



Minnesota's Short-Stayers

*A study of children who have
experienced short out-of-home-
placement stays*

S E P T E M B E R 2 0 1 6

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Executive summary

This research paper begins to examine the question: Are short, out-of-home placement stays warranted, or do they simply place unnecessary stress and trauma on children and families, as well as on an already burdened system? Short-stayers – defined here as children with cases open in child protection who were placed out-of-home for 30 days or less – are currently an important area of focus, as both researchers and practitioners are seeking to improve child welfare systems across the country. The state of Minnesota is no exception. From 2009 through 2014, a total of 3,327 children experienced short, out-of-home placement stays in Minnesota. In 2015, the Minnesota Department of Human Services, Child Safety and Permanency Division (DHS) wanted to gain insight into their “short-stayer” population to paint a clearer picture of this population. The following report details the findings from a study conducted by Wilder Research, with support from Casey Family Programs. Several of the key findings are highlighted below:

Short-stayers

Children with cases open in child protection who were placed out of the home for 30 days or less.

Non-short-stayers

Children with cases open in child protection who were placed out of the home for 31 days or more.

Re-entry

Re-entry into foster care after an initial out-of-home placement.

- **Children being placed outside of the home were very young, both within the short- and non-short-stayer populations.** Within the short-stayer population, from 2009 through 2014, 33% of all short-stayers were 0-3 years of age. In fact, out of the total population of short-stayers, children under the age of one made up the largest group (11%). Among short-stayers, children age 0-3 years were also more likely to re-enter foster care than older children, within both 6 and 12 months. It is also important to note, however, that while children 0-3 years old make up the largest proportion of short-stayers, they make up an even *greater* proportion of non-short-stayers. Out of the total number of children in out-of-home placement from 2009-2014 (that is, short-stayers and non-short-stayers combined), 10% of short-stayers were 0-3 years old, compared to 31% of non-short-stayers.
- **Law enforcement officers were primarily responsible for making the removal, but more information is needed about this process.** In most cases, a child’s placement was initiated due to a 72-hour police hold (90%). That is because in Minnesota, law enforcement officers can take children into immediate custody if they believe the child’s health or welfare is in danger, whereas social workers can never remove a child from their home; they would need a court order to facilitate removal from the home. Because the majority of short-term removals are performed by police officers in Minnesota, law enforcement officers are vital members of a community’s child protection team.

- **Alleged neglect was the most common reason for both short-stayer and non-short-stayer placements and has increased as the primary reason for placement over time.** In 2009, 33% of cases cited alleged neglect as the primary reason for short-stayer placements, compared to 45% in 2014. Reasons for placement varied across demographic groups; young children were most likely to be placed because of alleged neglect and older children were most often placed because of alleged physical abuse and child behavior problems.
- **Short-stayers were disproportionately children of color, and racial disparities are apparent throughout the system.** Although African American children made up only 8% of the population in Minnesota, they accounted for 34% of short-stayer cases from 2009 through 2014. Similarly, while American Indian children accounted for only 1% of Minnesota’s population, they made up 7% of short-stayer cases.

When it comes to placements, Asian and African American children were more likely to be placed in a group home (30% and 23%, respectively), and 17% of African American children experiencing a short stay were placed in a residential treatment center; this is higher than any other group. African American and Asian children were also more likely than other racial groups to have very short stays (3 days or less). Once they had exited their placement, American Indian children were over 40% more likely than white children to re-enter foster care within 6 and 12 months after an initial out-of-home episode.

- **Child disability was highly predictive of re-entry into foster care among short-stayers.** Although 81% of short-stayers had “no known disability,” it is likely that disabilities in this population are being undercounted. Studies suggest that at least one-third of children and youth in foster care have disabilities ranging from minor developmental delays to significant mental and physical disabilities (Fuchs, Burnside, Marchenski, & Mudry, 2006; Vig, Chinitz, & Shulman, 2005). Undercounting among the short-stayer population may be because disabilities are undiagnosed (only those children with an official diagnosis are identified as having a disability), unidentified (given the short time period), or because families do not wish to disclose those disabilities to caseworkers.

Data also suggest that children born with certain types of disabilities are more often abused and more often relinquished to the child welfare system, either by force or choice (Baladerian & Bissada, 2001).

- **Family structure was also predictive of re-entry into foster care.** Children of married couples were less likely to re-enter foster care than children of single parents, while children of unmarried, cohabitating couples were more likely than children of

single parents to re-enter foster care within 6 months. However, it is also interesting to note that alleged perpetrators (at first entry) were far more likely to be biological parents (89%), rather than the unmarried partner of a parent (7%). It is possible that the higher rates of re-entry into foster care among children of unmarried couples relative to single parents is due to potential abuse of children by parents' partners, although the relatively low proportion of abuse/neglect by the unmarried partners of parents suggests other factors may be at work.

This study of short-stayers in Minnesota illustrates several key characteristics of the population and helps to illuminate some of the factors that may predict future involvement in foster care. Nevertheless, discussions need to be held with line staff, supervisors, and county leaders, as well as law enforcement, to better understand some of the family circumstances and system dynamics underlying these data.

Introduction

Project background

In early 2015, the Minnesota Department of Human Services, Child Safety and Permanency Division (DHS) wanted to gain insight into their “short-stayer” population – that is, children with cases open in child protection who were placed out-of-home for a relatively short period of time. For the purposes of this study, that period of time was defined as 30 days or less.

The short-stayer population is currently an important area of focus, as both researchers and practitioners want to learn more about whether short-placement stays are warranted, or if they are placing unnecessary stress and trauma on children and families. Evidence suggests that both short- and long-term placements may induce emotional and behavioral problems in children because of separation from family and dislocation from resources, services, schools, and places of familiarity and comfort (Price et al., 2008; Rubin et al., 2007). According to data pulled from the Adoption and Foster Care Analysis and Reporting System (AFCARS), “more than one-third (105,000 out of 269,000) of children placed in foster care during or following a Child Protective Services (CPS) investigation in 2008 were not officially found to be ‘victims’” (Garcia et al., 2012). Thus, more research is needed to ascertain whether the decision to place children in out-of-home care is warranted in the vast majority of these cases.

With the current research, we hope to learn more about the short-stayer population and, ultimately, uncover ways to improve prevention, intervention, and decision processes within child protective services that not only ensure child safety but also avoid disruptive, traumatic, and expensive removals.

Changes in Minnesota’s child protection system

It is important to keep in mind that this study occurred during a period of significant scrutiny and evolution for Minnesota’s child protection system. In response to a child fatality that occurred in 2013, the Governor’s Task Force on the Protection of Children was created in October 2014 to advise the Governor and Legislature on system and practice improvements in the child protection system. Final recommendations were released in March 2015, which resulted in new legislation and the implementation of significant changes across the system; the Legislative Task Force on Child Protection was created by the 2015 Legislature, in part,

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to review the efforts being made to implement the recommendations of the Governor’s Task Force on the Protection of Children. Placement was not a focus of the Task Force, which is another reason why DHS is interested in learning more about the characteristics and outcomes of the short-stayer population.

The data reported in this study reflect a six-year period (2009-2014) immediately prior to the formation of the Task Force, and the recent practice and policy changes that have resulted. So while these historical data are not influenced by the current work of the Task Force, the results of this study as well as future work related to short-stayers must be considered in light of these significant and ongoing changes to Minnesota’s child protection system.

Research questions

To learn more about Minnesota’s short-stayer population, staff from DHS worked with Wilder Research (Wilder) and Casey Family Programs to develop questions and a methodology for the research.

Study partners collaborated to develop the following questions:

1. How many children in Minnesota are being placed in short-term, out-of-home care annually?
2. What is the average length of stay for these short-term placements?
3. What are the reasons for placement?
4. Where are children being placed?
5. Who is involved in the placement decision? What roles do they play? Who is the primary placing person?
6. Who is reporting short-stayers to the attention of Child Protective Services (CPS) or law enforcement?
7. Are children who had short placement stays re-entering foster care? How often? For what reasons?
8. Do short-stayer profiles and outcomes vary by demographic groups? (e.g., age; gender; race; community patterns; urban, suburban, or rural?)

Methodology

To answer these questions, research partners worked together to define the population and timeframe of the study, the list of variables to be extracted from Minnesota’s child welfare database – Social Service Information System (SSIS) – and an analysis plan.

Population: The population for this study includes any child open in child protection in Minnesota who had an out-of-home placement for 30 days or less. Children who were placed outside of the home for other child welfare reasons (e.g., mental health or juvenile justice placements) were excluded from this study.¹ In addition, the children in this study had no prior placement history, although they or their family members could have had a previous record of involvement with Child Protective Services.

Timeframe: The timeframe includes cases from 2009 through 2014. These years were selected because 2009 was the earliest year that data could reliably be retrieved, while 2014 was the year with the most recent available data. Multiple cohort years were examined to uncover any trends over time.

Variables: Since the primary goal of the study was to understand the characteristics of short-stayers in Minnesota, Wilder requested largely descriptive variables, including demographic information (for both children and parents), child’s disability status, family structure, placement information (e.g., reason for placement, length of stay), and information about the report precipitating the removal episode (e.g., response track, imminent danger).² Wilder also examined children’s re-entry into foster care after an initial out-of-home episode (the short-stay episode) within 6 and 12 months after case closure.³ Researchers wanted to look at outcomes for children in short placement stays, and re-entry was the most readily available outcome data. Researchers were also interested to learn whether short-stayers re-entered foster care at a higher rate than those in care for 31 days or more (non- short-stayers).

Analysis: After a data sharing agreement was finalized, DHS staff pulled the requested data for the target population from SSIS, converted the dataset to an Excel file, de-identified the cases, and copied the file to an encrypted compact disc. DHS staff hand-delivered the disc to Wilder, and only four Wilder staff – two researchers and two analysts – had access to the file. All data were analyzed at Wilder Research and compiled into data tables for circulation to study partners.

¹ Attempts were made to compare Minnesota short-stayers to the national population of short-stayers by pulling data from the Adoption and Foster Care Analysis and Reporting System (AFCARS). While AFCARS has data for child welfare cases more broadly, it is not possible to identify which of these children are in child protection specifically, as child protection cases are a subset of child welfare cases. Therefore, researchers were unable to compare Minnesota data to national data.

² The initial data request included a request for clients’ Structured Decision Making (SDM) risk assessment score; however, DHS was unable to provide that information because of other more pressing data requests.

³ Foster care re-entry data were available for only the first six months of 2014. It is important to note that rate of re-entry into foster care is likely higher for children whose first placement was in the early years of the timeframe under study, as they have more time (i.e., opportunity) to re-enter foster care between their first placement and 2014.

Study partners held a conference call in December 2015 to review initial findings and determine next steps. After reviewing the descriptive characteristics and re-entry into foster care data, researchers decided to examine the predictive factors related to re-entry into foster care, as well as comparative data on children in care for 31 days or more (non-short-stayers). These additional analyses have helped put the short-stayer findings into context. Research findings are highlighted below. For more information, there are additional data tables appended to the report; selected appendix tables are also referenced in the report narrative.

Findings

Minnesota's short-stayer population

From 2009 through 2014, a total of 3,327 children experienced short stays (Table 1).⁴ Overall, short-stayers accounted for 31% of the total number of children who were in out-of-home care.

Over the course of the six study years, the percentage of short-stayers remained fairly consistent, with a slight decline beginning in 2013. This is in comparison to non-short-stayers, defined for the purposes of this report as children in child protection whose first out-of-home placement during the same six year period was 31 days or longer.

Table 1. Total number of children with short and non-short stays by year

Year	Short-stayer population (≤30 days)		Non-short-stayer population (≥31 days)	
	N	% of total	N	% of total
2009 (N=1,696)	529	31%	1,167	69%
2010 (N=1,742)	556	32%	1,186	68%
2011 (N=1,896)	609	32%	1,287	68%
2012 (N=1,933)	642	33%	1,291	67%
2013 (N=1,933)	532	28%	1,401	72%
2014 (N=1,693)	459	27%	1,234	73%
Total (N=10,893)	3,327	31%	7,566	69%

Demographic characteristics

This project compiled several descriptive characteristics of Minnesota's short-stayers. (Parent demographic data can be found in the appended data tables).

- **Gender of child:** The short-stayer population from 2009 through 2014 was split fairly evenly between female (51%) and male (49%).
- **Child age at time of removal:** On average, short-stayers were 7 years of age at the time of their removal from the home, and the youngest children (0-3 years) represented the largest proportion of the group (33%; Table 2). While they make up the largest proportion overall, the proportion of short-stayers 0-3 years of age steadily declined over the timeframe of the study (2009: 38%, 2014: 30%). Compared to non-short-

⁴ This total excludes 95 children who were in the initial data pull from DHS but for whom some critical data were missing or unreliable, and therefore were excluded from the analysis.

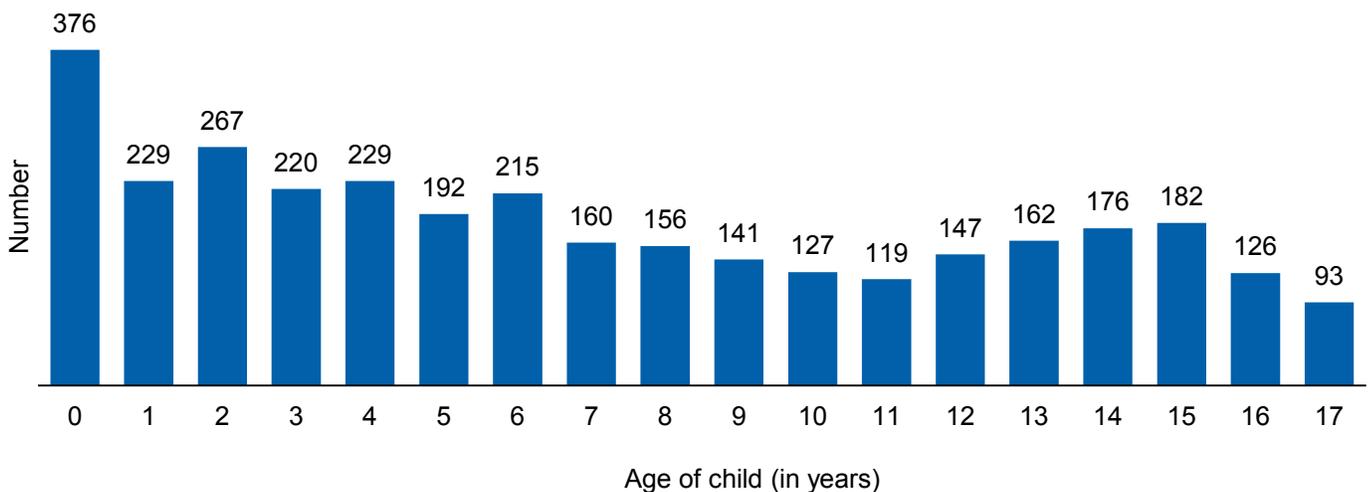
stayers, there are proportionally fewer children in this age group (33% of short-stayers versus 45% of non-short-stayers, respectively). Of short-stayers, children 0-3 years of age make up 10% of all children in out-of-home placements, while among non-short-stayers, children 0-3 years of age make up 31% of all children in out-of-home placement. The very youngest children (those under 1 year of age) make up the largest portion of short-stayers (n=376 or 11%; Figure 1), although nationally, children under 1 year of age make up the largest portion of the child welfare population generally, and a smaller portion of the short-stayer population.

Table 2. Age of children (in years) at time of removal

Age category	Short-stayer population (≤30 days)			Non-short-stayer population (≥31 days)		
	N	% of all short-stayers (N=3,317)	% of all children in out-of-home-placement (N=10,883)	N	% of all non-short-stayers (N=7,566)	% of all children in out-of-home-placement (N=10,883)
0-3 years	1,092	33%	10%	3,404	45%	31%
4-5 years	421	13%	4%	958	13%	9%
6-11 years	918	28%	8%	1,940	26%	18%
12-14 years	485	15%	4%	694	9%	6%
15-17 years	401	12%	4%	570	8%	5%

Note: 10 cases have been removed from the “age” tables, because of discrepancies in the parent and/or child age data. Newborns who were placed in a hospital setting and then returned to a parent are not counted as “placements” and therefore were not included in this population of short-stayers.

Figure 1. Number of short-stayers from 2009-2014 by age (in years) at time of removal (N=3,317)



Note: 10 cases have been removed from this figure, because of discrepancies in the parent and/or child age data. Newborns who were placed in a hospital setting and then returned to a parent were not included in this population of short-stayers.

- Race and ethnicity of child:** Short-stayers were most likely to be white (42%) or African American (34%); however, it is important to highlight that short-stayers are disproportionately children of color. According to the U.S. Census Bureau, African American children make up only 8% of Minnesota’s child population under age 18, but in this study, they accounted for 34% of all short-stayer cases from 2009 through 2014 (Table 3). Similarly, American Indian children make up only 1% of Minnesota’s population, but represent 7% of short-stayers and 15% of non-short-stayers. Similar disparities are present when the overall population of children in out-of-home care in Minnesota is compared to the racial composition of Minnesota’s child population (see Minnesota’s Child Welfare Reports, 2009-2014). It is also interesting to note that there was an overall decrease in the proportion of white short-stayers from 2009 (48%) to 2014 (39%; see Appendix, Table 4); this may be due to the slight decrease in the short-stayer population overall during this period.

Table 3. Race/ethnicity of children (N=3,327)

Race	N	% of total short-stayer population (<30 days)	% of total non-short-stayers population (≥31 days)	% of MN child population
White	1,404	42%	52%	80%
African American/Black	1,128	34%	16%	8%
Two or more races	416	13%	15%	5%
American Indian	227	7%	15%	1%
Asian/Pacific Islander	119	4%	2%	6%
Unknown	33	1%	<1%	--
Ethnicity				
Hispanic	383	12%	18%	9%

Note: The source for the Minnesota population data: Annual Estimates of the Resident Population by Sex, Age, Race, and Hispanic Origin for the United States and States: April 1, 2010 to July 1, 2014. Source: U.S. Census Bureau, Population Division, release date: June 2015.

- Family structure:** The majority of short-stayers were living in single female households (62%). One-third lived with a couple (unmarried, cohabitating: 17%; married: 16%), and 5% lived with a single male (see Appendix, Table 5).

Child's disability status

The majority of short-stayers were reported to have no known disability (81%). Only those with a diagnosed disability are recorded in SSIS. It is therefore quite possible that some information was missed or entered incorrectly for those with very short stays, since the caseworker would have had a short window of time in which to identify the disability and enter the data. Among those children with a recorded disability, “emotional disturbance” (both “severe” and “not severe”) was the most commonly reported concern (Table 4). Of children with a disability, 20% (n=122) had more than one type of disability (4% of all short-stayers). In future studies that would test strategies for minimizing the use of short stays in foster care, it would be essential to unpack the kinds of specific “emotional disturbance” that fall within this category.

Table 4. Reported child disabilities of short-stayers (N=3,327)

	N	%
No known disability	2,704	81%
Emotional disturbance, severe	268	8%
Emotional disturbance, not severe	127	4%
Developmental disability	89	3%
Learning disability	50	2%
Chemical dependency – drugs	26	1%
Speech impairment	42	1%
Physical disability – ambulation not limited	15	<1%
Chemical dependency – alcohol	11	<1%
Fetal Alcohol Spectrum Disorder (FASD)	9	<1%
Hearing impairment	6	<1%
Physical disability – ambulation limited	5	<1%
Visual impairment	5	<1%
Traumatic Brain Injury (TBI)	4	<1%
Other diagnosis ^a	111	3%
Missing	21	1%

^a “Other diagnosis” is a category reported in the Social Service Information System (SSIS); there is no further detail provided.

Placement information

In addition to examining the characteristics of short-stayers from 2009 through 2014, placement information of the children, including reason for placement, placement location, and length of stay was analyzed.

Reason for placement

In nearly half (46%) of all short-stayer cases between 2009 and 2014, alleged neglect was listed as the primary reason for placement, followed by alleged physical abuse (24%) and parent drug abuse (12%) (see Table 5). Across cohort years, it appears that alleged neglect has increased as a primary reason for placement, from 33% in 2009 to 45% in 2014; the reason for this increase is unclear. It is also worth noting that the substantial proportion of short-stayers placed because of alleged physical abuse (24%) in Minnesota is higher than the proportion of children placed in foster care for physical abuse in the United States overall.

Overall, the most common alleged perpetrator in short-stayer cases was the child's biological parent (89%), followed distantly by the unmarried partner of a parent (7%). (Because of limited comparative data for the non-short-stayer population, we were unable to compare the two groups.)

Reasons for placement varied across demographic groups. In particular, young children were most likely to be placed because of alleged neglect (46% of children 0-3 years, and 42% of children 4-5 years of age), whereas older children were most often placed because of alleged physical abuse (34% of youth 12-14 years, and 31% of youth 15-17 years of age; Table 5). While the numbers are small, younger children were also more likely than older children to be placed because of parental drug abuse or incarceration, and older children were more likely than younger children to be placed because of alleged sexual abuse and child behavior problems.

Table 5. Primary reason for placement by short-stayer age (in years)

	Age 0-3 (N=1,092)	Age 4-5 (N=421)	Age 6-11 (N=918)	Age 12-14 (N=485)	Age 15-17 (N=401)	All ages (N=3,317)
Alleged neglect	46%	42%	38%	25%	22%	38%
Alleged physical abuse	13%	13%	26%	34%	31%	22%
Alleged sexual abuse	3%	8%	10%	12%	13%	8%
Incarceration of parents	10%	10%	6%	3%	4%	7%
Parent drug abuse	10%	9%	5%	3%	2%	7%
Child behavior problem ^a	<1%	1%	1%	13%	18%	5%
Caretaker inability to cope ^b	5%	5%	4%	3%	2%	4%
Parent alcohol abuse	4%	6%	3%	1%	1%	3%
Abandonment	4%	3%	3%	3%	3%	3%
Inadequate housing	3%	4%	2%	2%	2%	3%

Note: Less than 1% of cases had the following reasons for placement: caretaker inability (mental health), caretaker inability (physical health), child alcohol abuse, child drug abuse, child's disability, death of parents, or Termination of Parental Rights (TPR); therefore these categories are not included in the table above.

- ^a Beginning November 1, 2013, the category "child behavior problem" was eliminated as a reason for placement and replaced by three options: "delinquency," "mental health," and "family conflict." For the purposes of this analysis, because so few cases during the study period fell into any of these three categories, these categories were rolled up into the original category of "child behavior problem."
- ^b Beginning November 1, 2013, the category "caregiver inability to cope" was eliminated as a reason for placement and replaced by two options: "caregiver inability to cope – mental health" and "caregiver inability to cope – physical health". For the purposes of this analysis, because so few cases during the study period fell into any of these three categories, these categories were rolled up into the original category of "caretaker inability to cope." A few cases were inadvertently omitted from this roll-up and are reflected in the less than 1% of cases noted in the table footnote.

In most cases, a child's placement was initiated due to a 72-hour police hold (90%), rather than due to a court-order or a voluntary decision on the part of the parent (see Appendix, Table 21). It is important to note that, in Minnesota, social workers cannot remove a child without a court order; therefore, police officers typically conduct the initial removal of a child from the home.

Placement location

After being removed from their home, the majority of short-stayers were placed in a non-relative foster family home (65%), followed by a group home (16%) and residential treatment center (11%). Very few (6%) were placed with a relative. Although the percentages are small, a proportion of very young children are reportedly being placed in group homes and residential treatment centers. At least some of these cases are due to the

fact that some placement settings are coded as “group homes” or “residential treatment centers” in Minnesota’s child welfare database but act as temporary placements for very young children who are screened for physical health issues at such facilities and stay there on a very short-term basis (typically no more than a day or two) until a foster care situation is secured. More examination of this finding is needed to better understand the circumstances under which these placements are occurring with young children.

There are notable differences among demographic groups in children’s placement location. For example, younger children were more likely than older children to be placed in a non-relative foster home (Table 6). (Note that the majority of short-stayers were only in one placement.)

Table 6. First placement location by short-stayer age (in years) (N=3,317)

	Age 0-3 (N=1,092)	Age 4-5 (N=421)	Age 6-11 (N=918)	Age 12-14 (N=485)	Age 15-17 (N=401)
Foster family home - non-relative	77%	79%	67%	47%	41%
Group home	14%	11%	18%	20%	21%
Residential treatment center	3%	5%	8%	24%	27%
Foster family home – relative	6%	4%	6%	3%	2%
Juvenile correctional facility (non-secure)	<1%	<1%	<1%	5%	6%
Foster home - corporate/shift staff*	<1%	<1%	<1%	1%	2%
Correctional facility (locked)	0%	0%	0%	<1%	1%

* A corporate foster home is licensed through DHS Licensing for child foster care. There is no primary provider/caretaker but rather, it is staffed by employees around the clock (similar to a group home).

Additionally, Asian and African American children were more likely than children in other racial groups to be placed in a group home (30% and 23%, respectively), and 17% of African American children experiencing a short stay were placed in a residential treatment center; this is higher than any other racial or ethnic group (Table 7). Again, these data indicate some persistent issues of disproportionality within Minnesota’s child protection system.

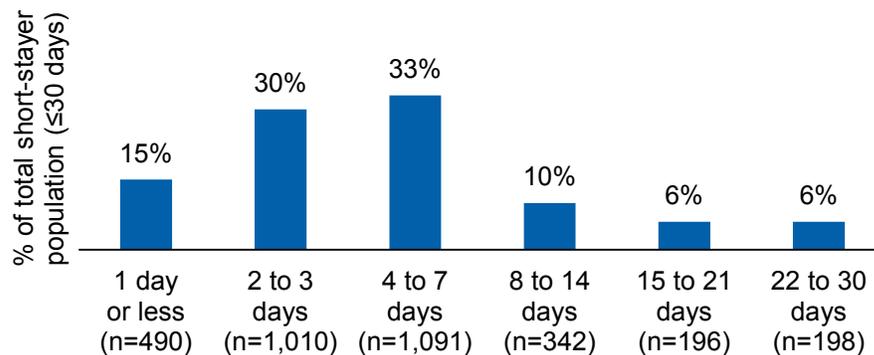
Table 7. First placement location by short-stayer race/ethnicity (N=3,294)

	White (N=1,404)	African American/ Black (N=1,128)	Two or more races (N=416)	American Indian (N=227)	Asian/ Pacific Islander (N=119)	Hispanic (N=383)
Foster family home - non-relative	71%	57%	73%	68%	58%	68%
Group home	12%	23%	12%	17%	30%	14%
Residential treatment center	7%	17%	10%	4%	9%	11%
Foster family home - relative	8%	1%	3%	10%	3%	3%
Juvenile correctional facility (non-secure)	2%	1%	1%	1%	0%	1%
Foster home - corporate/shift staff	1%	1%	<1%	<1%	0%	1%
Correctional facility (locked)	<1%	0%	0%	0%	0%	<1%

Length of stay

The average length of stay for short-stayers was 6.2 days. In the majority of cases, stays ranged from 2 to 7 days, with 30% of placements lasting for 2 to 3 days, and 33% of placements lasting from 4 to 7 days (Figure 2). A fairly high proportion of short-stayers were placed for 1 day or less (15%)⁵. While beyond the scope of this study, a qualitative review of a random sample of these cases would be useful for learning if these cases differ in any major ways.

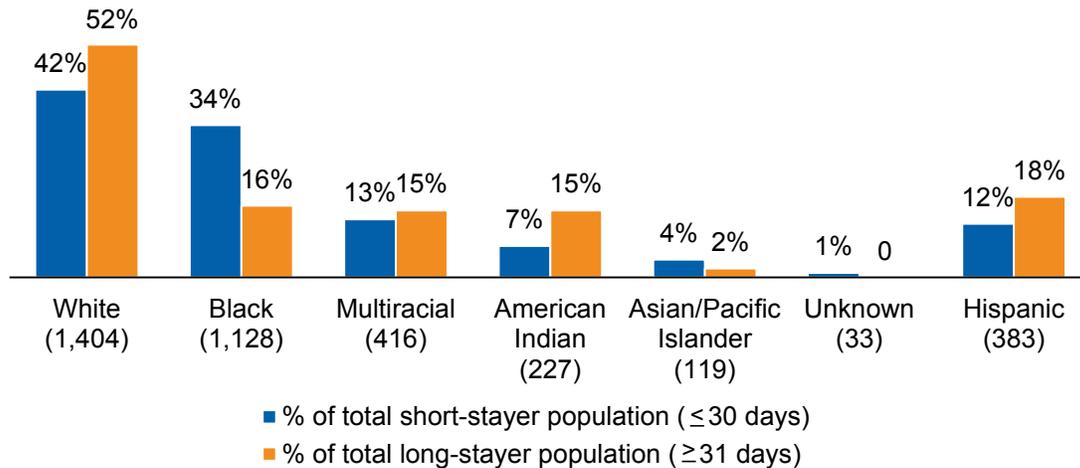
Figure 2. Length of stay of short-stayers (N=3,327)



⁵ According to federal definitions, only out-of-home stays of 24 hours or more are considered out-of-home “placements” and require documentation in SSIS, Minnesota’s child welfare database. Some local agencies record stays of less than 24 hours.

The length of stay experienced by a child varied according to the child’s race/ethnicity. African American and Asian children were more likely than other racial groups to have very short stays. Over half of each group – Asian (57%) and African American (51%) – experienced stays of 3 days or less (Figure 3).

Figure 3. Proportion of short- and non-short-stayers by race



Note: Minnesota data came from the U.S. Census Bureau, Population Division, release date: June 2015.

Children were most often discharged from their placement to be reunified with their parent or primary caretaker (90%). This is reassuring because it indicates a quick resolution of the family situation that caused the placement. However, it also underscores a need to determine whether some kind of intervention could have prevented the need for short-term placement to begin with.

Re-entry into foster care

In addition to short-stayer demographic and placement data, researchers examined the rate of re-entry into foster care for short-stayers in the subsequent 6 and 12 months after their initial out-of-home (short stay) placements, as well as the factors that predict those re-entries.

Rate of re-entry into foster care

Overall, short-stayers in Minnesota re-entered foster care at a higher rate than those in placement for 31 days or longer. Of the short-stayers included in the study period (2009-2014), 14% re-entered foster care within 6 months and 17% re-entered within 12 months, compared to 6% of non-short-stayers who re-entered foster care within 6 months and 10% who re-entered within 12 months (Table 8).

Table 8. Six and twelve month foster care re-entry rates by length of stay

Short-stayers (<30 days) who re-entered within:	N	%	Number of additional placements	
			Range	Mean
6 months (N=3,327)	458	14%	1 – 4	1.1
12 months (N=2,868)	499	17%	1 – 6	1.2
Non-short-stayers (>31 days) who re-entered within:				
6 months (N=7,566)	476	6%	n/a	n/a
12 months (N=6,324)	620	10%	n/a	n/a

Note: Only 8 months of data were available between the end of 2014 and the time the data were pulled for this study; therefore, 2014 data are excluded from the 12-month analysis and the N-sizes are different at 6 and 12 months.

In terms of demographic differences, children age 0-3 years of age were the most likely to re-enter foster care, at both 6 and 12 months (36%; Table 9). There are several possible explanations for the differences in age groups, which are detailed in the “Issues to consider” section below.

Table 9. Re-entries into foster care by short-stayer age (in years)

	6-month re-entry (N=455)		12-month re-entry (N=495)	
	N	%	N	%
0-3 years	164	36%	179	36%
4-5 years	41	9%	46	9%
6-11 years	86	19%	98	20%
12-14 years	95	21%	96	19%
15-17 years	69	15%	76	15%

Note: Only 8 months of data were available between the end of 2014 and the time the data were pulled for this study; therefore, 2014 data are excluded from the 12-month analysis and the N-sizes are different at 6 and 12 months.

Factors predicting re-entry into foster care

A logistic regression analysis was conducted to determine what factors, if any, predict short-stayers' re-entry into foster care within 6 or 12 months of the initial placement. The following predictors were included in the model:

- Child's age
- Child's race
- Maternal age at child's birth
- Child's disability status
- Family structure
- Length of stay
- Primary reason for placement
- Placement location

Nearly all factors were found to be statistically significant at either 6 or 12 months (or both), with the exception of child's age and maternal age at child's birth (see Tables 10 and 11).

Child and family characteristics

Characteristics that were predictive of re-entry into foster care include the following:

- **Child disability:** Analyses revealed that, of the factors analyzed, child disability was *most* predictive of re-entry into foster care among short-stayers. Compared to those with no known disability (the reference category), short-stayers with any type of disability were 2.6 times more likely to re-enter within 6 months, and 2.5 times more likely to re-enter within 12 months (significant at $p < .001$; see Table 10). (See Appendix, Table 35 for more information about the relationship between individual types of disability and rates of re-entry into foster care).
- **Child's race:** American Indian children were over 40% more likely than white children (the reference category) to re-enter foster care within 6 and 12 months, while Asian children were less likely than white children to re-enter foster care within those time periods.
- **Family structure:** Married couples were less likely to have their children re-enter foster care than single parents (the reference category) at 6 and 12 months after discharge,

while unmarried, cohabitating couples were 60% more likely than single parents to have their children re-enter within 6 months; there were no statistically significant differences between these groups at 12 months after case closure.

Table 10. Significant predictors of re-entry into foster care: Child and family characteristics

	6-month re-entry (N=3,286)			12-month re-entry (N=2,840)		
	B	SE B	Odds ratio	B	SE B	Odds ratio
Disability status						
Any disability	0.95	0.12	2.58***	0.90	0.12	2.47***
Child's race						
American Indian	0.37	0.17	1.45*	0.39	0.17	1.48*
Asian	-1.03	0.47	0.36*	-1.37	0.53	0.25**
Family structure						
Married couples	-0.34	0.18	0.72*	-0.42	0.17	0.66*
Unmarried couples	0.47	0.14	1.60**	--	--	--

Note: Analyses were conducted using logistic regression. Differences are significant at: *** $p < .001$, ** $p < .01$, and * $p < .05$. Reference categories for the above characteristics include 'no disability' (disability status), 'white' (race), and 'single parent' (family structure). Non-statistically significant child and family characteristics that were examined include child's age and maternal age at child's birth.

Only 8 months of data were available between the end of 2014 and the time the data were pulled for this study; therefore, 2014 data are excluded from the 12-month analysis and the N-sizes are different at 6 and 12 months.

Placement information

In addition to client characteristics, the regression model included several factors related to the child's placement. Analyses showed that:

- **Length of stay:** Children in placement for four or more days were more likely to re-enter the system at 6 and 12 months after case closure than those with shorter placements (3 days or less (the reference category); 34% and 36% more likely, respectively) (see Table 11).
- **Placement location:** Children placed in a residential treatment center were 46% more likely than those placed in a non-relative foster home (the reference category) to re-enter foster care within 6 months after case closure; differences were not significant at 12 months. A range of recent reports about program refinement for residential treatment are highlighting the importance of early and consistent family involvement

and aftercare/post-permanency services to reduce child foster care re-entry (McDowell, Ortiz, Stevenson, Lichtenstein & Pecora, 2014; Pecora & English, 2016).

- Primary reason for placement:** Children whose primary reason for placement was “child behavior/mental health” were 94% more likely to re-enter the system within 6 months and 67% more likely to re-enter within 12 months, compared to those placed primarily for alleged neglect (the reference category). Those who had been placed because of inadequate housing or alleged sexual abuse were less likely to re-enter than those who had been placed because of alleged neglect. A large number of states are struggling to coordinate behavioral health services that are effective and accessible to families where children are struggling with severe emotional or behavioral conditions. States like Minnesota and New Jersey have developed mobile mental health response teams and other strategies to ensure that interventions, which could stabilize children in their families, are available when needed.^{6,7} Results suggest increased utilization of these strategies might lessen the number of children with these issues who re-enter foster care.

Table 11. Significant predictors of re-entry into foster care: Placement characteristics

	6-month re-entry (N=3,286)			12-month re-entry (N=2,840)		
	<i>B</i>	<i>SE B</i>	<i>Odds ratio</i>	<i>B</i>	<i>SE B</i>	<i>Odds ratio</i>
Length of stay						
4 or more days	0.29	0.11	1.34**	0.30	0.11	1.36**
Placement location						
Residential treatment center	0.38	0.18	1.46*	--	--	--
Primary reason for placement						
Child behavior/ mental health	0.66	0.23	1.94**	0.51	0.23	1.67*
Inadequate housing	-1.16	0.53	0.32*	-1.51	0.53	0.22**
Alleged sexual abuse	--	--	--	-0.43	0.22	0.65*

Note: Analyses were conducted using logistic regression. Differences are significant at: *** $p < .001$, ** $p < .01$, and * $p < .05$. Reference categories for the above characteristics include ‘3 days or less’ (length of stay), ‘non-relative foster home’ (placement location), and ‘alleged neglect’ (primary reason for placement).

Only 8 months of data were available between the end of 2014 and the time the data were pulled for this study; therefore, 2014 data are excluded from the 12-month analysis and the N-sizes are different at 6 and 12 months.

⁶ State of New Jersey, Department of Children and Families. Mobile Response and Stabilization Services. <http://www.state.nj.us/dcf/families/csc/mobile/>

⁷ National Alliance on Mental Health, Minnesota. Minnesota Mental Health Crisis Services. <http://www.namihelps.org/support/crisis-resources.html>

Issues to consider and recommendations

This study of short-stayers in Minnesota illustrates several key characteristics of the population and helps to illuminate some of the factors that may predict re-entry into foster care. Nevertheless, discussions need to be held with line staff, supervisors, and county leaders, as well as law enforcement, to better understand some of the family situations and system dynamics underlying these data. The following recommendations may help guide researchers and practitioners as the state of Minnesota continues to work towards improving its child welfare system.

Continue to advance clinical skills and identify practices that assist in stabilizing young children. The goal is to make foster care a positive experience and a healing process for young children when placement out of the home is necessary. Strive to ensure staff at all levels have a good understanding of early childhood development, including how exposure to trauma affects brain growth and development. Assess level of early childhood expertise among staff and consider hiring staff with expertise in early childhood if indicated. Further, assign young children to caseworkers who have experience with young children from unstable environments to ensure that children who need placements are getting the right type of placements, for the right amount of time, to prevent unnecessary placements or children leaving placements too early. Lastly, have those experienced caseworkers mentor less experienced caseworkers so best casework for young children can spread throughout the agency.

Examine the status and fidelity of current screening and decision-making practices related to removal and reunification, as well as the current trainings provided to law enforcement officers around child welfare. Officers should be trained and experienced in objectively investigating child maltreatment, including conducting interviews of children and interrogating suspected offenders. Training should be viewed as an ongoing process, designed to increase the competence of the interdisciplinary team. Personnel investigating child abuse need to consider many important factors, including identifying personal or professional biases in child abuse cases, and not ruling out the possibility of child abuse with a domestic dispute complaint.

In addition, consider if there are non-law enforcement interventions that need to be more readily available so that law enforcement can lessen the number of their removals.

Because of the large proportion of short-term placements initiated by law enforcement, this route into placement in Minnesota needs careful examination to determine if (a)

those placements were actually needed in the first place; and (b) what kind of response or service would be necessary to prevent placement? Requiring law enforcement to team with a child welfare worker, who can provide other resources and perspectives around safety and risk, may contribute to fewer unnecessary removals. However, there likely are a set of family situations where the law enforcement response was the *best* response possible – either because of a shortage of needed services or because those services were available but would have been insufficient to protect the child in those situations.

Continue to increase knowledge and understanding of child neglect, if it varies for short- versus non-short-stayers, and learn more about trauma, its impact on the developing brain, and how it impacts youth and their families over time. The findings show a continued need to address the root causes of child neglect. This includes an expanded trauma-informed approach to care and an array of trauma-informed practice strategies, even for youth who stay only a short time in care. It is also important to continue providing individualized services for youth and families based on developmental age and need. Additionally, any training, coaching and support that can be provided to law enforcement around the impact of trauma on the developing brain should be provided. Because of the high number of young children entering care, the local area police departments may want to consider working with DHS or local county offices to increase officers’ understanding of early childhood development, including how exposure to trauma affects brain growth and development. We mention this with the realization that in certain cases law enforcement may be encountering a unique and complex family situation where there is immediate danger to the child – and where child removal was truly needed.

Prevention services can strengthen families and decrease the number of children entering care, regardless of race or ethnicity. By working proactively and in conjunction with other agencies and service providers, child welfare agencies in Minnesota can implement preventive measures, build family support, and offer services to vulnerable families before abuse and neglect occur. These efforts can be designed for the general population or targeted for specific at-risk groups. In fact, strategies for addressing disproportionality are often the same strategies used to improve child welfare for all children and families. To best serve youth once they enter the system, cultural competence needs to permeate every part of DHS, from policymaking to administration to frontline practices, and should be an ongoing component of training for all staff, as well as a centerpiece of recruiting a diverse workforce.

Conduct additional analyses to determine who the short-stayers are, where they are served, and the outcomes they achieve. Also, continue to explore what local resources are needed or available (such as intensive in-home services), if any, to serve these children and youth in less restrictive settings, including home. Further, analyses could

examine placement settings in more depth, particularly residential treatment and other forms of congregate care placements, to track how many short-stayers are in more intensive place settings and how many of those re-enter foster care later.

Examine methods for determining if a child has a disability, and provide more support to families who have children with disabilities. Some child protection investigators and caseworkers may not have sufficient training, tools and support to ensure the identification and assessment of children and youth with disabilities. This may result in underreporting, inappropriate placement decisions, and inadequate provision of services for children and youth with disabilities in foster care. Given that a child’s disability status can significantly predict re-entry into foster care, practitioners and researchers should examine ways to better determine if a child has a disability, appropriately categorize “other” disabilities (which are not currently categorized in SSIS), and determine the best early intervention supports for families who have children with disabilities.

Additional research

This research has led to increased understanding of the short-stayer population in Minnesota as well as the factors that can lead to re-entry into foster care. Additional qualitative work with key stakeholders like child protection workers and law enforcement is recommended in order to gain further insight into how and why children are experiencing short stays, and to examine some of the current findings in more depth, such as the relationship between child disability status and re-entry. Future research could address the following questions, among others:

- Minnesota statutes allow law enforcement officers to take children into immediate custody if the child’s health or welfare is in danger. Are these situations defined/understood/followed systematically across the state? Are there areas of training or support that law enforcement staff need to better address these family situations?
- What are the current screening and decision-making practices around removing a child? Is the criteria or actual practice different for CPS workers vs. law enforcement? Further, how do CPS and law enforcement team around decision making? Does the quality of teaming vary across counties?
- What early intervention and support services are available to families that would enable child placement to be safely achieved? Are short-stayer families receiving these services, especially families with children with disabilities?
- What type of planning occurs at the end of a case to prevent re-entry into the foster care system? What factors need to be considered to lessen the likelihood that short-stayers will re-enter in the future?

- Aside from re-entry into foster care, how are short-stayers faring on other child welfare-related outcomes (e.g., re-reports, repeat maltreatment)? Are there situations where a short stay in foster care, followed by another stay in care months later, is the best that can be done for some highly unstable but generally safe family situations?
- To what extent are these children and youth involved in other systems (e.g., juvenile justice or corrections)? If there is cross-over, how can all of the relevant systems – child protection, juvenile justice, county attorneys, and court systems – work together to more comprehensively address the child or youth’s needs?

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Appendix

Additional data tables

Child demographic characteristics

1. Distribution for age (in years) of short-stayers (N=3,317)

	Years
Minimum age	<1
Maximum age	17
Mean	7.1
Median	6

Note: 10 cases have been removed from the “age” tables, because of discrepancies in the parent and/or child age data.

2. Age of short-stayers (in years) at time of removal by year

	2009 (N=528)	2010 (N=552)	2011 (N=609)	2012 (N=638)	2013 (N=531)	2014 (N=459)
0-3 years	38%	35%	36%	29%	29%	30%
4-5 years	11%	14%	11%	13%	14%	13%
6-11 years	23%	27%	26%	33%	28%	29%
12-14 years	13%	14%	14%	15%	16%	16%
15-17 years	15%	10%	13%	10%	13%	12%

Note: 10 cases have been removed from the “age” tables, because of discrepancies in the parent and/or child age data.

3. Gender of short-stayers (N=3,327)

	N	%
Female	1,682	51%
Male	1,645	49%

4. Race/ethnicity of short-stayers by year (N=3,327)

Race	2009 (N=529)	2010 (N=556)	2011 (N=609)	2012 (N=642)	2013 (N=532)	2014 (N=459)
White	48%	40%	47%	40%	38%	39%
African American/Black	32%	34%	31%	37%	38%	32%
Two or more races	12%	12%	12%	12%	13%	14%
American Indian	7%	10%	5%	6%	6%	8%
Asian/Pacific Islander	1%	4%	4%	4%	4%	4%
Unknown	<1%	<1%	1%	1%	1%	3%
Ethnicity						
Hispanic	13%	12%	11%	10%	10%	14%

5. Short-stayer family structure (N=3,327)

	N	%
Single female	2,060	62%
Unmarried, cohabitating couple	567	17%
Married couple	536	16%
Single male	164	5%

Parent demographic characteristics

6. Age of parents (in years) of short-stayers at time of removal (N=4,420)

	N	%
15-17 years	24	1%
18-21 years	281	6%
22-24 years	474	11%
25-34 years	1,985	45%
35-44 years	1,218	28%
45-54 years	355	8%
55-64 years	72	2%
65+ years	11	<1%

Note: 10 cases have been removed from the “age” tables, because of discrepancies in the parent and/or child age data.

7. Distribution for age (in years) of parents of short-stayers (N=4,420)

	Years
Minimum age	15
Maximum age	82
Mean	32.8
Median	32

Note: 10 cases have been removed from the “age” tables, because of discrepancies in the parent and/or child age data.

8. Gender of parents of short-stayers (N=4,428)

	N	%
Female	3,149	71%
Male	1,279	29%

Note: Gender is missing for two cases.

9. Race/ethnicity of parents of short-stayers (N=4,430)

Race	N	%	% of MN adult population
White	2,283	52%	82%
African American/Black	1,342	30%	5%
American Indian	294	7%	1%
Two or more races	260	6%	2%
Asian/Pacific Islander	204	5%	4%
Declined/Unknown	47	1%	--
Ethnicity			
Hispanic	417	9%	5%

Note: Minnesota population estimates are from U.S. Census Bureau, Population Estimates. <http://www.census.gov/popest/>.

Length of stay

10. Length of stay of short-stayers (N=3,327)

	N	%
1 day or less	490	15%
2 to 3 days	1,010	30%
4 to 7 days	1,091	33%
8 to 14 days	342	10%
15 to 21 days	196	6%
22 to 30 days	198	6%

11. Distribution for length of stay of short-stayers (N=3,327)

	Number of days
Minimum number	<1
Maximum number	30
Mean	6.2
Median	4
Mode	2

12. Length of stay by short-stayer race/ethnicity

	White (N=1,404)	African American/ Black(N=1, ,128)	Two or more races (N=416)	American Indian (N=227)	Asian/ Pacific Islander (N=119)	Hispanic (N=383)
1 day or less	14%	16%	15%	12%	18%	16%
2 to 3 days	27%	35%	28%	26%	39%	29%
4 to 7 days	32%	34%	34%	32%	29%	32%
8 to 14 days	13%	6%	11%	17%	6%	10%
15 to 21 days	8%	4%	6%	7%	2%	6%
22 to 30 days	7%	5%	6%	7%	7%	7%

Note: This table excludes cases for whom race/ethnicity was unknown/missing.

13. Length of stay by short-stayer age (in years)

	Age 0-3 (N=1,092)	Age 4-5 (N=421)	Age 6-11 (N=918)	Age 12-14 (N=485)	Age 15-17 (N=401)
1 day or less	15%	19%	17%	11%	10%
2 to 3 days	30%	28%	32%	32%	28%
4 to 7 days	31%	35%	33%	32%	37%
8 to 14 days	11%	9%	8%	10%	13%
15 to 21 days	7%	4%	4%	8%	7%
22 to 30 days	6%	5%	6%	6%	5%

Reasons for placement

14. Reason for placement for short-stayers (N=3,327)

	N	%	Primary reason	Non-primary reason
Alleged neglect	1,537	46%	37%	9%
Alleged physical abuse	791	24%	22%	2%
Parent drug abuse	389	12%	7%	5%
Alleged sexual abuse	297	9%	8%	1%
Incarceration of parents	293	9%	7%	2%
Parent alcohol abuse	227	7%	3%	4%
Child behavior problem ^a	218	7%	5%	2%
Caretaker inability to cope ^b	201	6%	4%	2%
Inadequate housing	156	5%	3%	2%
Abandonment	115	3%	3%	<1%

Note: Less than 1% of cases had the following reasons for placement: caretaker inability (mental health), caretaker inability (physical health), child alcohol abuse, child drug abuse, child's disability, death of parents, or Termination of Parental Rights (TPR); therefore these categories are not included in the table above.

^a Beginning November 1, 2013, the category "child behavior problem" was eliminated as a reason for placement and replaced by three options: "delinquency," "mental health," and "family conflict." For the purposes of this analysis, because so few cases during the study period fell into any of these three categories, these categories were rolled up into the original category of "child behavior problem."

^b Beginning November 1, 2013, the category "caregiver inability to cope" was eliminated as a reason for placement and replaced by two options: "caregiver inability to cope – mental health" and "caregiver inability to cope – physical health." For the purposes of this analysis, because so few cases during the study period fell into any of these three categories, these categories were rolled up into the original category of "caretaker inability to cope." A few cases were inadvertently omitted from this roll-up and are reflected in the less than 1% of cases noted in the table footnote.

15. Primary reason for placement of short-stayers by year

	2009 (N=529)	2010 (N=556)	2011 (N=609)	2012 (N=642)	2013 (N=532)	2014 (N=459)
Alleged neglect	33%	32%	37%	40%	37%	45%
Alleged physical abuse	22%	20%	23%	24%	22%	19%
Incarceration of parents	10%	7%	7%	6%	6%	6%
Alleged sexual abuse	7%	12%	8%	8%	8%	6%
Parent drug abuse	6%	6%	7%	4%	9%	7%
Caretaker inability to cope ^a	5%	6%	3%	4%	5%	0%
Child behavior problem ^b	5%	5%	4%	4%	4%	7%
Inadequate housing	4%	3%	3%	2%	3%	1%
Parent alcohol abuse	4%	5%	2%	3%	2%	2%
Abandonment	3%	4%	4%	3%	2%	2%

Note: Less than 1% of cases had the following reasons for placement: caretaker inability (mental health), caretaker inability (physical health), child alcohol abuse, child drug abuse, child's disability, death of parents, or Termination of Parental Rights (TPR); therefore these categories are not included in the table above.

- ^a Beginning November 1, 2013, the category "caregiver inability to cope" was eliminated as a reason for placement and replaced by two options: "caregiver inability to cope – mental health" and "caregiver inability to cope – physical health. For the purposes of this analysis, because so few cases during the study period fell into any of these three categories, these categories were rolled up into the original category of "caretaker inability to cope." A few cases were inadvertently omitted from this roll-up and are reflected in the less than 1% of cases noted in the table footnote.
- ^b Beginning November 1, 2013, the category "child behavior problem" was eliminated as a reason for placement and replaced by three options: "delinquency," "mental health," and "family conflict." For the purposes of this analysis, because so few cases during the study period fell into any of these three categories, these categories were rolled up into the original category of "child behavior problem."

16. Primary reason for placement by short-stayer race/ethnicity

	White (N=1,404)	African American/ African American (N=1,128)	Two or more races (N=416)	American Indian (N=227)	Asian/ Pacific Islander (N=119)	Hispanic (N=383)
Alleged neglect	35%	40%	34%	41%	40%	38%
Alleged physical abuse	19%	27%	21%	11%	29%	21%
Alleged sexual abuse	11%	6%	6%	4%	12%	16%
Incarceration of parents	7%	7%	8%	7%	5%	6%
Parent drug abuse	9%	2%	8%	15%	5%	7%
Child behavior problem ^a	5%	4%	7%	1%	4%	3%
Caretaker inability to cope ^b	4%	4%	4%	3%	2%	2%
Parent alcohol abuse	3%	2%	5%	9%	2%	2%
Abandonment	2%	5%	3%	5%	1%	3%
Inadequate housing	4%	1%	2%	3%	1%	2%

Note: Less than 1% of cases had the following reasons for placement: caretaker inability (mental health), caretaker inability (physical health), child alcohol abuse, child drug abuse, child's disability, death of parents, or Termination of Parental Rights (TPR); therefore these categories are not included in the table above.

This table excludes cases for whom race/ethnicity was unknown/missing.

- ^a Beginning November 1, 2013, the category "child behavior problem" was eliminated as a reason for placement and replaced by three options: "delinquency," "mental health," and "family conflict." For the purposes of this analysis, because so few cases during the study period fell into any of these three categories, these categories were rolled up into the original category of "child behavior problem."
- ^b Beginning November 1, 2013, the category "caregiver inability to cope" was eliminated as a reason for placement and replaced by two options: "caregiver inability to cope – mental health" and "caregiver inability to cope – physical health." For the purposes of this analysis, because so few cases during the study period fell into any of these three categories, these categories were rolled up into the original category of "caretaker inability to cope." A few cases were inadvertently omitted from this roll-up and are reflected in the less than 1% of cases noted in the table footnote.

Other placement information

17. First placement location for short-stayers (N=3,616)

	N	%
Foster family home – non-relative	2,362	65%
Group home	575	16%
Residential treatment center	395	11%
Foster family home – relative	200	6%
Juvenile correctional facility (non-secure)	55	2%
Foster home – corporate/shift staff	19	1%
Correctional facility (locked)	10	<1%

18. Number of moves within one continuous placement for short-stayers (N=3,327)

	N	%
1 move	3,058	92%
2 moves	253	8%
3 moves	13	<1%
4 moves	2	<1%
5 moves	1	<1%

Note: Children could be placed multiple times, in multiple settings, within a continuous placement.

19. Distribution for number of moves of short-stayers (N=3,327)

	Number of moves
Minimum number	1
Maximum number	5
Mean	1.1
Median	1

20. Supervising agency for short-stayers (N=3,327)

	N	%
County social services	3,278	99%
Corrections	29	1%
Tribal social services	20	1%

Note: Due to rounding, percentages do not add up to 100%.

21. Who made the placement for short-stayers (N=3,327)

	N	%
Police 72-hour hold	3,002	90%
Court ordered	780	23%
Voluntary	237	7%

Note: Multiple responses could be chosen, so percentages do not add up to 100%. 17% were both police hold and court ordered, and 4% were both police and voluntary.

22. Who made the placement for short-stayers by year

	2009 (N=529)	2010 (N=556)	2011 (N=609)	2012 (N=642)	2013 (N=532)	2014 (N=459)
Police 72-hour hold	91%	90%	90%	89%	92%	89%
Court ordered	21%	20%	23%	24%	24%	30%
Voluntary	12%	11%	7%	3%	4%	7%

Note: Multiple responses could be chosen, so percentages do not add up to 100%.

23. Who made the placement by short-stayer age (in years)

	Age 0-3 (N=1,092)	Age 4-5 (N=421)	Age 6-11 (N=918)	Age 12-14 (N=485)	Age 15-17 (N=401)
Police 72-hour hold	90%	92%	94%	87%	85%
Court ordered	25%	24%	21%	24%	24%
Voluntary	7%	7%	6%	9%	9%

Note: Multiple responses could be chosen, so percentages do not add up to 100%.

24. Who made the placement by short-stayer race/ethnicity

	White (N=1,404)	African American/ Black (N=1,128)	Two or more races (N=416)	American Indian (N=227)	Asian/ Pacific Islander (N=119)	Hispanic (N=383)
Police 72-hour hold	89%	92%	91%	85%	95%	90%
Court ordered	25%	19%	27%	33%	22%	25%
Voluntary	9%	5%	7%	7%	3%	4%

Note: Multiple responses could be chosen, so percentages do not add up to 100%.

25. Day of the week short-stayers were placed (N=3,327)

	N	%
Sunday	235	7%
Monday	464	14%
Tuesday	577	17%
Wednesday	611	18%
Thursday	585	18%
Friday	606	18%
Saturday	249	7%

26. Reasons for discharge from placement for short-stayers (N=3,327)

	N	%
Reunification with parents/primary caretakers	3,008	90%
Living with other relatives	241	7%
Transfer to another agency	32	1%
Runaway from placement/placement no longer planned	25	1%
Permanent transfer of legal and physical custody to a relative	15	1%
Death of client	3	<1%
Guardianship to an unrelated individual	2	<1%
Reached age of majority or emancipated	1	0%

Note: Children could be discharged multiple times within a continuous placement.

Child Protection report precipitating the removal episode

27. Short-stayer in imminent danger (N=3,319)

	N	%
Yes	205	6%
No	3,114	94%

28. Ongoing child protection services needed for short-stayers (N=3,327)

	N	%
Yes	1,917	58%
No	1,410	42%

29. Response track for the child protection report (N=3,327)

	N	%
Family investigation	1,967	59%
Family assessment	1,360	41%

30. Maltreatment allegations for short-stayers (N=3,327)

	N	%
Disregard for safety	1,221	37%
Physical abuse	958	29%
Inadequate supervision	685	21%
Failure to protect from serious endangerment	469	14%
Inadequate provision for physical needs	457	14%
Chronic and severe use of alcohol/controlled substances	380	11%
Sexual abuse	296	9%
Other	244	7%
Abandonment	60	2%
Inadequate attention to educational needs	51	2%
Prenatal exposure to a controlled substance	51	2%
Medical neglect	46	1%
Expulsion from home	42	1%
Inadequate care for emotional needs/behavior problems	37	1%
Mental injury and emotional harm	16	<1%
Failure to thrive	4	<1%

31. Alleged perpetrator (N=3,327)

	N	%
Biological parent	2,975	89%
Unmarried partner of parent	226	7%
Other relative	140	4%
Step-parent	123	4%
Legal guardian	44	1%
Adoptive parent	44	1%
Sibling	40	1%
Unknown	33	1%
Other	31	1%
Friend or neighbor	11	<1%
Child daycare provider	8	<1%
Non-relative foster parent	2	<1%

Six and twelve month re-entries into out-of-home care

32. Termination of Parental Rights (N=156)

	N	%
Involuntary TPR	99	64%
Voluntary TPR	35	22%
Unknown	22	14%

33. Percent of short-stayer cases that re-entered each year

	2009 (N=529)	2010 (N=556)	2011 (N=609)	2012 (N=642)	2013 (N=532)	2014 (N=459)
6-month re-entry	14%	14%	17%	14%	12%	12%
12-month re-entry	18%	17%	20%	17%	15%	--

Note: Only 8 months of data were available between the end of 2014 and the time the data were pulled for this study; therefore, 2014 data are excluded from the 12-month analysis and the N-sizes are different at 6 and 12 months.

34. Re-entries of short-stayers into foster care by short-stayer race/ethnicity

Race	6-month re-entry (N=458)		12-month re-entry (N=499)	
	N	%	N	%
White	189	41%	205	41%
African American/Black	151	33%	173	35%
Asian/Pacific Islander	5	1%	4	1%
American Indian	49	11%	48	10%
Two or more races	63	14%	66	13%
Unknown	1	<1%	3	1%
Ethnicity				
Hispanic	57	12%	59	12%

Note: Numbers may add up to more than 100 percent, as respondents could choose more than one race/ethnicity.

Only 8 months of data were available between the end of 2014 and the time the data were pulled for this study; therefore, 2014 data are excluded from the 12-month analysis and the N-sizes are different at 6 and 12 months.

Re-entry into foster care and child disability status

35. Foster care re-entry rate by type of child disability

Type of disability	6-month re-entry (N=3,327)				12-month re-entry (N=2,868)			
	Disability present		No disability		Disability present		No disability	
	N	%	N	%	N	%	N	%
Emotional disturbance, severe***	81	30%	377	12%	82	34%	417	16%
Emotional disturbance, not severe***	39	31%	419	13%	43	38%	456	17%
Developmental disability***	25	28%	433	13%	26	34%	473	17%
Learning disability*	10	20%	448	14%	12	30%	487	17%
Cognitive impairment*	5	39%	453	14%	5	46%	494	17%
Physical disability	10	15%	448	14%	7	13%	492	18%
Child substance use**	10	36%	448	14%	10	44%	489	17%

Note. Differences are significant at: ***p<.001, **p<.01, and *p<.05. The differences for learning disability at 12-month re-entry into foster care are significant as noted, but the differences for re-entry within 6 months are not statistically significant.

Only 8 months of data were available between the end of 2014 and the time the data were pulled for this study; therefore, 2014 data are excluded from the 12-month analysis and the N-sizes are different at 6 and 12 months.