State Efforts to Remake Child Welfare: Responses to New Challenges and Increased Scrutiny

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Occasional Paper Number 29

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An Urban Institute Program to Assess Changing Social Policies

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This report is part of the Urban Institute's *Assessing the New Federalism* project, a multiyear effort to monitor and assess the devolution of social programs from the federal to the state and local levels. Alan Weil is the project director. The project analyzes changes in income support, social services, and health programs. In collaboration with Child Trends, the project studies child and family well-being.

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Assessing the New Federalism

Assessing the New Federalism is a multiyear Urban Institute project designed to analyze the devolution of responsibility for social programs from the federal government to the states, focusing primarily on health care, income security, employment and training programs, and social services. Researchers monitor program changes and fiscal developments. In collaboration with Child Trends, the project studies changes in family well-being. The project aims to provide timely, nonpartisan information to inform public debate and to help state and local decisionmakers carry out their new responsibilities more effectively.

Key components of the project include a household survey, studies of policies in 13 states, and a database with information on all states and the District of Columbia, available at the Urban Institute's Web site. This paper is one in a series of occasional papers analyzing information from these and other sources.

Contents

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Introduction

To ensure the safety of vulnerable children, child welfare agencies are involved in a broad range of activities including supporting and preserving families, investigating reports of abuse and neglect, protecting victimized children, and assisting children removed from their parents' homes. The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), the landmark welfare reform legislation enacted in August 1996, fundamentally altered the nation's financial assistance system for low-income families and has had significant implications for the nation's child welfare system. Many child welfare experts and policymakers suggest that welfare reform will increase the stress on a system already straining to keep up with growing demands (Allen 1996; Child Welfare League of America [CWLA] 1998; Courtney 1997; Knitzer and Bernard 1997).

To provide a baseline for assessing how welfare reform affects child welfare agencies, this paper reviews the challenges that state child welfare systems face and how states respond to these challenges. Information in this paper is based on studies of the 13 focus states included in the Urban Institute's *Assessing the New Federalism* project. The 13 states are Alabama, California, Colorado, Florida, Massachusetts, Michigan, Minnesota, Mississippi, New Jersey, New York, Texas, Washington, and Wisconsin. In each state, staff interviewed state and local[1] child welfare administrators and front-line staff, legislators, interest groups, and state-based researchers. Site visits were conducted between mid-1996 and mid-1997.

The first section of this paper documents the challenges child welfare agencies were facing when the welfare reform legislation passed and the second section describes the intense scrutiny that child welfare systems have been under. The third section describes how states responded to both the challenges and the scrutiny. The fourth section assesses the potential implications of welfare reform for child welfare.

The final section discusses implications of the report's findings, especially as they relate to welfare reform implementation.

Child Welfare Agencies Face Significant Challenges

Today's child welfare system faces myriad challenges. Over the last 30 years, the mission of child welfare agencies has been constantly reshaped, with agencies' duties and responsibilities continually expanding. Moreover, in the last decade, the task of ensuring the safety of vulnerable children became increasingly difficult for child welfare agencies throughout the country. The recession of the late 1980s and early 1990s and social changes such as the increase in drug abuse and single parenting increased the number of families coming to the attention of child welfare agencies (Berrick 1998; Schorr 1997). While child welfare spending has increased substantially, resources for child welfare services have generally not kept up with demand (Courtney 1997). As needs have grown and the problems families face have become more severe, many of the services necessary to assist these families have been lacking.

Changing Role, Expanded Responsibility

The child welfare system's mandate has expanded enormously since states first created child welfare agencies more than 30 years ago. When states were initially passing their child abuse reporting laws (every state had one in place by the late 1960s [U.S. House of Representatives 1998]), investigation was required primarily for reports of serious physical injury, presumably with malevolent intent. Current laws have expanded this investigative mandate to include various reports of abuse—sexual, emotional, or psychological—and neglect—physical, medical, or educational. The list of parties required to file such reports has similarly expanded, from a group composed mostly of physicians in the late 1960s to an assembly of professionals that today includes school personnel, social workers, dentists, law enforcement officials, nurses, and child care workers. Moreover, many states require all citizens to report suspected cases of abuse (Besharov 1990).

This expansion of the child welfare system's purview has taken place at the same time that many other public social services have been cut and socioeconomic changes have increased the number of families with multiple service needs. As the safety net program of last resort, many believe that child welfare agencies are now being asked to solve many of the general problems associated with poverty (Schorr 1997).

Increased Demands Straining Agency Capacity

While data are limited, there is evidence that child welfare agencies' caseloads increased substantially during the early 1990s. Between 1990 and 1996, the number of children involved in investigations of abuse and neglect by child welfare agencies increased by 28 percent and the number of children with substantiated reports of maltreatment increased by 19 percent (U.S. Department of Health and Human Services [HHS] 1998). Between 1990 and 1996, the number of children removed from their homes increased by 10 percent (HHS 1998), though the total number of

children in foster care increased by 26 percent (American Public Welfare Association 1996). It should be noted that these are national trends and there is significant variation in the growth individual states have experienced in their child welfare caseloads.[2] Several state and local officials we spoke with noted that the demand for child welfare services had increased significantly in recent years—and increased faster than the capacity of agencies to provide needed services.

Increase in Challenging Populations

While the sheer number of families referred for services has strained many child welfare agencies, administrators and front-line staff report that families coming into child welfare also have more severe problems than those reported in the past. Child welfare workers indicate that a growing proportion of their caseloads are affected by substance abuse and domestic violence. Child welfare workers also report that the severity of abuse and neglect to which children are subjected has increased.

Substance Abuse among Child Welfare Families

The impact of substance abuse on the child welfare caseload is well documented. Substance abuse is involved in at least half of all child maltreatment cases (CWLA 1997; Herskowitz et al. 1989). In as many as 90 percent of all new child protective services cases, substance abuse plays a role (Feig 1998; Gardner and Young 1996; Magura and Laudet 1996; National Committee for the Prevention of Child Abuse 1989). Part of this figure may be attributed to the 200,000 to 750,000 infants born each year who have been exposed to one or more illicit drugs before birth (Chasnoff and Griffith 1989; Gustavsson 1992; National Institute on Drug Abuse 1994; Vega et al. 1993). For example, in Florida, reports from district offices indicated that as many as 90 percent of all urban and 65 percent of all rural long-term child protection supervision cases now involve substance abuse. In Massachusetts, officials said that 60 percent of all child welfare families have some sort of substance abuse problem. In Washington, at least 67 percent of the children removed from their homes have been removed because of caretaker substance abuse, according to respondents. In New Jersey, the increase in substance abuse has reportedly created a placement problem. As more infants are born exposed to drugs, the state is having a harder time finding suitable placements, requiring children to remain in hospital care long after it is medically necessary.

Family Violence

Child welfare workers are increasingly dealing with issues of family violence in addition to child maltreatment. To document the number of cases involving family violence, Florida has added "threatened harm," a new maltreatment category that covers cases in which family violence, such as an assault perpetrated on one adult household member by another, threatens the well-being of a child. Since its creation in 1992, between 17 percent and 22 percent of all investigations in Florida have involved this type of family violence (Florida Abuse Hotline Information System n.d.). In Massachusetts, workers noted a significant increase in the number of cases involving domestic violence and estimated that this is an issue in as much as 60 per-

cent of the current caseload. Child welfare workers in Buffalo, New York, and Los Angeles, California, reported similar increases.

Severity of Abuse and Neglect

State and local child welfare staff consistently told us they were handling increasingly severe cases of maltreatment. In Washington state, for example, all child maltreatment reports are rated for risk on a scale of one (lowest risk) to five (highest risk). Over the last five years, the state has seen a large increase in the percentage of reports rated four or five and a decrease in the percentage of cases rated one or two. In Minnesota, workers indicated that although 60 percent of the state's caseload now involves neglect cases, the level of neglect is far more severe than in the past. The National Incidence Studies found that while the national rate of child maltreatment per 1,000 children increased by 56 percent between 1986 and 1993, the number of children seriously injured jumped by 299 percent (Sedlak and Broadhurst 1996).

Older Children

Increasing numbers of older children have also made cases more complex, since older children often have multiple services needs that are not readily accessible. In Minnesota, for example, 55 percent of children entering out-of home placements in 1993 were ages 13 through 18, an increase of 20 percent since 1990 (Kids Count Minnesota 1995). This trend has increased Minnesota's group care, correctional, and residential spending, because it is more difficult to place teenage children in foster homes than it is to place young children.[3] In Los Angeles, one official estimated that as many as three-quarters of the children coming into the foster care system are teenagers. In Alabama, Colorado, and Minnesota, larger numbers of children involved in the juvenile justice system are also being referred to child welfare. Caseworkers in these states noted that such referrals are particularly difficult because these children often have serious behavioral problems and are simultaneously involved in two systems.

Barriers to Accessing Services

With the increased pressure on available resources, front-line child welfare workers reported difficulty accessing needed services for the families they serve. Access to certain specialized services has long been a problem for child welfare caseworkers. However, the increasing number of families referred to child welfare and the increasing number of families with severe problems and multiple needs further strain the capacity of child welfare agencies to provide services to their clients.

In particular, child welfare staff in almost every state we visited reported that families often face long waiting lists for mental health services (especially for children) and substance abuse treatment.[4] In several states, caseworkers blamed Medicaid managed care initiatives for the difficulty their clients have accessing mental health and substance abuse services. For example, in Massachusetts, caseworkers told us that Medicaid managed care limits the number of mental health therapy sessions a family can receive, the duration of services, and the length of stay in psychiatric hos-

pitals. Similarly, caseworkers in New Jersey said that parents receiving Medicaid enjoy less access to substance abuse services because many treatment centers will no longer take Medicaid clients and managed care limits the scope and duration of treatment.

Since families are generally in crisis when they are referred to child welfare, long waits for services decrease the chance that children will remain in their own homes. Likewise, children may spend lengthy periods in "temporary" placements if child welfare staff cannot access the services parents need to allow for reunification. In some states, caseworkers noted that many children placed in foster care could have remained in their parents' home had intensive family preservation services been available. In Florida, for example, the 1995 District Services Plan reports that, according to caseworker interviews, children who were removed from their homes might have been able to stay if in-home services had been readily available (Shared Services Network 1995).

Inflexibility of Federal Funding

Many child welfare administrators we spoke with cited the inflexibility of federal child welfare funding as a major source of the lack of available services. Federal child welfare financing comes through almost 40 separate programs (U.S. House of Representatives 1998), with Title IV-B and Title IV-E of the Social Security Act being primary sources of funding. Title IV-B provides federal matching funds for a wide range of child welfare activities but is subject to a relatively low funding cap. Title IV-E is an open-ended entitlement that reimburses states for a portion of certain costs associated with foster care and adoptive placements. Child welfare administrators and other experts criticize this funding combination for making it difficult for states to design service interventions that meet their individual needs (Courtney 1997; Costin, Karger, and Stoesz 1996). Experts also suggest that this funding structure provides a financial incentive for states to place children into foster care rather than providing services to keep families intact (Courtney 1997; Costin et al. 1996).

Acknowledging the pitfalls of such funding rigidity and responding to recent dramatic increases in Title IV-E spending, Congress is considering ways to increase states' fiscal flexibility and responsibility. In 1995, Congress amended the Social Security Act authorizing the Department of Health and Human Services to grant waivers to up to 10 states to experiment with some of their Title IV-E funds as an unrestricted block grant. In 1997, this authorization was increased for an additional 10 states per year between 1998 and 2002. (Not all states will receive a waiver, as individual states may apply for and receive multiple waivers.) Also, as part of PRWORA, Congress considered—but narrowly defeated—a proposal to create a Child Protection Block Grant for all federal child welfare funds.

Budget and Staffing Pressure

Child advocates, researchers, and other critics of the child welfare system have long contended that the system is underfunded, that caseload sizes exceed professional guidelines for effective practice, and that increased service demand is exacerbating an already difficult situation (Courtney 1997; Myers 1994; Schorr 1997). Testimony from caseworkers in the 13 focal states supports these claims.

Despite these difficulties, over 30 states froze or cut child welfare spending during the early 1990s (Besharov 1994). Several focal states reported recent child welfare funding cuts. The Florida Department of Children and Family Services (DCFS) has seen its funding cut every year since 1991. According to the department's 1996 strategic plan, the department "has a number of shortcomings and its diminished capacity to assure statewide standards is partly attributable to budget cuts" (Feaver 1996). In New York, state funding for children and family services decreased from $607 million in 1994 to $428 million in 1995, according to the Council of Family and Child Caring Agencies (Council of Family and Child Caring Agencies n.d.). In New Jersey, state funding for the Department of Youth and Family Services (DYFS) decreased by almost $21 million between 1995 and 1998. However, during the same period New Jersey received over $22 million more in federal funds for child welfare. Despite the state's attempts to offset state funding cuts with federal funds, New Jersey's total child welfare budget over this period failed to keep pace with its increasing caseload (Reidinger et al. 1998).

Even with court orders to increase resources, states have not always done so. Under a consent decree signed in 1991, for example, Alabama agreed to a significant increase in state appropriations to the state's child welfare agency. When we visited in 1997, state funding had not yet increased (Groves 1996).

In addition to budget cuts, many states have reduced their child welfare staffs. For example, as part of the governor's efforts to "right size" government, New Jersey decreased child welfare staff by almost one-quarter between fiscal years 1991 and 1997 (a loss of 809 positions) (Association for Children of New Jersey [ACNJ] 1997a).[5] In 1997, the Texas Department of Protective and Regulatory Services faced a $40 million shortfall, forcing it to eliminate 450 agency jobs (Ward 1996). Even when states have not cut official child welfare positions, the number that are actually filled has often been reduced. For example, in Alabama in 1995, of a full staff consisting of 618 positions, the number that were filled declined from 580 in February to 550 in October (Groves 1996).

Practice Variation

Since they are ultimately responsible for providing child welfare services, caseworkers and local agencies need the flexibility to address individual problems with specialized solutions. Differences among local offices may reflect unique interpretations of what constitutes abuse or neglect and of when and how to intervene. They may also be attributable to differences in local capacity to respond. However, variation in child welfare practices that becomes systemic—entire local offices or county agencies acting differently from one another or deviating from what the state has prescribed—creates problems. Such differences can lead to major inconsistencies in the fundamental ability of local public agencies to ensure the safety of children, raising questions about equal protection for children.

Variation in child welfare practices at the local level has become a major concern. Respondents in several of the states we visited highlighted local variation in child welfare practices as a problem that the system needs to address. State and local officials

raised concerns, in particular, about differences in funding relative to need and differences in case-level decisionmaking among local agencies.

Funding

In most states, federal and state funds account for the majority of money spent on child welfare services (Geen, Boots, and Tumlin 1999). In certain states, however, local governments are required to share much of the financial burden. This is particularly true where responsibility for administering child welfare services rests with the county. In such cases, each county's ability to raise resources has a significant impact on the funds available for child welfare services.

In Minnesota, for example, counties are responsible for 69 percent of out-of-home placement costs (Kids Count Minnesota 1995) and 52 percent of all child welfare spending comes from local dollars (Boots et al. 1999). The single largest source of funding for public child welfare services, which accounts for more than half of all child welfare spending by counties, is a social service property tax levied by the County Boards of Commissioners (Minnesota Department of Human Services 1996). Many counties, especially poor counties, have relatively small property tax bases and, as a result, have significantly less funding for child welfare services in relation to need than richer counties.

California, Colorado, and Michigan have county-administered child welfare systems. In California, counties are responsible for 60 percent of foster care and 25 percent of adoption assistance costs (California's Legislative Analyst's Office 1996). In Colorado, county funds account for about one-third of all nonfederal child welfare spending in 1996 (Boots et al. 1999). In Michigan, counties are responsible for 50 percent of foster care costs for non–Title IV-E-eligible children (Michigan Department of Social Services 1995).

Case Disposition

States shoulder the primary public responsibility for ensuring the safety of children. States define what constitutes child abuse and neglect and set legal and administrative procedures and programs to address the needs of vulnerable children. For example, state guidelines set parameters for when to investigate or substantiate a report of abuse or neglect, when to remove a child from his or her parents' home, when to reunify a family in which a child has been removed due to abuse or neglect, and when to file for termination of parental rights. Within state guidelines, however, these decisions are ultimately left up to caseworkers and/or their immediate supervisors. Rates of screening (the proportion of cases closed before investigation), substantiation, out-of-home placement, and family reunification could partially be explained by variances in demographic differences (e.g., poverty rate, single-parent family prevalence) in the populations served by different local child welfare offices. However, in the states we visited, observed differences could rarely be explained adequately by demographic differences.

Many states reported considerable variation in screening practices. In Texas, respondents told us that child protective agencies investigate approximately 75 per-

cent of the child abuse and neglect reports, though Houston investigates close to 90 percent of reports while El Paso investigates less than 60 percent. New Jersey officials indicated that they had discussed centralizing all screening and intake functions in order to avoid local variation, although at the time of the study no action had been taken. The Michigan State Child Welfare Plan noted that the percentage of reports of abuse and neglect receiving a full field investigation varied significantly among counties for no reason that the staff could identify (Michigan Department of Social Services 1995).

Other states noted significant variation in decisions to substantiate reports of abuse and neglect and to place children in foster care. In Minnesota, we visited two counties, Hennepin and Blue Earth, and found a distinct difference in the disposition of abuse and neglect reports. In Hennepin County, caseworkers told us that very few neglect cases are substantiated, yet caseworkers in Blue Earth County indicated that such cases are likely to be substantiated in their county. For example, caseworkers in Blue Earth County noted that persons convicted of driving under the influence of alcohol with a child in their car may have a claim of neglect substantiated and be put under child protective supervision.

Variation in foster care placement rates among Minnesota's five largest counties is also far greater than can plausibly be attributed to demographic differences. In 1993, for example, the placement rate per 1,000 children under age 18 ranged from 11 to 31, depending on the county (Kids Count Minnesota 1995). California's Legislative Analyst's Office (1996) found similarly large county variation in placement and substantiation rates. California's state auditor attributed the local variation in case-level practices to insufficient state oversight (California State Auditor 1998). The two California counties we visited, Los Angeles and Alameda, varied significantly in their case-level decisionmaking. Caseworkers in Los Angeles County were much more likely to substantiate a report of abuse and neglect and to remove a child from his or her parental home than they were in Alameda County—a difference that our observations indicate is the result of county office guidance and direction.

Increased Public Scrutiny of Child Welfare Agencies

Just as the child welfare system is struggling with more clients and less money, elected officials, advocacy groups, and the media have begun to scrutinize it more closely. The media have highlighted instances in which children already known to the authorities have died or suffered continuing abuse or neglect. Task force and commission reviews of agency performance have typically cited serious agency deficiencies. Child welfare agencies have increasingly become targets of litigation, as both individuals and groups have used the judicial system to receive compensatory damages, increase agency resources, and force reforms in child welfare practices.

All this attention has undoubtedly increased public awareness of the challenges facing the system. But state and local officials believe it has also created a climate of fear. Experts note that public decisionmakers are increasingly responding to public uproar over isolated cases with broad policy changes, the probable consequences of which have not been carefully assessed. Child welfare staff are now so afraid of hos-

tile attention, according to our respondents, that they are removing children from their parents' homes and/or choosing not to reunite families whenever they have even the smallest doubt about a child's safety.

Media Attention

A child's death from abuse or neglect is a story that is increasingly salient to the media. If the child has been part of an active child welfare case or was reported to the agency for alleged abuse and neglect, the story is likely to run on the front page of the paper or lead the television news. However, the increased media attention on child deaths belies systemic improvements—maltreatment-related fatalities among children actually decreased by 14 percent between 1990 and 1995 (Wang and Daro 1997).

As the publicity draws attention to perceived system weaknesses, caseworkers and supervisors may be fired, agency heads replaced, new policies or procedures enacted, and special task forces or commissions created—often with unfortunate, unintended consequences. As voiced by one child welfare expert (Mattingly 1998), "the most visible and powerful incidents of child abuse are a tiny and unrepresentative part of the much larger universe of child welfare cases. When horrific crimes lead the public and policy makers to seek scapegoats or create rules to prevent recurrences, they tend to encourage emotionally satisfying but misguided and unwise social policy."

The commissioner of Massachusetts's Department of Social Services (DSS) explained the unintended negative consequences media attention can have in the state's 1996 Child Welfare Services Plan (Weld 1996): "DSS is an agency that was created out of a media storm in the late 70s and continues to be shaped by the consequences of negative attention. There is a pattern of tearing down the agency every time a bad story breaks and painting the whole system with one broad, negative brush. This pattern has not allowed the agency to move beyond a certain point because there is inevitably that next bad case that begins the cycle all over again."

Caseworkers in several states and localities stated that highly publicized child death cases made workers err on the side of safety in many case-level decisions. Workers in Alabama, Los Angeles, and New York, for example, noted that media coverage of child deaths has increased pressure for them to remove children from their parents' home if there is *any* doubt (rather than a *reasonable* doubt) about their safety. Workers in Wayne County, Michigan, noted that the intense media pressure has led them to investigate a much greater proportion of referrals than are being investigated in other counties. State officials in Michigan more generally said that media coverage of child fatalities has been a driving force in the state's rethinking its stance on family preservation. Media coverage of child deaths was also mentioned as a key factor in caseworker decisionmaking in Florida, New Jersey, Texas, and Washington.

Critical Panel Reports about Agency Performance

Throughout the country, the child welfare system has been under almost constant scrutiny by evaluation panels of one type or another for perceived weaknesses in agency performance. In a New York City planning document (Giuliani 1996), for

example, the child welfare director noted that "in the past 20 years there have been at least four dozen studies, audits, analyses, and evaluations of the perceived disarray in the City's child welfare policies and programs. Indeed, analyzing the City's child welfare agency has become a veritable industry in itself. Numerous boards, committees and commissions have been formed by several Mayors, the Courts, the City and State Comptrollers, Borough Presidents, the Public Advocate, the city council, other officials and non-government entities to study, monitor and/or reform all or parts of the system." In Massachusetts, there were 14 separate evaluations of the Department of Social Services between 1987 and 1996, including seven since 1995 (Massachusetts Department of Social Services n.d.).

Evaluation findings have generally been highly critical, describing a system that fails to adequately protect vulnerable children and is unable to find them stable and permanent homes in a timely manner. For example, California's Legislative Analyst's Office (1996) found that in 13 percent of cases caseworkers took more than 10 days to complete in-person responses to reports of abuse and neglect and that the number of children with recurring child welfare involvement increased substantially from 20 percent in April 1985 to 46 percent in January 1993. In New Jersey, the Association for Children found that hotline calls often went unanswered, investigations were only superficially completed, and cases were closed prematurely. In addition, caseworkers had 90 to 95 cases each, over four times higher than professional standards dictate (ACNJ 1997b). In New York, a State Department of Social Services review of the New York City child welfare agency (New York State Department of Social Services 1996) found "a failure on the part of the child welfare administration to carry out its mandate. The findings of this review are deeply troubling. . . . [they] represent an incomplete, inadequate, and unacceptable child protective response."

Intensified Oversight by Elected Officials

Due in large part to negative media coverage and critical reports about the system's performance, child welfare policies have been increasingly influenced by persons outside the child welfare agency, particularly elected officials, whose level and nature of involvement are relatively new. Governors, mayors, state legislators, and county and city council members have all created task forces to review child welfare agencies' performance. They have held hearings and passed legislation reforming child welfare practices, created new oversight agencies, and pushed for the reorganization of child welfare agencies. In many of the states we visited, elected officials are not only debating the mission and vision of the child welfare system, they are now much more involved in reviewing and guiding the day-to-day work of child welfare agencies and making agencies more accountable for program outcomes. As will be discussed in more detail later, many of the reforms states are implementing in their child welfare systems are the result of elected officials' involvement (e.g., implementation of managed care in Florida and Colorado, an alternative response system in Florida, Multiple Need Child teams in Alabama, and Family Services Collaboratives in Minnesota).

Litigation against the System

Poor performance and inadequate resources have been the basis for litigation against child welfare systems nationwide. In 1996, at least 21 states were operating part or all of their child welfare service programs under court order (Pear 1996). Many more child welfare agencies have faced lawsuits for individual wrongful deaths or failure to protect children in their care. Litigation has been used not only to extract monetary damages for victims but also to force states to reform their child welfare systems. States have signed settlement agreements or consent decrees that require them to increase child welfare funding for agencies, provide more staff, reduce caseloads, change individual policies or practices, provide additional services, and increase oversight and quality assurance.

In Alabama, Colorado, and Wisconsin, for example, consent decrees or other legal settlements are the primary force driving radical reform of child welfare policies and decisionmaking processes. In Alabama, the child welfare system faced a class-action lawsuit in 1988 alleging that the agency had failed to provide necessary services (including family preservation services) for an emotionally disturbed child who was removed from his home and sent to a psychiatric hospital simply because no alternative placement was available. After three years of judicial debate and negotiation, Alabama signed a decree agreeing to one of the most comprehensive reform initiatives of the child welfare system the country has seen. The nine-year implementation plan emphasizes family-centered and community-based services, coordination of services across agencies, continuity of care, and reduction of out-of-home (specifically institutional) placements.

In Colorado, the Colorado Lawyers Committee (CLC) formed a task force in 1992 to investigate the state's child welfare system. The task force concluded that the system was severely understaffed, underfunded, and unable to provide necessary services and that a broad-scale civil action lawsuit against the state and the counties was justified. Rather than proceeding with a costly and time-consuming litigation process, CLC agreed to pursue a settlement agreement. The agreement, signed in 1994, called for increased funding and widespread reforms in investigative practices; case planning; training; program evaluation; provision of medical, dental, and educational services; placement services; state oversight and enforcement; quality assurance; court jurisdiction and authority; and dispute resolution and enforcement.

In Wisconsin, the American Civil Liberties Union filed a lawsuit in 1993 against the state and Milwaukee County's child welfare system, contending that the state and county had failed to protect children and families as required by state and federal law. This lawsuit prompted the Wisconsin state legislature to approve a state takeover of Milwaukee's child welfare system in 1998. The takeover is expected to significantly change the way child welfare services are planned, delivered, and evaluated.

Lawsuits have played an important role in shaping child welfare policy in other states as well. In Florida in 1990, a lawsuit, known as "The A-F Suit" because it was brought on behalf of six children who were identified by the letters A through F, charged that the state child welfare system was violating federal law by keeping children in foster care for too long. The "A-F Suit" was an important motivating force in encouraging the reduction of time spent in foster care. It increased funds from the

legislature for prevention programs, permanency planning, and more adoption attorneys (Florida Department of Health and Rehabilitative Services n.d.).

Child Welfare Agencies Respond: Innovations and Changing Priorities and Practices

To respond to the challenges facing the system, state and local child welfare agencies are making a variety of changes. Some are philosophical changes in the vision of how and when child welfare agencies should serve at-risk families. Others impact service delivery, including what services to provide, how to deliver services, and how to coordinate with other agencies. Finally, the child welfare system at both the national and state levels is putting greater emphasis on accountability and outcome-based performance measurement.

Philosophical Changes

All child welfare agencies face conflicting client interests and agency goals. What other provider simultaneously serves both children and parents—victims and perpetrators—with the best interests of one group (the children) sometimes at odds with the needs, desires, and legal rights of another (the parents)? What other provider is guided by such competing goals and beliefs? Consider the following mission statements:

- Children should be protected from abuse and neglect.
- Children should have stable and permanent living arrangements.
- Children are best cared for by their parents.
- Parents who abuse or neglect their children should be given the opportunity, time, and support needed to become suitable parents.

Child welfare caseworkers must balance all these missions in deciding whether to place a child in foster care or keep the family intact. Caseworkers face a similar balancing act when a child is already in foster care—they must decide whether to assist parents in making the changes needed to provide a stable and healthy environment for the child or to terminate parental rights so that an alternative, permanent home for the child can be secured. As they consider these choices, child welfare agencies continually struggle to determine what emphasis to place on ensuring child safety and stability versus family preservation and reunification. The evidence indicates that at the state and national levels, there has been a recent shift in favor of ensuring child safety and expediting a permanent placement.

Child Safety versus Family Preservation

The primary mission of child welfare agencies is to ensure the safety of vulnerable children. When a child is at significant risk of abuse and neglect, child welfare agencies are directed to remove the child from the abusive setting. Clearly, case-

workers will not leave a child in a home if they *know* the child will be abused or neglected. Likewise, if a caseworker knows that a child will *not* be abused or neglected, there is no reason for removal. The problem is that things are hardly ever that clear. When caseworkers cannot be certain about the fate of a child, they attempt to evaluate the level of risk to the child if allowed to remain in the home and weigh that risk against the benefit of maintaining an intact family by providing services to enhance stability.

Child welfare agencies have been struggling with the right balance between child safety and family preservation for many years. The early 1970s saw a pendulum swing toward family preservation (Myers 1994). Child welfare researchers and policymakers began to question the large and increasing numbers of children placed in foster care and to suggest that at least some of the children could have been safely left in their parental homes with adequate services provided to the family. As a result, states started experimenting with interventions designed to serve children "at imminent risk of placement," enabling more children to stay with their parents. These early efforts included the Homebuilders model, implemented first in Tacoma, Washington; the Iowa FAMILIES program; and the Oregon Intensive Family Services (IFS) program. While programs varied, each was designed to provide intensive services—based on theories about family dynamics, crisis intervention, and social learning—to families who would otherwise experience an out-of-home placement. Service provision was for short periods (from four to six weeks up to seven months) and caseloads were small (from 2 to 12 families per caseworker).

The shift in favor of family preservation continued with the passage of the federal Adoption Assistance and Child Welfare Act (Public Law 96-272) in 1980. In passing this act, Congress hoped to convince all states to promote family preservation. A major goal of the act was to prevent unnecessary separation of children from their families with a number of key reforms, such as requiring states to make "reasonable efforts" to prevent foster care placements and encouraging states to undertake "permanency planning" to ensure a child's right to be raised with his or her birth family (or with a suitable, permanent alternative). In spite of this legislation, federal IV-E spending skyrocketed during the 1980s and early 1990s as large numbers of children were placed outside the home.[6] In response, Congress passed the 1993 Family Preservation and Family Support Services Act (FP/FS), which included a capped entitlement grant for states to implement placement prevention programs. By 1994, most states had developed some type of placement prevention program, though many offered less-intensive services than the original family preservation models intended. According to the U.S. General Accounting Office (GAO), 32 states used their first installment of FP/FS funds to expand existing family preservation programs and 34 states used FP/FS funds to create new family preservation programs (U.S. General Accounting Office [GAO] 1997).

Based on interviews with child welfare officials, it appears that starting in the late 1980s, the heavy media coverage of the deaths of children who had remained in the home while child welfare workers provided services to the family sparked a backlash against intensive family preservation programs and a pendulum swing back toward child safety in many states. Nowhere is this shift in philosophy more apparent than in the location of the original Homebuilders movement, Washington state. Largely

as the result of several high-profile cases of abuse, the state legislature has reduced its support of Homebuilders, focusing instead on the development of less-intensive placement prevention services designed to assist children at lower levels of risk. Other states and localities have also developed alternative, less-intensive models of family preservation. For example, the Los Angeles family preservation program provides services for up to 18 months, with each caseworker serving as many as 30 families. In addition, caseworkers report that children they serve are definitely not at imminent risk of placement and would likely have remained in the home even if family preservation services had not been available. Many other case study states, including Alabama, Michigan, and Wisconsin, have seen legislative support for family preservation programs wane.

A renewed emphasis on child safety is also occurring even in environments where intensive family preservation programs were never widely implemented. In New York City's 1996 Plan of Action for its child welfare agency (Administration for Children's Services 1996), for example, the agency director wrote that "any ambiguity regarding safety of the child will be resolved in favor of removing the child from harm's way." In Los Angeles, caseworkers have received a similar message: they are placing more and more children in foster care who would have been maintained in their parents' homes five years ago and reunifying fewer families. As a result, Los Angeles County's foster care caseload increased 40 percent between 1991 and 1995 (Needell et al. n.d.). Administrators told us that for the first time they now have more children in foster care than in family maintenance services.

Some states have maintained their commitment to intensive family preservation programs despite media and political pressure. For example, New Jersey, Florida, and California (at the state level) all continue to support and provide funding for intensive placement prevention programs. Even in these states, policymakers have started to rethink the design of family preservation programs. Rather than a single, very intensive intervention designed to prevent out-of-home placement, family preservation has evolved into a continuum of services. It is not clear how much of the current support for family preservation in these states is the result of rising foster care caseloads and costs, rather than a philosophical commitment to preserving families.

"Reasonable Efforts" versus Timely Placement

Early research, dating as far back as the late 1950s, documented that children in public custody remained in placements outside their homes for long stretches of time. The Adoption Assistance and Child Welfare Act of 1980 addressed these issues by stressing the need for child welfare agencies to ensure a timely placement solution for children through reunification with parents, adoption, or other living arrangement, and by mandating that child welfare agencies make "reasonable efforts" to maintain families.

Since the early 1990s, child welfare experts have questioned the efficacy of the "reasonable efforts" mandate. Some states and localities have interpreted it to mean that families should be preserved at all costs, even if abusive parents must be given an indefinite amount of time to get their lives in order. In addition, evaluations have revealed long delays in the court process for terminating parental rights (TPR) and

making children eligible for adoption. Delays are caused by staff shortages, poor communication between attorneys and caseworkers, poor training on the legal requirements of termination, lack of written procedures for termination actions, long searches for missing parents, and inefficient court procedures (e.g., continuances, timing of hearings). The difficulty agencies encounter expediting permanency for children in their care is a big problem. Of the 450,000 children in foster care in 1994, approximately 100,000 were awaiting adoption. Each year fewer than 20,000 children are adopted. Many children wait three to five years for an adoptive home (Dodson 1997).

Congress has responded to this problem by passing two pieces of legislation that include measures meant to expedite permanency. In 1993, the Family Preservation and Family Support (FP/FS) Services Program included $35 million in entitlement grants to state courts to improve their handling of abuse, neglect, foster care, and adoption cases. In 1997, Congress passed the Adoption and Safe Families Act, which reauthorized the FP/FS program and set aside funds for court improvements. The act also attempted to streamline placement with changes that included clarifying the "reasonable efforts" requirements by detailing instances in which states are not required to make such efforts; requiring states to initiate or join proceedings to terminate parental rights for children who have been in foster care for 15 of the most recent 22 months; providing financial incentives for states to increase the number of adoptions; and reducing the time by which states are required to hold permanency hearings from 18 to 12 months after the date a child enters foster care.

Prior to these federal legislative actions, many states had already initiated court and procedural reforms. For example, some had shortened the time a child spends in foster care before permanent placement decisions are expected. In Colorado, Minnesota, and Texas, state policies already mandated that caseworkers assure permanent placements within 12 months of a child's being put in foster care. Many states also require caseworkers to create a long-term contingency plan while providing reunification services to avoid delays should reunification prove unsuccessful. Many states have passed legislation providing for immediate or expedited TPR in special circumstances. Texas state law was amended in 1997, for example, to allow child welfare workers to initiate TPR in cases where parents do one or more of the following: fail to visit or maintain significant contact with a child in the first six months of a child's removal; fail to get parenting, substance abuse, or other types of court-ordered counseling services; or are found criminally responsible for child pornography, indecency with a child, child abandonment, or any other criminal conduct that causes serious injury to a child. Other states have focused on streamlining their adoption procedures or increasing resources and training for child welfare workers and court personnel to expedite the permanency process. The Governor's Adoption Initiative in California, for example, is identifying and evaluating alternative options for removing barriers to adoption caused by regulations, statutes, procedures, and practices at the federal, state, or local levels. The initiative also increased state general-fund expenditures for adoption by $15.6 million, which allowed for 250 additional adoption staff (California Department of Social Services 1996).

Prioritizing Families for Service Delivery

Earlier we noted that several child welfare officials we spoke to said that their agencies have been unable to keep up with increased demands. As a result, many child welfare agencies have been forced to serve only those children and families most in need of services. In several of our case study states, child welfare administrators and caseworkers confirmed that they were not serving many families whom they would have served five years ago because agencies are screening out reports of abuse and neglect that staff would have investigated in the past, pursuing some types of investigations less intensively than before, requiring more stringent definitions of abuse and neglect for cases to be substantiated, and changing the criteria for providing services to children and families.

Increased Screening and More Selective Investigation Strategies

Child welfare staff in several states and localities noted that many cases are now being screened out at intake because they are considered low-risk cases. For example, Texas officials said that specific guidelines were developed and given to caseworkers to facilitate screening out low-priority reports, especially reports involving older children. These guidelines direct caseworkers to note that the following types of reports are "rarely assigned" for investigation: a child age seven or older who is afraid to go home but has no substantial history of physical abuse or current injuries; a child age seven or older with minor injuries to nonvital body areas as a result of overdiscipline; a child age 10 or over left alone or running the streets after 10:00 p.m.; and a child begging for food. Similarly, caseworkers in Hennepin County, Minnesota, report investigating only the most severe of neglect cases and screening out a large number of cases that they would have investigated in prior years. These reports are consistent with national data collected by a 1995 Child Welfare League of America survey that found that 45 percent of the state child welfare administrators who responded (representing 19 states) said their agencies screened out some reports that would have been investigated five years prior (Curtis et al. 1995).

In addition, some child welfare officials told us that low-priority reports of abuse and neglect are subject to less-intensive investigations than in the past. In Washington, for example, staff look into lower-priority cases by talking to the family over the telephone rather than in person. Caseworkers in Buffalo, New York, reported conducting less-thorough investigations as caseloads increase.[7]

Higher Thresholds for Substantiation

State and local child welfare officials in several states also told us that they have heightened the thresholds of what they consider abuse or neglect due to both explicit policy changes and informal practical changes. For example, workers in Alameda County, California, said that they were not substantiating reports of abuse and neglect that they would have previously substantiated, largely due to pressure from supervisors to reduce the number of families that enter the system.

More Restrictive Service Delivery

Some child welfare agencies are less likely to provide services to lower-priority groups who might have received services in the past. The number of children receiving services has been decreasing, according to one national indicator. The National Study of Protective, Preventive, and Reunification Services reported that the absolute number of children receiving services dropped from 1.8 million in 1977 to 1 million in 1994 (HHS 1997). According to our study, this trend is further demonstrated by Miami's 1997 phasing out of the voluntary service program, which provides services to families without court orders. In addition, officials in several states reported that substantiated cases are less likely to remain open and receive ongoing services than they used to be.

Changes in Service Provision and Coordination

Even as support for intensive family preservation efforts has waned, recognition of the importance of providing some family support services before families are in crisis has grown. Child welfare agencies are increasing efforts to coordinate with other health and social service agencies for the delivery of preventive as well as treatment services. Moreover, a growing lack of faith in the ability of existing public systems to effectively respond to the needs of families at risk of abuse and neglect has prompted interest in drawing on the resources of existing community agencies to plan and provide child welfare services. Child welfare agencies are relying more on multidisciplinary care and on community-based organizations that know, understand, and are trusted by their clientele. While some states have efforts that predate it, many officials we interviewed identified the 1993 FP/PS Act as the main impetus for the increased focus on primary prevention, coordinated service delivery, and the use of community-based organizations as service providers. Federal guidance for implementation of the federal Family Preservation and Family Support program, for example, "strongly recommend[ed] that states examine the work and accomplishments of community-based organizations and look to them as the highest priority potential providers of family support services. It is these organizations, based in and trusted by the community, which typically have the knowledge and expertise to provide these services."[8] Moreover, an analysis of states' FP/FS plans reveals that states have followed this guidance (James Bell Associates 1996).

Some states have implemented ambitious, large-scale efforts to better integrate a wide range of community services for children and families. These efforts have focused largely on better use of existing resources through collaborative planning, pooled funding, and interagency agreements. For example, California has begun to implement the Youth Pilot Program, a high-profile, six-year effort to improve services through innovations in service integration, funding, and other program policies. Instead of authorizing new funding for the pilot, the state encouraged counties to continue using public and private funding sources—including FP/FS, child abuse prevention, child welfare services, foster care, health, mental health, juvenile delinquency, eligibility determination, employment, and training—for child and family services. Six counties, selected through a competitive bidding process, have a broad-

based collaborative planning process that includes identifying community needs and developing an explicit vision for serving children and families with multiple needs.

The Minnesota state legislature has taken the approach of encouraging counties to improve the coordination of family services through Family Services Collaboratives (FSC grants). Counties that receive FSC grants are required to design better ways of providing services to children and families through comprehensive and holistic programs. Counties with FSC grants are also required to develop Children's Mental Health Collaboratives (CMHCs) to reform the delivery of services to children with serious emotional and behavioral disorders and their families. CMHCs are multi-agency teams formed to integrate categorical funding streams, reduce duplication of services, and increase local capacity. A wide range of agencies are required to participate in CMHCs, including schools, county welfare providers, and mental health agencies. In addition, public health, juvenile corrections, and other community-based organizations are encouraged to participate. As of 1996, there were 54 FSCs serving 50 counties and 21 CMHCs serving 25 counties.

Many states have addressed the coordination of services for children and families by collocating them in community-based sites convenient to clients. Colorado was one of the first states to provide significant funding for this purpose through a pilot project started in 1991. By 1997, Colorado had 21 family centers statewide located in churches, schools, community centers, and shopping malls. These centers provide a range of services including advocacy, child care (especially for infants and toddlers with special needs but also for school-aged children), maternal and child health services, parent education, family literacy, substance abuse and juvenile delinquency prevention services, and information and referral services. According to a review of state plans, 15 other states have used FP/FS funds to develop or expand similar family centers (James Bell Associates 1996).

Multidisciplinary service provision is used to address the needs of children and families with multiple problems. For example, the Alabama state legislature passed the 1993 Multiple Needs Child (MNC) Act, which allows juvenile judges to designate children for multidisciplinary services. MNC further requires counties to develop multidisciplinary teams of staff to evaluate and collaboratively plan the provision of appropriate services (including placement) for designated children. The state departments of Education, Human Resources, Mental Health/Mental Retardation, Public Health, and Youth Services all provide financial support for the MNC multidisciplinary staff teams.

Many states also have special programs for families referred for abuse and neglect. Washington is piloting an Alternative Response System in five local communities, for example, which will provide a wide range of voluntary family support services to families screened out of the child welfare system without a formal investigation. Michigan has assigned child abuse prevention workers to provide a wide range of voluntary services, with priority given to families subject to an abuse or neglect report whose cases have been uninvestigated, unsubstantiated, or closed. In Florida, the child welfare system responds to certain reports of abuse and neglect through means other than procedures associated with the traditional child welfare investigation. Through the Family Services Response System, districts design nonadversarial responses to abuse and neglect reports that are unlikely to require judicial interven-

tion. In some districts, non–child-welfare community workers, such as public health nurses and the Salvation Army, respond to the reports involving less-serious allegations.

Some child welfare systems have even turned over traditional child welfare functions to community-based organizations. One of the most cited examples of this new model of neighborhood-based service delivery is the system of family preservation and family support networks developed in Los Angeles. The county has developed 25 neighborhood networks, beginning with areas with the highest incidence of children removed from home as a result of abuse or neglect. The county provides lead agencies in each network with lump-sum payments that vary depending upon the level of service needs of particular families. Lead agencies then distribute these funds among agency partners that provide a wide range of services. Observers have praised the networks for building on the strengths of many informal organizations that have not traditionally been a part of the publicly funded child welfare system and for strengthening the capacity of neighborhood agencies to serve the community as a whole.

Outcome-Based Accountability

One of the key principles of the 1997 Adoption and Safe Families Act is the focus on results. The act clearly states that agencies must do more than ensure procedural safeguards—they must determine whether their efforts are leading to positive outcomes for children and families. The act requires the federal Department of Health and Human Services to identify useful outcome measures to gauge state and national progress in meeting the needs of children and families in the child welfare system.

Prior to this federal mandate, many states implemented new quality assurance (QA) and accountability systems, began or increased their use of performance-based contracts for privatized services, and enhanced their capability to track child and family outcomes. In addition, many states experimented with managed care principles to better tie financial incentives to positive outcomes for children and families.

Alabama, Massachusetts, Washington, and Los Angeles County in California all created new QA processes within the last five years. In Alabama, QA includes evaluating the following: the adequacy of case assessment and planning, the service matching and delivery, the family and child involvement in and satisfaction with service design, and the progress families make in achieving the outcomes set by the state agency. In Los Angeles, QA includes extensive case reviews, monitoring of group homes, evaluation of service quality, and the assessment of the long-term service outcomes for children and families.

Child welfare agencies in Colorado, Florida, Minnesota, and New York have developed strategic plans that include detailed outcome goals and methods for tracking progress made. In Washington, for example, contracted agencies are required to track progress toward strategic goals and are subject to rewards or penalties depending upon their success in meeting goals.

Some states have also been experimenting with managed care models to improve services. Child welfare services have long been contracted out in many states. But this

contracting typically has been based on a fee-for-service arrangement under which a private agency provides services for a specific duration at a set price. Critics argue that this method creates financial incentives for private agencies to prolong services rather than improving child and family outcomes so that services are terminated. Under a managed care model, providers are paid based on a capitated rate (a set fee regardless of needs) and are required to meet specified outcome performance standards. Thus, if the provider can meet the performance standards for a cost less than the capitated rate, the provider is able to keep the savings; if the costs end up to be greater than the capitated rate, the provider must make up the difference.[9]

Based on a recent survey by the GAO, 13 states currently have implemented at least one managed care project within their child welfare system, and new initiatives are planned or under consideration in 20 others (GAO 1998b). In two of the case study states, the move toward managed care within the child welfare system was the result of a state mandate. Both the Colorado and Florida state legislatures, unhappy with the performance of the public child welfare agencies, passed legislation requiring the state child welfare agency to allow its local agencies to test alternative approaches to financing child welfare services using managed care principles.

How Welfare Reform May Affect Child Welfare Agencies

Although PRWORA made few changes to federal child protection programs specifically, it made a number of changes that are likely to affect states' child welfare systems. Many families involved in the child welfare system are also welfare recipients and are thus directly affected by welfare changes. Moreover, many child welfare experts and policymakers have argued that welfare reform will affect the number of families reported to child welfare authorities (Allen 1996; CWLA 1997; Courtney 1997; Knitzer and Bernard 1997). Because families' likelihood of being referred to child welfare agencies is correlated with low-income status and factors related to poverty, if welfare reform increases the economic well-being of families, reports of abuse and neglect may be reduced; if families' economic well-being worsens, reports of abuse and neglect may increase (Pelton 1978; HHS 1996). In addition, welfare reform may affect the child welfare system by altering funding streams used by child welfare agencies. Finally, child welfare agencies may be asked to take on new roles and responsibilities in assessing the ability of welfare families who fail to comply with new welfare requirements to adequately care for their children.

Overlapping Populations

While only a very small percentage of the welfare caseload is involved with the child welfare system, a relatively large proportion of the child welfare population is on welfare. Data on the welfare status of families involved in the child welfare system are limited, but staff in Michigan estimate that approximately 80 percent of their cases involve families on public assistance. Similarly, caseworkers in Oakland, California, report that 90 percent of child welfare cases involved welfare-eligible parents. Nationally, more than half of the children in foster care come from homes that are eligible for welfare (U.S. House of Representatives 1998). Moreover, the pro-

portion of the foster care caseload that includes children from welfare-eligible families has increased significantly from 11 percent in 1970 to 53 percent in 1996 (U.S. House of Representatives 1998).[10]

While a relatively small proportion of the children receiving welfare are involved with a child welfare agency, in two large states the numbers are significant. Data from Illinois show that approximately 4 percent of children receiving welfare in December 1995 had a child welfare case opened on their behalf by December 1996, amounting to more than 16,000 cases (Shook 1998). Data from California show that 13 percent of children on welfare had a child maltreatment report with the child welfare agency within two years of receiving welfare; after five years, this increased to 27 percent (Frame et al. 1998). Since welfare caseloads are so much larger than child welfare caseloads, even small changes affecting families on welfare can significantly impact the number of children who enter the child welfare system.

Potential Effects of Welfare Reform on Child Welfare Families

PRWORA ended low-income families' entitlement to receive cash assistance from the federal government by creating a block-grant program to the states. The Temporary Assistance for Needy Families (TANF) program imposed several new requirements on individuals and states. For example, under TANF most recipients are required to work while receiving benefits and are limited in the amount of time they may receive assistance. The legislation also makes persons convicted of a drug-related felony permanently ineligible for both TANF and food stamp assistance, requires minor parents to live at home to receive assistance (unless the state agency determines that the minor parent has been subjected to abuse or exploitation, or it is otherwise not in the minor parent's best interest to remain at home), and makes immigrants arriving after passage of PRWORA ineligible for federal means-tested benefits for a period of five years.[11]

While proponents of PRWORA suggest that these new requirements will help low-income families achieve self-sufficiency more quickly, others question what will happen to the families who cannot meet the new welfare requirements and either lose benefits or have them reduced. Although the state and local child welfare administrators and caseworkers we interviewed acknowledged that welfare reform may help many families, they expressed more fear than optimism about the potential impacts of welfare reform on child welfare agencies. Many anticipated an increase in the number of reports of abuse and neglect. Some officials suggested that if families lose welfare benefits and cannot find other resources to support their children, they may be more willing to accept or request a voluntary placement for their children. Loss of welfare benefits is also likely to make it difficult for families with children in foster care to create the stable home environment or adhere to other requirements needed for reunification.

Child welfare officials expressed particular concern over the lifetime ban on TANF and food stamp benefits for persons convicted of a drug felony. Research has shown that there is a very strong relationship between substance abuse and child maltreatment. An estimated 60 percent of all children in foster care come from homes with addiction problems. For example, a recent GAO study found that in two

states about two-thirds of urban foster care involved parental substance abuse (GAO 1998a). It is not known how many of these come from homes in which the primary caretaker was actually a drug felon, but many child welfare officials believe such cases represent a significant portion of the caseload.

PRWORA increases the contact welfare caseworkers have with recipients, which may affect child welfare caseloads. In many states, welfare caseworkers no longer focus only on determining eligibility, but rather are responsible for moving participants into the workforce and assessing families' overall needs. This increased scrutiny of welfare families could lead to more referrals of welfare families to child protective services. In addition, the requirement that minor parents live at home or in an adult-supervised home to receive benefits may lead to greater identification of abusive adults (Hardin 1996). Researchers have also suggested that the stress related to meeting work requirements could lead to greater child maltreatment (Knitzer and Bernard 1997). In addition, if parents cannot find appropriate child care, they may leave young children inadequately supervised in order to meet work requirements.

Impacts of Welfare Reform on Child Welfare Resources

In addition to affecting child welfare caseloads, federal welfare reform and other federal funding changes included in PRWORA may alter the resources available to child welfare agencies. Under PRWORA, two funding streams used by many child welfare agencies were reduced. The Social Services Block Grant (SSBG) was cut by 15 percent and the Title IV-A Emergency Assistance (EA) program was eliminated, its funds rolled into the TANF block grant to states (Geen et al. 1999). In state fiscal year 1996, states spent approximately $1 billion of SSBG funds on child welfare services. Thus, absorbing a 15 percent cut in SSBG could mean a loss of $150 million in child welfare funding if all SSBG services were reduced proportionately.[12] In addition, states spent $800 million of EA funds for child welfare in state fiscal year 1996 (Geen et al. 1999). With the elimination of the program, child welfare agencies may face greater competition for the same resources under the TANF block grant (Courtney 1997; Hardin 1996).

PRWORA eliminated the Individualized Functional Assessment (IFA) as a method for establishing eligibility for federal Supplemental Security Income (SSI) benefits, requiring children to be assessed based on much more restrictive medical listings. This change will likely reduce the number of foster children who qualify for SSI and increase the number of children for whom states need to provide supportive assistance. States have an incentive to have children receive SSI benefits instead of foster care payments, because unlike federal foster care funds, states are not required to match SSI funds. In Washington, it is estimated that the elimination of IFA will result in the loss of SSI benefits for more than 220 children in foster care, creating the need for additional staff whose purpose is to ensure that all children eligible under any SSI provision maintain their benefits (Lowry 1996). In Texas, the child welfare agency estimated that changes in SSI would reduce federal child welfare funding to the state by $4.6 million in 1997 (Hine 1996).

While PRWORA may reduce the funds available to child welfare agencies, other changes may increase available resources. Because states' TANF block grant allot-

ments are based on 1994 caseload levels and most states have seen their caseloads decline significantly since that time, many states have received a short-term "windfall" of TANF funds. Some are using TANF funds to pay for services related to child welfare. For example, Texas allocated $14 million of its TANF surplus for child protective services, $12 million for runaway and at-risk youth, and $3 million for home visits (Center for Public Policy Priorities 1997). In addition, PRWORA allows states to claim federal foster care reimbursement for funds spent on children placed in for-profit foster care settings. Washington state estimates that this change alone will increase its federal foster care funds by $1.1 million per year (Lowry 1996).

Many child welfare officials expressed concern that welfare reform will put them in direct competition with welfare programs for a variety of support services. Given the pressure states face in moving families from welfare to employment or training, they fear that child care resources will be directed toward welfare recipients and away from their clients. In addition, they may have to compete over available substance abuse, counseling, domestic violence, and emergency assistance services.

New Roles and Responsibilities for Child Welfare Agencies

Many child welfare officials who expressed concern over the potential impacts of welfare reform also noted that some changes may be positive. For example, greater welfare agency contact with clients presents an opportunity to identify families who are in crisis. In some states, child welfare agencies helped design welfare reform with an eye toward early intervention and are key participants in its implementation. In some states, child welfare staff assess potential child protection issues just before or right after families are dropped from the welfare rolls. For example, Kentucky (Kaplan n.d.) child welfare caseworkers make a home visit within 15 days of TANF case closures to ensure the safety of children.[13]

To improve the ability of child welfare and welfare offices to work together, several states introduced new training efforts. For example, Alabama and Minnesota have cross-trained TANF and child welfare staff, teaching TANF staff about child abuse and neglect reporting and informing child welfare staff about welfare requirements. Other states are collocating child welfare staff and welfare staff. For example, the El Paso County (Colorado) Department of Human Services is collocating child welfare and TANF workers to provide a range of support services to TANF child-only cases. These cases usually involve a relative caring for a child in the absence of both the child's parents. Through improved coordination, the agency hopes to prevent these families from needing additional child welfare assistance.

In addition, many states are relying on child welfare staff to review the status of and to assist minor parents on TANF who refuse to live with their parents. In Massachusetts, for example, the child welfare agency has developed congregate living facilities for teen mothers whose welfare benefits are terminated under the new rules. With a capacity for 100 residents, these facilities provide teens with education, basic life skills, parenting, child care, and counseling services. From November 1995 through June 1996, 72 teens had used these facilities (Massachusetts Department of Transitional Assistance 1996). Similarly, the New Jersey child welfare agency has been working with the welfare office on the development of "second-chance

homes," living arrangements that provide an alternative for teens receiving TANF benefits who are unable to live with a relative or other approved companion.

Conclusions and Policy Implications

Over the past 30 years, the demands facing the nation's child welfare system have increased, not only in scale but also in scope. As a result, the system is being asked to play, and is now playing by default, a role it was never designed for. Under the pressures of both inadequate capacity and a traditional way of doing things that meshes less and less well with the current needs of their caseloads, state child welfare systems are also being harshly criticized for not adequately protecting vulnerable children. In responding to the challenges they face, child welfare agencies have begun to rethink their overall mission, to seek out strategies to improve service delivery, and to focus more on accountability.

Recognizing a Changing Mission

The primary goal of the child welfare system has always been child safety. But another important goal is to maintain or reunite families whenever services can preserve a child's safety within the family environment. Many states have recently changed their policies and practices to reflect a lower tolerance for the risk children face in their homes. This shift reverses the trend of the late 1970s to mid-1980s, when many states opted for family preservation over placing children in foster care.

Some observers argue that this change reflects a better understanding of how to meet the best interests of children. However, many of our respondents reported that the change is more likely a reaction to external criticism. Child welfare agencies are still struggling to determine what constitutes "best practices" for children who are abused or neglected. Until there is a consensus, it is likely that child welfare agency policies and actions will be influenced as much by political and media pressure as by a better understanding of how best to fulfill their mission.

States (and the federal government) have also changed their philosophy toward permanency planning. States' policies and practices, especially efforts to terminate parental rights more quickly, are reducing the time children remain in temporary care settings, which gives parents less time to "get their lives in order" and regain custody of their children. While the shift away from family preservation is at least partially motivated by external pressures, this trend is consistent with a growing consensus that many children are remaining in foster care for too long and that reunification is highly unlikely in cases where parents have failed within a year to make any substantial progress toward regaining custody of their children.

This shift toward expedited placement raises two major concerns. First, parents who genuinely want and make efforts to get their children back may not be given the time they need. Second, early termination of parental rights, though motivated by the desire to find permanent homes for children, makes a child available for adoption but does not ensure that the child actually will be placed in a permanent setting. While efforts are under way to improve adoption practices in many states, the system

already contains more children than it can place with adoptive parents each year. As states terminate parental rights ever more quickly, the demand for adoptive placements will increase.

Child welfare was originally designed to respond to the rare cases of serious physical abuse. Over the years, however, the system has increasingly been asked to serve families with a wide array of problems. This, in turn, has greatly expanded the functions it is expected to perform. As part of this expansion, the child welfare system has taken on a wide range of family support services designed as prevention measures. In many of our case study states, child welfare agencies have already increased the share of their resources they invest in prevention. However, child welfare dollars for family support services remain relatively scarce. Moreover, child welfare agencies have limited information to assess how well, and for what populations, different programs work because—with the exception of home visiting programs—prevention efforts have not been rigorously evaluated.

Improving Service Delivery

Given the growth in demand for child welfare services and the complexity of problems families face, some child welfare agencies are realizing that they cannot meet the needs of their clients alone. To ensure a child's safety, for example, child welfare agencies must often resolve an array of family problems, some for which child welfare agencies are not equipped. Moreover, child welfare agencies recognize that the families they serve are also eligible for other programs offered by public health and social service agencies. Child welfare agencies are increasingly looking to collaborate to maximize the effectiveness of public support for families with multiple needs. Welfare reform presents an opportunity for child welfare agencies to improve collaboration with income support and employment and training programs.

Collaboration between agencies may contribute to effective service delivery, but it is unlikely to resolve problems resulting from a lack of capacity in the service system as a whole. For example, child welfare caseworkers consistently note the lack of available substance abuse services. Substance abuse is estimated to be a problem in at least half of all active cases and 70 to 90 percent of new ones (Frame et al. 1998). Many child welfare experts argue that developing policies and resources to effectively address parents' substance abuse problems is one of the most pressing issues in the field (HHS 1999).

Many states and localities have also begun to look more to community-based agencies as a resource for providing child welfare services. Community-based agencies can provide a number of services that child welfare agencies cannot provide themselves, including a variety of family support services. Moreover, families are likely to find community-based agencies less adversarial than public agencies. One of the major challenges child welfare agencies face in implementing a more neighborhood-based child welfare service delivery system is bolstering the capacity of the community-based organizations. Officials who have implemented such efforts have noted the large up-front investment required for interagency planning, protocol development, training, and technical assistance (Center for the Study of Social Policy 1996; Schorr 1997).

Accountability

In the face of massive criticism, child welfare agencies have made efforts to improve service delivery through greater accountability. In many states, agencies have placed greater emphasis on creating effective management structures, measuring outcomes, and assessing performance. These efforts are complicated by the uncertain, and sometimes internally conflicting, mission of the child welfare system. Policymakers are not sure how to track or measure outcomes. In many states, the data necessary to make decisions are simply lacking. However, data availability is rapidly improving as states complete implementation of their State Automated Child Welfare Information Systems (SACWIS).[14] Some states with operational systems are still learning how to use the data that are available to assess performance and make effective decisions.

Many states see managed care as a way to improve accountability, contain costs, and reduce financial risks through greater financial and service flexibility. Managed care can potentially improve access to needed services, reduce overutilization of certain high-end services (e.g., foster care, especially residential care), and improve service quality. Officials implementing managed care efforts in child welfare are encouraged by early results, but concerns remain (GAO 1998b). Child welfare agencies are legally responsible for the safety and well-being of abused and neglected children, so states must make sure that the goals of cost containment and efficiency do not override their responsibility to protect children. In addition, states' use of managed care within child welfare is still relatively new, and most efforts serve narrowly targeted populations (GAO 1998b). Careful assessment of existing efforts is essential because states do not yet fully understand the potential benefits and limitations of managed care in child welfare. Given the complex and often competing goals of child welfare, states have a particular responsibility to determine how to set expectations and measure the performance of managed care in child welfare.

The Future of Child Welfare

The nation's child welfare system has experienced significant change over the last decade. Child welfare officials have:

- Faced intense scrutiny and received harsh criticism;
- Begun to rethink the system's overall mission, goals, and priorities;
- Developed policies to limit the time families can receive assistance without demonstrating significant effort toward achieving program goals (e.g., parents who do not make significant progress toward reunification within 12 months face expedited termination of parental rights);
- Questioned the incentives and disincentives created by federal funding streams;
- Lobbied for greater state flexibility in designing interventions to meet local needs; and

- Begun, through federal waivers, to experiment with alternative service delivery approaches.

It appears that the child welfare system is poised for large-scale change. At the federal level, discussions are under way about strategies to alter federal child welfare financing, including the possibility of removing the entitlement status of Title IV-E foster care and adoption funds and providing states with a single block grant that would replace all federal child protection programs. At the state level, there appears to be an emerging consensus that child welfare agencies were designed to serve a different role than they currently occupy and that a redesign of the system to match their new responsibilities is needed. Finally, at the service-delivery level, there is growing recognition that child protection concerns are closely related to, and affected by, other family assistance issues and that child protective services alone cannot adequately meet the needs of at-risk families.

Notes

1. In addition to the state capitals, staff visited the following local sites: Alabama (Birmingham and Selma), California (Los Angeles, Oakland, and San Diego), Colorado (Denver), Florida (Miami and Tampa), Massachusetts (Boston), Michigan (Detroit), Minnesota (Minneapolis and Mancato), Mississippi (Jackson), New Jersey (Jersey City), New York (Buffalo and New York City), Texas (Houston and El Paso), Washington (Seattle), and Wisconsin (Milwaukee).
2. In addition, these data do not reflect changes in states' child welfare decisionmaking processes (e.g., changes in state policies that guide whether or not abuse or neglect reports are investigated or whether children are placed in foster care) that may also affect caseload numbers.
3. In Minnesota, group care spending increased from $9 million to $15.8 million, correctional from $8.9 million to $16.6 million, and residential from $23.9 million to $39.1 million between 1991 and 1995.
4. Other services that child welfare workers report having difficulty accessing include child care, subsidized housing, and bilingual services. Many child welfare agencies also have reported difficulty in recruiting foster and adoptive parents.
5. It is important to note that nearly one-quarter of the reduction in child welfare staff in New Jersey over this time period is attributable to the privatization of several state day care centers and residential facilities. In addition, some of the reductions were in child welfare administration, not caseworker staff. The impact of these administrative staff reductions is unknown.
6. Between 1982 and 1993, the number of children in foster care at the end of the year increased from 262,000 to 445,000 (Voluntary Cooperative Information System data from the American Public Welfare Association). During this same time period, IV-E expenditures increased from $374 million to $2.5 billion.
7. A *New York Times* article reported that supervisors in New York City asserted that when an investigator's caseload exceeded 15, office managers pressured workers to get rid of cases, ending active investigations prematurely (Sexton 1997).
8. Notice of Proposed Rule Making for the Family Preservation and Family Support Program as cited in James Bell Associates 1996.
9. Under many managed care arrangements, the amounts that providers can save or be expected to pay if costs are over the capitated rate are capped.
10. It is important to note that while this rather dramatic increase is certainly due in part to changes in need, it is also partially the result of better billing practices by the states.
11. States can opt out or modify these requirements as long as they use state monies for any continued assistance for such persons.
12. This is a lower bound estimate from Geen et al. 1999.
13. Several other states have reported conducting home visits of families who are sanctioned from TANF, including Arkansas, Iowa, and Tennessee. While some states will rely on child welfare staff, others may use public health nurses trained in identifying abuse and neglect.
14. Public Law 103-66 mandated states to develop "comprehensive" child welfare data collection systems in order to qualify for federal funding for such systems (U.S. House of Representatives 1998).

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