; 3) maltreatment determination; 4) referred to child protection services; 5) out-of-home placement; and 6) permanency. The total racial disparity increases at every step of the process (Minnesota DHS, 2003b).

See Figure 12 for an illustration of the racial distribution of Minnesota children in Social Services or corrections placements and homeless Minnesota children.

## 16. Race and ethnicity of Minnesota children who do not live at home

Race	Percent of children in MN DHS placements (2001, full year)	Percent of children in MN DOC placements (1999, full year)	Percent of homeless children*** (2000, one night)	Percent of all Minnesota children (2000)
White/Caucasian	57%	45%	46%	90%
Black or African American	20%	28%	25%	4%
American Indian or Alaskan Native	12%	18%	20%	1%
Asian or Pacific Islander	2%	NA	<1%	3%
Chicano/Latino	6% *	6%	5% *	4% *
Other	0%	2%	2%	0%
Two or more races	8%	NA	6%	2%
Unknown/missing data	2%	NA	<1%	1%
Total*	101%	100%	101%	101%

**Source:** Minnesota Department of Human Services, Minnesota Department of Corrections, Wilder Research Center Homeless Study (2001), and U.S. Census Bureau (2000).

**\*Note:** Totals may not add to 100% due to rounding.

**\*\*Note:** Where starred, Chicano/Latino (also identified as "Hispanic") children are counted twice – under "Chicano/Latino and also by their race.

**\*\*\*Note:** The 209 youths who participated in the Wilder Research Center Homeless Study (2001) represent a sample of the homeless youth population in Minnesota rather than the entire population of homeless youth in the state.

## ***Children being cared for by relatives other than their biological parents***

Many children live informally with their grandparents, aunts, other relatives or close friends, if their parents are temporarily or permanently unable to care for them. There is no way to know how many children are in these types of informal arrangements. In addition, some relatives in Minnesota become licensed as foster parents and care for the children of their kin through formal, paid arrangements with the state. These children are tracked through the SSIS system. Of the 2,781 children who were in formal kinship care in 2001 (included in the 15,719 children tracked through Social Services), 55 percent were White, 21 percent were Black or African American, 13 percent were American Indian, 1 percent were Asian or Pacific Islander, 8 percent were two or more races, and 1 percent were of an unknown race. In addition, 6 percent of the children in kinship care were identified as having Chicano/Latino heritage (Minnesota DHS, 2003b). These rates are very similar to those for social services placements overall, across all types of placement.

These officially tracked figures do not count many children who are living with their relatives but who are not tracked through any official systems. These include children who are living with relatives as part of a private agreement within the family and independent of the knowledge or supervision of the county. The untracked group also includes children in active child welfare cases who are living with their relatives but whose custody has not been formally transferred there from their parents. It is not known how often this semi-official arrangement occurs in Minnesota.

Across the U.S., the number of children living in formal kinship care arrangements has risen in recent years, particularly among minority populations (Urban Institute, 2000). In only four years, it rose from 18 percent (in 1986) to 31 percent (in 1990) for a sample of 25 states that reported this statistic (U.S. House of Representatives, 2000).

## ***Children placed across state lines***

In 2001, Social Services tracked 202 Minnesota children who had 252 placements in other states. In addition, children from other states received 200 placements into Minnesota (Minnesota DHS, 2003b).

In 1997, the percentage of days in care spent in corrections placements outside of Minnesota was 5 percent. For Rule 5 facilities (for children with severe emotional disturbances), the percentage of corrections days in care spent in placements outside of Minnesota was 14 percent, which was the highest percentage of all types of facilities. Two

counties (Ramsey and Hennepin) accounted for two-thirds of all 1996-97 out-of-state placements at DOC-certified facilities (Minnesota Office of the Legislative Auditor, 1999). In 1996-97, the other states whose facilities were used most often for Minnesota Corrections placements of delinquent juveniles were South Dakota, Iowa, and Colorado. For delinquent juveniles, counties have used out-of-state facilities for a variety of reasons: for programs that are longer or address specialized needs better than those available in Minnesota; for lower costs; to discourage juveniles from running away; and because out-of-state facilities are closer than in-state facilities for some counties.

Eleven percent of the homeless children in Minnesota who participated in the Wilder Research Center Homeless Study (2001) reported living in this state for one year or less, 5 percent reported living here between one and two years, 16 percent reported living here between three and five years, 11 percent reported living here between 6 and 10 years, and most (58%) reported living in Minnesota for 11 or more years. There is not quantitative information available about Minnesota children who are homeless in other states, although there is anecdotal evidence to support this fact.

### ***Children awaiting adoption***

In 2001, 538 children who were wards of the State of Minnesota were adopted; 114 of these children (21%) were adopted by a relative and 155 of these children (29%) were adopted by their foster parents.<sup>2</sup> Just over half (52%) of all the state ward adoptees in 2001 were boys. Of the 538 children adopted in 2001 who were state wards, 56 percent were White, 21 percent were African American, 19 percent were two or more races, 5 percent were American Indian or Alaskan Native, and there was no race data available for less than 1 percent of these children. In addition, 9 percent of the state ward adoptions in 2001 were for children with Latino, Chicano, or Hispanic heritage. Overall, 44 percent of the state ward adoptions in Minnesota in 2001 were for children of color (Minnesota DHS, 2003b).

Most of the 538 children who were adopted as state wards in 2001 were neglected or abused (70%) or had a medical or psychiatric disability (54%). Only 10 percent of the children who were adopted as state wards had been waiting 6 months or less to be adopted, 26 percent had been waiting 6 months to 1 year, 37 percent had been waiting 1 to 2 years, 12 percent had been waiting 2 to 3 years, and 15 percent had been waiting 3 or more years to be adopted (Minnesota DHS, 2003b).

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<sup>2</sup> The Minnesota Department of Human Services notes that the categories of “relative” and “foster parent” adoptions are blurry, because of the fact that some of the adoptive parents are both relatives and foster parents, although they must be coded as one or the other on the forms filled out by the social workers.

The federal Adoption and Safe Families Act, passed in 1997, included significant incentives for states to increase their adoption rates. In Minnesota, the number of adoptions rose from 525 in 1998 to 613 in 2002, an increase from 51 percent of those eligible for adoption at the end of 1998 to 93 percent of those eligible at the end of 2002 (Minnesota DHS, unpublished data).

### *Availability of placements and services*

In 2003, the Minnesota Department of Human Services issued 5,137 licenses for child foster care, 33 for residential treatment, and 70 for group homes. In 2003, Minnesota had more than 4,000 foster parents licensed to provide care to almost 11,600 children. Minnesota has 64 short-term hospital care beds available for children with severe mental health problems, usually for 40 days or less.

The Minnesota Department of Corrections has the capacity to serve more than 200 offenders who have been committed by juvenile courts to the Commissioner of Corrections. Including county and private facilities licensed by the Department of Corrections, Minnesota has a total of 1,973 licensed beds for juveniles. A survey that was done of all of these facilities on February 3, 2003, found that 71 percent of the available beds were filled.

Currently, the departments of Human Services and Corrections have separate sets of rules for licensing facilities under their authority. Counties have the main responsibility for licensing foster homes. However, many children are placed in foster homes and state Human Services-licensed facilities under correctional authority. In 1995, to bring more consistency to both the licensing process and expectations for programming to be offered through the facilities, the legislature required that Human Services and Corrections jointly develop a set of rules for the facilities that they both license. Facilities covered by the proposed “umbrella rule” include both secure and non-secure residential treatment facilities, but exclude correctional facilities that are for strictly detention purposes and have no rehabilitative purposes. Foster homes also continue to be treated separately and mainly at the county level.

In keeping with legislative intent, one major component of the proposed rule is a thorough and uniform process for collecting data on the children served, the treatment goals that their placements are intended to meet, children’s and their parents’ satisfaction with the placements, services actually delivered, and outcomes of the placement. These data are intended to help decision-makers monitor program quality and effectiveness, guide improvements to services, and document the effectiveness of placements in meeting the purposes for which they were made.

Currently, the legislature has provided little in the way of funding to maintain the required record keeping. State officials report that service documentation and placement outcome data will be collected by a method to be jointly determined by the two licensing agencies (Departments of Human Services and Corrections) and implemented through interagency agreement (D. Johnson, personal communication, August 2003).

At present, the umbrella rule is slated to take effect January 1, 2004. The nearly nine years of development reflects the serious difficulties to be addressed in planning and implementing a common set of measures for goals, services, and outcomes, and configuring a unified data system reasonably consistent with pre-existing Human Services and Corrections systems. Historically, these two systems have been very differently configured. In addition, the Corrections system up to this point has had limited capacity for sharing data even among counties, reflecting the high degree of county autonomy for correctional programming and record-keeping and significant issues related to the privacy of juvenile records (Minnesota DOC & Minnesota DHS, no date; Minnesota DOC & Minnesota DHS, 2001).

Facilities for serving homeless youth continue to be licensed separately.

There are 146 shelter beds available for unaccompanied homeless youth without children in Minneapolis and St. Paul. Homeless children who participated in the Wilder Research Center Homeless Study (2001) reported having trouble finding housing because of their age (39%), no housing they can afford (33%), no rental history (23%), cost of the application (17%), alcohol or drug use (13%), abuse by someone they lived with (12%), and other reasons, including family size, credit problems, criminal background, mental health problems, court evictions or UD, race, abuse they caused to someone they lived with, sexual preference, age of their children, health, and physical disability.

According to the Minnesota Office of the Legislative Auditor (1999), “there is not a serious statewide shortage of residential beds for juveniles, with the possible exception of foster care.” In fact, this report shows an average occupancy rate of 88 percent for beds in secure correctional detention and residential facilities, 77 percent for non-secure correctional beds, 67 percent for Rule 8 group home beds, 65 percent of Rule 5 mental health treatment facility beds, and only 45 percent of licensed family foster home beds. (Utilizing 100% of the beds in the family foster homes is an unrealistic expectation, according to service providers.) In addition, 71 percent of county corrections officers and 64 percent of county human services directors said that non-residential services are a higher spending priority than residential services. Non-residential services include family preservation and other in-home therapies and services.

The cost of the various out-of-home placement options varies within and across types. The cost estimates provided below are intended to reflect estimates of what each type of

placement typically costs, although there may be specific placements that do not fall within the ranges provided. On average, foster parents are reimbursed \$38 per day, although these reimbursements may be higher or lower based on the child's "difficulty of care" rating, which takes into account any special medical or other treatment costs. Increases in the overall cost of out-of-home care are thus due more to these greater difficulty-of-care levels than to increases in the basic number of children being placed.

If legal and physical custody is permanently transferred to a relative (or to an "important friend" with whom the child has had significant contact), without the termination of parental rights, the relative or friend may qualify for a Minnesota's Relative Custody program. If the relative is at or below 200 percent of the federal poverty guidelines, they may receive the same payment as authorized under the Adoption Assistance program, except that (unlike under Adoption Assistance) this amount may be offset by any amount the relative receives for the child under a welfare child-only grant or through Supplemental Security Income (SSI). This amount will be lower than the same caregiver received while providing foster care to the same child: whereas Minnesota's foster care reimbursement rate is 20 percent higher than the national mean, it is among the bottom quartile of states in its adoption assistance payment rate (Minnesota DHS, 2002h).

Adoption assistance provides a basic daily reimbursement of approximately \$8 to \$11 per day to pre-adoptive parents, with additional reimbursements given to families caring for a child with diagnosed physical, mental, or emotional problems (Minnesota DHS, 2002j).

Group homes cost an average of \$126 per day per child. Residential treatment for children with severe emotional disturbance costs \$180 per day per child. Inpatient chemical dependency treatment costs \$133 per day per child. These treatment options are the most expensive social service out-of-home placements (Minnesota DHS, 2002j).

Detention costs \$140 per day per child (Minnesota DOC, 2002b). Emergency homeless shelters cost \$93 per day per child, and transitional living programs cost \$65 (Wayman, personal communication, June 2003).

In general, the cost of a placement is related to the intensity of services and/or the level of security required to keep the child and others safe.

The figure below shows summary information about the types of placement settings used in Minnesota. Information on the costs of these different placement options and the availability of these services comes from the Minnesota departments of Human Services and Corrections.

## 17. Usage, cost, and capacity of different types of placements

Type of placement	Number of children in 2001 <sup>(a)</sup>	Average cost per day <sup>(b)</sup>	Number of licensed beds in Minnesota
Kinship foster care (formal/paid)	2,562	\$38 <sup>(c)</sup>	13,375 in 5,141 homes (in 2003)
Non-relative foster care	8,038		
Pre-adoptive home—non-relative	760	\$8-\$11	(included with foster care numbers)
Pre-adoptive home—relative	219		
Group home	2,864	\$126	747
Residential treatment for severe emotional disturbance (Rule 5)	5,566	\$180	947
Chemical dependency inpatient treatment	est. 700 or more	\$133	684
Emergency homeless shelters <sup>(d)</sup>	unknown	\$93	139 (additional beds are reserved for official referrals)
Transitional/independent living	51	\$65	188
Detention and other residential correctional facilities	8,300 (estimate) (average daily population is 1,800)	\$140	1,973 (in 2003)

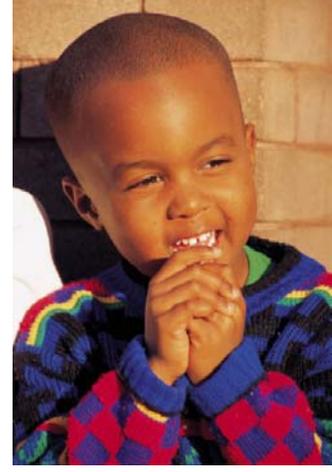
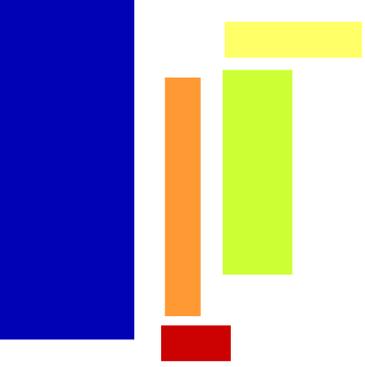
**Source:** Minnesota Departments of Human Services and Corrections; homeless shelter and transitional/independent living costs calculated by R. Wayman from multiple providers.

**Notes:** (a) Some children have more than one type of placement during the year, so the total in this chart adds up to more than the total number of children placed.

(b) These are average costs per day from October-December 2002 according to county cost reports (Minnesota DHS, 2003b).

(c) The average foster care rate includes assistance, difficulty of care payments, and administrative fees paid to child placing agencies.

(d) The number of available emergency homeless shelter beds refers to self-referral beds only; there are additional shelter beds that require the referral of a social worker or other professional.



## How are decisions made about placements and services?

Decisions about out-of-home placements and other services offered to children and families are typically made by county professionals such as child protection workers, police officers, and juvenile probation officers, with the oversight and approval of judges. These officials have significant discretion, within the law, to make decisions about out-of-home placement including:

- Is the child at enough immediate risk to warrant an *emergency* removal from the home?
- Is the child an Indian child (in which case different laws may apply)?
- Were “reasonable efforts” made to prevent out-of-home placement?
- Is the child at risk of “imminent harm” if he or she stays in the home (i.e., is out-of-home placement warranted)?
- What is the best placement option for the child?
- When is it safe for the child to return home?

Laws governing child protection and juvenile delinquency have evolved over the last 30 years. Typically, major national legislation has established goals and priorities for how children in these systems should be treated, and set up funding streams to create incentives for states to meet federal standards. State legislation in turn has matched federal priorities and standards where necessary, has sometimes established higher standards or modified specific procedures, and has created state funding categories to pay for child welfare and juvenile delinquency services.

Minnesota is one of 13 states to vest the main implementation of the child welfare system at the county level, and is one of the three states to place the highest dependence on local (county) funding to pay for these services (Bess et al., 2002). The authors of the Alternative Response evaluation in Minnesota (Institute of Applied Research, 2002)

identified Minnesota's decentralized, county-based system for delivering human services as a key factor helping to shape its child protection policy.

Besides the official statutes, which describe "what we say we do," the individual decisions that are actually made in specific cases are also shaped by unofficial forces, including public and professionals' attitudes and beliefs, knowledge of the law and of available resources, and the relationships among individuals and organizations in the counties, courts, and service providing agencies. In between these formal and informal levels are considerations of the availability of certain services and placements. These are affected both by funding decisions at the national, state, and local levels, and by the number of other potential users competing for the same resources (so if needed services become less available, the cause could be either a rise in the need or a decrease in funding, or both). These informal and funding influences on decision making will be discussed later in this section.

## *Legislation governing children in or at risk of placement<sup>3</sup>*

### **Child welfare legislation**

The main federal laws guiding the child protection system are (adapted from Kelly, 1999):

Child Abuse Prevention and Treatment Act (CAPTA) (1974): The original requirement that states pass and enforce child abuse and neglect reporting laws. Also includes some discretionary funding for child and family services.

Title XX of the Social Security Act (1974): Primarily sets conditions for funding. Funds a variety of services to low-income families and individuals, including emergency shelter care; protective services for children; services for children in foster care; information, referral, and counseling services; services to meet special needs of children, the mentally retarded, alcoholics and drug addicts; and child care.

Indian Child Welfare Act (ICWA) (1978): Intended to help repair the harm done by prior government policy that emphasized removing Indian children from their parents and discouraging the transmission of cultural heritage, including traditional child-rearing practices. Sets minimum standards that must be met before an Indian child may be removed from their home; guarantees the opportunity for tribes to be notified and involved in placement decisions;

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<sup>3</sup> Federal laws cited in this section were found in the Legal Information Institute maintained on-line by the Cornell Law School (<http://www4.law.cornell.edu/uscode>). Minnesota laws and regulations are from the website of the Office of the Revisor of Statutes (<http://www.leg.state.mn.us/leg/statutes.asp>).

establishes a list of preferences for placements, emphasizing extended family, tribal members, and other Indian persons; directs agencies to make “active efforts” to prevent placement and to reunify children with their families after placement; and provides grants for Indian child and family programs.

Adoption Assistance and Child Welfare Act (AACWA) (1980): Set two major directives for state practices: (1) Family preservation (preventing removal of children through the provision of “reasonable efforts”), and (2) Reunification (achieving permanency for children after out-of-home placements, through reunification with their parents whenever possible). Also provided funding, with complex protocols for reimbursing some foster care and adoption costs.

Adoption and Safe Families Act (ASFA) (1997): Together with “the best interests of the child,” previously established as a standard for decisions, added “the health and safety of the child” as paramount considerations in determining the need for and nature of services, and in determining what constitutes “reasonable efforts” at family preservation and reunification. Emphasized short time lines for addressing causes of removal before making plans for permanent placement of children and moving to terminate parental rights.

Minnesota child welfare laws include provisions in the state juvenile code that further amplify and carry out the federal purposes. These provisions include shorter timelines for permanency planning than those required by federal law. The state also passed the Minnesota Indian Family Preservation Act (MIFPA) in 1985 and guidelines for “concurrent permanency planning,” in which the county simultaneously works to reunify the family *and* make plans for an alternative permanent placement for the child in case the child cannot be returned home. The state also passed the Minnesota Indian Family Preservation Act (MIFPA) in 1985, similarly carrying out and in certain ways strengthening the provisions of the federal Indian Child Welfare Act. Some details of how this act is to be implemented were further spelled out in a Tribal-State Agreement completed in 1998.

Going beyond federal law, Minnesota law requires counties to provide case management services to children who are seriously emotionally disturbed, as well as to their parents if the parents request them. The law spells out certain standards and procedures that the county is required to observe in providing these services (summarized below in the section on “Basis for decision making”), as well as requiring counties to “provide or contract for sufficient family community support services within the county to meet the needs of each child with severe emotional disturbance who resides in the county and the

child's family... county boards must provide or contract for sufficient professional home-based family treatment within the county to meet the needs of each child with severe emotional disturbance who is at risk of out-of-home placement due to the child's emotional disturbance or who is returning to the home from out-of-home placement" (Minn. Stat. 245.4884).

### **Juvenile justice legislation**

The main federal law governing the juvenile justice system is:

- Juvenile Justice and Delinquency Prevention Act (JJDP) (1974, with later amendments): Stated purpose is to assist states and local communities in providing community-based preventative services to youths in danger of becoming delinquent (and also to train professionals and provide technical assistance). As amended in various years, this law now includes four system reform mandates for states:
  - Status offenders may not be held in secure detention or confinement for longer than 24 hours.
  - Juveniles may not be held in a facility with adult offenders for longer than six hours (24 hours in certain rural areas).
  - If juveniles are placed in the same facility as adults, they may not be within sight or sound of adult inmates.
  - States must make efforts to reduce the disproportionate representation of minority youth in all phases of the juvenile justice system.

In its 2002 reauthorization, the Act included new provisions to more closely connect the juvenile justice system with the child welfare system, through:

- Greater access to child welfare records to help develop and implement appropriate treatment plans for juvenile offenders.
- Assurance that juvenile offenders whose placements are funded under Title IV-E Foster Care receive all the protections included in the foster care system, including a case plan and case plan reviews.
- A study of juveniles who are unable to return to their families after completing their disposition in the juvenile justice system, or those who were under the care of the child welfare system.

Minnesota juvenile justice laws, conforming to federal law, are contained in a section of the state juvenile code. As with child protection, the administrative and financial responsibility for carrying out these laws is largely the obligation of the counties.

### **Legislation governing homeless and runaway children**

Laws governing homeless or runaway children are not as systematic as those governing children in the child welfare or juvenile justice systems. For homeless children, state laws tend to be more directly relevant than federal laws, and tend to be found in a wide variety of places in statute (rather than compiled systematically in the juvenile code as for the others). These statutes include some provisions relating to how parents or others may require runaways to return home; what services may or must be made available to homeless youth; other rights that minors may claim on their own behalf, including rights to certain types of medical care, and requesting orders for protection; and conditions for voluntary transfer of legal custody or temporary guardianship (Legal Aid Society of Minneapolis, 2001).

### ***Key criteria for determining interventions for families and children***

In child welfare cases, the most important principles established in law are:

- Children should be kept with their parents whenever possible, and only removed if removal is in the best interests of the child and necessary for the child's health and safety.
- The county is responsible for making "reasonable efforts" to avoid the need to remove a child, through provision of services that are reasonably available and accessible. If the child must be removed, the county must make "reasonable efforts" to help the family remediate the conditions that led to the removal, in order to reunify the family. (The standard is "active efforts" for Indian children.)
- Services should be culturally appropriate to the family receiving them.
- If the child is an Indian (enrolled in a tribe or eligible to be enrolled in a tribe), the county must immediately notify the tribe of the child's situation; provide a tribal representative with the opportunity to participate in the case; and base intervention and service decisions on the cultural and social standards of the Indian community from which the child comes.

- If children must be removed from their parents, they should be placed in a setting that is as family-like as possible and one that best allows them to maintain existing community links. In selecting a placement for a child, the county must first make efforts to find relatives, if possible, or important family friends with an existing relationship with the child. If neither is available, the next preference for Indian children is a family foster home approved by the child’s tribe, or an Indian foster family. Next in priority, for any child, is a family foster home close to home where existing bonds to school, religious communities, and other important relationships may be preserved. Before approving a more disruptive placement, the court must be satisfied by the child-placing agency that other less disruptive placements were considered and were either not available or were found not to be in the child’s best interests.
- Children should not be allowed to remain in temporary placements for long periods of time; therefore, if a child is in placement for more than a short period, the county must begin “concurrent permanency planning.”

In juvenile justice cases, the main policy principles since the 1970s have been:

- Diversion – provision of services outside the formal justice system for first-time, low-level offenders, in an effort to prevent future offending.
- Deinstitutionalization – an effort to remove juvenile offenders from settings that are more restrictive than necessary.
- Due process – an effort to ensure that juvenile offenders are treated fairly in the system (Trojanowicz et al., 2001).
- Disparity reduction – an effort to reduce disparities in the proportions of minority children involved in the juvenile justice system.

### **“Due process” protections for children and parents**

In both child protection and juvenile corrections cases, the laws spells out important protections for fairness and due process for the children and (in child protection cases) for their parents. When children are removed from the home for any reasons (including detention on suspicion of having committed an illegal act), “due process” includes:

- Parents must be told where the child is (unless it is not safe to do so), and the need for placement must be justified to a judge within three days (36 hours for detentions of delinquent children).

- If the child is an American Indian (enrolled in a tribe or eligible to be enrolled) and the removal is for child protection reasons, the child’s tribe must be notified immediately and given an opportunity to become involved.
- If the child remains out of the home, the placement must be individually chosen based on the unique circumstances of the individual child. It must be part of a case plan that spells out what the parents must do (in child protection cases) and/or the child must do (in juvenile corrections cases) in order for the child to return home, and what services the county will offer to help. In child protection cases, the placement, and the parent’s and county’s efforts, must be reviewed by the court at least every 6 months until the plan is fulfilled, the child is returned home, and the county’s supervision ends.
- In child protection cases, if a child has been in an out-of-home placement for 12 months (6 months for a child under age 8), the county must hold a hearing to review the parents’ progress. Parental rights may be terminated if the judge finds that they are not cooperating with their case plan or that there is no reasonable likelihood that they will be able to provide a safe home for the child.

When children are removed from the home, the burden rests with the juvenile court to oversee the fairness and timeliness of decisions made to provide services, return the child home, or terminate parental rights. These court reviews require considerable resources. While juvenile delinquency trials may involve a pre-trial hearing, a trial, and a dispositional (sentencing) hearing, a child protection case in which a child has been removed from the home also includes periodic review hearings, and therefore may use considerably more court resources. Furthermore, each review includes not only the judge and the child and parent, but also the county attorney, often a public defender, a guardian ad litem to represent the best interests of the child, a representative of the child’s tribe if the child is an Indian, and a representative of the county social service agency responsible for overseeing the placement.

### ***Key decision points for children and families***

The vast majority of children who come into contact with the child welfare or juvenile justice system do not end up being removed from their homes. The process that leads to a placement outside of the home is complex and involves decisions made by families and children, county social workers, corrections workers, and courts. To illustrate this, consider the figure on page 52 below, which represents key decision points in child protection and juvenile justice cases (two of the major paths into out-of-home placement). Each line shows the smaller numbers of children at each stage in the decision-making process.

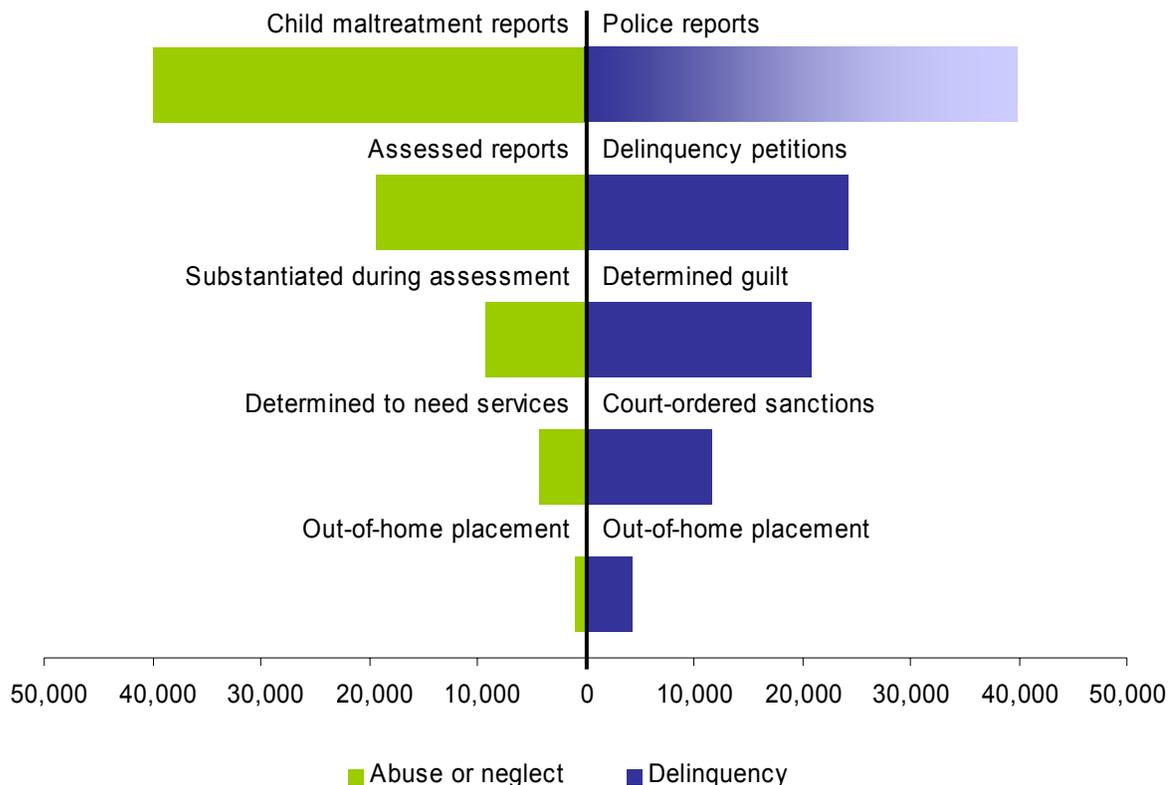
In cases of suspected child abuse or neglect (left side of funnel):

1. A **child maltreatment report is filed** with the local county child protection department. Most individuals who make child maltreatment reports are mandated reporters (professionals such as doctors, teachers, and child care providers, who are required by law to report suspected child abuse or neglect to child protection authorities.) Child maltreatment reports typically precede court involvement. (N = about 40,000 children in Minnesota in 2001.)
2. The **report is screened and assessed** (if appropriate) to determine if the child or children involved were actually abused or neglected. Only cases that are deemed severe enough or those in which there is substantial evidence of maltreatment are assessed. (N = 19,422 children.)
3. A certain proportion of assessed cases are **substantiated or determined**, which means the parent or guardian has admitted or been proven to have abused or neglected the child or children as stated in the report. (N = 9,316 children, excluding Alternative Response cases, since this approach does not include a traditional investigation and determination.)
4. Only some of the children and families who have substantiated child maltreatment reports are **offered services** through child protection and social services. In addition, some of the families whose cases are not substantiated are also offered services. The court typically becomes involved in child maltreatment cases only if the report is substantiated upon assessment, and if the family refuses the services offered by child protection or (in some cases) if the child or family requires services more intensive than can be provided in an in-home setting. (N = 4,308 cases—not individual children—in which services were offered.)
5. Finally, only a small percentage of children who receive services from child protection are actually put into **out-of-home placement**. Typically, children are only placed out of their homes if their own or other's safety cannot be reasonably assured while the child remains at home, or if the child needs intensive therapy or mental health treatment that is not available in the community. (N = approximately 1,300 children.)

In juvenile delinquency cases (right side of the funnel):

1. **Police referrals are made to the county attorney** when a child is suspected of committing crimes or other delinquent acts. (N = unknown.)
2. If the county attorney determines that there is substantial evidence that the child did indeed commit a crime, a **juvenile delinquency petition is filed with the court.** (N = 24,367 cases in Minnesota in 2001.)
3. Some of the children who are accused of crimes are determined (by a judge) or admit to **guilt.** (N = 20,815 cases.)
4. A proportion of children who are found guilty of the crimes they were accused of are given **sanctions or services.** (N = 11,734 cases.)
5. Finally, a small percentage of the children who are accused of crimes are actually put into **out-of-home placement,** if their treatment needs are too intensive for community-based services, or if their own or the community's safety cannot be reasonably assured if the child remains at home. (N = 4,982 cases.)

**18. Only a small percentage of children in the child protection and juvenile justice systems actually end up in out-of-home placement**



## **Emergency placements**

When a social worker or peace officer reasonably believes that the health or safety of a child is at imminent risk, a child may be removed from the home under emergency placement provisions as early as this first stage of decision making. Similarly, in juvenile justice cases where the peace officer reasonably believes the child might endanger her or himself or others, or not show up in court for a hearing, the child may be temporarily detained as early as the first stage. In such cases, the family and court (and the child's tribe if the child is Indian) must be notified immediately and a court review must be held within three days (36 hours for juvenile justice cases, which also do not require tribal notification for Indian children).

## **Voluntary placements**

This funnel shows the steps for the two main pathways into placement, child protection and juvenile delinquency. Voluntary placements through the counties for child treatment also follow a roughly parallel series of steps, starting with a request for services, followed by a determination by the county of the child's eligibility for service, and then a determination of the services needed (which may or may not include out-of-home placement).

If a placement is found to be necessary for the child's treatment, it must be part of a treatment plan and reviewed by the case manager every 180 days (90 days if requested by the parent). If the placement continues beyond 60 days and the case manager is concerned about the parent's level of involvement, the county may file a petition (CHIPS) and the court may order that the county begin concurrent permanency planning (developing a plan for an alternative home in case the parents are unable to take the child back). The court may order a petition for the termination of parental rights (also under child welfare decision processes) if the child is still in placement after 12 months. Court involvement is not typical for children who are placed solely due to their own emotional disturbance or developmental disabilities.

Some children are placed in mental health treatment facilities, psychiatric hospitals, or chemical dependency treatment facilities by their parents using private insurance. These placement plans are not necessarily connected with county or court oversight, but are instead reviewed by the HMO or medical insurance provider.

## **Types of petitions filed in juvenile courts**

A petition is a formal statement filed with the court by the County Attorney, alleging specific facts, which in the opinion of the individual filing the petition constitute grounds for the court to take action. The two main kinds of petitions are for delinquency and Child in Need of Protection or Services ("CHIPS"). CHIPS petitions may allege any of a wide

variety of circumstances, including not only abuse or neglect, but also truancy or educational neglect. In the case of a delinquency by a child under age 10, a child protection (“CHIPS”) petition will also be filed, because the juvenile justice system does not have provisions to hold children age 9 or younger individually accountable for delinquent actions.

### **Decisions that follow out-of-home placement**

In a child protection or juvenile justice case, if the court approves a placement outside the custodial parent’s home, legal custody of the child will be transferred to someone other than the parent. Placements not ordered by the courts are called “voluntary placements” and do not include transfer of legal custody from the parent. Some child protection placements are voluntarily made, although parents in some of these cases may feel some degree of coercion from an implied threat of court involvement if they do not agree. Whether or not custody is transferred, in situations where the county is officially involved the placement must be part of a case plan. This plan must stipulate what conditions must be met for the child to be returned home, and what services will be provided to facilitate this return.

In child protection cases, the case plan (and the placement) must be reviewed periodically by the court, and the length of the placement will be determined by the speed of progress in meeting the conditions of the plan. In the case of a voluntary placement solely for the purpose of treating a child’s disability, the case plan and placement are reviewed periodically by the case manager. In juvenile delinquency cases, the sentence imposed by the judge determines how long the child will stay in the placement.

For homeless or runaway children, if the parents do not consent to the child’s leaving, they may file a missing child report and ask for law enforcement’s help to return the child. If they file a report, police have wide discretion in how much effort they make to find the child. If they find the child, they may issue a citation, give a warning, or take the child to a shelter or back to their home. The child and parent also have choices. The child may choose to request a petition for an order for protection against the parent(s). The parents may voluntarily sign a “Delegation of Parental Authority” to designate another person to care for the child or, if the child is an Indian, they may follow tribal custom in designating an Indian custodian. In either case, the designated individual then has the legal right to care for the child in place of the parent(s).

### **Concurrent permanency planning**

The Adoption and Safe Families Act in 1997, as part of its purpose to put children more quickly into permanent placements, encouraged states to adopt a process of concurrent permanency planning. Minnesota chose to require counties to enact this process.

Counties must identify children who are at risk of long stays in foster care, and must simultaneously make two case plans for such children: one plan is for helping their parents prepare to receive them back at home, and one is for a permanent alternative in case reunification is not possible. This planning process involves identifying “resource parents” who will care for the child and work with the child’s parents to prepare for a safe return, while also agreeing to become permanent caregivers for the child in case that is needed (Minnesota DHS, no date).

### **Permanent placement**

This stage (not shown in the funnel figure above) applies mainly to child protection cases. It is reached only if the court determines that there is no reasonable likelihood of the parent meeting the case plan’s conditions to provide a safe home for the child in the amount of time allowed under the law. In such cases, the judge will order that a different, permanent home be arranged for the child. The parent may voluntarily transfer permanent legal and physical custody to some other individual such as a relative or foster parent; or the court may formally terminate parental rights and free the child for adoption, order the child to stay in long-term foster care (if over the age of 12), or permit the child (if over the age of 16) to establish his or her own independent living situation, with certain conditions.

Permanency is not an option in the juvenile justice system, unless a child age 14 or older is certified to stand trial as an adult, is convicted, and receives a life sentence.

Some homeless or runaway youth place themselves permanently outside the home, or are told by their parents not to return. In such cases, the child may find a spot in an emergency shelter or youth transitional housing; may “couch-hop” or spend time at one friend’s or another’s until wearing out his or her welcome there and moving on; or may continue “on the streets” until he or she succeeds in finding housing of his or her own.

As the above exposition illustrates, the sequence of steps through the child welfare and juvenile justice systems may be complex. In part this is because of provisions built in to the process, mainly through court review, to protect the rights of parents and children. In part, the complexity results from strong requirements to re-examine the progress of cases at regular intervals to ensure that children do not become lost and forgotten in the system. However, the complexity also contributes to the frustration of parents and professionals, and sometimes prolongs proceedings (when required hearings cannot be scheduled promptly). In child protection cases, it also adds to the number of opportunities for intervention into parents’ lives and official second-guessing of their child-rearing practices.

## ***Basis for decision making***

Most of the decision points are governed by legal principles to guide how the decisions must be made. For instance, in the first stage of decision-making a peace officer may issue a juvenile delinquency citation if he or she has “probable cause” to believe a child has violated either a law or a condition of probation, but may not take the child into immediate custody unless one of three conditions applies: (a) the peace officer reasonably believes the child has run away; (b) the child is found in conditions which the peace officer reasonably believes endanger the child’s health or welfare; or (c) the peace officer reasonably believes that the child has violated probation or parole (Minn. Stat. 260C.175). In child welfare cases, the child may be immediately removed from the home by a peace officer, but only if the child is at risk of “imminent harm” due to abuse or neglect, or is at risk of harming himself or herself or others. Legal protections in both the juvenile justice and child welfare systems require that the child be returned to the parent immediately unless there is reason to believe that the child would endanger himself or others, that the child would not return for a court hearing, that the child would run away from his parents, or that the child’s health or welfare would be immediately endangered. If the child is not released within 72 hours (36 hours for juvenile justice cases), the court must review the placement and decide whether the child may safely returned home (Minn. Stat. 260C.176).

For most child welfare and juvenile justice cases, a court hearing will be held at the second stage of decision-making. (As summarized here, this includes both “adjudication,” when the facts of the case are admitted or determined, and “disposition,” when the system’s response is decided.) For some cases, a hearing may be held earlier if the child has been put in an emergency placement based on the considerations above.

At the hearing, the court will determine whether the child may safely be returned home. If a petition has been filed, it must state the conditions that justify out-of-home placement, and the parent (child welfare cases) or child (juvenile justice cases) must have an opportunity to present their side of the story. If there is reason to doubt the parent’s ability to advocate for the child’s interests, the child is entitled to have the services of a guardian ad litem to identify and advocate for the best interests of the child. If the child is an Indian, the child’s tribe must also be notified of the child protection hearing and have an opportunity to participate. In a child protection hearing, the social services agency must demonstrate to the judge’s satisfaction that they are making “reasonable efforts” (including culturally-based services) to prevent or eliminate the need for placement, and to reunite the child with the family at the earliest possible time. If the child is Indian, the agency is held to the higher standard of “active efforts” for placement prevention and reunification. If the judge determines that there is a plan in place to keep

the child safe, he or she will order the child returned home. The child may not be kept in placement unless the court makes an explicit, individualized finding that it would not be “in the best interests of the child” to return home to the custody of the parent.

If the child does remain in placement, the county must make “reasonable efforts” (“active efforts” for Indian children) to locate relatives or “important friends” with whom the child may be placed. If the child is Indian and no relatives are available, the next preference is a foster home that is licensed, approved, or specified by the child’s tribe, or, if none is available, then an Indian foster home that does not have to be tribally-specific. The court will order an investigation of the personal and family history and environment of the child, and may require a physical or psychological examination. Emergency placements may not be continued for longer than one additional week without further court review of the case, and in the mean time, the parent must be allowed and encouraged to visit with the child if that is considered safe. During this time, the social services agency and parent (and, if the child is an Indian, a tribal representative) and, if the child is old enough, the child, are together developing a case plan.

There is ample opportunity for confusion about the kind of efforts that the social service agency is required to make to prevent out-of-home placement for children or to reunite families after placements. The Adoption and Safe Families Act and Minnesota juvenile code require “reasonable efforts” to be made. In determining whether this standard has been met, law directs the judge to consider whether the services to the parent and child were (Minn. Stat. 260.012):

- Relevant to the safety and protection of the child.
- Adequate to meet the needs of the child and family.
- Culturally appropriate.
- Available and accessible.
- Consistent and timely.
- Realistic under the circumstances.

However, if the child is an Indian child, the agency has the higher burden of making “active efforts,” which are defined as “active, thorough, careful, and culturally appropriate efforts by the local social service agency to fulfill its obligation under ICWA [Indian Child Welfare Act], MIFPA [Minnesota Indian Family Preservation Act] and the DHS Social Services regulations to prevent placement of an Indian child and at the earliest possible time to return the child to the child’s family once placement has occurred” (Minnesota

DHS, 2003c, citing the federal Indian Child Welfare Act). The manual further specifies that “active efforts” include but are not limited to:

Tribal notification and opportunity for involvement at the earliest possible time, with their advice being actively solicited.

“Involvement of an expert with substantial knowledge of prevailing social and cultural standards and child-rearing practices within the tribal community” to help both evaluate the family circumstances and help develop a suitable case plan.

Provision of concrete services such as financial assistance, food, and housing, if needed.

Visitation arrangements, including transportation assistance, to keep the child in close contact with family, in a “natural and unsupervised” setting.

Referral to Indian agencies for services.

Contacting extended family members as resources for the child.

Whether or not a child is placed out of the home, the court is required to periodically review the status of a case plan until the judge finds it completed, or (in cases with out-of-home placements) unlikely to be completed within the permanency time frame. Each review must include considerations of whether the parent is complying with the plan, as well as whether reasonable efforts have been made by the social service agency. The social service agency has the burden of demonstrating that it has made reasonable efforts, or that further efforts are futile.

In determining whether to order an out-of-home placement, for child welfare cases in which the child is alleged to be emotionally disturbed, chemically dependent, or developmentally delayed, the court may require examination by a physician, psychologist, or psychiatrist. If the judge is considering a residential treatment placement, the county’s juvenile screening team must evaluate the child and make a recommendation to the court (Minn. Stat. 260C.157).

For an out-of-home placement based on parental abuse or neglect, “the policy of the state is to ensure that the best interests of children in foster or residential care are met by requiring individualized determinations ... of the needs of the child and of how the selected placement will serve the needs of the child in foster care placements” (Minn. Stat. 260C.193). Siblings must be placed together whenever possible (Minn. Stat. 260C.193). The decision about placement must be an “individualized determination” for

the specific child and his or her specific circumstances, and must be based on the best interests of the child (Minn. Stat. 260C.201).

The federal Multiethnic Placement Act, as enacted by Congress in 1994 and amended in 1996, prohibits the state or any other entity receiving federal assistance from discriminating on the basis of a child's or potential adoptive or foster parent's race, color, or national origin. Originally, in determining the best interests of the child, agencies were permitted under this law to consider (as one of many factors) the child's cultural, ethnic, or racial background, and the capacity of the prospective parents to meet the child's needs, but this provision was repealed in 1996. Nonetheless, states are still required to diligently recruit potential foster and adoptive families that reflect the racial and ethnic mix of children needing homes. The law does not pre-empt requirements under the Indian Child Welfare Act (U.S. House of Representatives, 2000).

For services and placements of children found to be delinquent, the judge is required to consider both the best interests of the child (ordering such dispositions as are deemed necessary for the rehabilitation of the child) and the interests of public safety. Any order for disposition must include written findings of fact to support the disposition, as well as what alternative dispositions were considered and why they were found not to be appropriate. An order to place a child in a secure treatment facility must include considerations of the necessity of protecting the public, protecting program residents and staff, and preventing children with histories of running away from leaving their treatment programs (Minn. Stat. 260B.198).

In developing concurrent permanency plans – plans for permanent alternative living arrangements that are made simultaneously with provision of services to reunite families – social service agencies must consider “relevant factors” such as the age of the child, the duration of the placement, the prognosis for successful reunification, the availability of relatives or others willing to provide support or a permanent placement, special needs of the child, and other factors affecting the best interests of the child (Minn. Stat. 260C.213).

Before deciding to terminate parental rights, courts are required to find that “the child has suffered egregious harm in the parent's care” or that “the parent has substantially, continuously, or repeatedly refused or neglected to comply” with his or her parental responsibilities, including failure to provide needed “care and control necessary for the child's physical, mental, or emotional health and development, if the parent is physically and financially able,” and that “reasonable efforts by the social services agency have failed to correct the conditions” or that “reasonable efforts would be futile and therefore unreasonable.” Other, more stringent, standards apply if the child is Indian. “For all

children, the best interests of the child must be the paramount consideration” and are more important than parental interests, if those conflict. Furthermore, for Indian children, the Indian Child Welfare Act governs the interpretation of what constitutes “the best interests of the child” (Minn. Stat. 260C.301).

## ***Risk assessment by decision makers***

### **Risk assessment in child welfare**

The child welfare system is surrounded by tough issues and decisions that determine the fate of vulnerable children. The first difficult step within this system is to assess which children are at risk of maltreatment, and more specifically, to determine which families should receive in-home support services and which children need to be placed out of their homes for their own safety or specific needs. The laws provide general guidelines for these decisions, but leave much room for discretion and local variation.

Within the last 10 to 15 years, there has been a push toward a more systematic way of assessing risk factors, by gathering and weighting specific data. This is done both to assist in the assessment of a child’s safety in the home and to estimate the likelihood of future maltreatment. In general, risk assessments gather information about child characteristics, caretaker characteristics, environmental factors, details of the maltreatment, the abuser’s access to the child, family characteristics, and parent-child interactions (McDonald & Marks, 1991). A good risk assessment system identifies the most critical and relevant factors in individual maltreatment cases, reduces emphasis on the severity of the maltreatment, and reflects a strengths perspective (i.e., focuses on the positive aspects of individual and family functioning).

Risk assessment typically has two purposes. One is to target services to appropriate cases by screening out families that are too low risk to benefit. The second is to help make decisions about out-of-home placements or reunification. In addition, assessing risk on a continuing basis can help child protection workers determine if the services they are providing to families lead to decreased risk of child maltreatment (Berry, 1997). Risk assessment tools are in wide use in Minnesota.

Furthermore, the use of any tool to “target” children and families (i.e., select them for traditional or alternative programs based on their assessed risk of placement) is subject to debate among professionals. However, with large caseloads and limited resources, differentiation among clients remains necessary.

## **Minnesota's Structured Decision Making tools**

In Minnesota, 71 of the 87 counties currently use Structured Decision Making tools developed by the Children's Research Center in Wisconsin. Nearly all of Minnesota's counties are slated to implement these tools during 2003 or 2004. Structured Decision Making tools were designed to provide child protection workers with "simple, objective, and reliable tools with which to make the best possible solutions for individual cases" (Children's Research Center, no date). Counties may also see them as tools for improving consistency in practice, improving allocation of resources, and identifying and comparing effective strategies for different risk levels.

The following are components of Structured Decision Making used in Minnesota during the assessment or investigative phase:

- [Response Priority](#), which helps determine if and when to investigate a referral.
- [Safety Assessment](#), for identifying immediate threatened harm to a child.
- [Risk Assessment](#), which estimates the risk of future abuse or neglect. This is the only component that has been validated by research.
- [Family Needs and Strengths Assessment](#), for identifying problems and establishing a service plan.

The Safety Assessment and the Risk Assessment are the only mandated tools in Minnesota. However, counties have web-based access to all tools, and many utilize all eight of the Structured Decision Making tools. These comprise the above four, plus the following four components used during the case management phase:

- Service Standard Tool.
- Family Service Status Form.
- Risk Re-assessment.
- Reunification assessment, to assess whether it is appropriate to reunify the family.

These Structured Decision Making tools are relatively new in Minnesota and replace a previous system that used a consensus model that was thought to be more subjective in guiding decision making. According to a 1999 Minnesota Office of the Legislative Auditor's survey, "62 percent of county human services directors and 32 percent of county corrections supervisors told us that judges were not usually consistent in their decisions about which circumstances justify placement."

The upcoming validation study of the Structured Decision Making Risk Assessment tool and further research may help improve the objectivity of the process.

### **Validation of Structured Decision Making tools and use with various cultural populations**

Currently, the Children's Research Center has validated the Structured Decision Making tools in Michigan, California, and New Mexico. This process has shown the tools to be valid and predictive for families from White, African American, and Chicano/Latino backgrounds. However, their use for American Indian families has not been evaluated. The State of Minnesota has received a grant from The McKnight Foundation to validate the SDM tools in Minnesota, with a specific focus on Minnesota's main ethnic communities, including not only American Indians (not included in previous validation studies), but also Chicano/Latino, African American, and Southeast Asian families. This validation study is slated to begin in 2004.

The Department of Human Services Children's Services Manual includes a section on risk assessments for American Indian children, directing caseworkers that "the prevailing standards in the American Indian community shall guide all investigations and assessments. There must be a causal relationship between the conditions that exist and danger to the child. Poverty, inadequate housing, alcohol abuse or non-conforming social behavior alone is not sufficient reason to remove a child... Whenever possible, assessments of parents and children shall be done in consultation with an individual with substantial knowledge of: (1) prevailing social and cultural standards; and (2) child-rearing practices within the Indian community" (Minnesota DHS, 2003c).

There is controversy over the use of Structured Decision Making with some minority groups. Certain family characteristics or risk factors assessed using the Structured Decision Making tools, including use of alcohol or drugs, may have a tendency to bias the point system towards showing an increased, but not validated, risk for certain minority groups. In a system that already has a disproportionately high rate of out-of-home placement for children of color, there is some concern that these tools may increase the rates of child placement for minority communities.

### **Risk assessment in juvenile justice**

As mentioned earlier, juvenile justice services vary from county to county in Minnesota. The majority of counties in Minnesota use risk/needs assessment instruments in juvenile probation, although they are not required to do so. A study of providers of short-term interventions for juvenile delinquents found that 93 percent of jurisdictions in Minnesota use risk assessments for juvenile probation, 35 percent use risk assessments for juvenile

pre-sentencing, and 22 percent use risk assessments for correctional case planning for juveniles (Minnesota DOC, 2002c). There are currently no nationally accepted, validated, culturally appropriate screening tools or assessment protocols for juveniles in the area of delinquency (Minnesota Planning Department, 2001).

One assessment tool that is also used as a juvenile justice case management tool in Minnesota is the Youth Level of Service Inventory (YLSI). The YLSI is a research-based assessment that can allow staff to plan around the specific strengths and challenges faced by the family and to measure progress toward preventing delinquency. This tool allows the user to calculate individual risk scores and develop service goals specific to each risk factor. In some programs, it is used at regular intervals to determine progress toward goals and changes in risk associated with the child's behavior. The designers of the YLSI system (Hoge & Andrews, 1996) have identified the following specific domains for measurement:

- Prior and current offenses/dispositions.
- Family/parenting.
- Education/employment.
- Peer relations.
- Substance abuse.
- Leisure/recreation.
- Personality/behavior.
- Attitudes/orientation.

The instrument focuses only on factors known to predict future offenses, with the assumption that service plans should be developed in those areas most likely to affect criminal behavior. This tool is now in use in many counties and treatment programs in Minnesota.

In addition to the Youth Level of Service/Case Management Inventory, the Wisconsin risk assessment is also used by some counties. Finally, counties use other specialized tools for risk assessments on particular populations of youth, such as the Problem-Oriented Screening Instrument for Teenagers (POSIT) as well as other assessments of mental health and chemical dependency.

## ***Funding sources***

Implementation of the laws described above depends on a mix of federal, state, and local government funding, as well as some private funding. Service providers require funds both for direct services to children and families (including basic maintenance costs reimbursed to out-of-home care providers) as well as for such administrative costs as case management, training, administration, and court proceedings.

### **Main federal sources of funding for child welfare**

Federal funds for child welfare come from a variety of sources.

- For families whose risk levels are not high and who are therefore not considered at risk of placement, some family support services may be paid for from Titles IV-B or XX of the Social Security Act. However, these funds are limited, and these services, while encouraged, are not required under any laws. They must compete with other services that are also covered under the same funding streams, including the mandatory (and more costly) services to children and families at higher risk.
- Other discretionary (i.e., non-mandatory) funding for children and family services comes from the Child Abuse Prevention and Treatment Act state grants.
- For children in foster care or other out-of-home placements, the cost of the placements (but not services to parents to help remediate the reasons for placement) may be paid for from Title IV-E of the Social Security Act, if the family meets 1996 AFDC eligibility criteria for income. This fund is an open-ended entitlement from which states may draw, with a 50 percent local match, for as many children as qualify. Mandatory services are also funded under the Promoting Safe and Stable Families Act (Title IV-B sub-part 2).
- For children being adopted, there is a different fund in Title IV-E of the Social Security Act (with the same income eligibility standards), to pay for child placement and adoptive families' costs.
- For children likely to remain in care until age 18, and youth age 18 to 21 who were released from care, there is another fund in Title IV-E to pay for basic living skills training, substance abuse prevention and preventive health activities, and (up to 30% of funds) for housing. These are non-entitled services, meaning eligible persons are not guaranteed to receive them.

- The Indian Child Welfare Act includes grants to reservations and urban Indian programs, for legal services for Indian families as well as funds for family preservation and reunification activities.
- Other federal sources of funding include Temporary Assistance for Needy Families (TANF, or welfare, for basic support for non-parental caregivers), Medicaid (for targeted case management services and basic rehabilitative services for children), and Supplemental Security Insurance (SSI, for children with certain qualifying disabilities, for basic needs and some non-medical, disability-related costs).

### **Changes in federal funding over time**

Although policies have changed in their emphasis over time, funding patterns established in 1981 with the Title IV-E foster care program have not reflected these patterns. “Federal title IV-E expenditures have increased thirteenfold, from \$308.8 million to \$4 billion, between 1981 and 1999. Funding for the Title IV-B Child Welfare Services Program increased by almost 80 percent from 1981 to 1999 (\$163.6 million to \$292 million). Funding for the Title XX Social Services Block Grant (SSBG), which States may use for child welfare services, has actually fallen” (U.S. House of Representatives, 2000).

### **Main federal sources of funding for juvenile justice**

Federal funds for juvenile justice come from the Juvenile Justice and Delinquency Prevention Act. These funds may be used for a variety of purposes, including hate crime prevention, providing competent counsel to juveniles, services to girls in the system, and programs to ensure family involvement and family strengthening. In 2002, new focus areas authorized included mental health services to juveniles, follow-up post-placement services, counseling, mentoring, and training opportunities for juveniles, and expanded use of probation officers to allow nonviolent offenders to remain in the community.

Besides the formula grants to states, some funds are also available on a competitive basis to local governments and private nonprofits for juvenile justice and delinquency prevention initiatives.

- A Delinquency Prevention Block Grant was created in 2002 by the consolidation of five separate earlier programs. It funds activities to prevent and reduce juvenile crime in communities that have a comprehensive juvenile crime prevention plan, including projects that provide treatment to juvenile offenders and juveniles who are at risk of becoming offenders. Activities may include mentoring, family strengthening programs, youth development programs, and probation programs, as well as many others. It is funded through competitive grants to local governments or law

enforcement agencies, nonprofit organizations, or schools. The combined funding for these grant programs was reduced by more than half from 2002 to 2003 (\$94.3 million to \$46.5 million) (Child Welfare League of America, 2003).

- The Juvenile Accountability Incentive Block Grant funds states and local governments. Its purposes initially included building correctional or detention facilities and developing and administering accountability-based sanctions for juveniles. The purposes were expanded in 2002 to add programs for systems of graduated sanctions that include counseling, restitution, community service, and supervised probation; substance abuse prevention and treatment; and mental health screening and treatment. Authorized funding for this program increased from \$250 million in 2001 to \$350 million in 2002 (Child Welfare League of America, 2003).

Out-of-home placement costs, for income-eligible children, may be partially reimbursed from Title IV-E foster care funds if the placement purpose is primarily for treatment rather than detention.

### **Main federal sources of funding for homeless and runaway youth**

Services to homeless and runaway youth may be funded from the same Title IV-E section mentioned above for youth aging out of foster care. States or service providers may also compete for grants from three smaller funds: Transitional Living for Homeless Youth, Runaway and Homeless Youth, and Education and Prevention to Reduce Sexual Abuse of Runaway, Homeless and Street Youth.

### **State sources of funding for child welfare**

The State of Minnesota funds child welfare mainly through Children's Services grants to counties. Child welfare services are also funded along with many other county social services through the state's Community Social Services grants.

Direct funding for child welfare includes child protection services, foster care and other placement costs, and family preservation and reunification services. In addition to these, counties depend heavily for the success of their child welfare efforts on a network of other social supports in the community. These include other public systems such as public health (including mental health and chemical health treatment services), education, and criminal justice. Counties' child welfare success also depends heavily on the availability of affordable housing, transportation, employment and training, and other supports for families' basic needs. These are typically funded by a mix of public and philanthropic sources, and administered by public and private non-profit providers.

Because of the number of activities that must be overseen by the juvenile court, child welfare services also depend significantly on the funding for the state court system. Effective implementation of the laws requires adequate numbers of judges and court administrators, prosecuting and defense attorneys, and guardians ad litem. For a typical child protection hearing, by law the judge must review all of the following (Minn. Stat. 260C.212):

- The safety of the child.
- The continuing necessity for and appropriateness of the placement.
- The extent of compliance with the out-of-home placement plan.
- Where appropriate, the parent's progress toward mitigating the need for the placement.
- Where appropriate, the date by which the family must be reunified or the child permanently placed elsewhere.
- The appropriateness of the services provided to the child.

This review must also include a determination of whether the social services agency is meeting its requirement of making "reasonable efforts" to provide suitable services to the family (Minn. Stat. 260.012).

Because of limited funding to the court system, such hearings are typically conducted in an average of seven minutes each, although the Chief Justice of Minnesota estimates it would take approximately 30 minutes to do properly (Allam & Rosario, 2003). In addition, about 20 percent of children in child abuse and neglect cases do not have the guardian ad litem that the law requires be assigned to them to help determine and protect their interests. One study of 119 families involved in the child protection system found that they rated the guardian ad litem program as the most valuable of all the services they received following an incident of abuse (Levitt et al., 1991).

Court funding is also a source of support for court-ordered services to parents to help them remediate the conditions that led to their child's removal from their custody. A shortage of court funding results in fewer services and longer placements. In 2001 the Minnesota Courts and Department of Human Services, responding to a nearly 50 percent increase in the number of juvenile court cases, inaugurated a Children's Justice Initiative to improve the processing and outcomes of these cases. Chief Justice Blatz of the Minnesota Supreme Court has requested an additional \$10 million for the 2003-04 biennium to fund this initiative. However, the final budget adopted for 2004-05 cuts

court funds by \$15 million or 3 percent (Allam & Rosario, 2003; Minnesota Department of Finance, 2003).

### **State funding for juvenile justice**

For juvenile justice cases, the main source of state funding is the Community Corrections subsidy, which is spent for adult and juvenile cases. The Minnesota Department of Corrections also oversees Juvenile Treatment grants to counties, funded at \$8.0 million in 2000 (compared with \$73.1 million actual costs for placements), and \$6.1 million in 2001 (compared with \$76.0 million in actual costs) (Minnesota DOC, 2002a). Local property taxes are the main source of funding in Minnesota for juvenile corrections as for child welfare.

### **Main state programs serving homeless and runaway youth**

State general funds provide the following services (Wayman 2003; Minnesota DHS, 2002f):

- Emergency shelter and services to youth ages 16 to 21.
- Outreach and services to homeless persons (including youth) with serious mental health disabilities.
- Emergency Assistance funding that can be used to pay a first month's rent and security deposit (adult or youth).
- Transitional housing and case management assistance to homeless youth.
- Community-based early intervention services to divert youth from the juvenile justice system and provide services needed to help them stay in their homes.

Because these programs depend on different funding sources, they have varying eligibility requirements. This can make it more difficult for individuals to access services.

### **Local sources of funding**

The main remaining source of funding for child welfare and juvenile justice services are property taxes levied by county boards. Counties may also collect fees from biological parents or their medical insurance plans to help pay for foster care and treatment costs. These local sources fill in the gaps between the costs of state- and federally-mandated services and the state- and federally-provided funding. If any funds remain, they may be used for non-mandated services.

There is no crisp distinction between mandated and non-mandated services. The following continuum of mandates was provided by Dakota County, who adapted it from a Ramsey County source.

- Some laws or rules specify both a population that must be served and how those services must be provided (such as entitlement programs; examples include assessment of child maltreatment reports, foster care for children who are not safe in their own homes, and adoption services).
- Other provisions require that certain services must be available and who must be served, but do not prescribe how the services must be provided (for example, child protection intake procedures and ongoing child protection services, children’s mental health assessments and treatment, or programs to address truancy).
- Some laws or rules require that certain programs or services be available and prescribe how they must be offered, but do not require that all eligible individuals be served (for example, programs for minor parents).
- Other “mandated services” are required to be available, but are open on the question of who is to be served or how they are to be served (for example, Alternative Response, transition services following placement, or availability of 24-hour crisis response services).
- Other services or programs are considered “priority” services. These are implied, rather than specified, in statute or rule, and the service has a significant history of legislative funding and local use. Although the state agency responsible for administration of the service may strongly recommend it, the availability remains ultimately at the discretion of the County Board. Most child welfare services fall under this heading.
- “Optional” services vary more widely among counties. While there may be no state encouragement, they may have a significant local history of being offered, and therefore be difficult to alter. These may include specific parent education, mental health or substance abuse treatment, medical, or housing or other “concrete” services.

Finally, counties must file biennial service plans with the state to receive their Community Social Service Act or Children and Family Services grants. In these plans they must specify what services the funds will be used to support. For the period of the grant, these services become mandatory even if they are not stipulated in any law or rule.

Concurrent permanency planning has an unusual legal standing. In the state legislation that initially described and required this process, one provision states that the requirements for counties are effective only for years in which the legislature appropriates funds for the purpose. However, no minimum amount of funding is specified, so it is not clear what amount of county effort in this process is required if funding decreases but is not entirely eliminated (Minn. Stat. 260C.213).

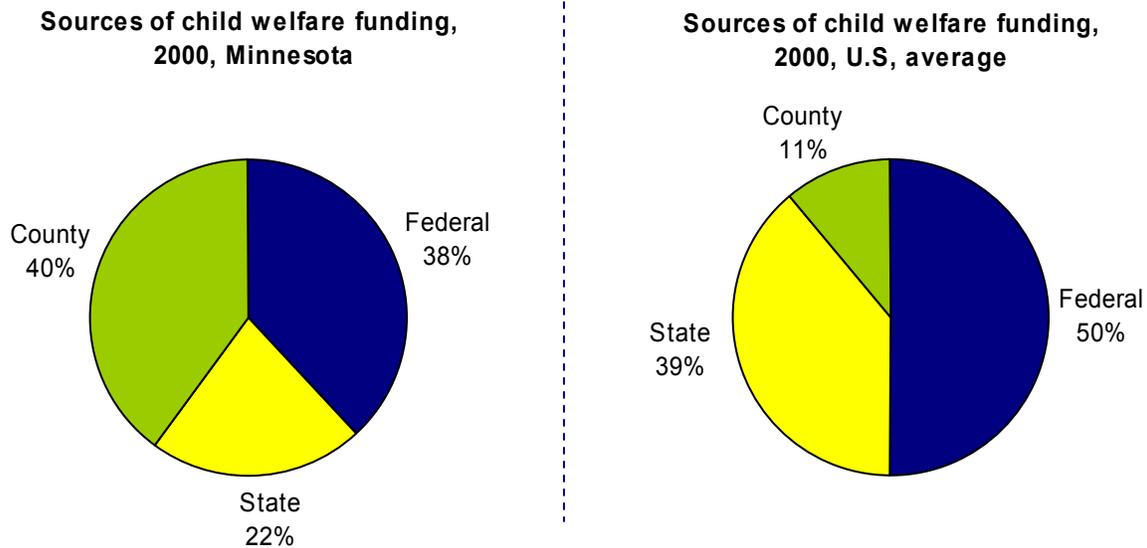
The example of concurrent permanency planning serves as a useful illustration of a common and much more general pattern, in which a higher level of government (federal or state) determines certain important goals or practices and establishes a requirement for lower levels of government (state or county) to carry them out. In a recent symposium convened by the U.S. General Accounting Office, including leaders from all levels of government and experts from universities and nonprofit organizations, the participants concluded that the federal government has shown a recent trend of increasing its mandates on state and local governments to carry out national goals and priorities. They further concluded that these goals do not always match critical local needs, and the funding that accompanies the mandates is not always proportionate to the costs of implementing them. As a result, in times of economic recession, local governments are obliged to enact “episodic series of cuts, constraints, tax increases, and cost shifts to providers and beneficiaries.” In introductory remarks to this gathering, David Broder commented that “while federal decision makers enjoy the privilege of enacting new benefits and programs for their constituents, state and local decision makers are left with the hard choices of raising taxes or reducing spending to implement them.” Counties are at the receiving end of this pattern from both of the higher levels of government (U.S. General Accounting Office, 2003).

### **Funding: Minnesota compared to the rest of the nation**

In Minnesota, counties are responsible for a much larger share of child protection funding than in most other states. On average, states report that in 2000 they obtained 49 percent of funding for child welfare from federal sources, 40 percent from state funds, and only 11 percent from counties. In 18 states, the counties paid none of the costs. By contrast, in Minnesota that year, of the approximately \$500 million spent for child welfare costs, 38 percent came from federal sources, 22 percent from state funds, and 39 percent from counties (mainly from local property taxes). Only in Indiana and Ohio did counties pay a higher share.

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## 19. In Minnesota, counties pay a higher share of child welfare costs



**Source:** Bess et al., 2002

Minnesota's reliance on counties for such a high share of funding is cause for concern for several reasons. Unlike higher levels of government, counties have only one main funding source (property taxes) and the least flexibility in recessions in how funds may be raised or spending adjusted. Further, counties with lower property values and therefore lower tax receipts are likely to be the same counties that have higher social needs, including child protection, delinquency, and homelessness.

Minnesota counties report that a wide range of child protection services are underfunded, according to a 2002 Minnesota Department of Human Services report to the legislature. Services most often mentioned as underfunded included assessments and case findings, appeals, court orders for additional services and investigations, adoptions, searches for relatives, early intervention with families and children, supervised visits, concurrent permanency planning, respite care, truancy prevention and intervention, and emergency shelter placements. By far the greatest concern of counties was the increasing cost of out-of-home placements, including corrections-related care and transitional help for youth over 18 who are "aging out" of the system.

Minnesota figures are not available on how child welfare spending is divided between out-of-home placement, family support and placement prevention, and adoption. However, across the U.S. on average, of total child welfare spending in 2000, about 45 percent was spent for out-of-home placements, 10 percent for adoptions, 9 percent for

administrative costs (including training of case workers and foster parents, and social workers' time for case management, record-keeping, and the like). Fifteen percent was spent on "other" expenditures, including in-home services intended to prevent the need for placement. (The remaining 22% of expenditures could not be categorized uniformly across all the states because of different accounting methods used to track spending.) (Bess et al., 2002.)

## ***Reasons why practices may vary from policy***

### **Availability of funding and services**

Because of the number of different funding sources, the range of activities for which each may be used, and in many cases the limits to the amount of money available, it is often difficult for service providers to match actual costs of services with actual funds available. Often, the decisions about what service to provide are, at least in part, based less on what families need or will benefit from, and more on what can be covered by available funds. Since Title IV-E funds for placements are uncapped (that is, the government guarantees payment for however many children or families are eligible), and more of the major funding streams cover placement costs than prevention costs, the system indirectly encourages more placements, even while policy officially establishes the primary importance of preventing placements.

Funding availability also largely determines the availability of certain services compared to other services. In turn, the availability of services influences decisions about whether or not to intervene. When services are scarce, abuse cases are more likely to be screened and served, compared to cases of neglect. Cases of chronic neglect, which require more and more intensive services to effectively address, are less likely to get through the screening stage and receive help when resources are limited (Wattenberg & Boisen, 1994). During the 1980s, the number of child abuse and neglect reports nationally rose significantly, but were not matched by any increase in resources to investigate or serve them. As a result, the threshold rose for defining what child maltreatment was serious enough to be addressed by the child protection system. One study analyzed individual cases from two National Incidence Studies, in 1980 and 1986. Using the same criteria, the researchers found that it took higher "demonstrable harm" scores in 1986 to qualify as a substantiated case, compared to cases reported in 1980. The change was greater for neglect cases (Giovannoni, 1994). Counties typically set standards (of harm deemed necessary to substantiate child maltreatment) at a level that will allow them to serve the resulting number of substantiated cases. If funding is reduced, they tend to raise the standard and serve only more serious cases; if funding increases, they can offer services to families earlier in the development of problems (Tumlin & Geen, 2000). Some of

those who work with homeless youth also report that when resources are limited, protective services are focused more on younger children and less attention is paid to reports of abuse and neglect where the victims are older and thus perceived as being more able to take care of themselves (Wayman, 2003).

Limits in funding have other consequences that affect how policies are implemented. If child protection workers have large caseloads, they have less time to spend on any one case. This will limit the amount of effort they are able to make in: seeking relatives for temporary custody, including locating and working with a non-custodial parent; identifying whether a child is an Indian and thus subject to the provisions in the Indian Child Welfare Act and the Minnesota Indian Family Preservation Act; making the individualized determinations required by law, rather than proposing a standardized plan; identifying and using informal and community supports to prevent placements; or taking the time and resources to assess a child for possible mental health and chemical dependency problems and using the results to tailor the needed services (National Child Welfare Resource Center, 2002). The national report on child maltreatment for 2001, based on data reported by each state, showed that Minnesota's average number of investigations per caseworker was 64, compared with an average of 69 for the 22 states reporting this information (U.S. DHHS, 2003).

Minnesota law requires annual reports by the Commissioners of Corrections and Human Services about the achievement of the goals set in case plans for out-of-home placements. However, there are no information systems available on an interagency, statewide basis to record and retrieve data about these goals and the outcomes related to them. As a result, in a joint letter to the legislature on December 16, 2002, the Commissioners recommended that "until legislative initiatives are developed and approved addressing these barriers [lack of information systems to input and retrieve data] and sufficient funding is appropriated for an informational system, the reporting and collection of meaningful data related to court-ordered services and the placement of juveniles will not be realized." The Commissioners concluded by recommending that filing of this report be discontinued until such a system is operative. The absence of a uniform, statewide information system was also one of the main barriers to collecting data for this report.

### **Beliefs and attitudes**

The beliefs and expectations of community members influence the likelihood that they will report a suspected incident of child abuse or neglect or juvenile delinquency. Community standards for what is acceptable behavior, expectations for fair and/or appropriate action on the part of the county, or beliefs about the potential for change all may encourage or inhibit a community member's chances of reporting suspected cases of

child maltreatment. “The law sets one boundary and the community, by its reports to child protection services of abuse and neglect, sets another” (Wattenberg & Boisen, 1994). Community standards about the level of poverty that is tolerated are also expressed through the decisions of elected officials about public funding levels for such basic supports as housing, income support, and medical care. These standards for what is acceptable in a community are not always consistent with the laws about conditions that are reportable as child maltreatment (Giovannoni, 1994; Wattenberg & Boisen, 1994).

As described earlier, the individual beliefs of professionals may affect how they view the reports they receive. Either personal attitudes or professional training may affect their likelihood of passing a report through to the next stage of the child protection or juvenile justice system as it is received, screened, and investigated, and may affect their decisions on how to intervene when a case is determined and a case plan must be developed. A 1994 survey of Minnesota child protection workers found that those who were newer to the profession were more likely to stress family preservation, while those who had been practicing longer were more likely to emphasize out-of-home placements. In addition, home-based workers and social workers in programs serving families of color, who were judged by the researchers as being more likely to have an on-going relationship with the families they served, were found to be more optimistic about the family’s capacity to change, and therefore more likely to recommend in-home services and less likely to recommend out-of-home placements (Wattenberg & Boisen, 1994).

The emphasis in law on “imminent harm” may also influence what types of cases are served, and how. Because of its crisis nature, abuse is more likely to qualify as a situation where protection must be offered. Despite the fact that chronic neglect has been shown to have more serious long-term consequences for children’s well-being, it is less likely to present a situation in which, at a given point in time, the child can be shown to be in “imminent harm,” so neglecting families tend not to begin receiving help until cases have become more severe (Wattenberg & Boisen, 1994).

In addition, the phrase “imminent harm” is subjective. Culturally-influenced interpretation of the term may unintentionally introduce bias when applied by a member of one cultural group to judge a member of a different cultural group. In a related concern, there has been some discussion about the existence of different standards in different communities for what constitutes adequate parenting. For example, American Indian families have traditionally relied on extended family and clan to share important responsibilities in child-rearing, whereas White families typically limit these responsibilities to members of the nuclear family only. Other examples of differences between cultural groups include attitudes about the suitability of corporal punishment, or beliefs about how and when children should eat, bathe, sleep, play outside, and so on.

Although standards may differ in different communities, some researchers who have examined patterns in reports from non-mandated reporters (community members who report child maltreatment although they are not required to do so) assert that minority community members are just as likely to show concern by reporting abuse and neglect by members of their own communities as are potential reporters in White communities (Giovannoni, 1994; Wattenberg & Boisen, 1994).

Lack of cross-cultural understanding has been asserted to play a large role in the inappropriate interference of child welfare professionals in minority families. During the hearings that led up to the enactment of the Indian Child Welfare Act in 1978, research was presented showing that Indian children had been disproportionately targeted for removal and placement with non-Indian families because (Garner, 1993):

- The parent did not understand the documents and/or the proceedings.
- There was a lack of legal counsel for the parent or child.
- “Public officials involved were unfamiliar with, or disdainful of, Indian culture and society.”
- The conditions that led to the removal were not actually demonstrably harmful, or were remediable and transitory.
- Responsible tribal authorities and Indian community agencies were not consulted, or even informed.

Similarly, in studies going back for more than a decade, the Minnesota Department of Human Services has found that while county policy statements endorse practices aimed at reducing racial disparities in the system, corresponding procedures and checkpoints were lacking to put such policies into practice, or to monitor whether or not they were implemented (Minnesota DHS, 2002i). In fact, racial disparities in out-of-home placements have increased since the Indian Child Welfare Act and similar legislation were enacted.

Indian child welfare professionals consulted for this project have asserted that protections enacted as part of the Indian Child Welfare Act, and incorporated directly or by reference in the Minnesota Indian Family Preservation Act, have addressed many of the deficiencies cited in the hearings leading to the passage of these acts. However, they report that without monitoring and enforcement mechanisms, when caseloads are high and court time and funding are limited, parents may still not receive the help they need to understand proceedings, and children may not receive the help of guardians ad litem to which they are entitled. Caseworkers may not even make the effort to identify children

as Indian. For these and other reasons, it is debatable whether these laws have been fully implemented or observed. Compliance is reported to vary by state, county, and individual case worker.

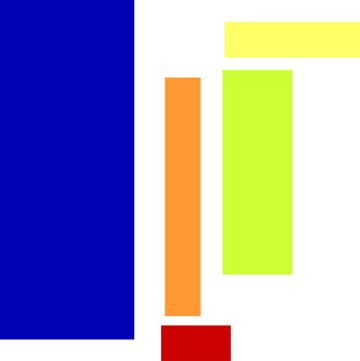
More difficult to legislate are changes in the knowledge and attitudes of public officials. The Tribal-State Agreement, which spells out the responsibilities of all parties in Indian child welfare cases, identified a list of “knowledge and [cultural] understanding required to accurately assess the risk to an Indian child.” This knowledge and understanding are therefore agreed to be important to include in trainings for child welfare professionals who might encounter Indian families. The state has developed such trainings, but only a limited number of child protection workers, attorneys, or judges have attended them. Even those who are aware of the law and its provisions, if they do not understand its purpose and importance, may not be able or motivated to apply it appropriately (Minnesota DHS, 2002i). The depth and breadth of the cultural misunderstanding among non-Indian decision-makers has persuaded some of the Indian professionals we spoke with that no reasonably foreseeable amount of training is likely to result in the level of cultural competence that would be needed to overcome the current barriers to implementation. As an alternative, they believe the only likely prospect for implementation of the Indian Child Welfare Act is through the employment of significant numbers of Indian child welfare workers to handle Indian families’ cases.

The history of social interventions with American Indians and African Americans include laws developed by well-intentioned majority group members who believed they were acting to help minority group members, but which had devastating consequences for Indian and African American families. These sometimes occurred as a direct consequence of the law itself, as in the destruction of Indian family relationships resulting from the wholesale removal of Indian children from their families from the 1870s through the 1970s. In other instances, harmful results were the indirect result of relying on discretion by front line workers who lacked the necessary cross-cultural understanding. An example of this is seen in the jump in the rate at which African American children were removed from their homes after the federal Flemming Rule in 1961 required welfare workers to offer help to families with “unsuitable homes,” instead of just denying them AFDC benefits (Horejsi et al., 1992; Minnesota DHS, 2002, April).

## **Complexity**

Frequent changes in laws and standards make it difficult for professionals to stay informed about current policy and practice guidelines. In addition, the intersection of many different laws and policies can be confusing. The standards for termination of parental rights are one example of the complicated intersection of two different relevant

laws. The Indian Child Welfare Act (1978) sets a high threshold that must be met before a parent's rights may be terminated. The Adoption and Safe Families Act (1997) allows termination of parental rights under more circumstances, but American Indian children are still covered by the stricter standards of the Indian Child Welfare Act. However, the deadlines by which a parent must meet those standards are those set forth in the Adoption and Safe Families Act, even for Indian children (Simmons & Trope, 1999). For another example, when dealing with Indian families to provide services to avoid the need for placement, to locate relatives if placement is needed, and to promote reunification after placement, child welfare workers are held to ICWA's higher standard of "active efforts," rather than ASFA's "reasonable efforts" standard.



## What do we know about the services children are getting?

Minnesota communities have available an informal network of family and community supports and a formal network of government and non-profit services to keep children with their families, to help care for them when they are not able to stay at home, and help prepare them and their families for their return home after an out-of-home placement. In this section, we describe these different placement prevention, placement, reunification, and alternative permanency services and supports; and review the literature about their effectiveness with various groups of children, including abused and neglected children, behaviorally and emotionally disturbed youths, delinquents, and homeless youths. (See the Glossary for definitions of less commonly known terms.)

According to a U.S. Department of Health and Human Services report from 1994, the following are services that are sometimes provided to the child while living at home or in foster care (with the national percentage of children who received those services in parentheses):

- health screening (53%)
- health treatment (34%)
- psychological assessment (32%)
- case management counseling (27%)
- mental health treatment (27% outpatient, 4% inpatient)
- day care (16%)
- recreation (13%)
- legal services (10%)
- self-help groups (4%)
- respite care (4%)

- substance abuse treatment (2% outpatient, 1% inpatient)
- day treatment (1%)

In addition, this report indicates that:

- 20 percent of children less than one year old received services from a crisis nursery
- 62 percent of children age 3 to 4 received early childhood education
- 50 percent of children age 16 or older received independent living skills, 26 percent received family planning, and 11 percent received education services for dropouts
- 16 percent of all children enrolled in an educational program received tutoring services

### *General principles of good practice*

Many types of services and programs are offered by counties to help keep children and families safe. These services have different components and goals that sometimes overlap and sometimes are unique. However, some general principles, otherwise known as “best practices,” guide the effective delivery of many or most of these programs. These standards are developed by the Child Welfare League of America and other organizations whose mission is to improve services to children and families. The following are 10 general principles that cut across programs, and many even reach across the fields of juvenile delinquency and child welfare:

- **Community participation** is critical in determining which services are needed and how those services should be provided. A **continuum of care** within communities is recommended so that children and families have the option to choose from or be assigned to programs that best meet their individual needs. In addition, **unified systems of care** help to insure that children and families who require multiple interventions will be served in the most efficient way possible. The Child Welfare League of America suggests that “an effective system of services to support all families with children should be established in every community. It should be proactive, preventive, and developmental in its approach; comprehensive in delivery; flexible in assuring that services are tailored to families’ holistic needs; and linked closely to the neighborhoods and communities in which families live” (1989b, p. 6).

- **Early intervention and prevention services** should be emphasized over crisis services. Services provided to families in crisis tend to be more costly and less effective at reducing the risk of child maltreatment or delinquency compared to services that reach families *before* they are in crisis.
- Services to children and families should be **culturally-competent**. Furthermore, children in out-of-home placement should be placed in foster families of their own race and ethnicity whenever possible. Research has shown that individuals respond better to interventions and treatment programs that reflect their own cultural beliefs and traditions.
- Social workers and juvenile justice professionals should have **small caseloads** (between 10-20 families per workers, depending on the type of case) so they have enough time and other resources to provide children and families with **intensive support**. Each case requires a tremendous amount of paperwork and administrative tasks in addition to actually providing direct services. Front-line workers tend to get bogged down with administrative duties when their caseloads become too large.
- Service providers should approach families using **supportive and therapeutic techniques** rather than using punitive or accusatory approaches. This is true for child welfare (as in Alternative Response) and juvenile justice (as in family group decision making). In addition, juvenile delinquency programs should emphasize **rehabilitation** instead of only focusing on punishment. Research has shown that workers and families rate services using a supportive approach much more highly than punitive approaches. In addition, supportive programs have been shown to be more effective than services using the punitive approach for reducing the risk of child maltreatment.
- Programs should **integrate research into practice** (i.e., programs should be **theory-based**). There is substantial research on many types of services for children and families, but unfortunately, many of the front-line workers and other professionals who design and implement these programs do not have access to or clear understanding of the implications of this research.
- Programs that provide **concrete assistance** to families, such as money for groceries or rental assistance, have been shown to be more effective at reducing the risk of child maltreatment compared to programs that only offer counseling or parenting skills training. This is likely related to the fact that child maltreatment is associated with poverty, so reducing some of the problems that families in poverty experience (such as inability to afford food and housing) can lead to a reduction in the risk of child maltreatment.

- Programs and services should strive to achieve **permanency and stability** for the child. When an out-of-home placement ends unexpectedly or when a child is returned to their family only to be removed again in a couple of weeks, it may traumatize the child and result in more emotional problems and less successful interventions.
- Children returning to their families after an out-of-home placement should receive **aftercare and transition services** to help them safely and permanently reunite with their families. Currently, many children who complete their out-of-home placement are sent back to their families without any help throughout the transition – this can be traumatic for children who have been placed in highly structured therapeutic environments and are expected to return to chaotic and unstructured family settings.
- Finally, unless there are indications otherwise, **family-like settings should always be used as the first out-of-home placement option** for children. Research has shown that appropriate child development is enhanced by the child’s attachment to one parent-like adult and other factors associated with family-like settings. (Note: Some children, due to severe emotional disturbance or behavioral problems, may not be appropriate for the less restrictive environment found in family foster care, if their own or others’ safety is at risk in this type of setting.) The Child Welfare League of America states that “family life, coupled with the satisfactory relationships between parents and their children, is the preferred setting for the wholesome personality development of children” (1988, p. 2). In addition, “infants, toddlers, and preschool children should be referred for residential group care only when their need for specialized services is more compelling than their need for a developmentally appropriate family setting” (p.28).

### *Findings on effectiveness of programs and services*

This part of the report is organized into sections based on the types of children who might be served by the various programs, treatments, or out-of-home placement options. First, we review the effectiveness of various placement prevention services. Next, we discuss placement options for children who have been abused or neglected. Third, we review treatments and placement options for children with behavioral or emotional problems. Fourth, we review services used with homeless youths. Finally, we review alternative permanency placements such as adoption and orphanages. Each of these categories includes several different types of treatments and placement options, although the quality and quantity of research available varies greatly across topics.

## *Children at risk of placement*

State and federal law require that community-based services (i.e., programs that serve the family while still intact, with the intent of preservation) be utilized before out-of-home placements are considered. Community-based services are almost always preferred over placement, and the lack of these services has been identified as contributing to the high rate of out-of-home placements. “Often, children are placed out of their homes, or stay in temporary placement longer than would otherwise be necessary because other options are not available” (Children, Youth, and Family Consortium, 2001).

The Minnesota Family Preservation Act (1994) says that “each county board shall establish a pre-placement procedure to review each request for substitute care placement and determine if appropriate community resources have been utilized before making a substitute care placement.” In addition, the Act says that placement prevention and family reunification services available to a minority family “must reflect and support family models that are accepted within the culture of the particular minority.” Many family preservation services are available in Minnesota. These services include crisis services, counseling services, life management skills services, mental health services, and early intervention services. See Figure 16 for an illustration of all the family preservation services available in Minnesota.

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### **20. Family preservation services available in Minnesota**

<b>Type of service</b>	<b>Specific services available</b>
Crisis services	Family-based crisis services Crisis nurseries* Respite care* Housing services Financial assistance or MFIP Medical Assistance (MA) or MinnesotaCare
Counseling/advocacy services	Domestic violence services Chemical dependency services Advocacy assistance Collaborative family service plans/wraparound family-centered interventions Individual counseling Group counseling Family-based counseling Family group conferencing* Case management (mental health and child welfare) Functional family therapy* Mental health services, including infant mental health and the children’s mental health collaborative

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## 20. Family preservation services available in Minnesota (continued)

Type of service	Specific services available
Life management skills services	Home management and homemaking services Reunification services Mentoring Money management training Family-based life management skills training Adolescent life skills training
Prevention and early intervention services	Information and referral Home-based support services Family support program for developmental disabilities Father's resource center Child abuse prevention hotline Community education and prevention Educational assistance Early childhood education After school programs CAPTA (Child Abuse Prevention and Treatment Act) grants for conferences, trainings, and public relations on child abuse prevention Early identification and intervention Child welfare assessment Social and recreational services Adaptive aids and equipment Sliding fee for child care Maternal/child health grants and FAS/FAE (fetal alcohol syndrome and fetal alcohol effects) monitoring Public health nurse visitation

**Source:** Minnesota Department of Human Services.

**\*Note:** See the Glossary for descriptions of some of these less commonly known services.

When a family is struggling with issues like poverty, chemical dependency, domestic violence, poor anger management, weak parenting skills, developmental disabilities, or child behavior problems, it is often more cost effective and less traumatic to provide services to the entire family in a community-based setting instead of removing children from their homes, especially if they are not at risk of severe harm if they remain with their parents. Because family preservation encompasses a wide variety of services, it is difficult to discern from the literature which services or menu of services are most

effective. Unfortunately, “in most studies [of family preservation services] there were no significant differences between the treatment and control groups in relation to placement prevention” (Maluccio, 1998). Findings in these outcome studies are often inconclusive because of the families’ low risk of placement even before they receive services. In other words, placement prevention is a poor outcome measure if the initial risk of placement is quite low. Therefore, recent studies have begun to incorporate additional outcome measures, such as child, parent, and family functioning.

Researchers have suggested other reasons to expand the list of outcomes used in these evaluations. McCroskey and Meezan (1998) criticized the fact that most evaluations of family support programs look at child development outcomes despite the fact that most of the interventions are aimed at adult family members. They also feel that emphasizing placement prevention or family reunification statistics for family preservation programs outcome evaluations is a crude representation of participant progress. They recommend instead that broad aspects of child and family functioning should be used to assess outcomes.

Another possible reason why treatment groups and control groups have not been shown to have different outcomes in some evaluations is the “surveillance effect.” This refers to the fact that families who are in the treatment group are under more scrutiny than those in the control group, due to their increased contact with social workers and other mandated reporters, and this makes them more likely to be reported for child maltreatment. The “surveillance effect” was not specifically studied or proven in any of the articles reviewed here; rather, it was postulated to be the reason why treatment groups did not show more positive outcomes compared to control groups.

A possible reason for poor outcomes for some of those served by family preservation services is that most of these services promote the nuclear family and individual autonomy, which is a deficient model to address American Indian and other minority families’ needs (Red Horse et al., 2000). Traditional child-rearing practices of many minority groups include roles and responsibilities for extended family and other kin or clan members. In other words, many family preservation services are not culturally appropriate for some minority groups.

In a study of out-of-home placements in the American Indian community, substance abuse was identified by the largest number of participants as a barrier to family preservation (Red Horse et al., 2000). These results are similar to the findings from the American Indian listening session conducted as a part of this project. Most family preservation programs do not address chemical dependency issues and some of these programs do not even admit participants with chemical dependency problems. This is one of the major gaps in family preservation services.

Finally, some have suggested that family preservation and family support services need to become more mature, and less varied across sites before outcome evaluations are appropriate (Maluccio, 1998). Until that time, more emphasis should be placed on process evaluations to better understand the types of families served and the different approaches to serving them.

The following sub-sections of the report describe evaluations, studies, and reviews of community-based approaches to caring for children and families. The types of services and approaches described include the wraparound approach; Alternative Response; family support and family preservation services, including the Homebuilders model; family group decision making; restorative justice; the peacemaking circle process; and various behavioral, substance abuse, and psychological interventions.

### **The wraparound approach**

The wraparound approach focuses on developing mental health, education, welfare, and other social services into a coordinated network so that the needs of children and their families can be met in their communities (Skiba & Nichols, 2000). Wraparound in Minnesota takes varying forms. One common use of wraparound is implementation-led Children's Mental Health Collaboratives. This generally involves the use of a family team to develop a collaborative family services plan that uses formal and informal services to meet the needs of families.

Findings from outcome studies of this approach to providing services indicates that children served by wraparound services are more likely to transition to less restrictive, more stable living arrangements compared to children who receive traditional, segmented services. Children receiving wraparound services also showed improvements in behavioral adaptation and emotional functioning. Problems with the wraparound approach include difficulties in maintaining interagency collaboration, providing flexible services using inflexible funding streams, and evaluating inconsistent services and outcomes. In general, Skiba and Nichols (2000) recommend using the wraparound approach because community-based alternatives typically cost half as much as residential programs.

### **Alternative Response**

Compared to the traditional child protection investigative approach, Alternative Response (AR) is a less intrusive, more flexible approach to addressing child maltreatment cases with the entire family. Alternative Response involves connecting families with a community-based organization responsible for providing family services. Alternative Response was developed and evaluated in Minnesota; it is now being used in 63 of Minnesota's 87 counties. Child protection workers using Alternative Response address

broad issues and problems families are facing rather than focusing on specific events that led up to the child protection referral. Alternative Response workers have more discretion than traditional response (TR) workers to use funds for concrete services that address the families' specific needs (e.g., buying diapers for a young mother, or helping a family with a security deposit on an apartment).

For Minnesota's Alternative Response evaluation, families who were referred to child protection services for an allegation of child maltreatment were randomly assigned to either traditional response child protection services or to Alternative Response once the allegation was substantiated (Institute of Applied Research, 2003). This section describes the results of the second annual evaluation that includes 20 participating counties, which is supported by The McKnight Foundation and federal, state, and local funding.

This evaluation involved an experimental design in 14 of the 20 counties, in which families appropriate for Alternative Response (i.e., low enough risk) were randomly assigned to Alternative Response or traditional response and compared longitudinally on their outcomes. A total of 8,318 families with accepted child maltreatment reports were included in the evaluation; 5,695 of these were assigned to the Alternative Response intervention and 2,623 were assigned to the control group (traditional response). SSIS data were extracted and compared for these groups. In addition, 909 families have completed interviews or surveys about their experiences with the Alternative Response evaluation.

This evaluation reports on process and outcomes. In terms of process:

- 37 percent of child maltreatment reports were screened into Alternative Response, although this varied substantially from Hennepin County (which screened 22% of its reports into AR) to Olmsted County (which screened 62% of its reports into AR).
- 8 percent of families who were initially classified as appropriate for Alternative Response were reclassified as higher risk (i.e., not appropriate for AR) after their assessment.
- Families in Alternative Response were more likely to report being satisfied with how they were treated by their child protection workers, and they reported higher involvement in the decision-making about their case.
- Child protection workers using Alternative Response reported more contact with families, more cooperation from families, and that the services they provided met families' needs.

- Families who received Alternative Response were more than twice as likely to have an ongoing case opened than families who received traditional response. (For most families, having a formal case opened is a precondition for receiving services, especially funded services.)

The impact analysis was limited to families who had at least six months elapsed since their cases closed, and thus included 1,367 families in Alternative Response and 961 families in the control group. In terms of outcomes:

- The SDM Risk Assessment instrument was conducted with families screened appropriate for Alternative Response. Risk Assessment is supposed to be predictive of new child maltreatment reports. In this study, the SDM accurately predicted new child neglect, but not abuse, reports.
- The more cases accepted by a county into Alternative Response, the more likely the county was to accept moderate- to high-risk cases for AR.
- Fifty-four percent of the families in the current Alternative Response sample would not have received services if they had been under the traditional response, because their child maltreatment allegations would not have been substantiated.
- Children and families receiving Alternative Response are as safe as those in comparable families receiving traditional response.
- Experimental and control families had virtually identical risk levels on average, but case management workgroups were opened for the full spectrum of neglect risk levels among experimental families while only for higher-risk families in the control group.
- Families in the experimental group were more likely to receive preventive services and services that address the families' basic needs, such as housing, rent assistance, transportation, training, and employment.
- Controlling for case management opening or neglect risk levels during the initial case, no statistically significant differences were found in the level of new child maltreatment reports after initial case closing for experimental compared to control families.
- Finally, the rate of new case openings was significantly lower for low-risk Alternative Response cases compared to comparable control cases. About 12 percent of Alternative Response cases compared to 21 percent of traditional response cases are expected to return to the system within three years of initial case closing (Institute of Applied Research, 2003).

## **Family support and family preservation programs**

A literature review by McCroskey and Meezan (1998) analyzes evaluations of both family support programs and family preservation services (FPS). In general, these authors distinguished **family support programs**, which are typically voluntary and designed to promote social competencies and family health and development, from **family preservation services** (or programs), which are typically intended to build skills and enhance support systems. Family support services are intended for families experiencing normal family stresses, whereas family preservation services are usually meant for families at serious or imminent risk of placement. A different study reviewed 28 sites that provided either family preservation services or family support services, and the authors did not distinguish which programs fell under family preservation services or family support services (Chaffin et al., 2001). The participants in these programs had no child protection involvement (i.e., they were low- to moderate-risk, and voluntarily participating in these programs, usually referred by friends or family). In other words, the characteristics and risk levels of participants in these programs varies significantly across studies.

McCroskey and Meezan (1998) reported modest and inconsistent positive outcomes from the family support services evaluations they reviewed, with more positive child outcomes being associated with programs that involved direct experiences for children, rather than those that focus only on parents. The evaluations of family preservation services they reviewed found no effect to moderate effects of family preservation services compared to control groups in terms of placement prevention. This could be due to problems with targeting of services, such that families that are not at imminent risk are the families who are served by family preservation programs. Families who received family preservation services did improve in parent-child interactions, available supports, living conditions, and parenting skills. Nelson (2000) argued that the success of family preservation programs is more documented in families with adolescents compared to families with young children. In addition, she reported that family preservation programs have been shown to be more effective in physical abuse cases compared to cases of neglect.

According to Tracy (2000), family support services have been associated with improved pre-natal care and reduced pregnancy complications, improved parent-child interaction, increased parental knowledge, and improved child development. They reported that family support programs have been shown to be cost-effective when long-term self-sufficiency of the parent is the variable of interest. On the other hand, this author indicates that family support programs need to be better linked to other services, such as community-building school-based interventions and child welfare practice.

Nelson (2000) reports that 44 to 57 percent of families who participated in various family preservation programs included in her review avoided out-of-home placement compared to only 9 to 43 percent of families in the control groups. In terms of family reunification, 70 percent of families in the family preservation programs compared to 47 percent of families in the control group were reunified after 12 months. No significant differences between treatment and control groups were found in terms of repeat child maltreatment reports.

A large study (N=1,600 families) of several models of family support and family preservation services, including Healthy Families, Parents-As-Teachers, mentoring programs, concrete services (i.e., assistance with basic needs), and parent education programs, found that participants who completed their program did *not* have lower rates of failure, as measured by the Child Abuse Potential (CAP) Inventory—Abuse Scale, compared to program drop-outs or those participants who only received one-time services. The authors reported that the mentoring program and concrete services were most effective at reducing risk of child maltreatment for the high-risk families (Chaffin et al., 2001).

A study by McCroskey and Meezan (1997) of family preservation services in Los Angeles County evaluated two community-based ecological approaches to placement prevention. Over 150 families who were referred to child protection services were assigned either to traditional services (control) or to one of the two non-profit programs under evaluation. In this study, families were *not* required to be at imminent risk of placement to be assigned to either group. The workers in these programs carry caseloads of 10 to 12 families. The majority of families served by these programs had children under the age of five, although they did accept families with children up to the age of 12. The primary outcome measure in this study was family functioning, as measured by the Family Assessment Form. The treatment group showed improvements in living conditions and financial conditions from the beginning of the program to the 12-month follow-up. In addition, children over age six in the treatment group did show small but statistically significant improvements in their individual functioning, as measured by the Child Behavior Checklist (CBCL). Children under age six demonstrated improvements in behavior, as measured by the Home Observation and Measurement of the Environment (HOME) tool. Treatment groups and control group did not significantly differ on rates of out-of-home placement at program completion or at follow-up. The most significant factor contributing to successful program completion was the relationship between the worker and the parent. Parents reported higher satisfaction with both treatment groups compared to the control group.

Littell (1997) studied 1,911 families referred to the Illinois Families First family preservation program, which provides an average of 90 days of home-based family-focused counseling and concrete services with an average contact of 30 minutes per day between workers and families. The purpose of this study was to determine if service

duration or intensity was related to outcomes such as out-of-home placement, subsequent child maltreatment, or case closing. The results indicate that duration of service was not related to out-of-home placement or subsequent maltreatment. Intensity of services was related to an *increase* in out-of-home placement and subsequent maltreatment at three- and six-month follow-ups, likely due to the “surveillance effect.” Finally, an increase in the number of concrete services provided to families was correlated with a decrease in the out-of-home placement rate at three-month follow-up. Number of concrete services provided was not correlated with subsequent maltreatment. A different study evaluating a similar family preservation program (in terms of duration and intensity) found that intensity of services, hours of service, or proportion of the total time that the caseworker spent in the home did not predict out-of-home placement (Berry et al., 2000). On the other hand, in this study duration of services was related to out-of-home placement rates, and intensity of services was related to improvements in family skills. At one-year follow-up, 38 percent of the families who were referred to the program for neglect had experienced at least one out-of-home placement compared to only 4 percent of the physical abuse cases and none of the sexual abuse cases (Berry et al., 2000). Therefore, the authors concluded that this family preservation program was more effective for abuse cases than neglect cases. (No control group was used in this study.)

A meta-analysis of family preservation programs serving mostly young children (ages 0-4) evaluated four hypotheses (MacLeod & Nelson, 2000). First, the hypothesis that programs using an ecological framework would have better outcomes than micro-level programs was not supported. Second, the hypothesis that programs with a strengths-based empowerment focus would have better outcomes than a deficits-based, expert-driven program was supported. Third, the hypothesis that programs with longer duration and higher intensity would be more effective had mixed results. Fourth, the hypothesis that programs with social and concrete supports will have better outcomes than other types of programs also had mixed results.

A different meta-analysis of family preservation services included only studies in which a control group was included, programs in which participants received at least one hour of services per week, and programs which included families at imminent risk of placement (Fraser et al., 1997). This study calculated effect sizes of family preservation services impact on out-of-home placement and family reunification. There were mixed findings on the impact of family preservation services on out-of-home placement rates. The family preservation services had moderately positive impacts on family reunification rates.

In one study, Nelson (2000) reported that found the average per child cost of services in the 12 months prior to receiving family preservation services was \$5,326 compared to a cost of \$2,271 per child in the 12 months after receiving these services.

## **Homebuilders**

One of the most commonly used models of family preservation services is the Homebuilders model. This model was developed in Washington and evaluated in Washington, Utah, and other sites. The Homebuilders program is intended for families with children who are “at imminent risk of placement.” The goals of the program are to reduce and prevent out-of-home placements and to improve family functioning. The Homebuilders services are intensive (at least 8 to 10 hours per week of face-to-face contact between caseworker and family), and brief (90 days or less). Each caseworker carries a small caseload of only two to four families. Families receive both clinical services, such as family therapy, and concrete services, such as emergency financial assistance. In general, the Homebuilders model has been shown to be most effective at improving family functioning with families that have younger children without serious problems and with parents who exhibit parenting deficits that lead to abuse (Spaid and Fraser, 1991). Evaluations of the Homebuilders program have shown a direct correlation between overall amount of time spent by caseworkers in provision of concrete services and decreased risk of out-of-home placement (Berry, 1997).

In one evaluation of the Homebuilders model (Pecora et al., 1991), over 450 families that were referred to child protection services in Utah or Washington were randomly selected either to receive Homebuilders services or to receive traditional child protection services (control), then compared at program completion and again 12 months later on their rates of out-of-home placements and family functioning. At program completion, 93 percent of Homebuilders participating families avoided placements versus 85 percent of families in the control group. These results indicate that families may not be targeted appropriately to receive such services (i.e., participants were not truly at imminent risk of placement), since only 15 percent of families in the *control* group experienced an out-of-home placement.

A study of 30 families referred to Hennepin County Family Services and who chose to participate in a program modeled after the Homebuilders program found increased family functioning in participating families, which was the primary outcome measure, from pre-test to post-test (Scannapieco, 1993). No control group was used in this study, and participation in the program was voluntary, with those who declined being assigned to traditional child protection services. Family functioning improved the most in families with only one child, families that had not received any prior social services, families that did not have a history of physical abuse or domestic violence, and families with a history of mental illness. Family functioning was assessed by the caseworkers, who had vested interest in finding client improvement; therefore, these outcomes should be interpreted with caution.

The federal evaluation of the Homebuilders programs in Kentucky, New Jersey, and Tennessee (U.S. DHHS, Asst. Secretary for Planning and Evaluation, 2001) assessed three outcomes: out-of-home placement, safety of children, and family functioning. There were no significant differences between treatment and control groups at one-year follow-up on the measures of out-of-home placement (via placement rates and days in care) and safety of children (via substantiated allegations of child maltreatment). There were inconsistent findings regarding family functioning; one of the states had more positive outcomes for the treatment group compared to the control group, but the other two states had no differences between groups. The authors of this evaluation also reported problems in evaluating these programs due to low-risk families being accepted into the study (i.e., inappropriate targeting of services). They analyzed the high-risk cases only and then the high-service cases only for secondary analyses, but still found no differences between the treatment and control groups.

The Homebuilders program in New Jersey was also evaluated by Feldman (1991). The study included treatment and control groups with a total of 205 families from four county pilot programs. According to the author, the Homebuilders model was fully and accurately implemented in all four counties. In terms of placement prevention, the treatment group was significantly better than the control group at nine-month follow-up. This outcome is likely more positive than the findings from other evaluation of Homebuilders because the model was more fully implemented. At follow-up, there were no significant differences between groups on measures of family functioning (using the Family Environment Scale, or FES) or child well-being (using the Child Well-Being Scale, or CWBS).

A California study comparing the outcomes of families in the Homebuilders program based on family characteristics found that families with a history of prior placement had greater risk of out-of-home placement while participating in the Homebuilders program compared to families with no history of placement (Yuan & Struckman-Johnson, 1991). In addition, the risk of out-of-home placement increased as number of prior placements increased. The results of this study indicate that 27 percent of children with neglect cases were placed compared to 12 percent of children with other types of cases (abuse, behavior, etc.) This indicates that the Homebuilders program is less effective for families dealing with problems of neglect than for families dealing with abuse or other types of problems.

### **Family group decision making**

Family group decision making offers a new approach to working with families involved with the child welfare system. This approach gathers family members, child welfare and mental health professionals, and others closely involved in children's lives to discuss families' strengths, concerns and resources to develop a family safety plan. Family group

decision making is primarily being used by child welfare agencies with substantiated child maltreatment cases. While not as common, this approach is also being used in juvenile justice cases.

Family group decision making is a tool for families to make better decisions about caring for their children and keeping their families together. Through family group decision making, participants focus on their strengths to resolve problems. Based on families' strengths and children's needs, families create a plan to ensure their children's safety and preserve their families. Since families know their children best, they are able to develop plans that work best for them.

The family group decision making model has four phases, with varying subcomponents based on the complexity of each case:

1. Referral to hold family group decision making meeting.
2. Preparation and planning for family group decision making meeting.
3. The family group conference, which includes an introduction appropriate for the culture or tradition of the family, information sharing among family members and professionals, a family meeting, and the decision.
4. Subsequent events and planning after the family group decision making meeting.

Since 2001, 23 counties and three tribal governments in Minnesota have offered families in their communities family group decision making services. They include: Anoka, Becker (working with the White Earth Tribe), Cass, Clay, Crow Wing, Hennepin, Hubbard, Itasca (working with the Leech Lake Tribe), Kandiyohi (working with the Upper Sioux Tribe), Mahnomon, Meeker, Morrison, Olmsted, Otter Tail, Ramsey (working with Dakota and Washington Counties), Renville, Todd, Wadena, Wilkin, Wright, and Yellow Medicine Counties.

### **Crisis nurseries**

Established in Minnesota in 1983, crisis nurseries are community-based family support programs designed to provide safe, short-term care for children up to 12 years old. Parents may *voluntarily* place their child or children in a crisis nursery for emergency or respite care when they need to address a crisis such as being evicted from their housing or losing their only source of income. Crisis nurseries offer safe environments that are available to families 24 hours a day, seven days a week, at no cost to the family. Their goal is to stabilize families, keep children safe, and prevent child abuse before it occurs.

Currently, 20 crisis nursery programs in Minnesota serve families in 28 counties. According to the Minnesota Department of Human Services (2002c), crisis nursery programs served more than 2,300 families and 4,400 children in 2001. Some of these children received overnight care, while others received day-time care only.

According to the Minnesota Department of Human Services, crisis nurseries provide:

- Care for up to 72 consecutive hours in licensed day care facilities, family child care homes, and foster homes. In some cases, this care includes transportation services.
- An initial assessment to identify family needs and strengths, and immediate referrals to appropriate agencies to prevent child maltreatment and out-of-home placement of children. Services for which families may be referred include parent support groups, parent education classes, home visiting services, respite child care, emergency food shelves, and mental health services.
- Referrals for parents to community resources to help alleviate underlying causes of stress or crisis.
- 24 hour phone and service availability, crisis counseling, and information.

According to Minnesota Crisis Nurseries materials (Minnesota DHS, 2002c), the average cost per family for crisis nursery services is \$120 to \$160 per day. Foundations, local and state government, the Children's Trust Fund, the United Way, private donations and crisis nurseries' own fundraising efforts provide funding for these services.

Evaluations have shown substantial reductions in use of child protection services for families who have used crisis nurseries (Minnesota DHS, 2002c).

### **Psychological interventions**

A literature review described 19 psychological interventions following six different models of treatment for families dealing with abuse, neglect, and failure to thrive, including three child-focused interventions, two parent-focused interventions, and one family-focused intervention. The results of the **child-focused treatments** indicate that:

- Residential treatment promoted positive parent-child interactions, through daily visits.
- Therapeutic day care promoted cognitive and social-emotional development.
- Resilient peer therapy promoted social development.

- Failure to thrive therapy focused on developing healthy eating patterns led to significant weight gain for child participants.
- Therapy for sexually abused adolescents that focused on abuse-related issues reduced behavioral problems in participants (Edgeworth & Carr, 2000).

The results of evaluations of **parent-focused** psychological interventions indicate that:

- Supportive home help was associated with increased parental empathy with child.
- Cognitive-behavioral therapy improved parental anger management.
- Parental behavior training was effective at decreasing children's behavior problems and the risk that parents will abuse their children.
- Both stress management training and parental behavior training improved family functioning (Edgeworth & Carr, 2000).

The critical components of effective **sexual abuse treatment programs for children**, according to Berliner and Kolko (2000), are psychoeducation (teaching the child and/or caregiver about the specific mental health condition they are experiencing), direct discussion of the traumatic event, stress management training, correcting cognitive disorders, and behavior management training for parents.

According to Berliner and Kolko (2000), effective **physical abuse treatment programs for children** includes specific discussion of the child's perceptions; psychoeducation; child training in self-expression, self-control, and other pro-social skills; parent training in self-control and methods to enhance child management and development; and family therapy that directly addresses the specific abuse that has occurred. These authors also reported several specific outcomes of various interventions, including:

- Therapeutic preschool and day treatment reduces behavior problems for preschool age children.
- Peer-based skills training enhances social initiation and positive peer interactions.
- Cognitive-behavioral interventions with parents reduce coercive behavior and improves child functioning.
- Abuse-informed individual and family therapy reduces child violence.

Berliner and Kolko (2000) reported that children living in the community, including children living with relatives, are less likely to receive therapy related to the abuse they survived than are children in out-of-home placement. For example, one study they reviewed reported that 24 percent of sexually abused children still living in the community received therapy compared to 77 percent of sexually abused children in out-of-home placement, and 18 percent of physically abused children living in the community versus 69 percent of physically abused children in out-of-home placement received therapy. It is not reported how much of this difference was due to differences in children's assessed needs for such services.

### **Placement prevention services designed for children with behavior problems, including delinquency**

The above-mentioned family preservation programs are designed primarily for families in which the parents are not adequately caring for their children, either in the form of abuse or neglect. In some cases, families may need services to help prevent out-of-home placement for their children who are emotionally or behaviorally disturbed or delinquent. There is a significant overlap between children who are at risk of placement due to parental factors (abuse and neglect) and factors related to their own behavior or mental health. (The overlap in risk factors is described in the "Pathways" section of this report.) Therefore, there is a whole continuum of possible services to youth exhibiting delinquent behavior ranging from family-centered services to child-centered approaches and ranging from a "treatment" approach to a "punitive" approach. Community-based (i.e., non-residential) treatment of delinquent youths costs between \$25 and \$65 per day (Hoge & Savas, 2000).

One study of 58 severely emotionally disturbed adolescents who were approved for out-of-home placement in Hennepin County found that only 56 percent of the youths in the study group compared to 64 percent of the youths in the comparison group avoided out-of-home placement (Schwartz et al., 1991). The youths in the treatment group received four weeks of home-based services, including structured family therapy. The youths in the comparison group received traditional child mental health services and case management.

Fraser et al. (1997) found moderately positive effect sizes in their meta-analysis looking at family preservation programs and juvenile re-arrest and incarceration rates. For re-arrest rates and incarceration rates, services resulted in positive effects. The authors conclude that some studies show statistically significant positive outcomes of family preservation services, but these positive outcomes are small and varied.

According to Brosnan and Carr (2000), "chronic conduct problems are the single most costly disorder of adolescents" (p. 131). They describe four types of interventions designed

to treat adolescent conduct problems, which are, in order from least to most invasive, behavioral parent training, functional family therapy, multisystemic therapy, and treatment foster care. The results of their literature review, which covered 15 studies, found that intensive behavioral parent training (45 or more hours over 1 year) did reduce recidivism, but less intensive forms of this intervention were not effective. Functional family therapy was also shown to be effective at improving family communication, reducing conduct problems, and reducing recidivism. In addition, the effects of functional family therapy were maintained for up to three and a half years and generalized to siblings. Multisystemic therapy was also shown to be effective at reducing family-based conduct problems, recidivism, and it improved family functioning.

### **Restorative justice**

Restorative justice is a framework for the criminal justice system that involves the community more broadly in the system compared to traditional juvenile justice approaches. In addition to making the offender accountable by requiring him or her to take responsibility and make amends, restorative justice seeks to address victim needs, offender competencies, and community responsibility in repairing the harm done by crime (Minnesota DOC, 1998).

Restorative justice is a philosophical framework which has been proposed as an alternative to the current way of thinking about crime and criminal justice. Restorative justice emphasizes the ways in which crime harms relationships in the context of community. In this model, crime is viewed as a violation of the victim and the community, not a violation of the state. As a result, the offender becomes accountable to the victim and the community, not the state. Restorative justice defines accountability for offenders in terms of taking responsibility for actions, and taking action to repair the harm caused to the victim and community.

Community corrections, which has been a primary component of corrections in Minnesota for many years, encompasses many of the restorative justice principles. Victim services, restitution, community service, face-to-face meetings between victims and offenders and their support systems, victim impact panels, and skill-building classes for offenders are elements of restorative justice (Minnesota DOC, 1998).

Under restorative justice, the community is responsible for supporting and assisting victims, holding offenders accountable, and ensuring opportunities for offenders to make amends. Communities are also responsible for addressing the underlying causes of crime to reduce victimization in the future. This is in contrast to traditional criminal justice approaches where the emphasis on legal issues and the possibilities of avoiding punishment does not require offenders to realize the harm they have done. Under the traditional approach, offenders often are not required to do anything to right the wrong they have committed.

## **Peacemaking circle process**

One restorative justice program used with youth is the peacemaking circle process. According to the Minnesota Department of Corrections website, peacemaking circles provide a process for bringing people together to talk about difficult issues and painful experiences in an atmosphere of respect and concern for everyone. Peacemaking circles encourage all participants, regardless of their role, to reach out to one another as equals. The approach is based on a recognition of community members' need to support each other to live in a good way and to help one another through the difficult spots in life.

Peacemaking circles are built on the American Indian tradition of talking circles, in which a talking piece, passed from person to person consecutively around the circle, regulates the dialog. The person holding the talking piece has the undivided attention of everyone else in the circle and can speak without interruption. Drawing on both traditional wisdom and contemporary knowledge, the peacemaking circle process also incorporates elements of modern consensus building processes.

During the peacemaking process, participants are seated in a circle of chairs with no tables. Sometimes objects with meaning to the group are placed in the center as a focal point to remind participants of shared values and common ground. The circle process typically involves four stages:

- Acceptance – The community and the immediately affected parties determine whether the peacemaking circle process is appropriate for the situation.
- Preparation – Separate circles for various interests (e.g., family, social workers) are held to explore issues and concerns and prepare all parties to participate effectively. Thorough preparation is critical to the overall effectiveness of the peacemaking circle process. Preparation includes identifying possible supporters in the natural network of the family to participate in the process.
- Gathering – All parties are brought together to express feelings and concerns and to develop mutually acceptable solutions to issues identified.
- Follow-up – Regular communication and check-ins are used to assess progress and adjust agreements as conditions change.

At any stage of the process, multiple circles may be held to complete the tasks of that stage. In the peacemaking circle process, social institutions play important roles, but the process is centered on the community context of the situation. The circle throws a wide net to capture possible points of support or assistance and to gather all relevant knowledge. Potential contributions are expected even from those who are part of the problem. Multiple issues are dealt with at once. Circles recognize that the issues interact with one another and

cannot be effectively dealt with in isolation. Circles promote mutual responsibility, the recognition that individual well-being depends upon the well-being of all (Pranis et al., 2000).

## **Diversions**

Diversions is another general approach for keeping delinquent children out of juvenile courts and in their homes. It is generally agreed that this is a desirable goal for young and first-time offenders, because children who grow accustomed to the police and court environments are less likely to be deterred from future offenses by the fear of returning to them.

Diversions may happen at any of several levels. It may involve a police officer's decision to warn a truant or curfew-breaker instead of placing him or her in detention; it may involve a county attorney deciding to send a fire-setter to classes on fire safety instead of filing a delinquency petition in court; or it may involve a judge issuing a disposition (sentence) but ordering that it not be recorded in court files if the youth successfully completes anger management classes, treatment, or community service.

The Justice Policy Institute (2001) reviewed a diversion initiative in Multnomah County, Oregon, to reduce disproportionate minority confinement of juveniles in detention facilities and state prisons. First, the county established detention alternatives accessible to minority youth, including shelters, foster homes, home detention, and a day reporting center. They also developed a risk assessment instrument that was carefully pilot-tested and examined through the lens of race. In addition, the county reduced the use of detention for parole violators by developing a sanctions grid that helped to minimize staff inconsistency when making placement decisions for parole violators. The county improved the defense representation of minority youth by hiring additional trial assistants and, in general, tried to diversify the staff in the probation department. Training of law enforcement officers in the goals of reducing disproportionate minority confinement helped to divert many youth from ever entering the juvenile justice system. These changes had a significantly positive impact on the disproportionate minority confinement rates in Multnomah County. In 1994 (before the program started), there was an 11 percentage point difference between White and African American youths in the likelihood that and arrested youth would be detained at some point during the case; in 2000, this difference had dropped to three percentage points. The difference between Latinos and Whites in 1994 was 10 percentage points; this difference dropped to two percentage points by 2000. The three factors that were deemed most important in this dramatic decrease in racial disproportionality were:

- The development of alternatives to detention.
- The training sessions that raised awareness about overrepresentation of minorities in the juvenile justice system.
- The design and implementation of a risk assessment instrument.

There is strong evidence that services that keep youth out of the courts help to reduce re-offending. However, when less drastic interventions are available, it is often tempting to use them with even less serious offenders whose offenses would otherwise have been handled entirely informally. This “widening of the net” does not reduce re-offending, and may increase it. Diversion must be carefully planned and implemented to avoid this unintended result (Jamison, 2002).

### **Chemical dependency outpatient treatment for youths**

“Between 5 and 10 percent of [all] teenagers under age 19 have drug problems serious enough to require clinical interventions” (Cormack & Carr, 2000). The Minnesota Department of Human Services defines “treatment” as “a process of assessment of a client’s needs, development of planned interventions or services to address those needs, provision of the services, facilitation of services provided by other service providers, and reassessment” (2003b, p.10). Under Human Services-proposed chemical dependency treatment licensing standards, treatment programs are to provide:

- Individual and group counseling to help the client identify and address problems related to chemical use and develop strategies to avoid inappropriate chemical use after termination of services.
- Client education on strategies to avoid inappropriate chemical use and health problems related to chemical use and the necessary changes in life style to regain and maintain health.
- Transition services to help the client integrate gains made during treatment into daily living and to reduce reliance on the treatment program’s staff for support.
- Services to address issues related to co-occurring mental illness, including education for clients on basic symptoms of mental illness, the possibility of co-morbidity, and the needs for continued medication compliance while working on recovery from chemical abuse or dependency.

A literature review of 13 evaluations of outpatient chemical dependency interventions, including systemic approach to engagement, family therapy, and multi-systemic family therapy, found that across treatment types parental involvement in the treatment was associated with positive outcomes (Cormack & Carr, 2000). The systemic approach to engagement was associated with high family involvement and low school dropout rates, but participants showed no difference in drug use. Family interventions were more effective than individual interventions in reducing adolescent drug use. Multi-systemic therapy costs more than other types of substance abuse treatment initially, but reductions in future incarceration and treatment costs indicate that this may be a cost-effective intervention (Sudderth, 2000).

According to a long-term study of outcomes of chemical dependency treatment programs completed by the Minnesota Department of Human Services, treatment completion is the most consistent predictor of abstinence (Harrison & Asche, 2000). However, adolescents have more difficulty maintaining abstinence after treatment than adults (only 21% of adolescents were abstinent six months after treatment compared to 54% of adults). Adolescent females are more likely to complete treatment, and remain abstinent, compared to adolescent males. This study also found higher rates of abstinence for people of color who were treated in a culturally-specific program compared to people of color who were treated in a program for the general population. Adolescents also had a higher abstinence rate if treated in age-specific programs. Regular sustained participation in recovery maintenance activities was associated with higher rates of abstinence for both adults and adolescents.

Sudderth (2000) recommends that substance abuse programs for youths include:

- Orientation which clarifies the program expectations to participants.
- Daily scheduled activities that encourage skill building, relapse prevention, diversion from substance-abusing behavior, and academic improvement.
- Positive peer influence through group activities.
- Clear methods for resolving conflicts that arise between participants and staff.
- Integration of schooling with the treatment program.
- Vocational guidance and training.

A new substance abuse treatment model known as CRAFT (Community Reinforcement Approach and Family Training) allows the initial steps of substance abuse treatment to occur without the participation of the individual with the substance abuse problem. Rather, a parent or a spouse of the substance abusing individual works with therapists to change the social environment of the substance abuser, so that abstinence behaviors are reinforced (Meyers et al., 1999). In this study, 74 percent of drug users who were initially unmotivated for treatment were engaged after their family members were given help from CRAFT therapists. This is compared to 30 percent of unmotivated drug users who were engaged through the Johnson Institute family intervention and 13 percent who were engaged through Al-Anon. CRAFT is a sub-category of Community Reinforcement Approaches that are based on the principles of operant learning theory, which argues that creating an environment that reinforces abstinence and punishes substance abuse will lead to a decrease in the actual substance use of the individual (Barry, 1999).

## **Summary**

Many different approaches are used to prevent out-of-home placement. In recent years, many family preservation services have emphasized using strengths-based perspectives and involving families in decision making processes. One problem with placement prevention services is that they are not always implemented as described, so the services as delivered may not match those evaluated and found effective elsewhere. A challenge to evaluating placement prevention services is the fact that very few families who receive such services are actually at imminent risk of out-of-home placement. Recent trends in evaluating these programs involve the use of alternative outcome measures, such as recurrence of child maltreatment or measures of family functioning. The Alternative Response program is one example of a placement prevention model that has little impact on placement outcomes. On the other hand, workers and families like the approach better than traditional child protection responses because of the flexibility that Alternative Response offers.

Alternative Response, like many placement prevention services, is rated (by workers) as more effective for families dealing with abuse rather than neglect. Services or programs that provide concrete services (material goods or financial assistance, also called “hard” services) to families have been shown to be more effective than programs that only provide soft services, such as counseling and parent trainings (Owen & Fercello, 1999). Berry (1997) suggests the relative success of programs that provide concrete services can be attributed in part to the fact that provision of concrete services helps workers to establish a positive relationship with the family. In addition, stress on families is reduced if all members’ basic needs are met. Furthermore, child protection workers who make out-of-home placement decisions are influenced by the environment and economic impoverishment of the family involved; providing the family with material goods is one way to reduce this bias.

Some evaluations of experimental placement prevention programs have shown positive outcomes (compared to control groups or compared to the treatment group before intervention, i.e., experimental and quasi-experimental designs, respectively) and outcomes have shown no effect. In addition, various components of these services, such as provision of concrete services, have been shown to improve program outcomes in some studies but not others. Level of program implementation is likely related to some variation in these outcomes, although it is not known exactly how much of the lack of consistent outcomes can be attributed to variance in implementation. Community-based services may not be appropriate for families dealing with problems of chronic neglect, substance abuse, or developmental disabilities. Research indicates that families with these types of problems seldom benefit from community-based services (Berry, 1997).

## ***Children in placement due to neglect or abuse***

Sometimes children can no longer stay with their biological families due to neglectful or abusive conditions. Children can be put in out-of-home placement for many types of neglect, including failure to thrive, educational neglect, or medical neglect. Abuse is usually categorized into three categories: physical, sexual, and emotional.

When children are removed from their homes, a wide variety of placement options exist that range from low to high restrictiveness. The placement type is selected individually for each child to best meet his or her needs in terms of medical and psychological care and supervision, with attention given to reducing the invasiveness or trauma of the placement for the child. This section of the report reviews the least restrictive of all placement options, used for those children who are within the “normal range” of developmental stages. Kinship (relative) care is typically thought of as the least restrictive and traumatic of all placement options, because the child is familiar with the kinship foster parent. Placement options in the middle of the range include non-relative foster care, residential educational academies, and group homes. Residential or hospital settings are the most restrictive type of placement, and are usually reserved for severely emotionally disturbed children. “Minnesota has embraced a ‘continuum of care’ [model]. This concept includes care from the least intrusive (from the child’s point of view) to the most regulated and restrictive environment” (Wattenberg, 2002) The range of out-of-home placement options, from least to most restrictive, include emergency shelter centers, family foster care, kinship foster care, therapeutic foster homes, group foster homes, residential treatment centers, and hospital care. All of these placement options will be reviewed below, in terms of their approach and their effectiveness with specific population groups.

### **Kinship care**

Since 1990, kinship care has accounted for almost half of all out-of-home placements in some areas (Berrick, 2000), 26 percent of all children in foster care nationwide (Jantz et al., 2002), and 26 percent of Minnesota’s foster care placements in 2001 (Minnesota DHS, 2003b). In 15 states, including Minnesota, relatives are required to go through the same licensing process as other foster families, while in other states, relatives are not required to be licensed or may be held to different licensing standards (Jantz et al., 2002). Kinship foster parents are, on average, older, lower-income, and more likely to be single parents, when compared to non-relative foster parents. Children in formal kinship care arrangements often do not receive the same level of services as children in non-relative foster care, in terms of support, contact with child welfare workers, and Medicaid and other reimbursement services. Little is known about the number, characteristics, and services provided to Minnesota children in informal kinship care arrangements receive, because their care and services are not tracked through SSIS or any other statewide

database. However, a national study has found that children in kinship care, formal or informal, more often live in families experiencing financial hardship, crowding, or trouble paying housing costs, and that the caregivers tend to be older than non-kin foster parents, and more likely to face health challenges and report high aggravation levels. These kinship caregivers may not be receiving Medicaid, food stamps, housing assistance, and child care assistance for which they may be eligible (Ehrle & Geen, 2002).

A 1979 Supreme Court decision (*Miller v. Youakim*) ruled that kinship foster parents can receive foster care payments and that they must receive the same payments as other foster parents if they are held to the same licensing and care standards (Berrick & Needell, 1999). Some states pay kinship foster parents the same subsidy as non-relative foster parents, some pay kinship caregivers at the welfare rate, which is lower than the foster care rate, and some states have a subsidy that is between the previous two options. One study found that half of the children whose kinship foster parents were receiving the foster care subsidy were reunited with their parents, compared to two-thirds of children whose kinship foster parents were receiving the welfare subsidy rates (Berrick, 2000). Other studies also found that higher kinship foster care payment rate increases the overall length of time in the foster care system (Berrick & Needell, 1999).

Current research on kinship care in the U.S. indicates (Berrick & Needell, 1999):

- 18 states (not including Minnesota) now view kinship care as a diversion to informal care.
- 8 states (including Minnesota) require a thorough search for relatives to provide care before placing children in non-relative foster care.
- 21 states (including Minnesota) in statute identify kin as the first priority for placement options.

The benefits of kinship care include:

- The child already knows the caregiver, so the placement is less traumatic.
- It encourages more visitation with the child's birth parents.
- It reduces the number of placement changes or moves.
- It improves the family reunification rate.
- Children are usually more happy with their caregiver compared with children in other forms of placement (Berrick, 2000).

## **Family foster care**

Family foster care includes households that are licensed to care for children who cannot safely live with their birth parents. “Analysis of archive data confirms a continuous and substantial rise in the number of children in foster care since the mid-1980s” (Goerge et al., 1999). The objectives of family foster care include prevention of future child maltreatment, maintenance of family and school connections, minimizing movement from one home to another, stabilization or improvements in the child’s functioning, and meeting the child’s immediate healthcare needs (Pecora & Maluccio, 2000). Major components of effective family foster care programs include:

- Intensive, focused, and goal-oriented case planning that involves the child, birth family, and extended family members as appropriate.
- Systematic decision making and use of time limits.
- Giving the child a sense of their future and a role in the decision making.
- Social workers and foster parents with certain characteristics, such as the ability to balance flexibility and firmness, and having a sense of humor.
- Determined effort by experienced and trained social workers with reasonable caseloads.
- Competency-based approaches to education and training of social workers that ties worker performance to the agency’s goals and priorities.
- Visits with parents and siblings.
- Child placement agencies with a wide variety of service options.
- Early development of a self-sufficiency plan, including identification of needed attitudes, skills, and behaviors (Pecora & Maluccio, 2000).

Barth (2002) summarized several studies that compared foster care to residential or group care settings. He found that children in foster care functioned better than children in residential care in the following areas:

- They attained higher levels of education.
- They had less chance of arrest or conviction.
- They reported fewer substance use problems.
- They reported higher levels of satisfaction with the amount of contact they had with their biological siblings.

In addition, adults who were once in foster care are less likely to move, to be living alone, to be single head of household parents, and to be divorced compared to adults who were once in residential care. Adults who had been in foster care were also more likely to have close friends and stronger informal support, as well as higher satisfaction with their income and more positive assessments of their own lives compared to former residents of institutions or group homes (Barth, 2002). Pecora and Maluccio (2000) report that child maltreatment rates by family foster care providers ranges from 3 to 7 percent.

Children under age five are twice as likely as children over age five to be placed in foster care. Younger children (under age 6) are more likely placed in foster care for reasons of neglect whereas adolescents are more likely placed for reasons of physical abuse (Berrick et al., 1997). Foster care children often have physical, emotional, or behavioral problems (Urquiza et al., 1999).

In general, length of stay in foster care is related to permanency goals; age of the child, with younger children experiencing longer placements; race, with African American children experiencing longer placements than children of other races; and geographic location, with children from urban areas experiencing longer placements than children from rural areas. Shorter stays initially in foster care are associated with higher re-entry rates into the foster care system (Goerge et al., 1999).

Urquiza et al. (1999) suggested several “rights” of minority families and children in the foster care system:

- To make agencies aware of their ethnicity.
- To expect agencies to preserve the child’s ethnic identity.
- To retain their primary language.
- To receive culturally-specific services.
- For children who will not be reunified with their families, the right to be informed of their biological family’s history and culture.
- On-going access of children in care to adults and peers who share their ethnicity.
- To have family and kin as first placement options.

A study of differences in foster care outcomes based on the child’s race examined 775 cases that were open at least six months in Arizona’s Child Protection Department (McMurty & Lie, 1992). The results indicate that exit rates from foster care did not differ across race, but family reunification was lower for African American children compared

to White children. The average length of time in care was more than three years for African American children, about two and a half years for White and Chicano/ Latino children, and less than two years for children from other minority groups. At the time of their first out-of-home placement, White children were significantly older than non-White children.

## **Summary**

Family foster care is the most commonly used out-of-home placement option for children who have been abused or neglected, because the cost of family foster care is low compared to group or residential care, and there is evidence that children benefit from family-like living arrangements. Kinship care is an increasingly popular alternative to non-relative foster care, although evidence indicates that children in kinship care receive fewer social services compared to those in non-relative family foster care. On the other hand, kinship care is a less restrictive placement from the child's point of view and it accommodates the cultural traditions of some minority groups to allow extended family to participate in the child rearing process. Specific efforts in family foster care can also help to ease cultural transitions for children who are placed in trans-racial foster care. Barth (2002) concluded that "evidence from a few studies indicates that foster care and treatment foster care are more desirable and efficient than institutional care and their development should be treated as the priority of policy makers and program developers" (p. ii).

## ***Children in placement due to behavioral, emotional, or developmental problems or delinquency***

Sometimes children are placed out of their homes because they are too disabled or emotionally disturbed to safely remain in the custody of their parents. Some of these placements are done voluntarily by the parents, due to their need for additional services, and other times this type of placement is involuntary, similar to other child protection or juvenile justice removals.

Some of the children who are placed because of their own behavior have severe emotional or behavioral problems *related to* abuse or neglect they have experienced, and others in this group were born with conditions or have other medical reasons for their problems. Therefore, many of the placement options available to children with emotional and behavioral disorders and disabilities are the same as those used for children who have been abused or neglected (for example, kinship care to provide respite services for parents whose child has a severe emotional disability).

This section describes additional placement options that tend to focus more on issues related to children rather than the family. Placement options described in this section include residential educational academies, therapeutic foster care, group homes, and residential treatment.

Some children are also put in out-of-home placement due to offenses they have committed or other law enforcement reasons such as violating the terms of their probation. In these cases, the placement is typically arranged through county Community Corrections instead of Social Services, although some funding streams may overlap. Placement options for youths who commit crimes include boot camps, juvenile detention facilities, and adult jails or prisons. The effectiveness of these placement options is typically measured by the recidivism (commission of new offenses) of youths who go through the programs. Other outcome measures include youths' functioning, skills, attitudes, anger management, and sobriety.

“Minority youth are overrepresented in correctional institution populations. [A 1997 Office of Juvenile Justice and Delinquency Prevention report] shows that 63 percent of the juveniles detained in juvenile residential facilities are from minority groups, compared to 37 percent White, non-Hispanic” (Gordon et al., 2000, p. 194). In addition, the disproportionate percentage of minority youths involved in the juvenile justice system increases at every stage of involvement. Thus, while African Americans make up 15 percent of the youth population in the U.S., they account for 26 percent of youth who are arrested, 44 percent of youth who are detained, 46 percent of youth who are judicially waived to criminal court, and 58 percent of youth admitted to state prisons (The Justice Policy Institute, 2001). Therefore, special attention is focused here on programs shown to be effective for minority groups.

### **Residential educational academies**

Residential educational academies are typically voluntary placement arrangements for adolescents who are at risk for school failure, substance abuse, or juvenile delinquency. To date, there are two residential educational academies in Minnesota. Both have struggled with maintaining adequate enrollment levels. The objective of many residential educational academies is the upward social and economic mobility of the youths in the program through the development of self-competence and educational attainment (English, 1996). Many Historically Black Colleges and Universities included residential educational programs for students in elementary or high school. The focus of residential academies in Western Europe and Israel is on education and youth development, compared to the focus in the U.S. on remediation of individual difficulties. Residential education in Israel has emphasized cultural identity of students without the social stigma

associated with these programs in America. English (1996) believes that residential education allows the ethnic identity of minorities to flourish in a safe setting while preparing the youths for entrance into the wider society.

Levy (1996) recommends the following program components for all residential educational academies:

- A few hundred residents.
- A wide age range of students.
- A co-ed population.
- Length of stay unlimited in advance.
- Openness to the environment.
- A rich variety of activity opportunities.
- Cultural heterogeneity.
- Easy access to information about the residential environment.
- A wealth of stimuli and the possibility of spontaneous reactions.
- Elements of the environment should be easily comprehensible to the youths.
- Reasonable prospect of completing a process without deadlines.
- Worthy objects available for identification and imitation.
- Lifestyle confirms feelings of acceptance and belonging.
- Lifestyle confirms a sense of chosen destiny.

### **Therapeutic/treatment foster care**

Therapeutic foster care (also called treatment foster care) is a family-based alternative to residential, institutional, and group care for children with significant behavioral, emotional, or mental health problems (Chamberlain, 2000). Treatment foster care is intended for children and youths who require the intensive structure of residential care but can also benefit from the influence of a family environment (Curtis et al., 2001). Barth (2002) reports that outcomes for children in treatment foster care are similar to outcomes for children in group care, when referral reasons are mental health or juvenile

delinquency. Most treatment foster care placements are completed as planned. Availability of community-based resources to help the discharge transition back to home is the best predictor of positive child adjustment (Chamberlain, 2000).

A literature review by Curtis et al. (2001) comparing the types of youths served by treatment foster care and residential group care indicates that youths in residential group care are more likely (at intake) to have experienced sexual abuse, more likely to have had criminal justice contact, and more likely to have a substance abuse problem compared to youths in treatment foster care. On the other hand, youths in treatment foster care were more likely than youths in residential care to have a history of physical abuse or neglect. Chamberlain (2000) reported that children in treatment foster care are similar to children in group or residential care on pre-test measures of individual functioning.

A large meta-analysis of 40 treatment foster care evaluations found large positive effects of treatment on the youths' social skills and placement permanency, including family reunification (Reddy & Pfiffer, 1997). The youths' psychological adjustment and behavior problems were moderately related to their participation in the treatment foster care program, as was their discharge status. The authors cautioned that interpretation of these results be viewed in light of the fact that most of these studies lacked academic rigor.

Chamberlain (2000) reports that most children in treatment foster care improve on behavioral indicators of adjustment, as indicated by the fact that 60 to 89 percent of youths in treatment foster care are discharged to less restrictive settings. Youths in treatment foster care are reported to have a significantly greater drop in criminal activity at one-year and two-year follow-ups compared to youths in residential care. Brosnan and Carr (2000) also found that youths in treatment foster care had reduced conduct problems and reduced recidivism (compared to themselves pre-intervention).

One study of treatment foster care in Oregon found that program costs are recovered in two years through reduced costs of re-arrest and incarceration rates (Chamberlain, 2000). Treatment foster care costs one-fifth to one-third less than residential or group home placement options (Reddy & Pfiffer, 1997).

### **Group homes**

Group homes (also called group foster care) are more restrictive than family or treatment foster care or residential academies, but generally less restrictive than residential treatment centers. Some group homes offer treatment services, but this is not a basic component.

Barth (2002) suggests that residential care is not appropriate for children within normal ranges of functioning, but he does add that residential care may be appropriate for children who have a history of and are currently at high risk of running away, or for those children who are self-destructive or destructive to others. In addition, residential or group care may be appropriate for children who are being discharged from more restrictive institutional settings, such as mental health treatments, but who are not yet ready to be returned to their families or the community. Berrick et al. (1997) also argue that “placement into group care costs much more, provides less stability for care giving, and does not increase the likelihood of adoption, [so] very young children should not be placed in group care” (p. 271). The greatest weakness of residential or group care is the lack of after-care services, which leads to a high re-entry rate into the system (Barth, 2002).

Different researchers disagree about the types of children served by residential and group care. Some studies have found that the children in group care score worse on standardized measures of functioning compared to children living in family-like settings, whereas other studies found no differences between children in foster care and children in group or residential care. It has been documented that children in group care are more likely to receive certain services, such as mental health treatments, compared to children in foster care or kinship care. On the other hand, children report lower satisfaction with their caregivers in group or residential care compared to children who are placed in foster care or kinship care.

### **Residential treatment centers**

A survey of 96 residential treatment centers in the U. S. and Canada found that severe emotional disturbance (including clinical depression, post-traumatic stress disorder or PTSD, and anxiety disorders); aggressive or violent behaviors; family, school, or community problems; and physical, sexual, or emotional maltreatment were the most common reasons why children were placed in institutions. Over half of the referrals for residential treatment centers nationwide come from state social service departments, and 70 percent of the funding for these programs comes from social services (Barth, 2002).

Whittaker (2000) reviewed a 1994 U. S. General Accounting Office report that found several factors associated with successful residential care. According to this report, components of successful residential programs include:

- Family involvement.
- Participation of a caring adult.
- Planning for post-program life.

- Post-program support.
- Skills teaching.
- Service coordination.
- Development of individual treatment plans.
- Positive peer influence.
- Enforcement of a strict code of discipline.
- Self-esteem building.
- Provision of a family-like atmosphere.

Gordon et al. (2000) found that “there is an increasing body of scientific evidence demonstrating a high level of support for rehabilitative programming...[and that] recidivism is reduced when treatment strategies grounded in the theoretical concepts of behavioral or social learning are employed” (p. 196). Rising crime rates in the 1980s, along with increased attention on juvenile delinquency, has led to a public policy emphasis on punitive corrections policies rather than rehabilitative policies and programs. These authors encouraged policy makers to use the findings of research to shape public policy decisions, and they listed the components of effective rehabilitative juvenile delinquency treatment programs:

- Provide services that emphasize behavior strategies.
- Target high-risk offenders.
- Match the treatment to each offender’s style of learning, staff characteristics, and staff intervention methods.
- Administer enforcement contingencies to the offender in a fair and consistent manner.
- Select, train, and supervise staff members so that they provide treatment in an understanding and effective manner.
- Emphasize pro-social attitudes and activities in the actual treatment.
- Provide relapse prevention programs in the community after release.
- Refer clients to additional services in the community.

A residential treatment center for convicted juvenile offenders that uses family, cognitive, behavioral, and social learning theories to treat the youths was compared to two traditional (i.e., custodial emphasis) juvenile detention facilities (Gordon et al., 2000). The youths were all males between the ages of 15 and 18 who did not have any major mental health problems and were convicted of serious felony offenses. The purpose of the experimental treatment, which occurred at the Paint Creek Youth Center in Ohio, is to alter the youths' attitudes and behaviors from anti-social to pro-social through group therapy combined with educational and vocational training. The outcome measure was recidivism, as measured by official reconviction and recommitment data. Youths in the treatment group were less likely to be reconvicted than were youths who were placed in the traditional facilities. Among both the traditional and experimental treatment groups, White youths were less likely to be reconvicted or recommitted when compared to the minority youths in their groups, although the experimental treatment was more effective at reducing minority offenders' recidivism when compared to the traditional treatments. The number of prior offenses and the initial sentence length were significantly predictive of recidivism for both groups of youths.

An evaluation of an 18-month long residential treatment program for 26 sexually aggressive boys between the age of 11 and 15 found evidence of improved functioning (from baseline to the end of treatment), as measured by the Child Behavior Checklist (CBCL), the Youth Self Report (YSR), the Teacher Report Form (TRF), and the Adolescent Cognitions Scale (ACS). There were no changes on social maladjustment or the asocial indices of the Jesness Inventory. Official data found zero recidivism (i.e., reconviction) in the 12 months following the end of the treatment program, but there were cases of serious acts of aggression committed in 27 percent of the cases and acts of sexual molestation in 8 percent, although these cases were not prosecuted. These results indicate some success of the program, although substantial amounts of missing data and high attrition rates indicate the need for caution when interpreting these results (Shapiro et al., 2001).

Barth (2002) summarized a 2000 U. S. Surgeon General's report that "indicates that residential treatment has not shown substantial benefit to children and youth with mental health problems and hints at the possibility that residential treatment may have adverse effects because of the contagion of problem behavior from one child to another" (p.6).

Barth (2002) reported that children in institutional care have 6 times the chance of being abused or neglected when compared to children in foster care. On the other hand, there is a bias in evaluations toward having higher reports of abuse and neglect in group settings compared to foster care, because group care generally serves older children who are able to report when they have been abused. Children in group care also have greater

placement instability but remain in care the same amount of time compared to those in foster care (Berrick et al., 1997).

Whittaker (2000) cautioned against using residential treatment options for at-risk children, due to the high cost of these placements (over \$6,000 per month per child), until research has better demonstrated their effectiveness. Barth (2002) also reported that institutional care can cost 6 to 10 times as much as foster care and two to three times higher than treatment foster care. On the other hand, group care costs often include mental health or educational services, which are usually not included in the costs of foster care and are, therefore, incurred by the local community.

### **Wilderness or adventure-based programming**

Current wilderness programs for juvenile delinquents developed from two different sources: The Outward Bound model and the forestry camps. The Outward Bound model originally was developed to help seamen to engage in rigorous physical activity and to develop collaborative working skills during wartime. Adventure education, adventure-based programming, and adventure-based experiential learning are all terms found in the literature that combine outdoor activities with goals for assisting at-risk youth.

Juvenile offenders commonly have two sets of problems, each of which is addressed in wilderness programs:

- They have poor decision-making skills. Wilderness programs allow juveniles the opportunity to make their own decisions and deal with their consequences.
- They have no memory of a major, successful, socially acceptable experience that has required cooperation with others. Wilderness programs offer a progressively more difficult mastery-focused program that requires cooperation.

Wilderness and adventure-based program models vary widely in content and intensity, but most have the following commonalities (Cason & Gillis, 1994; Glass & Myers, 2001; Wilson & Lipsey, 2000):

- They provide a well-organized program focusing on the mastery of difficult physical challenges.
- They create an opportunity for heightened self-respect among youths who have a history of repeated failures in school, difficulty in social relationships, and problems with family members.

- They use the outdoors and the reality of ensuring one's own survival as the setting for teaching academic subjects.
- They help participants learn how to work cooperatively with others to complete a task.
- Most programs range from 26 days to 12 to 18 months.
- Most participants are referred by some type of official related to the juvenile justice system.
- Most programs have a “solo” event and a “final event/marathon” and a “celebration event.”
- No two programs are the same (which makes it difficult to draw conclusions).

Although there are some contradictions in the literature, research suggests that adventure programming may lead to improved self-perception. However, these programs do not appear to significantly increase an internal locus of control or decrease depression.

Research suggests that adventure programming that is longer in duration has considerably more impact than short-term (one- or two-day) programming. If a program gets too lengthy (more than 6 weeks) there is a plateau effect. Although the optimal length of time is not quantified, it appears that a program that lasts from three days to five weeks may provide the best outcomes for the cost.

Deschenes and Greenwood (1998) evaluated the Nokomis Challenge program in Michigan, which is a three-month residential and outdoor challenge program followed by nine months of community-based after care for delinquent adolescents. Outcomes such as school participation, employment, family functioning, criminal activity, drug use, and cognitive and coping skills of youths who participated in the Nokomis program were compared to the outcomes of youths who participated in a 12-month residential program. However, only 40 percent of the 102 youths assigned to the Nokomis program by Michigan courts in 1991 completed the 12-month program. The authors of this evaluation concluded that the cost savings associated with the Nokomis program were counterbalanced by the increased risk of having convicted juveniles back in the community after only three months.

Based on 44 studies, Cason and Gillis (1994) found that those participants who were involved in adventure-based programming benefited more than those who did not (although this varied by outcome area). The types of activities may work well with adolescents who do not respond well to traditional “talk-oriented” interventions. Also, younger adolescents benefit slightly more from adventure programming than older adolescents.

Wilson and Lipsey's (2000) meta-analysis found that the offense recidivism rate for program participants was 29 percent vs. 37 percent for comparison subjects from a mix of no treatment, probation and residential settings. Programs involving intense activities or

with therapeutic enhancements (such as individual counseling, family therapy, or therapeutic group therapy) produced the greatest reduction in delinquent behavior. Little is known about the impact on pre-delinquent youth.

As with any program, many authors described the success of programming as dependent on the quality, training, and education of the facilitators. Failure to employ counselors trained in “low element challenge courses,” for example, can result in a challenge programs that provides fun for its clientele, but otherwise offers little or no therapeutic or educational value (Glass & Myers, 2001).

### **Boot camp**

The authors of a literature review of three types of boot camp models, including military discipline style, rehabilitative approach, and the educational-vocational approach, concluded that boot camps are more expensive than other interventions for juvenile delinquents and “likely ineffective” at reducing recidivism (Tyler et al., 2001). These authors reported that boot camp costs an average of \$93 per day compared to \$89 for a residential correctional placement and less than \$10 per day for the cost of juvenile probation.

### **Correctional facilities, traditional juvenile detention and jail**

One study of adolescent boys in a state correctional school found that the youths whose parents visited them frequently were less likely to be cited for major misconduct compared to youths whose parents did not visit as often (29% versus 61%, respectively). These authors feel that parent-child visiting programs are critical in achieving positive outcomes for youths in foster care or residential programs. In addition, they recommend that children not be reunited with their families until they have had safe, unsupervised overnight visits in their own homes (Warsh & Pine, 2000). They report that a successful visiting program includes:

- Close geographic proximity.
- Training of staff and foster parents in planning and carrying out positive visits.
- Formal visitation plans.
- Purposeful visiting.
- Gradual increase in visitation intensity.

## **Summary**

Services for both emotionally and behaviorally disturbed youth and delinquents often overlap, but are most effective when they include a therapeutic component and family involvement, as well as a realistic and individualized aftercare plan. Longer placements are more effective at reducing recidivism compared to shorter interventions. In fact, juvenile delinquency interventions are recommended to be at least seven months long (Minnesota DOC, 2002a). Juvenile delinquents tend to do better in smaller settings versus larger settings. Programs that are based on research are more effective than non-research-based programs. Programs with transitional and aftercare services also do better than programs without these components.

Based on mixed results of evaluations and the high cost of residential care, Barth (2002) recommended that “children who can be cared for in treatment foster care or foster care should be cared for in those least restrictive levels of care. There is no evidence that the overall quality of care is better in group homes...leaving a balance sheet that clearly favors the less expensive alternative” (p. 21). On the other hand, group homes may meet the needs of more severely disturbed children that would not meet the criteria to live in foster care.

In addition, group or residential care may increase certain risks or problems among children who are not able to live at home. “There is virtually no evidence to indicate that group care enhances the accomplishment of any of the goals of child welfare services: it is not more safe or better at promoting development, it is not more stable, it does not achieve better long-term outcomes, and it is not more efficient as the cost is far in excess of other forms of care” (Barth, 2002, p. 25).

## ***Services for unaccompanied homeless children***

Two-thirds of unaccompanied homeless youth have previously received county interventions or out-of-home placements, including foster care, group care, inpatient treatment, and correctional placements. While the majority of children who receive such interventions return successfully to their homes, it is nevertheless a disturbing fact that the majority of the 660 youth who are homeless and alone on any given night in Minnesota did not find the help they needed in those settings – or after they were done – to remain safely in their homes (Wilder Research Center, 2001).

Only recently have services be provided to homeless youth on a significant scale, or evaluated. There is little scientific research available on effective programs. The following summarizes what has recently been reported as the best knowledge based on practice by Minnesota public and private agencies and service providers.

Effective services to prevent homelessness among youth include many of those identified above, particularly in-home, family-based resources to support and strengthen access to basic needs, parenting skills, and access to community-based resources (Wayman, 2003).

### **Emergency shelters**

Emergency shelters are the primary form of housing for homeless youth who are not staying with friends or on the streets. For best effectiveness, the shelter should provide not only housing and other basic needs but also family reunification counseling. This counseling must be of sufficient intensity and duration to address the often serious conflicts between youth and their parents. For youth who are unlikely to be able to return home, there should be an opportunity to move as soon as possible out of the emergency shelter into transitional housing or an independent living facility (Wayman, 2003).

In place of formal shelters, some communities are piloting “host homes” in which community members provide temporary housing in their own homes for youth needing a chance to establish stability in their lives. This provides either respite for families or alternative supervision for youth, or both, and may lead either to reunification or independent living (Wayman, 2003).

### **Life skills and independent living skills training**

Transitional housing and independent living facilities, when available, accept youth who are unlikely to be able to successfully return home, and help them develop the skills they need to manage their own lives as independent adults. These include educational and vocational services, access to medical care, mental health and chemical dependency treatment if needed, relationships with caring, supportive adults, budget planning and financial management skills, landlord/tenant issues, and help locating independent housing and learning the skills to stay in that housing successfully. Case management services are an important component. Case managers coordinate services, and help youth master life skills and identify and reach educational and vocational goals. Wraparound or family group conferencing are promising ways to help teens with children of their own develop the skills, confidence, and support they need to be successful parents (Wayman, 2003).

### **Delegation of Parental Authority**

Sometimes adolescents and their parents just need some time and distance to help sort out their difficulties. Delegation of Parental Authority is a provision in law that allows a parent to temporarily transfer legal and physical custody, voluntarily, to another adult of their choice for a limited period of time. The delegation of authority is a private matter between the parties involved (that is, it does not trigger the involvement or supervision of

any county authority), but it has the force of law and is formally registered with the courts. The parent can cancel it at any time (Legal Aid Society of Minneapolis, 2001).

### ***Promoting and planning family reunification***

For some severe cases involving children in out-of-home placement, parental rights are terminated and the child becomes a ward of the state. But for those families for whom out-of-home placement is a temporary option used until a crisis situation is resolved, and for the families who have had children placed while longer-term issues such as mental health and chemical dependency are treated, the likelihood of successful family reunification is enhanced by providing support services to children and their families during out-of-home placements and throughout the child's transition back home. Family reunification services are also important and helpful for helping homeless youth return to their parents and remain with them.

Placement prevention and family reunification are promoted by the Adoption Assistance and Child Welfare Act of 1980 and the Adoption and Safe Families Act of 1996. One study found that 97 percent of families who had received brief, intensive family-centered reunification services while their child was in out-of-home placement were reunified within 90 days, compared to only 32 percent of families who had not received these services. At the end of one year, the families receiving these services reunited in 75 percent of cases compared to 49 percent of families who did not receive services (Maluccio, 2000). Maluccio (1999) also found that children with behavioral or emotional difficulties are half as likely to be reunited with their families as children without these problems, regardless of the reason why the child was put in out-of-home placement. He reported that developmental or medical problems were not related to reunification rates.

Critical components of family reunification services include:

- Strategies for building parent-worker relationships.
- Behavioral interventions for parents.
- Provision of concrete services, such as transportation, housing, and income assistance.
- Maintenance of continuity between parents and children during placement.
- Consideration of racial and ethnic dimensions.
- Attention to the child's psychosocial functioning.
- Involvement of the extended family in the reunification process (Maluccio, 2000).

## *Alternative permanency plans*

For some children, living with their biological parents is not an option, due to their parents' death, inability to cope, or unwillingness to care for them. Under Minnesota law, permanent placement options for such children include adoption (involving termination of parental rights), or permanent custody by a relative (does not require termination of parental rights). If the court finds that neither of these is in the best interests of the child and that reasonable efforts have failed to locate an adoptive family, a child age 12 or older may be placed into long-term foster care, and a child whose sole reason for placement is his or her own behavior may be placed in further short-term foster care for no more than one year.

### **Adoption**

Under law, adoption is the preferred permanent option for children who cannot live with their biological parents, because it promotes the stability and developmental benefits of living in a family environment.

Based on practitioners' reports of effective practice, Barth (2000) lists several things adoption agencies can do to improve the chances of successful adoption, including:

- Take an open approach to matching children and parents, in which biological and adoptive parents know each other.
- Provide accurate information to adoptive parents about children's health and background.
- Assist families to obtain early compensatory education services for their children.
- Help adoptive families develop realistic expectations.
- Identify children who will not be reunited with their parents after foster care, so they can be placed with an adoptive family at an early age.
- Offer flexible, long-term post-adoptive services.

In Minnesota, it is increasingly common for foster parents to adopt former foster children who cannot be returned to their parents.

Feigelman (2000) found that trans-racial adoptees (children adopted by parents who are of a different race) are well-adapted, when compared with their same-race adopted peers and with comparable children living with their biological parents. Trans-racial adoptions

are most likely to succeed when children are younger, when the adoptive parents respect and cultivate their child's affiliation with their birth culture, and when families live in integrated neighborhoods.

In Minnesota, children who are wards of the state awaiting adoption often have serious physical and emotional problems and may need specialized medical care.

### **Relative custody**

Relative custody is similar to adoption, in that permanent custody is transferred to a relative or sometimes a close family friend, but parents' rights are not terminated. In Minnesota such permanent guardians can receive supportive services and some reimbursement for costs from a state-supported program, but (like adoption assistance) the rate is lower than for foster care, and the support for relatives is subject to deductions that do not apply to adoptive parents.

### **Orphanages**

In the past, orphanages were used as placement options for a wide range of children, including those whose parents were deceased or no longer able to care for them. Some were called "boarding schools" and were used with American Indian children from the 1870s to the 1970s to replace traditional culture and language with American mainstream culture (Adams, 1995; Horejsi et al., 1992; Johnston, 1989).

A 1996 review of research (Frank et al., 1996) found that orphanages had "all but disappeared" by 1980, when federal law stipulated that children placed out of the home should be in "the least restrictive (most family-like) setting available." This review, of older U.S. institutions and current ones elsewhere in the world, found that infants and young children in orphanages are more likely to suffer from various health problems compared to children living in family-like settings. This risk is still seen in young children in other group and institutional settings in the U.S. today. Children living in orphanages are also more likely to suffer from malnutrition, a risk still likely for infants who are not held for feeding by a familiar and consistent caregiver.

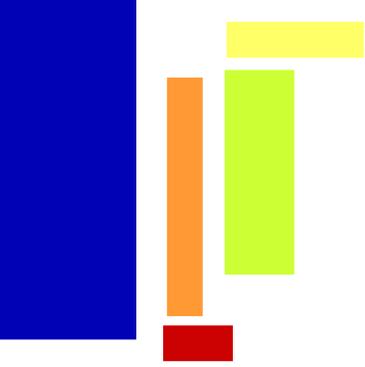
Intellectual and social/emotional development were also found to be worse in children who had spent early childhood in a group setting. Normal infant development requires a close relationship with a primary caregiver – a parent or parent-like adult. This type of relationship is difficult to provide in an institutional setting, where staff members change with every shift and high staff turnover is common. Children raised in such settings fared worse than children raised in family-like settings on measures of cognitive, social, and emotional development. The cognitive disadvantage was less serious if the institution had

very low staff-to-child ratios (one staff member for three or fewer children) and intensive programs of developmental stimulation, but children who were not placed in adoptive homes by age 4 still remained behind those raised in a family setting. These authors also noted five symptoms clusters that persist into adolescence for children raised in orphanages, including:

- Hyperactivity and disorganization.
- Indiscriminate demands for affection and attention.
- Superficiality of relationships.
- Absence of normal anxiety in reaction to failure or rebuke.
- Social regression.

Results from studies of Chinese orphanages that indicates “children reared in foster/private homes had significantly better developmental (motor and mental) outcomes at one year than children raised in orphanages” (Barth, 2002, p.13).

On a positive note, one study of adults who grew up in White-only orphanages in the 1960s and earlier found that “as a group, the [adults raised in orphanages] have outpaced their counterparts of the same racial and age group in the general population by wide margins on practically all measures, not in the least of which are education, income, and attitude toward life” (McKenzie, 1997, p. 95). The author surveyed almost 1,600 alumni of orphanages that housed mainly “normal” children without problems like delinquency or disability. (The response rate for this survey was around 50 percent.) Of these respondents, 13 percent reported they had experienced some abuse while living at the orphanage, 46 percent said they “never” or “rarely” wanted to return to their own family, and 86 percent said they “never” or “rarely” wanted to be adopted. Three-quarters of respondents (76%) gave the orphanage they grew up in an overall rating of “very favorable.” The average length of time these alumni spent in the orphanage was nine years. The major problem with this study is sampling bias. Survey respondents were selected from lists of orphanage alumni associations. Alumni included on these lists are likely to be the ones who were most satisfied with their experience in the orphanage and also those who are most financially stable, and therefore, easiest to contact. The results would probably be less positive with a more representative group of orphanage alumni.



## Where are the gaps?

In order to learn more about the experiences and needs of Minnesota's children through the eyes of child welfare professionals, Wilder Research Center conducted a key informant survey with child protection workers, juvenile probation officers, and court officials from across the state. Of the 40 professional interviews, half were conducted with child protection workers, liaisons to Indian tribes, or other social workers who serve children at risk of placement. The other half includes juvenile probation officers and court officials. Interviews were conducted by phone during February and March 2003. Ten respondents were from the Twin Cities area, 14 are from rural areas in the state, and 16 were from suburbs or smaller cities.

These interviews focused on the kinds of services used by front-line workers in their efforts to avoid a placement, the service options available when placement was required, and gaps and service needs that are difficult to meet with the current level of services and resources.

This portion of the report describes the opinions of child welfare, court, and juvenile justice professionals in Minnesota regarding what services should be emphasized, what needs may go unmet, and what challenges they face in attempting to meet the needs of the children and families they serve.

### Early intervention

Service professionals throughout the state voiced nearly unanimous support for early action to reduce the likelihood of future need for crisis related services. The following comments are representative:

We need a stronger funding base for our early intervention programs. When we can help families early, it is less costly in the long run.

I wish we could support more intensive in-home programs. I fear that many of the options we use to prevent placement will disappear as funding ends.

In general, we need more intensive in-home services. They show promise but with expected cuts they are too costly for parents and counties. I think the progress that has been made over the last several years is in jeopardy of being lost because money is just not there to support it.

I strongly believe that in-home parenting education, especially early on in the process is preventative. Getting services for families in a timely manner helps avoid creating bigger problems down the road.

Earlier interventions or preventions services would help. They are not readily available. There are very few services available until people reach the county service system, so they tend to come in when there is a finding of maltreatment.

The courts have limited options. There is no money to pay for the services that are recommended. Only the most severe cases get the services needed. Unfortunately this leads to more severe cases down the road.

The guardian ad litem, get them more involved before the day of court.

### **Inadequate range of services**

The respondents in this study frequently found themselves in circumstances where the services they needed for a given family were either not available, or available in such limited quantity or inappropriate form, that they did not meet the need. The following comments are illustrative.

More choice of vendors [for in-home services] is needed. In our county there are no nonprofits that provide services.

We need someone to go in and work with the family on things like basic skills training for parents. More ability to do family group decision making (a process where a family is brought together with a family facilitator to help make decisions about issues).

More accessible and better quality mental health services.

Sober schools, the kind of cooperative between school and corrections.

Intervention with families when parenting education is needed.

We need truancy program or diversion programs for truancy. We don't have enough workers and no acknowledgement of the seriousness of truancy. We need prevention services that involve collaborations between schools, courts and social services.

We need more adoptive homes for children with special needs, especially emotional problems.

More personal care assistants who can work with severely emotionally disturbed children.

I would like to see reunification services available to American Indian tribes statewide. We try to steer away from the termination of parental rights, but we don't have an intensive reunification service.

Finding a foster home with the cultural diversity we need. There are no resources for a Native American child here. If there are cuts in non-mandated prevention services it will seriously effect our work.

Alternative Response has helped. It gives flexibility and access to money and gives workers discretion to help families. This flexibility is needed outside of the Alternative Response system.

## **Ways to respond differently**

The survey asked respondents to be creative. How could the needs of families be approached differently? Some suggestions follow:

There needs to be a comprehensive look at all the needs of the child, not just the incident that brought the child into our department. For example, we can send parents to parenting skills classes, but if they can't find housing there is not a great chance that their parenting behavior will change.

We need more adult role models of color and their families. This would include more foster and adoptive families of color and more workers of color.

Try to set up the system so children will not be removed at all from their homes. (It might be better to remove the parents instead if they are the problem.)

Give the child a responsible set of caretakers so that the child can stay in their own home and learn there to establish patterns of health and wellness.

I have seen how cooperation and working in the "community partnership teams" have changed the attitude within agencies and with the tribal governments. I would like to add more at an early stage especially family school support workers.

This is hard but I would like to see more education provided from the prenatal stage forward. I would like to see supportive services available (maybe even required) at the hospital before the child goes home. If parents are better prepared from the start, less would wind up with us down the road.

In general, we need more money to support the programs we already have and are facing a loss of funding. I am facing the financial part of it right now so that is all I can think of.

I would like to see more choices in the system. Many counties, including ours, are working on a family group decision making model that partners service providers with the needs of the family. This is showing signs of being a good approach.

We need to provide more timely services, services that happen closer to the time of a crisis.

The more we can do to educate parents about being good parents, the less other agencies need to spend providing services. We need to make good positive impacts early in the process. Parents need to be parents not buddies.

You would think that we would have learned from past experiences that it costs more to resolve problems down the road than to address them when they are more manageable. As the funds shrink, only the most needy will get help and the rest will lose out.

We are going to need money for relative custody care.

I'm not sure how we can get the word out that parents must become more responsible.

### **More power to gain parents' cooperation**

Many of the key informants in our sample, and especially those in the juvenile probation system, were frustrated with efforts that focused only on children.

It would be great if we could roll back time and fix the parents, but since we can't we are left with dealing with them now. I would like to see more control over parents in delinquency cases – where parents could be held accountable as well as the child.

When we return them to their homes it's like fixing a tree by putting it back in a forest that is diseased.

...I put a lot of blame or responsibility on the parents. The more we can do to educate parents about being good parents – the less other agencies need to spend providing services.

There is not enough family support or treatment for youth in the current system and things are getting worse.

## **Budget cuts**

Given the timing of our survey it is not surprising that budget cuts were on the minds of many child protection workers, juvenile probation officers and court officials. In some cases respondents focused on the loss of prevention or early intervention methods because they are seldom mandated. In other cases respondents were concerned that cutbacks would mean that only those in severe crisis would be served.

I know we will lose staff. We will lose funds that put youth in a place they can get help. Then their offenses will become more severe and we will lose the opportunity to prevent youth from taking the wrong path. Only the most severe cases will be served. That really concerns me.

The impact is going to affect our ability to place youth in appropriate settings... We will have to provide the mandated services first and a lot of the prevention services will be put on hold. The impact of the cutbacks will probably not show up immediately but eventually we'll all be paying for the limited services.

I am concerned in many areas. Are we going to have people in the Department of Human Services to call with our problems? Are there going to be relative custody dollars available? Enough people in our office to meet the basic needs?

When services dry up we will be left with only the extremes of letting a kid go or placing them in a very restrictive setting. That of course will have long term effects that will cost us more down the road. Only the very serious cases will get attention and that puts more youth at risk and increases the level of seriousness that will get the services families and youth need.

I am greatly concerned. I worry about being able to provide the mandated services. I fear that we lose our ability to reach children and families early, when costs would be reduced. We will have to find funding to cover the services we are required to provide, that is going to be tough.

[The budget cuts]. will force us to provide only the core protective services. It's like building a hospital at the bottom of the cliff to service those who fall off rather than building a fence on top to keep people from falling off the cliff in the first place.

The effects are going to ripple across all publicly funded services as well as agencies who rely on contracts from state and counties. It is very depressing and I fear we will see a mushrooming effect down the road because prevention services are going to be hit hard.

Overall, we will have to raise the bar in terms of cases that even qualify for services. I am concerned that there will be less resources for prevention and that we will have to use more of the available budget for immediate crises.

## **Flexibility in services**

Several studies have examined demonstration projects intended to provide social workers with more flexible dollars to allow services to be more carefully crafted for the individual needs of the family. In general, these studies have shown promise and one of the methodologies, Alternative Response, is currently being used in more than 60 counties in Minnesota. Several Alternative Response workers were included in the key informant study but many of those who commented on the value of Alternative Response worked in other parts of the system. In general, workers in all service areas endorsed this general approach.

You have to have an open mind to use wraparound services. You have to be creative. Flexible spending is critical. Alternative Response helps you.

We've heard from our partners at Fond du Lac that it is helpful to restore some of the ceremonial traditions. I would love to understand more about the culture, it takes time and trust building and even then we will never understand what it is like to be another human being.

I know one size does not fit all and not all parents need the same services, but we need to do what we can to get the family on the right track.

## **The view from juvenile probation**

Approximately one-quarter of the key informant sample (N=11) represent the corrections and court side of juvenile services. Respondents included juvenile probation officers, drug court representatives, county attorneys, community corrections officers, public defenders, and family court judges.

Those involved in juvenile corrections see children only after some type of crime has been committed. They often share a common view with social services and child protection staff in feeling that there are inadequate resources to address the mental health needs and chemical dependency needs of families and their children at an earlier point. They also share a common view that they do not know enough about each others' jobs and feel that this type of knowledge might improve their ability to achieve positive outcomes for children.

Nonetheless, there are significant differences in the way in which probation officers and other court officials view the barriers to achieving good outcomes for children and families. The following were identified as major service gaps by the respondents in our sample:

### 1. Not adequate teeth in the current laws to compel families to be involved

In some other states families are court-ordered to be involved in services.

If a family would like to put the effort into this functional family therapy, we can help families who want to work with others to change things.

We need more programs for parents where parents are compelled to be in the program. We also need advocates for parents in this system.

### 2. Services that are specific to ethnic or cultural background

In my county the experience is that kids of color get treatment through jail and white kids go through the health system (the ability of the family to pay is key). The system forces this because the county resources tend to be in the criminal system not in the counseling and treatment centers. It is racist.

I wonder if some of the American Indian population likes to handle things in their family and tribe and that smacks up against the system. They don't get a lot of support from the system.

We need more community based agencies to provide functional family therapy so that we could better match gender and culture and language.

Hmong parents come from a controlling background... Parents often actually want out-of-home placement or getting a felony on a kids record. They don't understand the consequences of placement and they don't see the alternatives at home and in the community. It is my experience that in the Asian community less than 10 percent will look for alternatives because parents want to see some consequences.

There is a lack of advocacy for youth of color. If kids don't commit crimes, there is a wait and see attitude, but after a kid has committed a crime it's a little late for prevention. Hmong children especially need prevention programs because often the kids are kind of running the parents.

### 3. Training in anger management and thinking skills

More anger management and conflict resolution programs could help.

We are seeing more out of control youth than ever before. They could use some anger management services.

The staff that I work with have full caseloads so I can't add services to their caseloads. But they need cognitive skills programs. Also anger management curriculum, but I can't find providers.

#### 4. More education for our judges and public defenders

It would be helpful for public defenders to have some training on the needs of these kids. They tell kids they are done and the kids go right back to square one.

It would be better if we are able to take kids to court to get services early. Now we have to wait for the fourth offense.

I would like to see more education of judges and public defenders and lawyers – going to parenting classes, learning about adolescent development, spending time with kids. To get an idea of the consequences of taking kids out of their home. This might produce more creative intermediate ideas so we don't always go from probation to placement – but with budget cuts these programs will get shut down and courts will go to punishment too fast.

### **Rural/urban differences**

Fourteen of the 40 key informants interviewed for this study provide services in Minnesota counties that are primarily rural. In general, their responses indicate a strong desire to hold on to the services already in place rather than a desire to expand the types of services available. However, the survey identified three key areas where the responses of those in greater Minnesota were significantly different from those in metropolitan and suburban areas. Most of these concerns relate to issues that are often associated with wider geographic dispersion and larger service areas.

#### 1. Limited availability of short term placement options and respite care

There are not enough places for children. There is a lack of foster homes especially in our county.

We need foster care that can provide care for youth with special needs.

More foster homes that are appropriate for multiple children from the same family.

We could use more respite and foster families because we often resort to some type of facility which costs more and is less effective.

#### 2. Limited access to service because of distance, quality or availability

We struggle to get psychological evaluations done on a timely basis – we sometimes wait weeks! And the quality of these services is sometimes questionable.

In rural counties we have kids on different ends of the county. It's hard to get group counseling for children who are spread out all over the country.

Geographically we are located some distance from many of the treatment options we need to use. This causes problems for the family to travel to be part of a program and if we need to provide transportation, it adds to the cost.

The distance between families and service providers is another big problem in our county.

### 3. Resources for children transitioning out of placement

While this problem is not unique to rural areas, the needs of children in transition are sometimes more difficult to serve in rural areas.

We need support for young adults transitioning from children's to adults' services.

Wish we had a transitional person to work intensively with kids who are in transition.

We could use more qualified service providers.

I think our transitions program has helped make kids more responsible because they have someone following up on them. I would like to see other mentoring type programs to help our youth see good role models. We could use more Spanish speaking service providers especially when the migrant workers are here.

### **Gaps and service problems related to Indian families**

In order to learn more about problems serving Indian families, the Indian Child Welfare Act, and the application of this law in serving the needs of Indian children, the research team interviewed members of the American Indian Child Welfare Act (ICWA) Law Center, staff and service providers involved with the Metro Urban Indian Directors group and other social service workers and families in the American Indian community. These discussions identified several important issues related to the understanding and application of ICWA in Minnesota.

One of the first and most significant concerns regarding ICWA is the lack of enforcement of its provisions and the relatively modest resources available to ensure that the law is followed. Many of the Indian people involved in child welfare services feel that county staff including child protection workers, attorneys and judges do not fully understand the reason for ICWA (e.g., the maintenance of tribal sovereignty) and are not adequately trained in what the law means and how it should be applied. The second major concern in this area is that tribes do not have adequate resources to fully follow ICWA even when

they are notified that a child enrolled in their reservation maybe affected by the actions of child protection.

Some concerns raised in several settings are that even when there are substantial efforts to follow the law, there is a lack of needed services that could be considered culturally appropriate. In many Minnesota counties it is often difficult to find in-home service providers who have the needed skills and sensitivities to work with Indian families. (In some counties where special efforts have been made to build up liaisons between tribal governments and the counties, these services tend to work much better.) Another barrier to the appropriate placement of Indian children is the small number of Indian foster families. Even when child protection workers make substantial efforts to follow ICWA and recognize the child's tribal affiliation and seek appropriate services, tribes are often unable or unwilling to have the child returned to the reservation, and local resources are usually not adequate to provide culturally appropriate services for Indian children outside of the metro area.

The Indian Child Welfare Act also takes its place with other laws and programs that affect child welfare services including the Adoption and Safe Families Act and the recent application of Structured Decision Making (SDM) tools. The Adoption and Safe Families Act requires "reasonable efforts" to find placement alternatives while ICWA requires "active efforts." The distinction between these terms is often unclear to service providers and leads to some confusion concerning what specific efforts are required. With regard to Structured Decision Making, there is some concern among Indian families and professionals that this tool is not sensitive to Indian culture and family life. In the minds of many Indian families, this screening tool is biased and often ranks Indian families at inflated levels of risk. One of the purposes of the proposed validation study for the Risk Assessment SDM tool is to determine the appropriateness of use with Indian families.

Finally, and perhaps most important to the American Indian families who participated in the listening sessions, ICWA cannot work if police and child protection workers act in ways that are indifferent to cultural differences, have an inadequate understanding of the law itself, and at times do not take the basic steps to determine that a child who perhaps does not look Indian is in fact a tribal enrollee or eligible to be one. While there is widespread recognition within the Indian community that alcoholism represents a major source of child welfare issues, there is also the feeling that the efforts of Indian parents to change these behaviors are not taken seriously and that one negative event in one's record can never be lived down.

## **Gaps and service problems related to African American families**

In all three areas that account for children living outside of their homes (social service needs, juvenile delinquency, and homelessness), African American children are greatly over-represented compared to their proportions in the state's overall child population. At every decision point in the child protection system, from the decision to refer a report for assessment, to the determination of maltreatment, to referral for child protection, to placing a child out of the home, the rates at which African American children are represented are at least six to eight times higher than those of White children (Minnesota DHS, 2002i).

These disparities hold true when examining other systems, and are not improving. An analysis of race and ethnicity of juveniles in correctional facilities from 1995 to 1999 shows that the representation of African American youth in these state facilities rose over the four years by 36 percentage points, while representation of American Indians rose 33 percentage points and representation of Whites declined 27 percentage points (Minnesota Planning, 2001). The same four years saw a similarly steep increase of African American apprehensions for status offenses – acts that would not be criminal if committed by an adult, including running away from home, truancy, and curfew violations. African Americans made up 15 percent of apprehensions for status offenses in 1995 and 24 percent of status offenses in 1999. Whites were the only race with a percentage decrease of all status offense apprehensions in this five year span, from 77 percent to 66 percent. African Americans were the subjects of 12 percent of all disciplinary incidents reported by public schools in the 1996-1997 school year, a figure which jumped to 36 percent and 34 percent in the 1997-1998 and 1998-1999 school years, respectively (Minnesota Planning, 2001). Finally, Wilder Research Center (2001) found that in a single night in 2000, 44 percent of homeless youth were African American, although only 5 percent of Minnesota's children were African American in the 2000 census.

Many factors influence these disparities. A statewide study group commissioned by the Minnesota Department of Human Services recently concluded that racism, cultural bias, and deficient cross-cultural expertise are prevalent in U.S. society, and thus are also present in the child welfare system. In Minnesota and nationwide, disproportionate numbers of African American families experience poverty, single parenthood, teen parenthood, substance abuse, and domestic violence. Families in such circumstances are more likely to come into contact with the child welfare system. This disproportionate contact contributes to the disproportionate out-of-home placement of African American children (Minnesota DHS, 2002i).

Several different groups have recently been convened in Minnesota to address discrimination and racial disparities in out-of-home placements for African American children. These include: the African American Disparities Commission, convened in 2001 by the Minnesota Department of Human Services; the Minnesota Commission of African American Children, convened by the Council of Black Minnesotans; the Minneapolis Urban League; and a collaborative group in Hennepin County including non-profits, advocates, and county staff as well as others. The consensus in these groups, as well as the *Our Children: Our Future* listening sessions, was that efforts must be made to prevent problems earlier in their development, including addressing systemic issues such as poverty and racism, in order to decrease the rates of African American children in these systems (Commission on Minnesota's African American Children et al., 2002; Minnesota DHS, 2002i). These groups have made many specific recommendations, largely agreeing with each other on the following main points:

- **Work more closely and respectfully with the community.** Recognize and capitalize on its concern and expertise. Partner with the African American community and leaders to make the community more aware of child protection policy, involve them in developing early preventive services and strengthening informal supports for families, and involve them at various points as decisions are made about individual families.
- **Educate professionals more effectively and more widely.** Ensure that school and police personnel are better informed about laws and best practices. Improve the effectiveness of cultural competency training, and involve not only social workers and their supervisors, but also judiciary and law enforcement. Identify, evaluate, and publicize “best practices” in working with African American families.
- **Give families more say in defining needs and determining how to meet them.** Provide coordinated services to families to avoid involvement in child protection. If child protection must intervene, shift service dollars from removal of children to developing and providing wrap-around services focused on what is needed to keep children at home. Involve relatives and close family friends in creating solutions, and remove barriers for relative foster care where a child cannot stay with or be reunited with birth parents.
- **Address underlying issues including racism and poverty.** Increase the community dialogue about racism. Advocate for supports to meet basic needs of the community such as affordable housing, reliable transportation, adequate income and employment opportunities, child care, and health care. Increase the use of home visiting programs for neglect cases.

- **Examine current practices for possible improvements to reduce disparities.** In counties with high placement rates of African American children, conduct case reviews to identify ways of improving practices, and form partnerships to eradicate disparities. Investigate the impact of permanency time frames and decisions on communities of color.

### **Other information on gaps**

A study by the Minnesota Department (2002a) identified 15 gaps in service areas of juvenile justice: aftercare, arson services, assessments, chemical dependency, culturally-specific services, early intervention, family-centered services, Fetal Alcohol Syndrome and Fetal Alcohol Effects (FAS/FAE) services, funding, interim placements, programs that address the unique needs of juvenile girls, programs that provide independent living skills training, mental health services, parenting services for teen parents, and vocational services.

In a survey they conducted of community and residential treatment providers that offer short-term programs for juvenile delinquents, the Minnesota Department of Corrections found (Minnesota DOC, 2002a):

- Over 20 percent of jurisdictions reported that they did not fully provide adequate field services to serious and chronic juvenile offenders.
- 85 percent of jurisdictions provide cognitive-behavioral programming, although only 11 percent of offenders (adult and juvenile) who need such services receive them while on probation.
- About 33 percent of jurisdictions fully provide family services and family conferencing and another third of jurisdictions partially provide these services.
- About half of jurisdictions had full partnerships between schools and corrections, but only 10 percent had full partnerships with business, faith communities, or neighborhood groups.
- 80 percent of jurisdictions provide crisis and family counseling, chemical dependency services, and intra-agency networks for case planning.
- 100 percent of jurisdictions reported providing aftercare services such as chemical dependency aftercare, foster care, sex offender aftercare, mental health care, educational after care, in-home family services, and intensive supervision.

- Just 7 percent of residential providers and 5 percent of community-based programs serve only girls, but 57 percent of residential and 79 percent of community-based programs serve both boys and girls.

### ***Summary of findings on gaps***

Although Minnesota's systems that serve children and their families are consistently ranked near the top of the nation, child welfare and juvenile justice professionals and other experts point to several areas that need substantial improvement. Based on review of many published reports and on our interviews with 40 child protection workers, juvenile probation officers, and court officials across the state, here are some of the most serious or most commonly mentioned gaps in services for children and families in Minnesota:

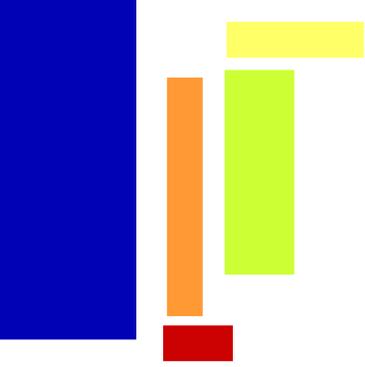
1. Low public awareness. Most Minnesota residents who do not work in the field of child welfare are not aware of the magnitude of this issue or what they can do to help. Public awareness is needed to provide a consistent policy direction, backed up by the resources to carry it out consistently.
2. Lack of funding to implement innovative or flexible services. Research has shown that providing families with flexible, individualized help including assistance with basic daily needs (such as rental assistance, groceries, or transportation) significantly improves their prospects for preventing out-of-home placements. Alternative Response and Family Group Conferencing are examples of innovative, flexible approaches, but funding for these programs has been reduced.
3. Court capacities do not match child welfare or juvenile justice needs, which leads to bottlenecks. Shortages of judges, court administrators, and guardians ad litem have led to delays in hearings and too little individual attention (such as case review hearings that last an average of 7 minutes when at least 30 minutes are needed). In addition, the common practice of rotating judges makes it more difficult to make well-informed decisions on child welfare cases. Some Minnesota professionals interviewed for this study felt that judges and public defenders need more training in child development and in Minnesota's juvenile code.
4. Incomplete compliance with (or shortage of resources to comply with) laws such as the Indian Child Welfare Act and the Adoption and Safe Families Act. Federal and state laws require that in-home services be provided to families before out-of-home placements are considered, but the services designed to reduce placements are not as well funded by the federal government as the placement services themselves.

5. Few culturally appropriate services such as chemical dependency and mental health treatment. Currently, most services of this type that do exist have long waiting lists.
6. Shortage of early intervention and prevention services. Currently, many families must demonstrate that their ability to cope has completely broken down before they are considered eligible to receive services. This is partially due to lack of resources and partially due to the philosophy that families should be allowed to try to work through their problems without government interference, unless someone is at serious risk of imminent harm. Research shows that successful early intervention can reduce later costs of higher-level services, and that money to pay for basic daily needs can alleviate child maltreatment among lowest-income families. However, when resources are scarce, meeting the urgent needs of families in critical situations can leave few resources available to prevent such needs for other families.
7. Limited access to mental health services for children. Minnesota uses court-ordered placement more than many other states as a means of simply obtaining mental health services for children. In addition, many children who become involved with the courts due to their own delinquency or behavior problems also have histories of abuse or neglect and/or underlying mental illnesses. Punishing them without providing therapeutic help often does not deter them from re-offending. Juvenile probation officers and court officials also cite a need for more training in anger management and thinking skills for juvenile delinquents.
8. Difficulty in encouraging family involvement, especially in juvenile delinquency cases. Traditional juvenile corrections approaches offer little or no opportunity to address the child's home situation. Juvenile probation officers report that parents are often uninvolved or uncooperative in decision-making and treatment for their delinquent children. Research shows that increased family involvement is linked to a lower risk of re-offending in many different kinds of juvenile justice programs.
9. Shortage of crisis response and respite services. Services such as 24-hour mobile mental health teams or crisis nurseries can help families manage short-term crises and prevent them from developing into longer-term problems. However, such services are not always or uniformly available. Although evaluations have shown substantial reductions in use of child protection services for families who have used crisis nurseries, recent budget cuts eliminate much of the funding for these programs.

10. Insufficient follow-up or aftercare services for children returning home from a placement, and for older children who leave placement to live on their own. Many studies show that the success of a placement is influenced by the level of services provided to help the child and family readjust afterward. Yet these services are often unavailable or omitted to save costs. In addition, there is very little funding for programs to help homeless and runaway youth and their families resolve conflicts and plan for reunification. In recent years, more funds have become available to help children who are “aging out” of the foster care system learn skills for independent adulthood, but funding does not yet meet the need.
11. Lack of uniform, statewide information. Currently, most county social service agencies use the statewide SSIS database, but this system does not track many juvenile delinquency placements, some voluntary placements, or any privately-paid placements. This affects the well-being of children by making it more difficult for case workers and courts to plan services, monitor the status and well-being of children in the system, and identify the success of their placements. It also denies policy-makers at the county and state levels the information they need to understand patterns and trends and to plan for future needs.

In considering how well services meet needs, it is also important to consider the effect of changing social and economic conditions. Minnesota counties face “increasing costs and demands for services, more complex problems and performance expectations, increased training requirements, increased licensing and certification of staff and providers, more diverse clientele presenting new and different situations, and a shifting of funding responsibility from other county units” (Minnesota DHS, 2002b).

In conclusion, Minnesota’s child welfare and juvenile justice systems are often regarded as among the best in the country, and our indicators on child welfare are also among the best. However, some services are still lacking or cannot be effectively used, and the gap between well-being for White children and those of other ethnic and cultural groups is among the worst in the country. Most of the gaps in services are directly related to continued under-funding. In light of further reductions in funding, we need to examine every promising idea for improving the well-being of children at risk of out-of-home placement. We also need to closely monitor how these children and families fare in the current shift of state and federal policy and funding.



## What should we do? What could we do differently?



The people of Minnesota are the ultimate guardians of our children’s welfare. Expert knowledge may be needed to decide *how* to accomplish the people’s goals, but no professional expertise can override the importance of public views and values about how we should care for the young when their parents can’t or won’t. Our values are expressed through policies that say what we think is important, and also in funding decisions that show what we care enough to pay for.

Certain fundamental principles are established in federal law:

- Children should be cared for by their parents unless it is not safe.
- Children who cannot safely stay at home should be placed in the most home-like setting possible for their situation, and should be reunited with their parents as quickly as possible.
- Children who have committed offenses should also be placed in the least restrictive setting that protects their own safety and that of the community, and should be helped to learn more acceptable behavior.
- Children who cannot safely be reunified with their parents within a reasonable time should have a new, permanent home as quickly as possible.
- Children who are homeless should be kept safe from harm and exploitation, and should be helped to reunify with their families if possible.
- When the government intervenes in the relationship between parent and child (either by removing the child, or by supervising the family while the child remains at home) that should be overseen by the court to provide “due process” safeguards.

The federal government provides some basic guidelines and some basic funding to carry out these principles. However, much of the judgment is left to county authorities; and in Minnesota, unlike in most other states, so is much of the cost.

As non-experts, most community members find it a challenging matter to step into the systems that are responsible for children removed from their homes. The policies and procedures can be very complicated. Nearly all decisions tread on delicate and often unresolved major social issues. Often there is no clear best answer, but rather the need to balance competing interests, in which we may hope only to do the least harm to the fewest people.

The very difficulty of accurately counting the number of children who are placed out of their homes is a symptom of the competing pressures that operate on the system: On the one hand, we find it important for public systems to be accountable for keeping track of those who are entrusted to it, especially those who are most vulnerable; but on the other hand, Americans have always fiercely resisted, as an invasion of privacy, any effort by the government to track and monitor individuals. At times when money is scarce, there is also a reluctance to spend it on record-keeping instead of on direct services to individuals.

People who work with children and families in crisis are frequently caught in dilemmas where strongly held values come into conflict. For example:

- On the one hand, it is vital that the public be concerned, aware, and supportive of the situations that troubled families face; but on the other hand, it is also vital to protect the privacy and confidentiality of such families to allow them an environment of support and encouragement in which they can heal.
- On the one hand, it is vital that decisions be made on a fair and equitable basis across the system, using consistent standards; on the other hand, it is vital that the essential decisions on each family's situation be made by those who are the most directly connected and best informed about the specific circumstances.
- On the one hand, we recognize that children need safety and stability and that they should not be left in foster care for indefinite periods; but on the other hand, we recognize that their bonds to their parents are strong no matter how inadequately the parents are able to fulfill their role, and that some parents (especially those with mental health or substance abuse problems) may need a long time, with many setbacks and much follow-up support, to be able to provide safe homes.
- On the one hand, we want the courts involved to ensure that the rights of parents and children are fully protected; but on the other hand, we see the value of intervening personally and informally, in a non-adversarial way, and making decisions as needs arise instead of waiting for busy court calendars to open up.

- On the one hand, we want to respond to problems early, while they are still manageable; but on the other hand, we are hesitant to intervene in family life unless absolutely necessary, and we are reluctant to spend public resources on broad social services for families not yet in crisis, or to meet needs that families have traditionally been responsible to provide for themselves.

Weighing and applying these competing values and priorities is not an easy task. Doing so in a fair and systematic manner is even harder.

The research reviewed and undertaken for this project suggests certain approaches that, if taken, might help improve our response to the troubles of families that have a hard time caring for their children. However, experience proves that changes are not easy to make just because they appear desirable. In the next section, we highlight some key questions about possible ways to improve the lives of at-risk families and their children.

### ***1. What is known to be effective in reducing out-of-home placement, and how can we make it easier for families to get this kind of help?***

Several decades of research have established that an early response to the problems of child maltreatment, juvenile delinquency, or homelessness, if successful, can head off the problem. To be successful, this assistance must meet the actual (and maybe also perceived) needs of the family, and it must be intense enough and last long enough to make a real difference. However, many sources report that the resources needed to respond to these problems are not growing in proportion to the need. Early intervention is being scaled back to conserve resources for the most serious later-stage cases, which is likely to result in a higher proportion of earlier stage cases becoming more serious cases later.

To the extent that generalizations may be drawn from the available research about early-stage services to prevent the need for placement, it appears that:

- Early intervention or prevention programs do improve child or adult functioning but do not necessarily lower placement or recidivism rates.
- Coordinating many different sources of support (the wraparound approach) helps to reduce the need for more restrictive of placements.

- Programs to strengthen parenting skills and support systems work better with older children and with cases involving abuse, and appear less effective for families with younger children and in cases involving neglect, substance abuse, and children with developmental disabilities.
- Services appear to be more effective if they include help with basic necessities such as housing or groceries, instead of relying only on interventions to change the parent's or child's behavior.
- Children and parents are less likely to receive psychological help when children remain in the home compared to out-of-home placement, but when those services are received they show positive results.
- Certain features may improve the effectiveness of many different program and service types: a focus on changing both the knowledge and the practice of parents, by building a relationship with the parent (by a teacher, home visitor, counselor, or other consistent person); and sufficient “dosage” (intensity and duration of services) to be effective, including higher dosage for those with higher needs.

The lessons from previous research suggest that the quality of staff is as important as the quality of a program or service. It is reassuring that several sources report that Minnesota has less of a problem than many states with burnout and turnover among child welfare workers. This needs to be watched, because studies of front-line staff and their supervisors show that recent increased mandates without increased funding have made the job harder and less rewarding, by increasing the service expectations while also requiring more paperwork and documentation. The next five to seven years will likely see the retirement of many seasoned child welfare professionals. Our ability to attract and retain new staff of equal quality and stability will be critical to maintaining the quality of Minnesota's services to vulnerable families and children.

The success of the child welfare and juvenile justice systems depend heavily on services provided mainly outside these systems, including housing, education, substance abuse treatment, mental health treatment, and behavior or social skills training. Many sources report that some needed services are not adequately available in Minnesota communities. Often reported as lacking are mental health care (especially culturally competent care for children of color and care for children living in greater Minnesota), inpatient substance abuse treatment (especially for women caring for children), and services for those with a combination of mental illness and substance abuse; affordable housing; transportation; respite and crisis nursery care; and follow-up services for families who are reuniting after a child's placement.

The success of both systems also depends greatly on cooperation with the juvenile courts. While the courts provide vital safeguards, the court process is also sometimes intimidating for families and tends to reinforce adversarial roles. It may also cause delays and rushed hearings due to limited staffing, especially judges, administrators, public defenders, and guardians ad litem.

The way federal funding may be used also influences placement decisions. The majority of federal funds for maltreated children can only be used for out-of-home placement, not for services to prevent the need for placement.

### **Questions to consider:**

- How much of the basic support for families should be left to the families themselves, their communities, and private charity, and what responsibility does the government have to step in when the private sector cannot or does not fill the needs?
- When supports are provided only to the most needy, at what income level should they be withdrawn? Should there be a cut-off line or a sliding scale? At what income should a family be presumed to be capable of paying for its own support needs? Should different income levels apply to families with members who have mental or physical disabilities?
- How can parents of children with special needs get the kinds of support they need without going to court to have the child placed?
- What can be done for a family that needs help but is unwilling to accept it? What would make families more likely to seek or accept help?
- When government does intervene, to what extent can a single set of regulations govern the expectations and services for all Minnesota families? What protection should families have if they feel the expectations or services are not appropriate? Who should have a say in deciding what is appropriate? How can those individuals gain the cross-cultural understanding needed to work with Minnesota's increasingly diverse families?
- What are the implications of Minnesota's unusually high reliance on local property taxes to fund child welfare and juvenile delinquency services? What are the strengths in allowing substantial decision-making authority at the local level? Can those strengths be combined with ways to compensate for the fact that the poorest locations (typically core cities and remote rural counties) may have both the greatest needs and also the least ability to pay for them?

## ***2. What factors affect the use of kinship care, and how can we use this placement alternative most effectively?***

One significant change identified by many sources is the recent growth in the use of kinship care when children need to be placed away from their parents. Care by relatives or family friends, when it is possible, is strongly endorsed by most families and experts alike, because it allows the child to stay in familiar surroundings and maintain and strengthen existing relationships. Advocates for homeless youth also recommend the use of kinship care, informally or through voluntary legal Delegation of Parental Authority, as a way of providing for continued supervision by a familiar adult when the home situation is unworkable.

Federal law permits relatives to be paid for providing foster care, and if a state requires relatives to meet the same licensing requirements as unrelated foster parents (as Minnesota does), they must also be paid at the same rate. Federal and Minnesota laws require child welfare workers to try to locate relatives or “important friends” before considering foster parents who are strangers to the child. This obligation is even stronger when American Indian children are involved.

Certain factors limit the use of relatives as official foster care providers. Since families needing out-of-home care for their children tend disproportionately to be those who are poor and lack strong networks of concerned friends and family, it is often difficult to find relatives who are available and able to care for the child. Furthermore, if a suitable relative is found, Minnesota’s licensing standards may require them to buy new furnishings (such as a bed or high chair) or make substantial modifications to meet certain building codes before a child may be placed. Federal funds for foster care cannot be used if the home is not licensed, even if the care is only needed for a short time and the conditions are not far below those required for licensing. Counties must cover the costs of placing children with non-qualifying relatives.

In some states, the benefits of kinship care are thought to outweigh the advantages of ensuring full licensing standards, so some or all of the regular licensing standards are waived for relatives. Rather than seeing kinship care as a simple extension of family responsibilities with little government support, or on the other hand treating it like any other licensed foster care, most states treat it as a mix.

In Minnesota, families who provide unofficial foster care for a child of their relative or close friend can receive limited welfare payments covering only the child, which is significantly lower than the foster care payment. Children in these unofficial care

situations are much less likely to receive supportive government services (such as mental health counseling or respite care) than children in official, licensed foster care.

If relatives who are providing unofficial foster care decide to formally adopt the child after the birth parents' rights have been legally ended, the adoptive family receives the same federal adoption assistance payment as any other adoptive parent, but that rate is lower than for foster care. Relatives who become permanent guardians of a child (without the parent's rights being terminated) receive financial assistance from the state, and it may be lower than the federal adoption support because of adjustments based on the relative's or the child's other income. Attempts to equalize all these payment rates have not moved forward because of the cost of raising adoption and permanent custody payments to match foster care rates.

### **Questions to consider:**

- Should Minnesota consider relaxing some of its licensing standards for kinship care? How should the health and safety safeguards in the licensing standards be weighed against the advantages to the child of staying in familiar surroundings? Should there be different standards when the placement is just for a short time? What rate of foster care payment should people receive for caring for their own family member?
- What kind of training and support should relatives receive when they are caring for a child placed out of the home? Should any training be required? How can the community support these families to promote successful outcomes?
- If a child is removed in an emergency situation, how should police and social workers balance the competing values of an immediate and safe placement with strangers on one hand, and trying to locate a willing and available relative, with no guarantee of success, on the other hand? How much effort is a "reasonable effort?" How does that differ from the Indian Child Welfare Act requirement of "active efforts" to locate kinship care for American Indian children?

### ***3. Do we effectively assess the risk of neglect and respond to it with appropriate services?***

Although abuse is more likely than neglect to be deemed an imminent threat to safety and therefore justify intervention, neglect has been shown to be the more serious long-term threat to the child's healthy development. While neglect, like abuse, occurs at all economic levels, the conditions that make it visible enough to come to the attention of the authorities are strongly associated with poverty.

Currently, certain sets of structured decision-making tools are widely used in Minnesota to help case workers determine a child's risk of being neglected or abused. Most counties also use risk assessment or needs assessment tools for juvenile delinquency cases. These tools are used at the screening stage to help identify cases that need the most immediate attention and resources; they are used later to help identify whether there is a need for services or out-of-home placement, and if so, which kinds; and they are used at periodic review hearings to help determine whether it is safe for a child to return home. Some child welfare professionals hope that using these decision-making tools will help them to compare the success of different kinds of interventions and thus become better at selecting the right intervention for each family.

Confidence in the value of these tools is based on research showing that certain scores reliably predict the likelihood of subsequent maltreatment or delinquency. Although the child welfare tools have not been tested in Minnesota, research elsewhere (especially in Michigan) has found them to be valid for White, African American, and Chicano/Latino populations. They have not yet been tested for validity with American Indian families, and some feel that their use unfairly raises the frequency with which Indian children are removed from their parents.

There is also some question whether a tool that focuses on the risk of "imminent harm" is adequate for assessing the risk of neglect, which causes harm more gradually. Children and parents in neglecting families often need different services than those in abusing families, and child welfare workers often find it harder to gain parents' cooperation in resolving neglect cases. Allegations of neglect account for slightly over half of child maltreatment cases that are reported, and 61 percent of substantiated cases. Children are more likely to be removed from the home during a child maltreatment assessment for reasons of neglect than for any other kind of maltreatment. National statistics show that neglect is significantly more likely than abuse to recur within 6 months.

The prevalence of neglect cases in the child welfare caseload, and the relationship between poverty and neglect, may help to explain the research finding that comprehensive services, which include help with basic necessities such as housing, food, clothing, are generally more effective than services that include only interventions to change parents' behavior.

**Questions to consider:**

- How much should structured, standard tools be used to make decisions about individual, unique cases? How should their use be balanced with child welfare workers' own judgments?
- How can we be fair in assessing neglect, especially considering the wide spectrum of family values and child-rearing practices in Minnesota? What should we do if decision-making tools are found not to be valid with certain populations such as American Indians (with whom they have not yet been tested for validity)? How much can an individual social worker be expected to know about various cultural practices and standards for child-rearing??
- Neglect is legally defined as the failure to provide necessities when the parent is mentally and financially able to provide them. What is the appropriate community response when children grow up without necessities because their parents are not financially able to provide them? How might we get help to such families before conditions become unsafe enough to justify removing children?

***4. How should we respond to families affected by substance abuse, mental illness, and domestic violence?***

Substance abuse, mental illness, and domestic violence are frequently found in the same households as child maltreatment and juvenile delinquency, and the households that homeless youth have left. Juvenile delinquents are usually returned to their homes after serving time in correctional placements, although nothing has been done to change the home environment. Homeless shelters provide a safe refuge for youth who leave a troubled home or are sent away, but most lack the resources to address the conditions in that home.

The basic model for child welfare intervention requires parents to demonstrate a certain level of responsibility to show that they are able to provide a safe home for the child, either to prevent the child from being removed from the home, or to return the child after placement out of the home. However, substance abuse, mental illness, and domestic

violence all decrease parents' ability to control their own behavior and thus interfere with their ability to be responsible. Each of these conditions is often a source of shame, leading people to hide it, deny it when asked, and resist efforts to address it. Furthermore, since these conditions are frequently reasons for removing a child from the home, parents have a big incentive to hide or deny the existence of the problem; and since both mental illness and chemical dependence may be long-lasting problems, with significant chances for relapse (especially if follow-up treatment is not readily available or not adequate), a prior history of either may be "held against" the parent later, further motivating them to avoid any official record of the problem's existence.

Policy currently requires (a) that children be kept safe, and (b) that "reasonable" or "active" efforts be made to help parents safely care for their children. In making this help available, child welfare workers are heavily dependent on resources over which they have no control. Policy does not dictate any minimum level of available community support that must be available to child welfare workers to meet the needs of parents; hence, the same level of effort may result in vastly different levels of service in different communities.

The short time frames for permanency under current law create challenges for accommodating the treatment needs of parents. Waiting lists for both diagnosis and treatment may cause delays. Treatment itself (especially for those with "dual diagnoses" of both mental illness and addiction) may take many months, and relapses are an ordinary and expected part of recovery. The realistic time frame for effective treatment may be considerably longer than the time frame to find a permanent care solution for the child.

Complicating the difficulties of treatment and recovery, the problems of substance abuse, mental illness, and domestic violence commonly occur together, and they are often so closely linked that treating only one is likely to be unsuccessful. Given the shortage of treatment options for each separate problem, it is no surprise that there are few resources available to help parents who have these problems in combination, and even fewer that fit varied cultural and ethnic backgrounds.

Many different reports have documented a shortage of mental health services (especially for adolescents, for children of color, and in general in greater Minnesota) and of substance abuse treatment programs (especially inpatient programs, and especially for women caring for children). Minnesota has an unusually high number of parents who go to court through the child welfare system (temporarily giving up parental custody) simply to get needed mental health care for their children.

Crisis shelter services for domestic violence victims have been gradually expanding over the past decade in Minnesota, although as a result of recent budget cuts, many such shelters have begun to close or curtail services.

### **Questions to consider:**

- How should the child's need for safety and permanency be balanced with the obligation to provide parents with appropriate services before their parental rights are terminated?
- What obligation does the public have to ensure that appropriate and timely services are available, if parents may lose their children because such services are lacking?
- When abuse in the home occurs against both a parent and a child, what is the adult victim's responsibility to protect the child? What options could help protect the child without increasing the adult victim's jeopardy?
- If a parent has received treatment and then relapses, once again jeopardizing the safety of the child, should the parent get a second chance or should the child be placed permanently at that point? How many chances should a parent get before the child is given a permanent new home? Who should be involved in making the decision?

### ***5. Do we have the right mix of services for children needing longer-term or more intensive care?***

Several sources report that children needing placement today have more problems, and more serious ones, than did children in placement a decade ago. This makes it more difficult and more costly to find appropriate placements, and helps to explain why costs for care are rising faster than the numbers of children in care.

The same principles apply to the choice of placement for these children as for any others: they should stay as close to home, and in as home-like a setting, as possible. However, multiple or severe needs may be too challenging for relatives to handle, however caring and willing they are. Many foster parents are willing to care for such children, and they receive extra training to be able to do so and extra reimbursement in recognition of the additional costs involved in providing such care. Such foster parents are also the best chance that older children with complex problems have for adoptive parents, if their birth parents are unable to provide a safe home for them in a reasonable time. However, as the number and proportion of children with greater needs grows, as more of these "treatment foster parents" become adoptive parents, county officials have some concerns about their ability to recruit enough treatment foster parents in the future.

It is also important to recognize that some children require more intensive treatment than even well-trained foster parents can provide. There is currently a shortage of therapeutic placements for these children, whose problems include substance abuse, family violence, and sexual abuse. They often need institutional care to provide more protection or more intensive treatment or both.

Most reports reviewed for this study, when identifying gaps and problems, did not mention a shortage of institutional care in Minnesota. Because such care is significantly more expensive as well as more disruptive, those responsible for placing children prefer to avoid such care and focus on improving options for meeting children's treatment and safety needs in a family settings, typically through some form of foster care combined with outpatient or day treatment programs.

Minnesota law requires counties to provide enough mental health services (inpatient and outpatient) to meet the needs of all children with severe emotional disturbance. Many reports cite a pressing shortage of community-based treatment services. In addition, the fact that Minnesota is among the states with the highest number of children placed in institutions through the child welfare system solely to obtain intensive mental health care suggests that the requirement of sufficient community-based care is not being met. For children who need highly intensive services, including case management and treatment at home and school, it may be less costly for a county to place the child in a federally subsidized institution than to bear all the costs of community-based care.

Research reviewed for this study shows that mental health services can be effective when children remain in a home-like setting. Even more intensive programs, such as multisystemic family therapy, are significantly less expensive than placement, and when offered with enough "dosage" (intensity and duration) have been shown to be effective in improving both parents' and children's ability to function, as well as that of other children in the family, with sustained benefits over multi-year follow-up periods. Treatment foster care has also been shown to be effective, but it can be hard to recruit foster parents for "troubled teens."

In studies of children who have been placed in therapeutic or residential settings, the factor most often noted as linked to a successful transition back to the family (that is, without a recurrence of the problems that caused the initial placement) was the provision of aftercare services to help the child and family through the process of reunification and re-adjustment to the less structured routines of family life.

Besides a shortage of community-based mental health services, other services often mentioned as missing from the mix are chemical dependency treatment (for children as well as for adults), cognitive-behavioral therapy for children with behavioral disorders, and treatment for youth with borderline developmental disabilities. These services are becoming more important with the rising number of children with disabilities, especially among families in poverty.

In a recent series of discussions held around the state, people working with homeless youth reported that many of the youth who did not make successful transitions to home after placement had not received the services they needed (often mental health or chemical dependency treatment). They also reported a widespread lack of transitional services to help youth adjust successfully back into their families and communities.

Intensive, therapeutic placements in institutions are usually shorter than placements in family settings. Children who stay longer in foster care typically do so more because of their parents' problems than their own, because those problems may be harder to resolve. For these children, the critical issue is not so much whether a suitable placement exists (they typically stay in the same, stable setting for the entire period), but rather how long the parent is given to correct the situation at home before the county moves to terminate parental rights. This issue is discussed further in Question 7.

### **Questions to consider:**

- Is it reasonable to expect that we can recruit and train enough treatment foster parents to meet the needs of children requiring more specialized out-of-home care? What standards should be met and what support services offered for treatment foster care homes?
- How much out-of-home placement occurs simply to gain access to services that could be just as effectively delivered on an outpatient basis but are not available (or affordable) that way?
- Is there a need for types of placement settings or facilities not currently available for children who are delinquent or homeless?
- How can the many different payment arrangements for different kinds of care be organized more simply so that less expensive, more community-based programs could also be less expensive for counties to use?
- As a higher proportion of the case load is made up of children with more serious problems, is there any way to avoid taking resources away from less serious cases? How can resources properly be targeted to less serious cases to prevent their becoming more serious?

## ***6. How can we improve services and provide more support for older teens who are leaving placement and those who are homeless?***

We know that most children who are placed out of their homes are in placement only once within that year. However, more children are in multiple placements over a period of several years, and a substantial number cycle back and forth between home and placements several times. These children are at serious risk of homelessness, delinquency, and of parenting a new generation of children who themselves will face the same risks.

The majority of children in placement are teenagers. Most children leave at the end of their placements to rejoin their parents (73%) or other relatives (7%), but of the remaining children, twice as many become responsible for their own care (10%) as are placed in permanent homes (5%). For aftercare (transitional services to help re-adjust to the family and community), counties rely on community-based services. Aftercare services are often optional and may not involve the intensity or supervision necessary to ensure that parents and children follow through. Most providers agree that current transitional support is inadequate, and that strengthening these services could prevent many recurrences of placement.

Advocates who work with homeless youth report that the decade of the 1990s saw an increase in the numbers of children becoming homeless and “aging out” of foster care; that is, reaching adulthood without being reunited with any permanent family. They also report that another contribution to homelessness among teens is the emphasis placed by child protection workers on cases involving younger children. To conserve scarce resources, counties are likely to judge that teens (especially those 14 or older) are at less risk of imminent harm because of their greater ability to protect themselves by leaving the situation.

However, most emergency shelters serve adults only, and most shelters for youth are for young mothers with children. Advocates report a serious shortage of emergency or transitional housing for single, unaccompanied youth. Most of these shelter programs attempt to help youth return to their families, but do not have funding to provide the intensity of services needed to address what are often serious conflicts before the youth returns home, or to support the youth and family through the difficulties that typically arise after they reunite.

About 30 percent of the children entering placement in 2001 had been in a prior placement within the previous 12 months. This varies little by race or ethnicity (ranging from 28% for African Americans to 32% for Whites). This rate of repeated placement, like the large fraction of homeless youth with prior experience in placement, is evidence that many transitions back to home are not successful. Aftercare is one of the 15 significant gaps

identified by the Minnesota Department of Corrections in the range of services for juvenile delinquents, and three of the other gaps also deal with the needs of youth becoming responsible for their own lives: independent living skills programs, services for teen parents, and vocational services.

Since 1995, federal funding has been available to support independent living programs for youth. State funds are available for some housing and risk prevention services, but most services to youth who are homeless or at risk of becoming homeless are heavily dependent on community funding. In many parts of the state, advocates report that most services for homeless youth are accessible only through county referral, so that youth who are homeless without the county's knowledge cannot access needed services.

**Questions to consider:**

- Young children are typically not blamed for growing up in marginal or unsafe conditions, or for having behavioral or developmental problems as a result of those conditions. As children reach their teens, however, the larger community begins to have higher expectations of personal responsibility, and to respond to behavior problems in more punitive ways. To what degree are children, teens, and adults responsible to handle the consequences of childhood conditions that they did not choose or create? To what degree is the public responsible to help them do that?
- What supports or interventions can give children in difficult conditions more positive options to choose, and meaningful incentives to choose them?
- If children have already been in multiple placements, what can professionals do to increase the likelihood of success for the next placement? How can they evaluate the potential success of alternatives to placement (including different kinds of services provided in the home or community)?
- What additional aftercare services could improve the success of children returning home after child welfare or juvenile justice placements or homelessness? What is the best way to ensure that these services are available?

## ***7. How and when should we decide to permanently remove a child from home?***

Federal law requires a permanency petition to be filed when a child has been placed out of the home for 15 of the last 22 months. Minnesota has imposed more stringent time lines for permanency, requiring review at six months for children under age 8, and at 12 months for children 8 and older. Some petitions for termination of parental rights may be filed almost immediately, if the court determines that reasonable efforts are unlikely to help a parent create a safe home (such as if the parent has been convicted of killing or seriously harming another child, or has already lost parental rights to another child).

In cases where children are placed solely because of their own disability or behavior, permanency hearings may still be held but termination of parental rights is seldom seriously considered. In other cases, if the parent shows no continued interest in the child (for example, does not visit or respond to the case worker's contacts), the courts may decide that the child's best interests require permanent transfer of custody to another caregiver.

When the child is placed because of the parent's behavior, the court will review both the county's reasonable efforts to provide needed help and the parent's cooperation with those efforts and evidence of progress in meeting the requirements described in the case plan. If the court determines that the parent is not cooperating, the judge will usually direct the county to begin proceedings to terminate parental rights.

The harder cases are those in which the parent is cooperating, but has nevertheless not met the conditions laid out in the case plan. In such cases, it is particularly difficult to balance the parent's right to be helped while they try to recover, with the child's need for a stable relationship with a permanent caregiver. One of the most challenging aspects of cases involving substance abuse and mental illness is the impossibility of predicting who will make a lasting recovery after the first treatment, who will require a series of treatments to recover, and who will not make significant progress toward recovery within a reasonable time.

The lack of needed services in communities, and shortages of resources in child welfare offices and courts, also contribute to delays in providing services, or provision of services that are not sufficient for the parents' needs. There may be considerable variation among different counties in the availability and timeliness of services.

One option for judges, at permanency hearings, is to continue a child in longer-term foster care. However, this is only an option for children age 12 or older, and only when suitable relatives are not available. Sometimes permanent legal custody is assigned to another caregiver, usually a relative, without the legal termination of parental rights. In this arrangement, the relative becomes legally responsible for the care of the child, but the legal relationship with the parent is not dissolved.

**Questions to consider:**

- How many chances should a parent get? When relapses are an expected part of treatment, at what point should they be interpreted as evidence that the parent will not recover enough to provide a safe home for the child within a reasonable time?
- What is the prospect for alternatives such as family group conferencing to help resolve these decisions in ways that create less tension between the child's interests and the parent's interests?
- Should standards be consistent regardless of cultural or ethnic background or historical experience?

## **Closing note**

Minnesota's long reputation as "a state that works" is based in part on a tradition of believing that the well-being of the whole society is closely linked to the well-being of each of the parts that make up that whole, and of acting on that belief to invest in the healthy development and well-being of all.

As many leaders and observers of American society have noted, the success of a democratic state depends greatly on all people from all walks of life coming together with others who are committed to the same issues, and working together to achieve things that none of them could achieve alone. This is most powerful when public and private efforts (government and non-government) join forces.

Minnesota, like many other states today, is engaged in a vigorous and healthy debate about the balance between personal and collective responsibility. This debate is most productive when it is founded on facts about real situations and the results of different approaches.

Approximately 30,000 children are growing up in Minnesota each year in conditions that jeopardize the possibility of a bright and productive future for them. We hope this report will help Minnesotans consider the issues, weigh the options, and commit to a course of action that gives these children the greatest chance to rise above their early troubles and join the next generation of "a state that works."

# Glossary

**Active efforts** means active, thorough, careful, and culturally appropriate efforts by the local social services agency to fulfill its obligations under ICWA, MIFPA, and the DHS Social Services Manual to prevent placement of an Indian child and at the earliest possible time to return the child to the child’s family once placement has occurred. See also: **reasonable efforts** (which is the standard for non-Indian children).

**Adjudicatory hearings** are held by the court to determine whether a child has been maltreated or whether some other legal basis exists for the state to intervene to protect the child. Each state has its own terms and definitions in the jurisdiction provisions of its law. Depending on the state, a child may be subject to the Juvenile Court's authority if he/she is abused, battered and abused, abused or neglected, sexually abused, maltreated, dependent, deprived, abandoned, uncared for, in need of aid, in need of services, or in need of assistance, to name a few.

**Alternative Response** refers to a maltreatment disposition system used in some States that provides for responses other than “Substantiated,” “Indicated,” and “Unsubstantiated.” In such a system, investigations may or may not have maltreatment victims; children may or may not be determined to be maltreatment victims. Such a system may be known as a “diversified” system or an “in need of services” system.

**Assessment** is a process by which the CPS agency determines whether the child and/or other persons involved in the report of alleged maltreatment is in need of services. See also: **risk assessment**.

**Case management** helps families with coordinating services and exploring service options, including:

- Access to health care and health care coverage
- Counseling and support
- Housing
- Legal services
- Chemical health
- Transportation
- Financial assistance
- Safer sex options
- Culturally specific programs
- Other supports

**Case plan** is the professional document which outlines the outcomes, goals, and strategies to be used to change the conditions and behaviors resulting in child abuse and neglect.

**Case planning** is the stage of the child protection case process when the child protection caseworker and other treatment providers develop a case plan with the family members.

**Child Protective Services (CPS)** is the designated social service agency (in most states) to receive reports, investigate, and provide rehabilitation services to children and families with problems of child maltreatment. Frequently, this agency is located within larger public social services agencies, such as Departments of Social Services or Human Services.

**CHIPS petition:** Also known as **Child in Need of Protection or Services petition**. Any person who has knowledge of a child who appears to be in need of protective services or neglected and in foster care, or delinquent may file a CHIPS petition in juvenile court. The court will not allow a petition to proceed if it appears that the sole purpose of the petition is to modify custody between parents.

**Court-appointed special advocates, or CASA** (usually volunteers), serve to ensure that the needs and interests of a child in child protection judicial proceedings are fully protected. See also: **guardian ad litem**.

**Crisis nurseries** are child abuse and neglect prevention services that provide temporary, safe, nurturing care for children, and support services for the parents. The Minnesota Department of Human Services provides funding to 20 programs that provide crisis nursery services in 28 counties in Minnesota. Crisis nurseries will provide care to children up to age 12. Children may be placed in overnight care for up to 72 hours at any one time. Crisis nursery care is available seven days a week, 24 hours per day, without a fee. All crisis nursery childcare is provided by licensed childcare or foster care providers.

**Concurrent permanency planning** simultaneously develops two permanency plans for children: a plan for safe reunification with a parent and a plan for permanent placement away from their parents — such as in an adoptive home — if they cannot safely return to their home. The purpose of concurrent planning is to reduce the length of time children spend languishing in placements.

**Disposition hearings** are held by the court to determine the disposition of children after cases have been adjudicated, such as whether placement of the child in out-of-home care is necessary and what services the children and family will need to reduce the risk and address the effects of maltreatment.

**Domestic violence** is a pattern of assaultive and coercive behaviors, including physical, sexual and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partners.

**Educational neglect** is the failure of parents or caregivers to make sure that their child attends school regularly or completes the homework and other tasks necessary (such as immunizations) that are required for the child's participation in school.

**Egregious harm** (as defined in Minn. Stat. 260C.007, subd. 26) means the infliction of bodily harm to a child or neglect of a child, which demonstrates a grossly inadequate ability to provide minimally adequate parental care.

**Emergency hearings** are held by the court to determine the need for emergency out-of-home placement of a child who may have been a victim of alleged maltreatment. If out-of-home placement is found to be unnecessary by the court, other measures may be ordered to protect the child. These might include mandatory participation by a parent in a drug abuse treatment program or a parenting skills class or regular supervision by a caseworker. These hearings must be held within 72 hours of any emergency placement, once an emergency custody order has been issued.

**Evaluation of family progress** is the stage of the child protection case process (after the case plan has been implemented) when the child protection caseworker and other treatment providers evaluate and measure changes in the family behaviors and conditions which led to child abuse and neglect, monitor risk elimination/reduction, and determine when services are no longer necessary. Frequently, community treatment providers coordinate their evaluation of case progress through periodic team meetings.

**Failure to thrive** refers to the condition in which a child is underweight or of extremely small size, or a child who is behind schedule in developmental or social functions, due to neglect, physical, or emotional abuse, or developmental or emotional problems.

**Family assessment** is the stage of the child protection process when the caseworker, community treatment providers, and the family reach a mutual understanding regarding the most critical treatment needs that need to be addressed and the strengths on which to build.

**Family group conferencing**, also known as **Family Group Decision Making** gathers family members, child welfare and mental health professionals, and others closely involved in children's lives to discuss families' strengths, concerns and resources, and to develop a family safety plan.

**Family preservation services** are activities designed to protect children from harm and to assist families at risk or in crisis, including services to prevent placement, to support the reunification of children with their families, or to support the continued placement of children in adoptive homes or other permanent living arrangements.

**Family support services** are community-based preventive activities designed to alleviate stress and promote parental competencies and behaviors that will increase the ability of families to nurture their children successfully, enable families to use other resources and opportunities available in the community, and create supportive networks to enhance childrearing abilities of parents.

**Foster care** is 24 hour substitute care for children placed away from their parents or guardians and for whom the State Agency has placement and care responsibility. This includes family foster homes, foster homes of relatives, and pre-adoptive homes regardless of whether the facility is licensed and whether payments are made by the State or local agency for the care of the child, or whether there is Federal matching of any payments made.

**Functional Family Therapy (FFT)** is a family-based prevention and intervention program that has been applied successfully in a variety of contexts to treat a range of these high-risk youth and their families. As such, FFT is a good example of the current generation of family-based treatments for adolescent behavior problems. It combines and integrates the following elements into a clear and comprehensive clinical model: established clinical theory, empirically supported principles, and extensive clinical experience. The FFT model allows for intervention in complex and multidimensional problems through clinical practice that is flexibly structured and culturally sensitive—and also accountable to youth, their families, and the community.

**Good faith** is the standard used to determine if a reporter has reason to suspect that child abuse or neglect has occurred and to assess the basis for a decision to petition the court. In general, good faith applies if any reasonable person, given the same information, would draw a conclusion that a child may have been abused or neglected.

**Group homes** are non-family 24-hour care facilities which may be supervised by the State Agency or governed privately.

**Guardians ad litem** may be lawyers, legal counsel, or lay persons assigned to represent the best interest of children in juvenile and family court proceedings. Usually, this person considers the best interests of the child and may perform various roles including those of independent investigator, child advocate, legal advisor, and/or guardian for a child. A lay-person serving in this capacity is sometimes known as a **court-appointed special advocate (CASA)**.

**Initial investigation** is the CPS initial contact or attempt to have face-to-face contact with the alleged victim. If face-to-face contact is not possible with the alleged victim, initial investigation would be when CPS first contacted any party who could provide information essential to the investigation or assessment.

**Intake/screening** is the stage of the child protection case process when community professionals and the general public report suspected incidents of child abuse and neglect to child protection and/or the police; child protection staff and/or the police must determine the appropriateness of the report and the urgency of the response needed. If it is deemed appropriate, the report will be further investigated. (Approximately half of all reports do not rise to the level of concern needed to continue past this stage).

**Investigation** involves the gathering and assessment of objective information to determine if a child has been or is at risk of being maltreated. It generally includes face-to-face contact with the victim and results in a disposition as to whether the alleged report is substantiated or not.

**Investigation disposition** is a determination made by a social service agency that evidence is or is not sufficient under State law to conclude that maltreatment occurred.

**Juvenile and Family Courts** are established in most states to resolve conflict and to otherwise intervene in the lives of families in a manner that promotes the best interest of children. These courts specialize in areas such as child maltreatment, domestic violence, juvenile delinquency, divorce, child custody, and child support.

**Kinship foster home** is an out-of-home placement where the child is placed with their relative. A relative means an adult who is a stepparent, grandparent, brother, sister, uncle, aunt, or other extended family member of the minor by blood marriage, or adoption. For an Indian child, a relative includes members of the extended family as defined by the law or custom of the Indian child's tribe or, in the absence of law or custom, nieces, nephews, or first or second cousins as provided in the Indian Child Welfare Act of 1978, United States Code, title 25, section 1903.

**Legal orphans** are children whose relationship with their parents has been legally terminated, but who have no identified family ready to adopt them.

**Mandated reporters** are individuals such as teachers, doctors, social workers, and other professionals who are required by law as a part of their job to report any child abuse or neglect they may witness or suspect as a part of their routine jobs working with children.

**Medical neglect** is a type of maltreatment caused by failure by the caregiver to provide for the appropriate health care of the child although financially able to do so, or offered financial or other means to do so. If the child dies due to lack of medical care, the person who failed to report is guilty of a felony. If a parent, guardian, or a caretaker responsible for the child's care in good faith selects and depends on spiritual means or prayer for treatment or care of a child, this does not exempt a parent, guardian, or a caretaker from the duty to report to the local social services agency.

**Multidisciplinary teams** are established between agencies and professionals to mutually discuss cases of child abuse and neglect and to aid decisions at various stages of the child protection system case process. These teams may also be designated by different names, including child protection teams, interdisciplinary teams, or case consultation teams.

**Neglect** is a type of maltreatment that refers to the failure by a person responsible for a child's care to supply a child with necessary care such as food, clothing, shelter, education, medical care, supervision or other care required for the child's physical or mental health when reasonably able to do so. It may also include failure to protect the child from conditions or actions that imminently and seriously endanger the child's physical or mental health when reasonably able to do so. Exposing a child to certain drugs during pregnancy and causing emotional harm to a child may also be considered neglect.

**Out-of-home care or placement** is child care, foster care, or residential care provided by persons, organizations, and institutions to children who are placed outside of their families, usually under the jurisdiction of the courts.

**Outreach** involves providing services to families that are designed to locate children within the community who may have a severe emotional disturbance, inform them and their families of available children's community-based mental health services, including family community support and case management services, and assure that they have access to those services by assisting the family to arrange for transportation, if necessary. Outreach must occur at a site requested by the child, the child's parents or legal representative, face-to-face whenever possible, and be culturally sensitive to cultural differences and special needs.

**Petition** is a document filed with the court that is used to initiate a civil child protective proceeding. The petition contains the essential allegations of abuse or neglect that make up the petitioner's complaint about a particular child's situation. It does not include all of the detailed facts available to the petitioner to support these allegations. See also: **CHIPS petition.**

**Physical abuse** is any physical injury or threat of harm or substantial injury, inflicted by a caregiver upon a child other than by accidental means. Physical abuse can range from minor bruises to severe internal injuries and death.

**Pre-adoptive homes** are licensed foster homes in which the foster parent(s) or relative caregiver(s) wish to adopt the child.

**Primary preventions** are activities to prevent child abuse and neglect from occurring that are geared to members of the general population, rather than families who are suspected of abuse or neglect.

**Psychological/emotional abuse** is a type of maltreatment that refers to acts or omissions, other than physical abuse or sexual abuse that caused, or could have caused, conduct, cognitive, affective, or other mental disorders. It includes emotional neglect, psychological abuse, and mental injury. Frequently occurs as verbal abuse or excessive demands on a child's performance. It is more than verbal arguments and demeaning language. This form of abuse is the systematic destruction of individual's self-esteem. It includes:

- Threats of violence against the victim, others, or self;
- Acts of violence against self or people other than the victim;
- Attacks against property/pets, stalking, or other intimidating acts;
- Emotional abuse, humiliation, degradation; and
- Isolation of the victim.

**Racial disparity**, also known as disproportionate representation, occurs when a given race or ethnic group is over-represented in specific systems (such as child welfare out-of-home placement system) relative to levels that would be expected given their proportional representation in the general population.

**Reasonable efforts** are the exercise of due diligence by the responsible local social services agency to use appropriate and available services, including culturally appropriate services, to meet the needs of the child and the child's family in order to prevent removal of the child from the child's family. When removal has occurred, services are implemented by the local social services agency to eliminate the need for removal and

reunite the family at the earliest possible time, consistent with the best interest, safety, and protection of the child. The local social services agency has the burden of demonstrating that it has made reasonable efforts or that provision of further services for the purpose of reunification is futile and therefore unreasonable under the circumstances. See also: **active efforts** (which is the standard for Indian children).

**Recidivism** is a falling back or relapse into prior habits (e.g., child abuse), especially after treatment, conviction, or punishment.

**Reporting policies/procedures** are written referral procedures which delineate how to initiate a suspected child maltreatment report and to whom it should be made. These procedures were established by professional agencies with a mandated responsibility to report suspected child abuse and neglect cases.

**Residential treatment:** See group homes.

**Respite care** is short-term care designed to give parents or other caregivers a brief break from the responsibilities of caring for a child, especially one with developmental or emotional problems.

**Review hearings** are held by the court to review dispositions (usually every 6 months) and to determine the need to maintain placement in out-of-home care and/or court jurisdiction of a child. Every state requires the courts, agency panels, or citizen review boards to hold periodic reviews to reevaluate the child's circumstances if he/she has been placed in out-of-home care. Federal law requires, as a condition of federal funding eligibility, that a review hearing be held within at least 18 months from disposition, and continuing at regular intervals to determine the ultimate resolution of the case (i.e., whether the child will be returned home, continued in out-of-home care for a specified period, placed for adoption, or continued in long-term foster care).

**Risk** is the likelihood that a child will be maltreated in the future.

**Risk assessment** is an assessment and measurement of the likelihood that a child will be maltreated in the future, usually through the use of checklists, matrices, scales, and/or other methods of measurement. See also: assessment.

**Risk factors** are behaviors and conditions present in the child, parent, and/or family, which will likely contribute to child maltreatment occurring in the future.

**Secondary preventions** are activities targeted to prevent breakdowns and dysfunctions among families who have been identified as at risk for abuse and neglect.

**Sexual abuse** is a type of maltreatment in which a child is involved in some form of sexual activity, often to provide sexual gratification or financial benefit to the perpetrator. It includes contacts for sexual purposes, molestation, statutory rape, prostitution, pornography, exposure, incest or threat to sexual abuse.

**Shelters** are residential facilities providing 24-hour emergency crisis intervention, temporary shelter (1-60+ days depending on need), legal and systems advocacy and accompaniment, support groups, information and referral, transportation, community education, and training of community professionals. Legal advocates provide civil, criminal, family, juvenile, and tribal court advocacy.

**Squat** is a term used to describe temporary, informal overnight arrangements for homeless individuals, usually in an abandoned building.

**Structured Decision Making (SDM) tools** are checklists or instruments used to assess maltreatment risk and make decisions in individual cases, and to provide managers with information for case planning and resource allocation. The components of Minnesota's SDM are Responsible Priority, Safety Assessment, Risk Assessment, Family Needs and Strengths Assessment, Case Planning and Management, Case Reassessment, Workload-based Resource Allocation, and Management Information Systems.

**Targeting** refers to the process of assessment and assignment to service or non-service categories based on the family's assessed risk of child maltreatment. In the case of family preservation services, targeting is supposed to be used to ensure that families with appropriate risk levels are tracked into family preservation services versus out-of-home placements.

**Termination of parental rights (TPR) hearings** are legal proceedings to free a child from a parent's legal custody, so that the child can be adopted by others. The legal basis for termination of rights differs from state to state but most consider the failure of the parent to support or communicate with the child for a specified period (extreme parental disinterest), parental failure to improve home conditions, extreme or repeated neglect or abuse, parental incapacity to care for the child, and/or extreme deterioration of the parent-child relationship. In making this finding, the court is determining that the parents will not be able to provide adequate care for the child in the future by using a standard of clear and convincing evidence. This burden of proof is higher than a preponderance of the evidence, which is used in civil abuse or neglect cases where termination is not sought.

**Tertiary preventions** are treatment efforts geared to address situations where child maltreatment has already occurred with the goals of preventing child maltreatment from occurring in the future and avoiding the harmful effects of child maltreatment.

**Therapeutic/treatment foster care (TFC)** is foster care in which the foster parents have been specifically trained in behavior modification and/or other controlled techniques. TFC is intended for children who are severely emotionally or developmentally disabled but will still benefit from being placed in a family-like environment.

**Treatment** is the stage of the child protection case process when specific treatment and services are provided by child protection workers and other service providers geared toward the reduction of risk of maltreatment.

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