ACHIEVING RACIAL EQUITY

Child Welfare Policy Strategies to Improve Outcomes for Children of Color

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Center for the Study of Social Policy

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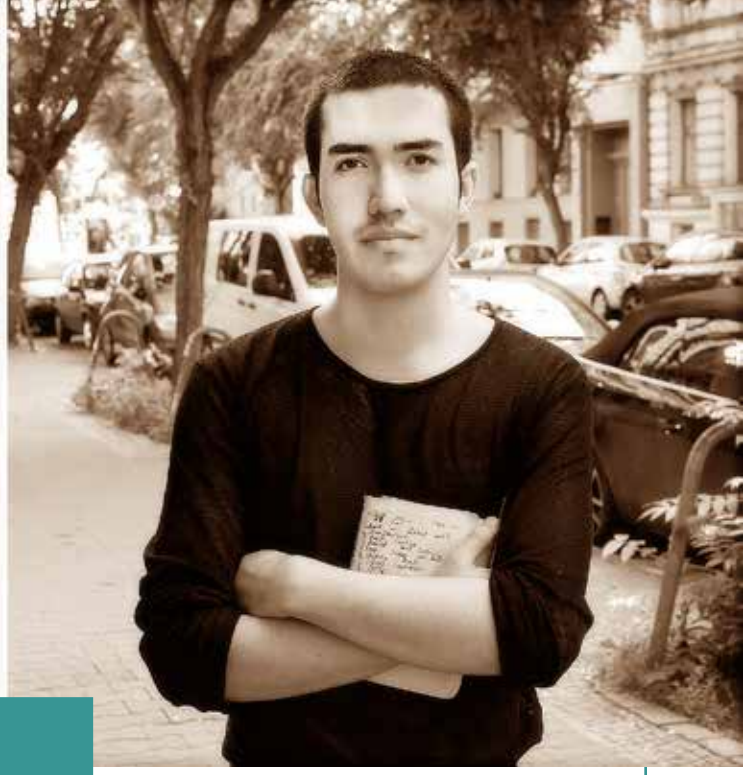

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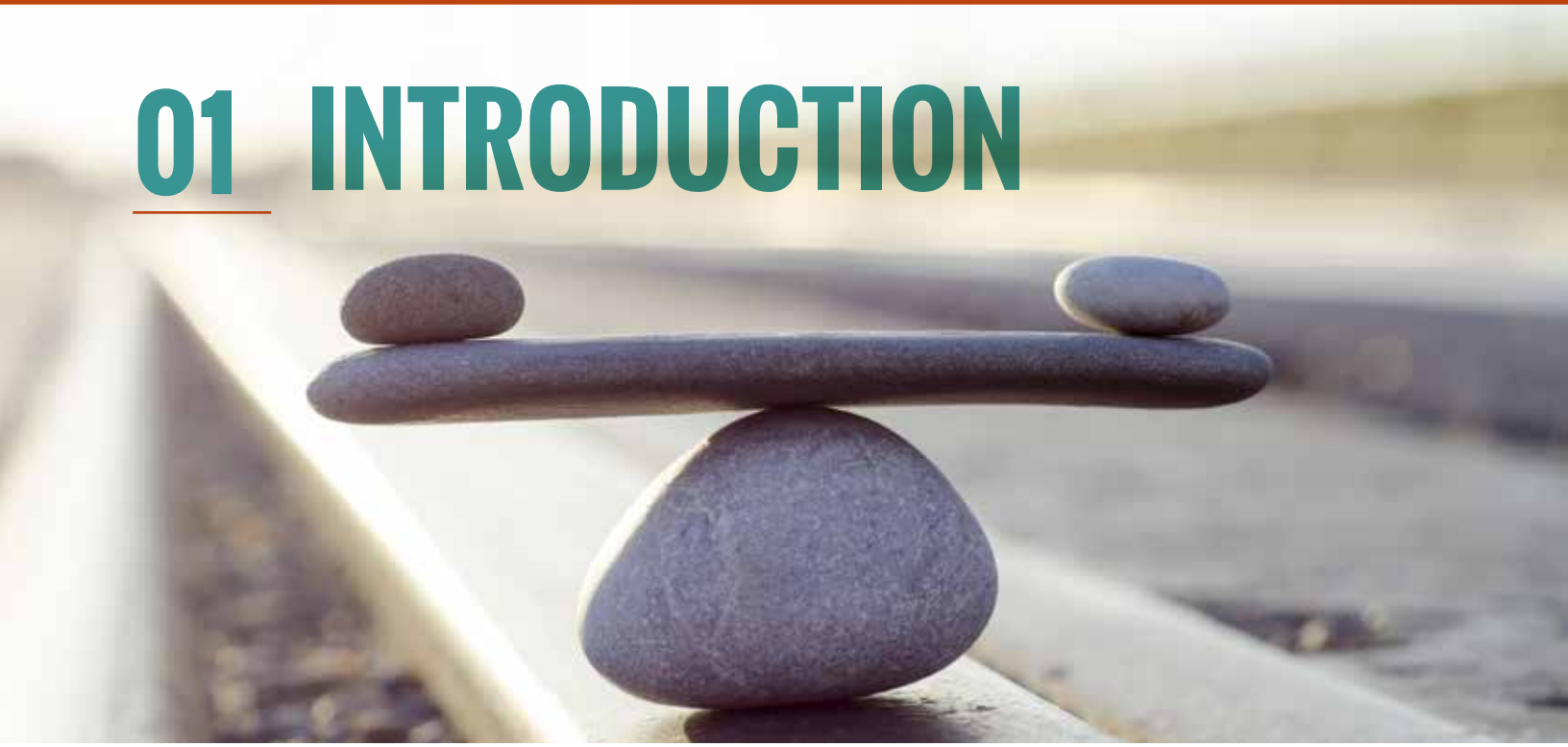
01 INTRODUCTION



Nationally, families of color – particularly African American and American Indian and Alaska Native (AI/AN) – are over-represented in child welfare systems. These families also tend to have worse outcomes – such as children more likely to be removed from their homes, less likely to receive family preservation services, and in the case of African American children, experiencing longer stays in foster care. Public policy can play an important role in reducing these disparities and improving outcomes for children and families of color.

This report highlights policy strategies that have shown promise in improving outcomes for children and families of color in child welfare systems. The strategic areas for policy development outlined in this report include:

- Analyzing and using data, including collecting data by race, ethnicity, Indian Child Welfare Act (ICWA) eligibility, gender identity and age and the supporting data analysis on the interplay of these categories.

- Supporting families with appropriate services and resources, including investing in the development of the evidence needed to create effective solutions for families of color and the cross-system collaborations and diverse partnerships to support this work.

- Ensuring policy implementation is supportive of family well-being and that race, ethnicity and cultural competence are key considerations in advancing a well-being agenda in child welfare policy.

- Safeguarding the well-being of AI/AN children through the development of meaningful state partnerships with tribes and ensuring that ICWA is applied and followed by state courts and state agencies.

Although this is not an exhaustive list of the policy strategies needed to achieve racial equity, these strategies have shown promise throughout the country in reducing disparities and improving outcomes for children of color and their families.

This report begins by providing contextual information about the disparities often experienced by children and families of color, followed by detailed policy strategies, state policy examples and funding strategies to support the strategic areas for policy development proposed in this paper. Additionally, the appendices include a scan that captures the policies related to promoting race equity in child welfare throughout the states and a race equity impact assessment tailored to support policymakers in making more equitable child welfare policy decisions.

02 BACKGROUND

The following background information documents patterns of racial disproportionality and disparities and identifies some of the key forces and influences behind the negative outcomes that children of color are more likely to face, the existing challenges for advancing racial equity in outcomes and the child welfare trends that provide opportunities for positive changes.

■ Racial disproportionality and disparities exist in child welfare. A wealth of research over the last decade has demonstrated the disproportionate representation of children of color in child welfare systems at all levels: reports of alleged maltreatment, investigation, substantiation and placement in out-of-home care (Barth, 2005; Goerge & Lee, 2005; Roberts & Nuru-Jeter, 2012; Wildeman & Emanuel, 2014). In addition, children of color experience disparate treatment once involved with the system. Children of color frequently have longer stays in out-of-home care, experience more placements and have significantly different discharge patterns than their white peers, regardless of age or gender (Hill, 2005; Wildeman & Emanuel, 2014). For example, African American and AI/AN children are less likely to return home to their families, be adopted or find legal guardianship than their white counterparts and are more likely to age out of care (Connell, Katz, Saunders & Tebes, 2006; Hayward & DePanfilis, 2007; Hill, 2005; Ryan, Garnier, Zyphur & Zhai, 2006; Wulczyn, 2003; Wulczyn, Barth, Yuan, Harden & Landsverk, 2005). Hispanic children experience similar problems and can face the added complication of a lack of access to services in their native tongue (Church, 2006; Dettlaff, Vidal de Haymes, Velazquez, Mindell & Bruce, 2009).

■ Aging out of foster care is associated with negative consequences, and more than half of youth who age out of foster care are youth of color. The National Youth in Transition Database (NYTD, 2014) gathers information from states on foster youth outcomes by conducting a survey of youth in and out of care. In 2013:

- 59 percent were minorities.
  - 4 percent were American Indian or Alaska Native
  - 1 percent were Asian
  - 34 percent were Black or African American
  - 1 percent were Native Hawaiian or other Pacific Islander
  - 19 percent were Hispanic or Latino

Youth who do not achieve permanency through reunification, adoption or guardianship have, on average, more and earlier pregnancies, lower educational attainment, increased involvement with the justice system and poor employment outcomes (Becker, Jordan & Larsen, 2007; Connell et al., 2006; Courtney & Dworsky, 2006; Courtney et al., 2011; Wulczyn, 2003). In one study, approximately 20 percent of youth who age out of foster care do not have a high school degree or equivalent by age 26, and 72 percent of young women and 53 percent of young men report having children by age 26 (Courtney, et al., 2011). Many struggle to find or keep full-time work and more than half of young women and more than 80 percent of young men experience an arrest between the time they age out of foster care and follow-up at age 26 (Courtney et al., 2011; USDHHS, 2008).

■ Psychotropic drugs are overused and unequally applied to youth of color in foster care. Youth in foster care have demonstrably higher prescription rates of psychotropic medication use (up to 4.5 times higher) than their peers who are not in foster care (GAO, 2011; Zito, et al., 2008). For foster youth, the prevalence of use of these medications ranges from 13 to 30 percent in community settings (Raghavan et al., 2005); as much as 67 percent in therapeutic foster care settings and 77 percent in group homes (Breland-Nobleet al., 2004; dosReis et al., 2011). In addition to the general overuse of psychotropic medication for children in out-of-home care, there is some recent evidence that this method of treatment is unequally applied. For instance, African American youth are almost 30 percent more likely than white youth to be prescribed an antipsychotic medication (dosReis et al., 2011). However, when psychotropic use and Medicaid spending on all psychotropic medication are compared for children who have experienced maltreatment, the utilization rates and

Disproportionality refers to the differences in the percentage of children of a certain racial or ethnic group in the country as compared with the percentage of children in the same group in the child welfare system (Hill, 2006). Disparity means unequal treatment when comparing a racial or ethnic minority with a non-minority (Hill, 2006).

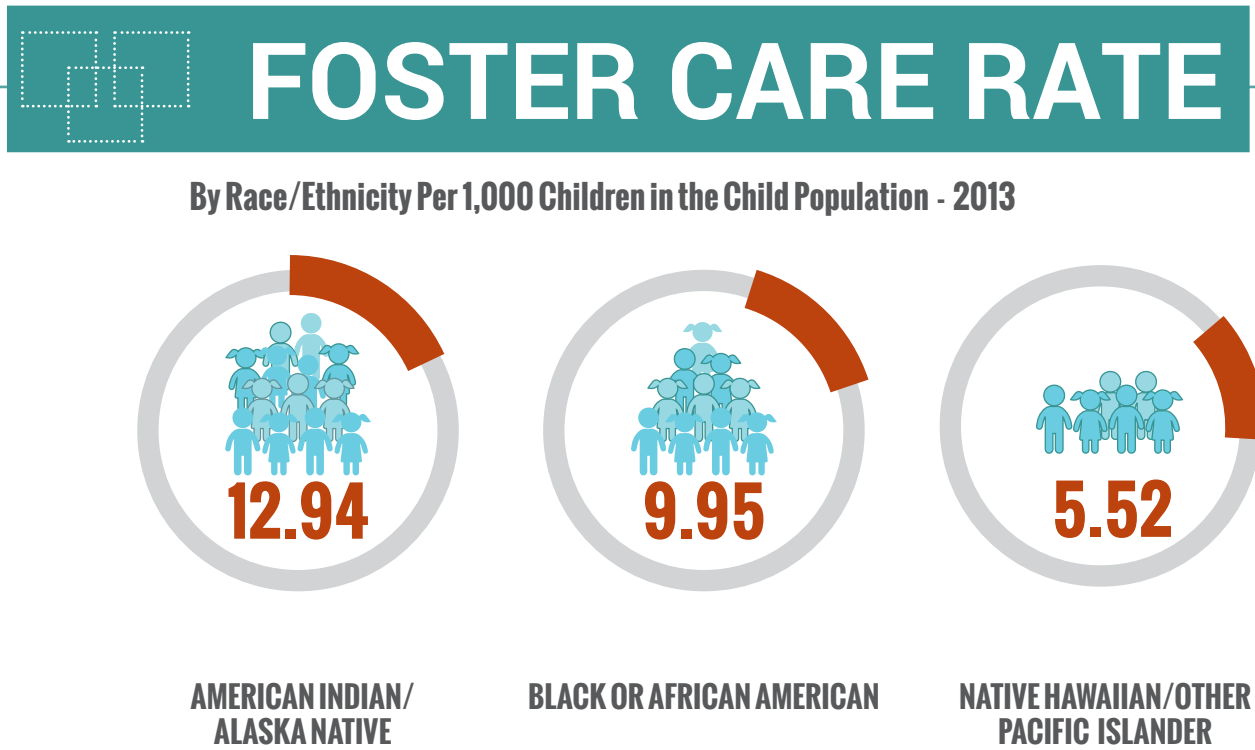
spending levels are significantly lower for African American children (Raghavan, et al. 2014).

■ Exposure to stress and racial discrimination have lasting negative effects. The link between racial discrimination and physical health is strong. The resulting stress impacts health directly through physiological stress responses and increased risk of diseases, such as anxiety, high blood pressure and heart disease. Stress related to racial discrimination can also indirectly affect a person's health by increasing their likelihood of engaging in health-damaging behaviors, such as drug or alcohol abuse, overeating and risky sexual activities (Brondolo, Brady, Pencille, Beatty & Contrada, 2009; GIH, 2010; Gibbons et al., 2012). The cumulative effects of acute and sustained exposure to discrimination have been associated with increased incidence and exacerbation of existing health problems, decreased self-control, an increased likelihood of overreacting to frustration and compromised parenting practices (Brody et al., 2006; Gibbons et al., 2012; Grantmakers in Health [GIH], 2010; UN CERD, 2008).

■ African American males are more likely to live in congregate care settings. The placement experiences of African American males are troubling, with greater use of congregate care and more frequent placement moves. African American males are almost 30 percent more likely than other children and youth in foster care to be placed in congregate care such as group homes or other institutional settings (Miller, Farrow, Meltzer & Notkin, 2014). Children and youth placed in congregate care tend to have worse outcomes than similar children placed in family foster care settings.

■ Intersecting factors have a strong impact on children and youth of color. There are a number of overlapping factors that can have a significant impact on children of color in the child welfare system. Often these factors are not addressed or are addressed independently without regard to how these factors affect one another and create unique concerns. In considering ways to meet the specific needs of youth in foster care who have experienced trauma, the interconnectedness of factors including race, ethnicity, class, sexual orientation, gender identity, disability and immigration status as well as the ways they create overlapping and interdependent systems of discrimination or disadvantage must be acknowledged and specifically addressed (Crenshaw, 1994).

■ Families face overlapping systemic barriers. Parents of color still experience discrimination in many basic aspects of daily life, including housing and employment, which create additional challenges in promoting their children's well-being (Pager, Western & Bonikowski, 2009; USHUD, 2013). Children of color are much more likely to grow up in persistent poverty and to live in neighborhoods of concentrated poverty, which results in compounding disadvantage (GIH, 2010; Ratcliffe & McKernan, 2010). This gap is even more prevalent in tribal communities, which due to a variety of factors, including that tribal systems continue to be underfunded by the federal government and that



people living in tribal communities face unemployment rates that far exceed other communities (Stegman & Ebarb, 2013). Gaps in available opportunities and resources systematically disadvantage children of color.

■ Recent increases in unaccompanied minors entering the United States are likely to continue. Thousands of immigrant youth enter the United States alone every year, seeking refuge from war, gangs, abuse or to reunite with family members already here (NIJC, 2014). In fiscal year (FY) 2012, this number jumped more than 70 percent, up to 13,625 children. Since that time, the overall increase has continued, resulting in 24,668 referrals from the U.S. Department of Homeland Security for the 12-month reporting period in FY2013, and an unprecedented 57,496 referrals in FY2014. Current estimates project that more than 60,000 youth entered the country as unaccompanied minors in FY2014 (ORR, 2014). Most of these youth – primarily from El Salvador, Guatemala and Honduras – need international refugee protection due to gang violence or violence in the home (UNHCR, 2014). If family cannot be located in the United States, these youth are transferred into the state child welfare system, further changing the racial demographic of those being served by child welfare systems across the country (ARC, 2011).

■ Focus has shifted to increasing child well-being, not just safety and permanency. Increased attention is being paid to the overall well-being of children in the child welfare system. Child and youth well-being encompasses multiple dimensions: physical and mental health, educational progress, social and emotional adjustment and healthy relationships (CSSP, 2013). For children who have been abused or neglected, these dimensions must be considered in conjunction with the need for safety and stability, which has historically been the focus of child welfare intervention. Behind the focus on well-being is the belief that each of these dimensions is necessary for children to thrive and reach their full potential. This framework emphasizes the need to value and promote the culture and unique assets of each child and family, to create opportunities for positive development and to buffer risk and mitigate stress.

■ Underlying issues are best addressed through trauma-informed practice. Children and youth in the child welfare system are more likely to have experienced multiple or prolonged forms of trauma, such as physical or sexual abuse, neglect, racial discrimination and family or community violence (Finkelhor, Turner, Shattuck & Hamby, 2013; Greeson, et al., 2011). If this trauma is unrecognized or left untreated, it can impact the physical, social and emotional well-being of children and may be accompanied by symptoms such as behavioral problems, anxiety, difficulties at school or problems maintaining relationships (NCTSN, 2005). Trauma-informed practices recognize the causes and effects of traumatic experiences, go beyond treating the symptoms to treating the underlying causes of trauma and must be culturally appropriate and responsive (Greeson, et al., 2011). Interventions must be designed to maximize a child's sense of safety, develop coping skills and increase resiliency to allow children to regain a sense of balance, progress on developmental benchmarks, heal emotional scars and achieve placement stability (National Task Force on Children Exposed to Violence, 2012).

Sources: Foster Care Data: Adoption and Foster Care Analysis and Reporting System (AFCARS), U.S. Department of Health and Human Services. Preliminary Fiscal Year 2012 estimates as of November 2013; Child Population Data: Population Division, U.S. Census Bureau. 2012 Child Population Data Updated July 2013. Accessed via Kids Count Data Center, Annie E. Casey Foundation.

African American and Hispanic children spend more time in foster care before achieving permanency than the national average.

African American children, on average, spend 32.65 months in foster care prior to achieving permanency compared with white children who, on average, spend 24.93 months in care prior to achieving permanency.

Source: Adoption and Foster Care Analysis and Reporting System (AFCARS), 2012.

03 STRATEGIES

There is a long way to go to improve outcomes and equity for children of color in the child welfare system. However, states are beginning to prioritize improving outcomes for children of color and their families. The following section includes research-supported policy strategies and state examples aimed at child welfare efforts to increase opportunities for children of color. The policy strategies fall under four primary categories:

1. Promote the Collection of Nuanced Data
2. Support Families with Appropriate Services and Resources
3. Ensure Policy Implementation is Supportive of Family Well-Being
4. Ensure the Well-Being of American Indian and Alaska Native Children

Strategy 1: Promote the Collection of Nuanced Data

A key system improvement necessary for addressing racial equity is the effective use of data. Without appropriately detailed data, there is no way of measuring the current landscape or impact of interventions to improve outcomes for children of color in contact with the child welfare system. Data must be captured in such a way that it provides a nuanced understanding of the experiences and needs of children and families of color. It is only through the collection and analysis of data that jurisdictions can understand the extent and dimensions of the racial disproportionality and disparity they are facing. This understanding enables agencies to both diagnose the forces leading to differential treatment and poor outcomes for children and families of color and also assess the impact of subsequent reform efforts.

■ *Mandate the collection of data by race, ethnicity, ICWA eligibility, gender and age.* Timely and reliable data are a crucial part of identifying the children and families served by the child welfare system. Data can facilitate an examination of the level of racial equity in child welfare service provision and suggest areas for targeted action to resolve any identified disparities (ABA, 2008; HRET, 2011). Without data that can be disaggregated by race, ethnicity, ICWA eligibility, gender and age, a detailed understanding of child welfare experiences of various subsets of the population is impossible (Miller et al., 2014). Data alone will not reduce disparities, however, it is a prerequisite for efforts to understand the causes of, design effective responses for and evaluate progress toward racial equity in child welfare (USDHHS, 2011).

What is Nuanced Data?

Often systems collect and analyze one or two pieces of data, for example, how many girls are in foster care and how many of them are African American. They typically look at these data points at a particular point in time. Examining nuanced data, on the other hand, is looking at multiple data points and considering the intersections between them at different points of time. This approach to data collection and analysis provides a more detailed picture of how children and families of color are faring in child welfare and allows for a more accurate picture to emerge.

During the 2013 legislative session, the **Oregon legislature** unanimously passed a bill that mandates standardized collection of race, ethnicity and language data by all programs and activities within the Department of Human Services and Oregon Health Authority, including contracted agencies and services (Oregon Legislative Assembly, 2013). The policy was developed as part of ongoing state efforts to address disparities and in response to a 2011 report submitted by the Governor's Task Force on Disproportionality in Child Welfare. A standardized race, ethnicity and language data collection methodology is designed to assist the agency, stakeholders, elected officials and other decision-makers in developing policies that promote equity among racial and ethnic groups (Governor's Task Force on Disproportionality, 2011). In addition, this mandated standardization will allow for demonstration of progress toward reductions in racial and ethnic disparities and increase transparency in reporting indicators by race and ethnicity (OEI, 2012). In addition, Oregon collects child welfare data on AI/AN children who are also ICWA eligible (Oregon Department of Human Services, 2015). Children who are members of, whose parents are members of or whose parents are themselves eligible for membership in their tribe are protected under ICWA. By tracking this data specifically, Oregon can assess ICWA compliance and better understand the experiences of this unique subset of the child welfare population.

■ *Invest in longitudinal data collection, particularly at key decision points.* Racial disparities exist not only at the level of foster care placement but throughout the child welfare system. Efforts to promote racial equity must acknowledge this, and data collection needs to be both longitudinal and have information on specific decision points (Miller et al., 2014). Data on referral, assessment, disposition, removal from home, termination of parental rights or exits from care must be tracked by child and family demographics, including race and ethnicity (ABA, 2008). Examining data can help identify points in the system where practice or policy change needs to occur. Tracking data over time allows for the impact of these changes to be recognized and statewide progress to be monitored.

The state of **Washington** passed legislation in 2007 requiring the Department of Social and Health Services to convene an advisory committee to analyze data from the state child welfare system for racial disproportionality and racial disparity (Washington State Legislature, 2014). This advisory committee reports to the legislature annually on remediation plans and any measureable progress. All data are collected with information on racial and ethnic groups, ICWA eligibility and geographic region and focuses on four areas of system performance:

❶ The level of involvement of children of color at each stage in the state's child welfare system, including the points of entry and exit, and each point at which a treatment decision is made.

❷ The number of children of color in low-income or single-parent families involved in the state's child welfare system.

❸ The family structure of those involved in the state's child welfare system.

❹ The outcomes for children in the existing child welfare system.

■ *Ensure data are publicly available and accessible.* The child welfare system is charged with ensuring the safety of vulnerable children, and decisions about safety, permanency and well-being for children and families must be made every day. Accountability is essential and, while dependent on the collection and analysis of good data, can only be achieved once information is shared and used. Because child welfare agencies are accountable not only to clients and stakeholders but the public at large, data regarding the child welfare population must be publicly available. When pursuing racial equity within the child welfare system, communicating with stakeholders and soliciting feedback about reform efforts, goals and progress can augment internal agency decision-making (CSSP, 2009a; Miller et al., 2014; National Technical Assistance and Evaluation Center for Systems of Care, 2010).

The **California Child Welfare Indicators Project (CCWIP)** is a collaborative venture between the University of California at Berkeley and the California Department of Social Services (CDSS). CCWIP provides a comprehensive source of child welfare administrative data and serves as a model for open-data and information dissemination. Through a longstanding interagency data sharing agreement with the CDSS, CCWIP receives quarterly updates from California's child welfare administrative data system, which allows for longitudinal tracking and up-to-date performance outcome reports that are made public. CCWIP provides policymakers, child welfare workers and administrators, researchers and the public access to customizable information on California's entire child welfare system. Users can examine child welfare performance measures over time and across counties and demographic groups. Data can also be filtered by age, ethnicity, gender, placement type and other subcategories to customize inquiries on different areas of system performance.

Need More?

For more information on examining disproportionately in child welfare, please read CSSP's Michigan Institutional Analysis—Race Equity Review: Findings from a Qualitative Analysis of Racial Disproportionately and Disparity for African American Children and Families in Michigan's Child Welfare System.

[http://bit.ly/MI-REreview]

CCWIP also provides a calculated "Disparity Index," which identifies the lack of equity between groups and is computed as a ratio based on the rates of differential outcomes per 1,000 children for two groups. Indices are unduplicated counts stratified at the level of child welfare contact: allegations, substantiated allegations, entries and in care. Disparity is computed for each ethnicity as it compares with every other ethnicity (i.e., African American vs. White, African American vs. Hispanic, etc.). CCWIP has helped the California child welfare system progress toward greater transparency and accountability and has been instrumental in the state's continuous quality improvement efforts (Needell et al., 2014).

■ *Use tools to collect qualitative data.* Along with improvements in quantitative data collection, corresponding qualitative measures need to be developed and collected. Whether through Continuous Quality Improvement (CQI) or Quality Service Review (QSR) initiatives, states need a funded process to monitor the qualitative experiences of families involved with the child welfare system— particularly families of color. For some smaller populations, like AI/AN families, this may require purposeful oversampling or other adjustments to the evaluation process to ensure that their perspectives are included. At a minimum, the federal Child and Family Services Reviews (CFSRs) require qualitative reviews as part of the process. Some states go beyond that requirement by conducting in-depth studies or an **Institutional Analysis**[1] of the quality of child welfare services provided to families of color. Allowing this avenue for significant consumer, provider and other stakeholder feedback can help empower children and families to influence and communicate with the organizations that serve them. Such information provides valuable insight into concrete action steps that can make child welfare services more appropriate, targeted and effective. This qualitative feedback from children of color and their parents regarding their experiences and challenges with child welfare services should be used in conjunction with quantitative data in shaping practice and policy (Miller et al., 2014; ABA, 2008; Casey Family Programs, 2011).

In 2005, **Michigan's legislature** required the Department of Human Services to convene a task force to study the disproportionate representation of African American and other children of color in the child welfare and juvenile justice systems. The legislation also required a report with administrative and legislative recommendations for appropriate services to reduce disparities and bias and improve long-term outcomes for children of color in both systems. Based on these recommendations, the Michigan Department of Human Services engaged in a Race Equity Review— through a Quality Service Review and Institutional Analysis— of the impact all policies, programs and procedures had on children and families of color. The findings of the Race Equity Review identified five areas that led to the high levels of inequity. Nine concrete recommendations—such as the use of reliable data-driven management and improving the implementation of the risk assessment tool—to address the problem areas and strengthen equity efforts were also provided based on the comprehensive qualitative review (CSSP, 2009a; State of Michigan, 2005).

Data Consideration

Only AI/AN children who are members of their tribe, or eligible for membership, are covered by ICWA. There is very little data on the child welfare experiences of AI/AN children who are covered by ICWA. Collecting this data is incredibly important because ICWA employs critical protections designed specifically to reduce disproportionality and prevent disparate treatment of AI/AN children.

[1] An Institutional Analysis is a set of qualitative diagnostic tools that seeks to understand and address organizational and structural contributors to poor outcomes for children and families involved in the child welfare, juvenile justice and other systems. See http://www.cssp.org/reform/child-welfare/institutional-analysis for more information.

Strategy 2: Support Families with Appropriate Services and Resources

To improve outcomes for children of color in child welfare systems, states must ensure that legislation and policy are targeted to ensure families have access to the services and resources they need to protect and care for children within their homes. Because a contributing factor related to the disproportionate representation of children of color in the child welfare system is the higher rate of poverty among these families, policies must address underlying systemic issues and meet the needs of all families (Drake et al., 2011). To do this, policymakers need to think outside the traditional box of child safety and stability and begin to support family well-being with a more complete range of services and resources. States have taken different strategies to develop the best service array including mandating the use of evidence-based programs, efforts to enhance workforce composition and training or setting high standards for cross-system collaboration—all of which can be driven through state policy.

■ *Develop a base of evidence for policies and programs that are most effective for improving outcomes for children and families of color.* Though traditional child welfare policy and programs have largely proven ineffective at addressing the issue of racial disproportionality, promising new practices are being developed and have potential to increase racial equity. It is important to examine these promising practices and make findings public so that policies and programs that are producing results can move from evidence-informed to evidence-based and can then be tailored and replicated in multiple jurisdictions. One example of this approach in action is the policy efforts taken to bring differential response to scale. Given the frequent overlap between poverty and child welfare involvement for children of color (Courtney, Dworsky, Piliavin & Zinn, 2005), system leaders, policymakers and advocates recognized that alternative ways of meeting the concrete needs of families that refrained from labeling parents as neglectful were needed. Differential response (also called alternative response, family assessment and response, family assessment response or multiple response) recognizes variation in the nature of child abuse and neglect reports and allows for more than one method of initial response. This strategy supports increased engagement and is being used with low-risk referrals as a way of ensuring the family's concrete needs are met without deeper child welfare involvement (CWIG, 2008). As this approach has been implemented across the country, it has gained recognition as a policy approach with potential for increasing racial equity within the participating child welfare systems.

The **Ohio Alternative Response Pilot Project** began as an initiative of the Supreme Court of Ohio and the Ohio Department of Jobs and Family Services to address concerns about the child welfare screening and assessment process raised during the federal CFSR. The Ohio Legislature authorized the implementation of an Alternative Response Pilot Project in 10 counties in 2006. During the pilot, children with reports of less serious harm were considered eligible for an alternative response, and these families were randomly assigned to one of two groups: alternative response or traditional CPS investigation. The family assessment for those receiving the alternative response was concerned with determining child safety, but did not seek to formally determine victims and perpetrators or to substantiate child abuse or neglect. The focus was instead on broader family needs, and it encouraged families to provide input for decisions. Conversely, the traditional CPS investigation path was primarily concerned with determining perpetrators and victims and substantiating child abuse or neglect. Findings suggested that families receiving an alternative response had increased satisfaction with service, decreased likelihood of a new maltreatment report and decreased likelihood of children in these families being removed from home (Kaplan & Rohm, 2010). The lower likelihood of a subsequent maltreatment report was especially pronounced among African American families. In the years since, Ohio has been evaluating and slowly expanding the alternative response model of child protective services (Ohio Laws and Rules, 2011). Subsequent evaluations in other Ohio counties showed similar results: families served through the alternative response pathway have more contact with their social workers and receive more referrals for services, especially mental health and concrete supports. Anecdotal reports to the Quality Improvement Center for Differential Response suggest that implementation of this model has led to identifying new service partners, increasing services in the community and reallocating existing resources to meet emerging family needs (NQIC-DR, 2014). Although alternative response families experienced longer involvement with the child welfare agency, children in these homes had no higher rates of subsequent maltreatment or removal from home than their peers receiving a traditional CPS response (Murphy, Newton-Curtis & Kimmich, 2013).

■ *Increase investments in early intervention with families.* Investments for preventive services and supports can lead to a decreased reliance on more costly interventions required when families become more deeply involved in the child welfare system. The child welfare agency can increase system investments in early interventions by developing strong working relationships with other public agencies, schools and the community (Martin & Citrin, 2014). Often it is these community partners who are in a position to intervene earlier in a preventative effort before official child welfare involvement is required. Ensuring that there are dedicated funds available to address the concrete needs of families at risk of having their children removed from home, such as housing (Freisthler, 2013) and employment, is the best way to keep families together if there are no safety concerns. Certain risk factors that disproportionately affect families of color, such as poverty and parental incarceration, may lead to their disproportional contact with the child welfare system (Freisthler, 2013; Hines, Lemon, Wyatt & Merdinger, 2004). Programs designed to reduce poverty and crime may have an additional preventative effect on the incidence of child welfare involvement for these families. Programs that focus and build on family strengths and provide in-home support or counseling together with parent training, child care and concrete services have also been shown to be particularly effective (CWIG, 2011).

One way to increase investment in early intervention is to explicitly focus on families at high risk of having a child removed from home. **North Carolina's Family Preservation Services** is a legislatively supported, intensive model that incorporates characteristics of the successful Homebuilder's Model (CWIG, 2014; General Assembly of North Carolina, 1991). It is a short-term, intensive, strengths-based, crisis intervention program provided primarily in the family's home or community (North Carolina Division of Social Services, 2013). An evaluation of the first 10 years of implementation found that Intensive Family Preservation Services significantly impacted out-of-home placement rates, particularly for children of color. Specifically, families who received traditional CPS services showed a familiar pattern. Families of color were significantly more likely to have children removed than white families. Among families who received Intensive Family Preservation Services, however, children of color were less likely to be removed from the home. In addition, Intensive Family Preservation Services led to an overall reduction in out-of-home placements for "non-white"[2] children. The placement rates of "non-white" children who received Intensive Family Preservation Services were 7 to 12 percent lower than rates for "non-white" children who received traditional services (CWIG, 2011; Kirk & Griffith, 2008).

■ *Support cross-system collaboration that prioritizes diverse partnerships in child welfare and across public systems.* For the child welfare systems to meet the full spectrum of needs facing their clients, partnerships with other organizations involved in the lives of the children and families they serve need to be developed. This includes schools, juvenile justice, mental health and other public agencies, but should also incorporate private agencies and the community at large (Miller et al., 2014). In addition, and as discussed in greater detail below, when working with AI/AN children, this should also include working closely with the tribes. To be effective, these partnerships need to identify common clients and respond to their needs with appropriately designed policies and services. Partnerships should share an overall vision and mission, have a jointly developed structure with shared responsibility, mutual authority and accountability for success. Monitoring and evaluation processes that deliver regular feedback and frequent and open communication are also key for the success of these partnerships (National Technical Assistance and Evaluation Center for Systems of Care, 2010a). Often, cross-system collaboration involves sharing or "braiding" resources to maximize efficient service provision. One way to creatively fund partnership work is through performance-based contracts with private agencies in which the focus is explicitly on outcomes, and performance incentive payments are tied to achievement of clearly defined objectives (Wulczyn, 2005).

Cross-system collaboration at the agency level, such as the **Texas Interagency Council for Addressing Disproportionality** established in 2011, is one way to increase the visibility of equity issues (Texas Legislature, 2011). The council was formed to examine the level of disproportionate involvement of children of color in child welfare, juvenile justice and mental health systems. The council was tasked with making recommendations to reduce the involvement of children of color in these systems, improve the children's success in the educational system and help eliminate health and health access disparities in Texas among racial, multicultural, disadvantaged, ethnic and regional populations. Council membership includes representatives from multiple agencies – the Texas Education Agency, the Center for Elimination of Disproportionality and Disparities within the HHS Commission, the Department of Aging and Disability Services, the Texas Youth Commission, the Department of Family and Protective Services, the Office of Court Administration of the Texas Judicial System, the Permanent Judicial Commission for Children, Youth and Families, as well as former foster youth.

On a more direct level, cross-system collaboration can take the form of a network of family resource centers with co-located staff. As a result of legislation in 2012, **Massachusetts** established a statewide network of comprehensive and integrated community-based services and family resource centers for families with children requiring assistance (Massachusetts Laws, 2012). Also required is a standard intake screening and assessment tool to evaluate and identify the family's strengths, resources and service needs, including but not limited to mental health, behavioral health or substance abuse treatment, basic family shelter, clothing and food needs, child care needs, health insurance status, legal issues, education placement and child protection needed by children and families seeking community-based services.

■ *Create meaningful community councils for policy review.* It is important to review the institutional practices and policies that negatively impact families of color and contribute to the disparities and disproportionality in state child welfare systems. States and jurisdictions should implement regular quality assurance mechanisms to evaluate whether policies are being interpreted as intended and are not disadvantaging families of color. This process can help ensure that programs and connected services are being provided in ways that are culturally relevant and linguistically appropriate (CSSP, 2009). This type of administrative review can be conducted in multiple ways— citizen review boards (Jones & Royse, 2008), foster care review boards (Nabinger, 2002), youth advisory boards or continuous quality improvement committees (USDHHS, 2012), or when specifically considering AI/AN families, Local Indian Child Welfare Advisory Committees (LICWACs). It is crucial that these reviews are part of a wider process to examine the effectiveness of the system as a whole. Although federal legislation and good practice would suggest that these policy and case review boards be "representative of their community," research indicates that most boards consist of white females age 50 and older with professional degrees, indicating a need for targeted recruiting of minorities and nonprofessionals to community councils to better represent system constituents (Jones & Royse, 2008).

[2] The term "non-white" is used here because it is the terminology used in the cited study.

Citizen review panels in **Pennsylvania** are explicitly tasked with examining the policies, procedures and practices of state and local child welfare agencies as a result of legislation enacted in 2006 (General Assembly of Pennsylvania, 2006). This legislation required the establishment of a minimum of three citizen review panels in the state to evaluate the effectiveness of the child welfare system and the coordination with foster care and adoption programs. Members of the citizen review panels are required to be volunteers who represent the community and include members who have expertise in the prevention and treatment of child abuse and neglect. Citizen review panels meet at least quarterly and submit annual reports with recommendations, to which the department must respond.

The Importance of Parenting Time

Research shows that babies who receive nurturance and affection from their parents have the best chance of healthy development. A child's relationship with a consistent, caring adult in the early years is associated later in life with better grades in school, healthier behaviors, more positive peer interactions and an increased ability to cope with stress. It is critical for child welfare policy to support attachment and bonding—particularly for children ages 0-3. **Colorado** has established several programs to support parents with young children in foster care by providing increased opportunities for visitation in natural settings, longer visitation hours and specialized coaching and supports during parenting time that promote successful reunification and healthy parent-child relationships.

■ *Increase investments in reunification services.* The first permanency option in most child welfare cases is to ensure the child can be safely returned to their home of origin through reunification. Services that promote family reunification include many of the same services needed for prevention: family strengthening, parent education, substance abuse treatment, mental health supports, treatment for domestic violence and concrete supports, such as housing and transportation (CWIG, 2011). The speed with which these services can be put into place has a great impact on the success of reunification. To maximize investment in reunification services in ways that promote racial equity, one must consider the geographic availability of such resources. Too often there are treatment service gaps due to availability and proximity in predominantly African American and Hispanic communities, particularly those with relatively high rates of involvement in the child welfare system (Dorch et al., 2010; Freisthler, 2013). This is also true for AI/AN families. When parents must travel great distances to and from social service agencies or for visitation with their children, especially if reliant on public transportation, they face huge obstacles fulfilling the case plan requirements for reunification (Freisthler, 2013; CWIG, 2011).

The Supportive Housing for Families program (SHF) is a partnership between the **Connecticut Department of Children and Families (DCF) and Department of Social Services (DSS)**. SHF, part of Connecticut's long-range policy framework for the development of affordable housing in the state, provides permanent, affordable housing coupled with supportive services to families involved with the state child welfare system (Connecticut Department of Economic and Community Development, 2010). The program is designed to preserve families at risk of separation, reunify families that have been separated, preserve and renew parent-child relationships and prevent family homelessness. DCF funds program services while DSS dedicates Section 8 Family Unification Program (FUP) vouchers and State Rental Assistance Program (RAP) certificates. Currently, a private nonprofit agency—The Connection, Inc.—operates the program on behalf of the state, finding housing and coordinating state support systems and local services to both preserve families and reunify families that have been separated through intensive case management. The program has been in operation for more than 10 years and to date 3,271 children have been reunited or preserved with their families (Farrell, Britner, Guzzardo & Goodrich, 2010; U.S. Interagency Council on Homelessness, 2014).

New York addresses the unique reunification needs of families where a parent is incarcerated or participating in residential substance abuse treatment programs. Through 2010 legislation, the state provides an exception to the required filing of a termination of parental rights petition for children in foster care whose parents are in these situations, provided the parent maintains a "meaningful role" in their children's lives (State of New York, 2010). This gives incarcerated parents and those addressing substance abuse issues what they need most— time— without eliminating the possibility of reunification. The legislation further details what can be considered a meaningful role and includes a parent's expressions or acts demonstrating concern for the child, such as letters, telephone calls, visits and other forms of communication with the child; efforts by the parent to communicate and work with the authorized agency, law guardian, foster parent, court, attorney or other individuals providing services to the parent, including correctional, mental health and substance abuse treatment program personnel for the purpose of complying with the service plan and repairing, maintaining or building the parent-child relationship. Complementary programs, such as the New York Initiative for Children of Incarcerated Parents, work in partnership with government, community-based and faith-based organizations to advocate for and support policies and practices that meet the needs of children and youth and respect the rights of parents involved in the criminal justice system (Osborne Association, 2014). Given the over-representation of people of color

in the correctional system, policies like these can have a racial equity impact.

■ *Explore all permanency options for children who have experienced extended stays in out-of-home care.* Parental rights can be terminated for a variety of reasons, but in all cases, it has been determined that reunification is not in the best interests of the child. For some families and communities, termination of parental rights (TPR) is culturally incongruent, making conventional adoption an inappropriate permanency option (Cross, 2005). Furthermore, children whose parents' rights have been terminated are most likely to be African American and to have a case plan goal of adoption (USDHHS, 2012). Unfortunately, not all children achieve permanency, and there is increasing recognition that after a certain age adoption becomes very difficult and increasingly unlikely. States are beginning to explore the potential of reconnecting youth with their birth parents as an alternative to aging out of care with no adult support or connections. In situations where the birth parents have improved their circumstances and both parties want to be legally reunified, undoing a termination of parental rights order can reinstate the legal ties between the youth and one or both of their biological parents (Getman & Christian, 2011; NCSL, 2012).

In 2010, **California** enacted AB 1325, a statute that recognizes tribal customary adoption as a permanency option for ICWA eligible children in the child welfare system. Tribal customary adoption is a form of permanency that reflects traditional child rearing practices in tribal communities and allows for the permanent transfer of parenting responsibilities without terminating the parental rights of biological parents. Each tribe that recognizes tribal customary adoptions defines this process and legal concept in culturally specific and meaningful ways. For this reason, the California legislature defines tribal customary adoption as an adoption that occurs under the customs, laws or traditions of a child's tribe. Current law was designed to seamlessly integrate more culturally appropriate permanency options into California's child welfare practices, including concurrent planning. The law allows, at a tribe's option, for tribal customary adoption to be used as alternative permanent plan for a child in care (Academy for Professional Excellence, 2015). Because of its cultural congruence, the use of tribal customary adoption makes permanency and recruitment of adoptive homes easier for AI/AN children in California.

Over the last 10 years, 14 states have passed legislation that authorizes courts to reinstate parental rights that were terminated under some circumstances. **Minnesota**—one of six states enacting laws in 2013—passed the Family Reunification Act, which lays out a standardized process for the reestablishment of a legal parent and child relationship (Office of the Revisor of Statues, 2013), which means the physical reunification of a child with a previously terminated legal parent and restoration of all rights, powers, privileges, immunities, duties and obligations that were previously severed by the court. Under the Family Reunification Act, the county attorney may file a petition to reestablish the legal parent and child relationship when the state agency and county attorney both agree that:

- ❒ It is in the child's best interests.
- ❒ The parent has corrected the conditions that led to the original termination of parental rights.
- ❒ The parent is willing to provide and capable of providing day-to-day care to maintain the health, safety and welfare of the child.
- ❒ The child is at least 15 years old, has been in foster care for at least 36 months post-TPR and has not been adopted.

■ *Ensure quality legal representation and court oversight.* One of the most complex aspects of any child welfare case is the legal process, which can be confusing for children and even the savviest of parents. This is particularly important for families of color, who disproportionately have had prior negative contact with the justice system. Having quality representation appointed to protect the interests of both the child and the parents is key to ensuring fair outcomes in child welfare proceedings. The Child Abuse Prevention and Treatment Act (CAPTA) mandates that to receive federal money, the state must provide legal advocates to represent the child's best interests in dependency proceedings. The legal advocate can be either a guardian ad litem or court-appointed special advocate and is charged with clearly understanding the situation, the needs of the child and making recommendations to the court concerning the best interests of the child (CWIG, 2012). To fully comply with these requirements, representatives need adequate time to familiarize themselves with the case and meet the child in question. However, all too often this is not the reality as overworked and underpaid advocates rush from case to case. Despite the fact that the permanency goal is reunification, in the overwhelming majority of child welfare cases, parents and their attorneys are often marginalized. Parents' lawyers protect the parents' constitutional right to raise their own child, reduce unnecessary child entries to foster care and guide parents through a complex system (Sankaran, 2009). However, federal legislation only requires a parent be provided representation at the point of termination of parental rights. Policy should support parental representation from the case's inception to ensure quality legal representation and court oversight throughout the life of the case, and programs supporting parental representation should receive greater investment and increased attention.

During the 2013 session, **Montana** legislators passed a bill that revised the laws regarding counsel assignments in abuse and neglect proceedings (Montana Legislature, 2013). The law states that any party involved in a child abuse or neglect petition has the right to counsel in all court proceedings. Furthermore, it requires that the court immediately appoint or have counsel assigned from the state public defender office for the following groups: any indigent parent, guardian or other person having legal custody of a child or youth in a removal, placement or termination proceeding; any child

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Read CSSP's brief Case Closed: Addressing Unmet Legal Needs & Stabilizing Families. [http://bit.ly/CSSP-caseclosed]

or youth involved in a child abuse or neglect proceeding who does not have a guardian ad litem appointed and any party entitled to counsel at public expense under the federal Indian Child Welfare Act. The appointment of council for parents and legal guardians occurs prior to any determination of financial eligibility and ensures that they have representation as soon as possible when a child abuse and neglect allegation is heard by the court.

Another promising new approach — the use of multidisciplinary legal teams— is being implemented in several locations to address family legal problems and prevent the unnecessary entry of children into foster care. This practice provides families at risk of having their children removed by the child welfare agency with the coordinated assistance of an attorney, a program social worker and a parent advocate to help resolve legal issues, which affect the safety and stability of the child in the home. The **Detroit Center for Family Advocacy** opened in 2009 and similar programs are operating in **Vermont**, **California**, **New York** and the **District of Columbia**. Though only initial evaluations have been conducted, the preliminary data suggest that these programs can have a significant impact on preventing children from entering foster care. Not only do they keep children safe with their families, they are cost-effective and have the potential to reduce child welfare system costs by reducing the need to rely on foster care placements (Sankaran & Raimon, 2014).

■ *Develop a culturally competent and diverse workforce.* The importance of individual staff training cannot be ignored when seeking to promote racial equity in child welfare services. States with larger white majorities place more children in foster care and place disproportionately higher percentages of African American children in foster care (Foster, 2012). Hiring a diverse staff, particularly one that mirrors the racial and ethnic composition of the community served, can help with client engagement though a shared culture or language. (Parrish & Hargett, 2010; CWIG, 2011). This composition allows for fewer opportunities for cross-racial tensions or misunderstandings. The reality remains that the majority of social workers, including the child welfare workforce, tend to be non-Hispanic white women. Ten years ago, 86 percent of social workers servicing children and adolescents were non-Hispanic whites, five percent were Hispanic and six percent were African American (NASW, 2006). Incrementally, this trend is changing. In 2012, of students enrolled in an undergraduate social work program 50 percent were non-Hispanic white, 25 percent were African American and 12 percent were Latino/Hispanic (CSWE, 2013). However, cultural competence remains important for child welfare workers (Parrish & Hargett, 2010). An appreciation of a client's culture is necessary to develop a set of knowledge, skills and programs for effective engagement and service provision, and this training is important for workers from all backgrounds.

In 2005, the **Texas Legislature** mandated the Department of Family and Protective Services to assess the child welfare system for disproportionality and to develop and implement a remediation plan to address identified issues (Texas Legislature, 2005). As a result, the Texas Department of Family and Protective Services undertook a comprehensive plan to promote racial equity in the child welfare system, which included specific action steps to increase the diversity and cultural competence of the workforce (Miller et al., 2014; CWIG, 2011). The legislation also included specific language on cultural awareness. It mandated cultural competence training and targeted recruitment efforts to ensure diversity among department staff (CWIG, 2011). Since the program's inception, more than 6,500 staff have received training, and there has been a consistent shift toward a racial profile for workers that more closely matches the demographics of families served by child protective services (CPS) (Breidenbach, Rollins & Olson, 2011). In addition, a state-level disproportionality director and local disproportionality specialists were hired to serve as resources for CPS staff and to spread awareness.

In 2005, the **Texas** legislature amended Section 1.64 of SB 6 to emphasize the importance of using evidence-based programs. It specifically states that the Department of Family and Protective Services should place priority on programs that target children whose race or ethnicity is disproportionately represented in the child welfare system and that the department should periodically evaluate the continued effectiveness of such programs (Texas Legislature, 2005).

■ *Address the needs of subgroups of youth in foster care.* To ensure positive well-being outcomes for youth in foster care, it is important to focus on the needs of young people who may need additional support. Two such subgroups, expectant and parenting youth in foster care and youth in care who identify as lesbian, gay, bisexual, transgender or questioning (LGBTQ) often face stigma. For young people of color, these intersections can cause compounding disadvantage. Focusing on improving outcomes for these youth by addressing the overlapping challenges they face should be an important consideration when crafting child welfare policies (CSSP, 2014).

The **Illinois Department of Children and Family Services** issued a policy directive aimed at promoting the safety, adjustment and well-being of LGBTQ youth in foster care. The policy directive requires that LGBTQ clinical consultants help identify youths' needs, make

ICWA and Parental Counsel

ICWA requires that parents have the right to court-provided representation at all stages including removal, placement, or termination proceedings (U.S.C. § 1912).

recommendations including affirmative placement and support services and provide ongoing support and resources to the youth and family. Additionally, the Department emphasizes the need for respect and privacy with regard to services and documentation. Youth must provide informed consent for personal information to be shared and must be aware of their legal rights. Training and education for Department staff are required in efforts to create a safe and supportive environment (Illinois Department of Children and Family Services, 2009).

The **New York City Administration for Children's Services** developed a new, comprehensive, citywide policy to address the sexual and reproductive health care needs of youth in foster care 12 years of age and older. The policy outlines caseworker responsibilities, youth rights to services, and has explicit policies related to young women who are pregnant or parents and also to young males who are fathers or are about to be fathers. The policy requires that services be trauma-informed and developmentally appropriate and that young men and women be encouraged to co-parent their children whenever possible.

Supporting Healthy Development

In 2014, the Sex Trafficking and Strengthening Families Act was signed into law. This bill requires that states implement a "reasonable and prudent parent standard" to expand the opportunities for youth in foster care to participate in developmentally appropriate activities. To learn more about implementing this law to improve the well-being of youth in foster care – specifically LGBTQ and expectant and parenting youth, read the CSSP brief, Promoting Well-Being through the Reasonable and Prudent Parent Standard: A Guide for States Implementing the Preventing Sex Trafficking and Strengthening Families Act (H.R. 4980).

[http://bit.ly/P4RImplement]

In April 2013, Florida enacted the Quality-Parenting for Children in Foster Care Act. The bill eliminates many of the restrictions that keep foster children from participating in activities, such as field trips, sleepovers and other extracurricular interests. The law recognizes the importance of these activities for the healthy development of children in foster care and empowers caregivers to approve or disapprove a child's participation in activities without prior approval of the caseworker, provider agencies or the courts.

Strategy 3: Ensure Policy Implementation Is Supportive of Family Well-Being

Federal policy provides states with a high degree of flexibility with respect to the development and implementation of child welfare policy. This discretion allows states to tailor the complexion of their child welfare system to most appropriately meet the needs of the children and families they serve. Consequently, there are major opportunities for states to pursue the goal of racial equity in child welfare, both through the policies they develop and the way they interpret existing federal guidelines. The well-being of families and caregivers is a defining pathway to a child's well-being so using existing policy to ensure families have what they need to thrive and develop healthy relationships is key. Policies and programs focused on family well-being—with attention to the needs of families of color— are important in reducing racial disproportionality and disparity. The following recommendations are aimed at ensuring that policy implementation is supportive of family well-being.

■ *Ensure that ASFA is being implemented to support families.* The Adoption and Safe Families Act (AFSA) of 1997 states that "reasonable efforts" should be made to prevent a child's placement in out-of-home care or, once removed, to pursue reunification with his or her birth family.[3] It is critical for states to define and implement "reasonable efforts" in such a way that identifies concrete needs and promotes family and youth economic stability. At a minimum, this should include an assessment of the needs of low-income families and subsequent connection to tangible benefits for which they are eligible (Martin & Citrin, 2014). Many families are eligible for, but not receiving, a wide range of benefits— SNAP food assistance, TANF cash assistance, earned income tax credits or Medicaid— due to a lack of knowledge about eligibility and the burdensome application processes (Boteach & Martin, 2014). By linking eligible families with the benefits for which they are entitled, child welfare staff can begin to support and empower families in their existing lives without necessitating the expense of child welfare dollars. Further, when concrete needs of families are met upfront, continued oversight and interventions will be greatly reduced for those families who come to the attention of child welfare agencies solely because of issues associated with poverty (Martin & Citrin, 2014).

Recent legislation in **Virginia** establishes that at-risk youth and families are eligible for funds from the state pool of funds to prevent foster care placement (Virginia Acts of Assembly, 2013). The legislation provides greater flexibility in the use of these funds to purchase services based on the strengths and needs of children, youth and families. It also seeks to reduce disparities in the ability of children, youth and families to access services.

As another way to ensure that child welfare staff are supporting families in their use of available programs, several jurisdictions have developed intake processes that streamline multiple benefit applications. Two counties in **Colorado**, El Paso and Mesa, have taken significant efforts to integrate service delivery through co-located child welfare and income support specialists in one-stop offices with a single point of entry for accessing concrete services. In these counties, child welfare case managers, child welfare staff and out-stationed income support staff are trained and expected to use intake tools to maximize the range of supports and services the family is eligible to receive (Martin & Citrin, 2014; Ragan, 2002).

■ *Support all policy efforts to keep families together in immigration-related matters.* As immigration enforcement has increased in the United States, so too has the attention paid to the devastating repercussions on families. According to U.S. Immigration and Customs Enforcement, in 2013 nearly 73,000 parents of children with U.S. citizenship were deported. Despite the explicit preference for keeping families intact both in child welfare and immigration policy, increasing numbers of these children enter the foster care system as a result of their parents' detention or deportation (Butera, 2010; Rabin, 2011; Wessler, 2012). State governments have the opportunity to improve this situation through the creation of explicit policies to protect families from separation and facilitate family unity. Policies could slow down the child welfare and immigration enforcement processes long enough to ensure that families can stay together or at a minimum allow parents to make informed decisions for the care and custody of their children. In addition, when parents are detained or deported, efforts should be made to facilitate contact and exceptions made to the timeline for the termination of parental rights. Clear policies stating that undocumented parents and families will have equal treatment in the child welfare system would not only increase equity but ensure that the best interests of the child are paramount.

The 2012 Reuniting Immigrant Families Act of **California** is the first legislation in the country to address family separation issues that result from current immigration enforcement practices (California Legislative Information, 2012; Lindcroft, 2013). The law prioritizes keeping children with their families and out of the child welfare system. It permits a court to place a child with a parent, legal guardian or relative regardless of the relative's immigration status and helps separated families receive appropriate care and due process. It also allows a relative to use a foreign consulate identification card or foreign passport to initiate necessary criminal records and fingerprint clearance checks. California law contains strong confidentiality

> **California** law AB 60 allows for undocumented adults to get California drivers licenses. Having a valid driver's license is sometimes necessary to become a foster parent and is important because foster parents are often responsible for transporting children to and from school, doctor's appointments and events. In many communities, there are not reliable public transportation options, and in some cases, no public transportation at all—making a driver's license essential.

[3] Children eligible for ICWA should be receiving "active efforts" in these situations. This is a higher standard of care, but similar principles for meeting needs and ensuring system collaboration apply.

requirements regarding children and information contained in their case files, which should assuage concerns that undocumented relatives who become foster care placements would be at risk of deportation.

■ ***Support reasonable foster home licensing policies for kinship resources.*** Kinship care has a history of being a very individualized program in each state though there has been a recent increase in both federal involvement and financial support for these caregivers. Title IV-E of the Social Security Act requires that states consider giving preference to an adult relative over a non-related caregiver for placement of a child if the relative caregiver meets all relevant child protection standards. Because the majority of children in kinship care are children of color, policies that affect kinship care can have an especially strong impact on the racial disproportionality and disparity in the child welfare system (Geen, 2003). Provided there are no safety concerns, kinship care providers should be eligible for emergency licensing status when a related child enters out-of-home care. Under Title IV-E's current requirements (42 U.S.C. §671(10)), reasonable exceptions should be made on a case-by-case basis for requirements – the need for a child to have a separate bedroom or a minimum square footage for the home, for example – as well as for criminal backgrounds or CPS history when there are no safety concerns for the child. In addition, it may not be necessary for relative caregivers to meet the same licensing standards required of non-relative foster parents (ABA, 2008). Using state flexibility to customize licensing standards for relative and non-relative caregivers could also allow states better federal financial support for relative placements.

All states allow kinship care providers the option to become licensed by the same process as non-kin foster parents and some states have also established that certain standards can be waived or modified for kin on an individualized basis. In **Idaho**, for example, all non-safety standards can be waived for kinship caregivers. This includes space requirements, such as space between beds, number of beds, square footage per child and square footage required for the home, in addition to the standard age, income and training standards. In addition, any standard (safety or non-safety) that cannot be waived entirely can be varied or modified for relatives on a case-by-case basis. When kin are licensed with a modification or waiver, they receive all components of the standard foster parent training that are deemed relevant and necessary. All kin who care for children in state custody, regardless of how they become licensed, receive the monthly foster care payment, Medicaid, child care and a clothing allowance.

Strategy 4: Ensure the Well-Being of American Indian and Alaska Native Children

Many American Indian and Alaska Native children are born into communities that face significant challenges: widespread poverty, high rates of substance abuse, domestic violence and chronic health problems. A long history of United States government policies that sought to eradicate American Indian culture, sovereignty and way of life has contributed greatly to the current psychological and community struggles (Austin, 2009; CWIG, 2012a). The general well-being of AI/AN children trails behind children from other ethnic groups. For instance, the death rate for AI/AN children ages one to 24 has increased to 75 per 1,000 (in the time period between 2008–2010) while all other racial and ethnic groups have experienced a decrease. African American children have the second highest rate, with 59 deaths per 1,000 children (Kids Data, 2013).

AI/AN children are born into communities that are rich in culture, deeply committed to family, kinship and community and rooted in spirituality (Goodluck, 2002). Recent studies have shown these strengths not only build healthy communities but also play an important role in mitigating trauma and increasing resiliency in AI/AN youth (Mmari, Blum & Teufel-Shone, 2010).

Nonetheless, AI/AN youth are more likely than any other population to be removed from their homes and communities by the child welfare system. Although AI/AN children make up approximately one percent of the national child population, they comprise two percent of the children who entered foster care and two percent of children in foster care waiting to be adopted (Kids Count, 2014; USDHHS, 2011). In addition, some studies have found that AI/AN children are three times more likely to be removed from their homes by the child welfare system than the general population (Hill, 2007). Although ICWA was designed to counterbalance bias in the child welfare system that leads to disproportionate and disparate treatment of AI/AN children and families, widespread non-compliance has led to these recent troubling numbers.

States have multiple opportunities to support AI/AN families through consistent application and enforcement of ICWA, by fostering tribal–state partnerships that support tribal sovereignty and by providing appropriate care to AI/AN families involved with the state child welfare system.

■ *Consistent application and enforcement of the Indian Child Welfare Act.* Provisions of ICWA— active efforts requirements, heightened standards of proof, qualified expert witness testimony—directly address systemic bias, disparate treatment and disproportionality. When enforced consistently and correctly, ICWA leads to improved outcomes for AI/AN children. Unfortunately, the legislation was enacted without providing sanctions for non-compliance, incentives for effective compliance, a data collection requirement, a mandate for an oversight committee or compliance monitoring. Several states have employed various strategies designed to increase compliance and create internal oversight over ICWA's application. As previously mentioned, there are numerous states engaged in independent data collection efforts with regard to AI/AN families and the application of ICWA.

Some states or counties with higher AI/AN populations or higher numbers of ICWA-eligible children in their caseload have created designated ICWA units within their child welfare systems. These units consist of state social workers who are familiar with ICWA and when possible are AI/AN themselves. These units allow state workers to build expertise in ICWA practice and create strong, consistent

relationships with tribes and tribal child welfare units. Currently, units like this exist in **Multnomah County** (Portland, OR), **Hennepin County** (Minneapolis, MN) and **Los Angeles, CA**.

Washington State has created Local Indian Child Welfare Advisory Committees (LICWACs). These are groups of local AI/AN community members who meet to ensure cases involving AI/AN children whose tribes may be distant or lack the resources to intervene are still being monitored and reviewed by AI/AN peoples with child welfare expertise. The Washington LICWACs describe themselves in this way:

> LICWAC serves in an advisory capacity to [case managers] in determining case planning for Indian children when [the case manager] has not identified the children's Tribes or the children's Tribes have requested LICWAC participation in [sic] behalf of the Tribe. The LICWAC also serves as the Child Protection Team (CPT) for Indian children. LICWAC volunteers are active in every region in the state and provide a valuable service to CA and Indian families (Washington State Department of Social and Health Services, 2011b, para. 01.202).

There are several state laws, often referred to as "State ICWAs," that create a complete statutory scheme for AI/AN children in state child custody proceedings. By codifying the federal ICWA in state law, states affirm their commitment to its application in the courtroom and administrative agencies. State ICWAs also reduce inconsistent practice and judicial interpretation of the law. In addition, the creation of a state ICWA provides the opportunity for states to work closely with tribes within the state's borders to gain a better understanding of the unique child welfare challenges faced by both entities. It allows them to collaborate to craft additional pertinent protections. These additional protections fill gaps in the federal legislation that are particularly troublesome for local AI/AN children, families and tribes. For example, some states with codified ICWA laws require notice in voluntary proceedings, an omission in the federal law, and clarify what "active efforts" entail. A few examples of more comprehensive state ICWA laws include:

- **California** Indian Child Welfare Act, Senate Bill 678 of 2006
- **Iowa** Indian Child Welfare Act, Iowa Code § 232B.1 et seq. (2005)
- **Michigan** Indian Family Preservation Act, 2012 Mich. Pub. Acts 565 (2012)
- **Minnesota** Indian Family Preservation Act, Minn. Stat. 260.751 et seq. (1999)
- **Wisconsin** Indian Child Welfare Act Wis. Stat. § 48.028 et seq. (2013)
- **Washington** Indian Child Welfare Act, 2011 Wash. Laws, S.B. 5656, 2001, Reg. Sess. Chap. 309 (Wash. 2011)

Lastly, **Wisconsin and Oregon**, in close consultation with tribes within their borders, have put together guides on an issue of particular importance to ICWA cases and disproportionality: "active efforts." ICWA requires that active efforts be provided through remedial services and rehabilitative programs before and after a child is removed to ensure reunification with the child's family of origin. Because this crucial requirement of ICWA should drive the details of a case plan for AI/AN children in state child welfare systems, additional guidance is necessary for effective compliance. The Wisconsin and Oregon guides help state social workers understand when active efforts are required and how active efforts are distinct from reasonable efforts (the standard required for non-ICWA eligible children). They also help practitioners understand the treatment, interventions, programs and services needed to comply with this ICWA requirement. Guides also provide information as to where one can access these types of services.

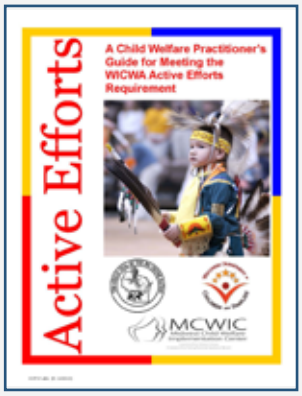
■ ***Support meaningful tribal-state partnerships.*** Tribes are recognized by the U.S. Constitution as distinct political entities. Under ICWA, tribes are authorized to create government-to-government tribal–state agreements with regard to child welfare practice involving member children (§1919). Furthermore, until the Fostering Connections Act of 2008, tribes did not have direct access to the federal Title IV-E funds that support foster care, adoption and guardian assistance, administration and training for child welfare staff (Brown, Whitaker, Clifford, Limb & Munoz, 2000; CWIG, 2012a ; Trope & O'Loughlin, 2014). For various reasons, some tribes directly access this funding through the federal government while other tribes enter into an intergovernmental agreement with the state to access these funds. These agreements, both ICWA and Title IV-E, are crafted collaboratively by the state and a tribe within its borders and serve to clarify procedures for ICWA implementation, coordinate responses to child welfare service inquiries for AI/AN children and provide procedures for structured conversations between the state and tribes when challenges arise. Tribal-state agreements vary in detail but serve to improve ICWA compliance and outcomes for AI/AN children and increase tribal access to essential child welfare funding. Having tribal-state agreements in place increases the ability of states and tribes to provide coordinated culturally relevant services to AI/AN children, allows tribes to access the additional funding necessary to administer own programs and provide services to citizens (CWIG, 2012a).

The **Washington** tribal-state ICWA agreement details both tribal and state responsibilities throughout the child welfare process and is widely regarded as one of the best tribal–state agreements. Among other components, the Washington tribal–state agreements outline provisions related to investigations, service provision, privacy and conflict resolution. The agreements clearly walk through the respective responsibilities of both the tribes and the state when AI/AN children are in their care and the expectations of each around jurisdiction, sharing information and opportunities to collaborate (Washington State Department of Social and Health Services, 2015).

The **Minnesota Indian Family Preservation Act** (MIFPA) was enacted in 1985 to strengthen and expand ICWA, while emphasizing the importance of maintaining tribal involvement and communication, requiring tribal notification for voluntary proceedings and appropriating funding for provision of services to AI/AN children and families (Office of the Revisor of Statutes, 1999). The Minnesota Department of Human Services has entered into Title IV-E agreements with the Leech Lake, Mille Lacs, Red Lake and White Earth Bands of Ojibwe (Minnesota Department of Human Services, 2008). These agreements replace individual county and tribal substitute care supervision agreements and apply statewide. Having a Title IV-E agreement in place allows tribes and counties to access federal reimbursement for costs associated with managing a foster care program for children for whom legal responsibility has been transferred to the tribal social services agency. Eligible costs include administrative, training and out-of-home placement expenses.

■ *Ensure the interests of American Indian and Alaska Native children in state care are supported.* Although ICWA takes steps to address the inequitable treatment of AI/AN children, it does not apply to all children who racially identify as AI/AN. ICWA only applies to those children who are members of, or are eligible for membership in, a federally recognized tribe (American Indian/Alaska Native Children Exposed to Violence in the Community, 2014). Because connection to culture, community and family are important protective factors, particularly for AI/AN children, and for those who racially identify as American Indian or Alaska Native and are not a member of a federally recognized tribe, this responsibility falls to the state child welfare system. American Indians and Alaska Natives have rich traditions, cultural practices and unique approaches to child welfare that are among the most successful used within this population. When states respect those traditions and are open to AI/AN approaches, there is a better chance for strengthening relationships and, above all, improving outcomes for children and families (CWIG, 2012a).

State ICWA Resources



Guidance on Active Efforts—Wisconsin's ICWA guide provides detailed information on active efforts, recommended activities and their potential benefit. Read A Child Welfare Practitioner's Guide for Meeting the WICWA Active Efforts Requirement.

Oregon's guide provides principles and expectations around active efforts. Read Active Efforts: Principles and Expectations.

04 FUNDING

No single financing approach will support the change required to achieve ambitious targets for improving children's lives. The best results are accomplished with financing packages that draw from a wide array of resources instead of getting stuck on a single funding stream or financing approach. It is also important to leverage resources, as even small amounts of money can be used to have a positive impact. For example, grants from foundations or the federal government can provide seed money for shifting investments.

To ensure state policies are sustainable it is important to consider ways to maximize federal and state resources and to use public-private partnerships. For example, flexible federal financing opportunities and state waivers can be leveraged to address economic stability for families, behavioral health needs of youth in care and support the infrastructure of tribal child welfare systems, all of which can have a positive impact on improving outcomes for children of color in child welfare. Furthermore, there are several opportunities to support state efforts to increase racial equity in child welfare through public-private partnerships with local and national foundations.

Leverage State Funding Opportunities

■ *Apply for federal Title IV-E waivers.* **Washington D.C.** was one jurisdiction that applied for and was awarded a waiver to use Title IV-E funds to support community-based child welfare supports and services. Poverty research has found that a contributing factor to the disproportionate representation of African American children in the child welfare system is a higher rate of this population's exposure to, and living in, poverty (Drake et al., 2011). Additionally, waivers are the first ongoing federal source of funding for a prevention model that can positively impact families where poverty and race intersect. Waivers also provide an opportunity to include weighted and targeted funding models focused on serving children of color and providing resources needed to advance equity.

■ *Invest savings from the Title IV-E adoption assistance de-link to support the healthy development of children and youth.* Invest in a wider array of post-adoption and post-guardianship services that are focused on meeting the longer-term well-being needs of children, youth and their caregivers. States should use these funds to focus on subgroups of children and families with particularly poor outcomes, including longer stays in care or who experience more frequent disruptions.

■ *Create flexible funding streams to support cross systems work.* Reducing barriers to work across systems can decrease duplication while ensuring the needs of families are met in more comprehensive ways. Creating flexible funding streams and developing formal partnerships across agencies can enable greater flexibility to meet the unique needs of families in a way that better promotes well-being. (Martin & Citrin, 2014).

■ *Where possible, consider "pass-throughs" to tribal child welfare programs.* Resource allocation can come in the form of contracts, grants or agreements. This may include general ICWA agreements or those specific to federal funding streams such as Title IV-E or Title XX of the Social Security Act. When this occurs, tribal capacity to care for children and families improves, and tribal-state collaboration improves.

Maximize Federal Funds

■ *Ensure equity in funding access for tribal nations.* In addition to serving families involved with tribal child welfare, tribal nations play a pivotal role in assisting states that have AI/AN children in their care. Research has shown that as tribal capacity increases so does the capacity of tribal nations to support states caring for AI/AN children. ICWA Title II funding supports some tribal efforts to improve ICWA compliance through case advocacy. Nonetheless, tribal child welfare programs are underfunded. The array of federal funding sources, while not sufficiently addressing the full range of child welfare service needs in either state or tribal communities, is more limited in both access and the amounts of funding available for tribal nations. For example, tribal nations are not authorized to apply for or directly operate either Medicaid or the Title XX Social Services Block Grant, both of which are major sources of funding support for children and families in the child welfare system. Tribal nations also receive disproportionately smaller amounts from the federal sources from which they are able to receive funding. The lack of access to key child welfare programs and the disproportionately smaller amounts of funding tribes receive from federal sources is a significant barrier. In considering ways to improve the child welfare system, it is critical to ensure funding parity to tribal nations for tribes to realistically achieve the goals set out in policy reforms and to continue to best meet the needs of the children and families they serve (NICWA, 2014).

■ *Give states incentives to share resources with tribes.* Tribes provide more efficient and effective services to AI/AN children and families than mainstream agencies but often lack resources to do this. Encouraging states to share their resources (federal and otherwise) would improve services to AI/AN families and foster better tribal–state collaboration. (American Indian/Alaska Native Children Exposed to Violence in the Community, 2014).

■ *Support child welfare and behavioral health agencies in collaborating to discuss the best way to spend Affordable Care Act (ACA) dollars to create a comprehensive system of care for families.* The ACA regulations now provide additional funds and opportunities for behavioral health services to be reimbursed through federal and Medicaid dollars. As a result, state funds that were previously allocated for these services can be redirected to create a comprehensive system of care and for multi-generational programs to support entire families when a child has behavioral or mental health needs. For example, **Fresno County** in California is working to improve its system of care through implementing a broader array of community-based services, particularly services that are trauma-informed, by redirecting funds that were previously allocated to the county Department of Behavioral Health to provide services to children, youth and families involved with the child welfare system.

■ *Support the redirection of state and local funds, which were previously used to finance services now covered through Medicaid, to prevention and reunification services.* As states redirect resources to new programs, advocates should continue to highlight the benefits of prevention programs and supportive services to families involved in the child welfare system as means of reducing a child's length in foster care and a family's future involvement with child welfare. Child welfare agencies should use this opportunity to increase the implementation of innovative services to children, youth and families that may have had limited support before due to a lack of available funding.

- *Use an automatic enrollment process and work with Medicaid agencies to coordinate enrollment and eligibility of youth aging out of care and of parents as soon as they come into contact with the child welfare system.* Older youth aging out of foster care are now categorically eligible for Medicaid insurance within their own state and growing numbers of additional states have elected the option to provide coverage to former foster youth who aged out of care in another state. Additionally, now that an increased population of parents—regardless of whether their children are currently in their care, are eligible for Medicaid coverage— child welfare agencies should develop a streamlined process for ensuring all youth aging out of care and eligible parents that touch the system are enrolled. Additionally, as states choose which Medicaid benefit package to provide to those newly eligible, it is important that frontline workers can help parents select a health care package that best meets their needs.

Partner with Foundations

Partnering with foundations can provide a way for states to develop and test innovative solutions and to support work that falls outside of the scope of traditional child welfare funding. There are a number of foundations with work focused on reducing disparate outcomes for children and families of color and others aimed at improving outcomes for children and families in contact with the child welfare system. The initiatives outlined below provide examples for states considering partnerships with foundations to increase equity in child welfare policy.

- The **California Child Welfare Indicators Project (CCWIP)** is a collaborative venture between the University of California at Berkeley and the California Department of Social Services with funding provided by the Department of Social Services and the Stuart Foundation. CCWIP provides policymakers, child welfare workers, researchers and the public with access to customizable information on California's child welfare system. Users can examine child welfare performance measures over time and across counties and demographic groups. In addition to year and county, data can also be filtered by age, ethnicity, gender, placement type and other subcategories to craft customized tabulations on topics of interest.

- The **Alaska Child Welfare Disproportionality Reduction Project** was a partnership between the National Indian Child Welfare Association (NICWA), the Western and Pacific Implementation Center (WPIC), the Alaska Office of Children's Services (OCS), the Alaska Court Improvement Project (CIP) and Casey Family Programs. The four-year implementation project was designed to significantly reduce the disproportionate out-of home placement of Alaska Native children. The tribes and state worked together, with the help of tribal youth in foster care, to address systemic issues, identify and implement policies and practices to prevent out-of-home placement, increase community-based services for Alaska Native children and preserve cultural and community connections. The partnership resulted in a revision of tribal foster care licensing guidelines, standards, policies and procedures to account for the unique circumstances and cultural perspective of tribes. These changes were supported by OCS and the State Attorney General's Office, which helped to increase recruitment of tribal foster parents and local placement options (Western and Pacific Child Welfare Implementation Center, 2013).

- **Partners for Our Children** is a collaboration between the Washington State Department of Social and Health Services and the University of Washington School of Social Work and is supported by funding from the Stuart Foundation, the Giddens Foundation, Casey Family Programs, the Bill & Melinda Gates Foundation and Ballmer Family Giving. Focused on improving outcomes, this unique collaboration creates a neutral space to address complicated issues in child welfare policy and practice. It combines research with stakeholder engagement to ensure that child welfare policy and practice are in line with the best available information (Partners for Our Children, 2014). As a result of this collaboration, Partners for Our Children, experts from the Washington State Children's Administration and Casey Family Programs formed and convened the Washington State Racial Disproportionality Committee, which is a state-level advisory committee aimed at exploring the root causes of disproportionality and disparity and promising solutions in Washington state.

Conclusion

To ensure better outcomes for children and families of color, we have to look at the institutional factors that are leading to high levels of inequity – including structural and institutional racism. The experiences that families have when they come into contact with child welfare systems are related to other important issues of equity including access to quality jobs, health care, and stable housing. Although the larger discussion is beyond the scope of this paper, research highlights the complicated intersection of poverty, race/ethnicity and the perceived risk for maltreatment in explaining disparities at key child welfare decision points, including the substantiation of maltreatment and the decision to remove children from their homes (Martin & Citrin, 2014). We believe that using policy and funding opportunities to influence the operation of intervening public systems is an important strategy to achieve racial equity in outcomes for children of color. Addressing issues of inequity is an important aspect of better serving all children and families through child welfare services. The practices, policy recommendations and funding strategies detailed here are more than promising practices that should be watched. Rather, they are exemplars that, with appropriate time, resources and support, have the potential to significantly impact the experiences of children and families or color in contact with child welfare – and increasing equity for all our families.

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A collection of policies that can be harnessed to improve outcomes for children of color in child welfare systems

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STATE POLICY TABLE

Selection of Mandated Race-Related Data Collection Policies			
New York	2011	NY Laws, AB 8108-A, Chap. 377, Section 6	Requires the annual report on the operations of the state central registry to include information about the racial and ethnic characteristics of families in the differential response program.
Oregon	2009	OR Laws, SB 630, Chap. 707	Creates the Task Force on Disproportionality in child welfare foster care for the purpose of studying and addressing racial disproportionality in the child welfare foster care system.
Oregon	2009	OR Laws, HB 244, Chap. 540	Imposes requirements on state agencies to ensure cultural competence in provision of services and to collect and evaluate data.
Collection of Longitudinal Data			
Washington	2007	WA Laws, HB 1472, Chap. 2007-465	Requires the DSHS to convene a Racial Disparity Advisory Committee. Instructs the committee to analyze and make recommendations on racial disparity in the child welfare and juvenile justice system.
Publicly Available Data			
Collection of Qualitative Data			
Maryland	2009	MD Laws, SB 933, Chap. 629	Alters the duties of the State Citizens Review Board for Children and local boards of review for children in OOHC to improve the quality of reviews conducted for children. Determines that the board shall collect and analyze the results of all case reviews and submit the results and findings to the Department of Human Resources on a quarterly basis and make the findings available to the public.
Differential Response			
Connecticut	2013	CT S 832, Act No. 13-54	Changes differential response to family assessment response to reflect current practices.
Nebraska	2013	NE L 561	Provides for a model of alternative response for child abuse and neglect reports.
Texas	2013	TX General Laws, S 423, Act No. 420	Relates to the flexible response system for investigation of child abuse or neglect reports.
Colorado	2012	CO S 11, Act No. 55	Concerns the differential response pilot program for child abuse and neglect cases of low or moderate risk. Eliminates a limitation on the number of counties that may participate in the program.
Maryland	2012	MD H 834, Act No. 397	Authorizes the Secretary of Human Resources to establish an alternative response program for specified reports of child abuse and neglect.
New York	2011	NY Laws, AB 6823, Chap. 45,	Section 1: Makes New York City eligible to participate in the differential response program for appropriate reports of child maltreatment. Section 2: Makes permanent the legislation permitting social services districts, with authorization from the OCFS to use a differential response program and requires that the OCFS include the differential response program in its annual report.
Ohio	2011	OH Laws, H 153	Section 309.50.10: Requires that the Ohio Department of Job and Family Services (ODJFS), in accordance with the evaluation of the Ohio Alternative Response Pilot Program, plan the statewide expansion of the pilot program on a county-by-bounty basis, through a schedule that ODJFS is to determine. The program, to be known as the Differential Response Approach, refers to an approach that a Public Children's Services Agency (PCSA) may use to respond to accepted reports of child abuse or neglect with either an alternative assessment response or a traditional response. Section 2151.011: stipulates that "traditional response" means a PCSA response to a report of child abuse or neglect that encourages engagement of the family in a comprehensive evaluation of the child's current and future safety needs, a fact finding process to determine whether child abuse or neglect occurred, and the circumstances surrounding the alleged harm or risk of harm. The ODJFS director must adopt rules setting forth the procedures and criteria for the PCSAs to assign and reassign response pathways. Section 2151.412: Requires each PCSA to prepare and maintain a case plan or a family service plan for any child receiving in-home services from the agency pursuant to an alternative response.

Colorado	2010	CO Sess. Laws, HB 1226, Chap. 129	Created differential response pilot program that authorizes five participating counties to use an alternative approach to addressing reports of alleged child abuse or neglect in cases in which an assessment determines that the safety of the child is low or moderate risk.
Illinois	2009	IL Laws, SB 807, P.A. 760, Section 7.4	Establishes that DCFS may implement a five-year demonstration of a "differential response program." Determines that through this program, the department may provide services to any child or family after completion of a family assessment, as an alternative to an investigation. Defines "family assessment" as a comprehensive assessment of child safety, risk or subsequent child maltreatment and family strengths and needs that is applied to a child maltreatment report that does not allege substantial child endangerment; "family assessment" does not include a determination as to whether child maltreatment occurred but does determine the need for services to address the safety of family members and the risk of subsequent maltreatment. Establishes that once it is determined that a "family assessment" will be implemented, the case shall not be reported to the central register of abuse and neglect reports.
Vermont	2008	VT Acts, HB 635, Act 168	Establishes a tiered range of responses to child abuse or neglect (known as differential or alternative response) that take into account the different degrees of child abuse and neglect. Defines "investigation" and "assessment" of a report of abuse and neglect and the procedures for both. Determines that the Department for Children and Families may collaborate with child protection, law enforcement and other departments and agencies in the state to evaluate risk to a child and determine the service needs of the child and family.
New York	2007	NY Laws, SB 4009, Chap. 452	Amends social services law to allow for the establishment of a differential response program for child protection assessments or investigations. Provides the process by which counties can apply for implantation approval from the Office of Child and Family Services and outline the procedures that must be followed when implementing such a system.
Maryland	2006	MD Laws, HB 1648, Chap. 632	Requires the Department of Human Resources to conduct a study of the implementation of a research-based differential response system for allegations of child abuse and neglect. Requires that the study define levels of safety concerns, determine specific responses and response time frames, determine existing capacity outside the child protective services system to meet the needs of lower risk families and recommend statutory changes necessary for implementation.
Ohio	2006	OH Laws, S 328	Authorizes the Ohio Department of Job and Family Services to develop, on a pilot basis, an alternative response approach to reports of child abuse, neglect and dependency. Requires Public Children Service Agencies (PCSAs) to implement a system of safety and risk assessment to assess both the ongoing safety of the child and the appropriateness of the intensity and duration of the services provided to meet child and family needs throughout the duration of a case. A PCSA can use the system only in connection with an investigation of known or suspected child abuse and neglect or a known or suspected threat of child abuse or neglect.
Minnesota	2005	MN Laws, HF 1889, Chap. 159, Act 1	Makes changes in the required child welfare response to allegations of abuse and neglect to include an alternative response. Requires a local child welfare agency to conduct either a family assessment or an investigation of a report of maltreatment, depending on the severity of the allegation.
North Carolina	2005	NC Sess. Laws, HB 277, Chap. 398	Authorizes a family assessment response in cases in which children are reported to be neglected or dependent and an investigative response in cases of reported child abuse.
North Carolina	2005	NC Sess. Laws, SB 622, Chap 276	Requires the Division of Social Services, Department of Health and Human Services, to continue working with local departments of social services to implement a multiple-response system of child protection. Requires the department to expand the project using both state appropriations and any non-state funding sources.
Tennessee	2005	TN Public Acts, HB 447, Chap. 391	Expresses the legislative intent that the Department of Children's Services perform its function pursuant to the belief that families can change the circumstances associated with the level of risk to a child when they are provided with intensive and fundamental assumptions be that most children are better off with their own families than in substitute care and that separation has detrimental effects on both parents and children. Requires that the Department of Children's Services establish a demonstration program for a multi-level response system that makes effective use of available community-based services. Requires gradual expansion of the demonstration program until the program is implemented statewide. Requires regular reports to the governor and legislature on implementation of the program and regular evaluations of the program's effectiveness. Specifies outcomes and performance indicators to be included in the evaluations. Requires the department to screen reports involving risk of maltreatment other than physical harm or sexual abuse to determine the appropriate level of intervention: investigation, assessment and referral to community-based services, referral for services without investigation or assessment, or no further action. Prescribes procedures for assessment and referral for services without assessment. Requires local law enforcement personnel, in jurisdictions that have implemented the multi-level response system, to assist the department, upon written request, in investigating certain cases of serious abuse or neglect.
Wyoming	2005	WY Session Laws, SF 39, Chap. 236	Provides that certain reports of severe maltreatment are to be investigated that others are to be assigned to an alternative response.

Trauma-Informed Care			
Texas	2013	TX General Laws, S 245, Act No. 163	Eligibility of children's advocacy center to contract to provide trauma-oriented mental health services to children and family members in child abuse or neglect cases.
Texas	2009	TX General Laws, HB 1151, Chap. 1118	Establishes that DFPS is to include training in trauma-informed programs and services in any training the department provides to foster parents, adoptive parents, kinship caregivers and department caseworkers; the department shall pay for the training with gifts, donations, grants and any federal money available through the Fostering Connections Act.
Cross-System Collaboration			
Massachusetts	2012	MA S 2410, Act No. 240-2012	Establishes a network of child and family service programs and family resource centers to provide community-based services to families with children requiring assistance, includes habitually truant, residential programs and special education, develops standards for a comprehensive and integrated network of services, requires a standard intake screening and assessment tool, includes medical and mental health needs and creates a data collection system.
Washington	2012	WA H 2264, Act No. 205	Mandates DSHS to enter into performance-based contracts with one or more network administrators for family support and related services, provides that private nonprofit entities and federally recognized Indian tribes located in this state must receive primary preference over private for-profit entities.
Texas	2011	TX General Laws, SB 501, Chap. 121	Establishes the Interagency Council for Addressing Disproportionality to examine the level of disproportionate involvement of children who are members of a racial or ethnic minority group in child welfare, juvenile justice and mental health systems. The council is to make recommendations to reduce the involvement of such children in the child welfare, juvenile justice and mental health systems; improve the children's success in the educational system; and help the HHS Commission eliminate health and health access disparities in TX among racial, multicultural, disadvantaged, ethnic and regional populations. The council is to include representatives from agencies including the Texas Education Agency; the Center for Elimination of Disproportionality and Disparities within the HHS Commission; the Dept. of Aging and Disability Services; the Texas Youth Commission; the Dept. of Family and Protective Services; the Office of Court Administration of the Texas Judicial System; the Permanent Judicial Commission for Children, Youth and Families; and a former foster youth. The council is to review delivery of public and private child welfare, juvenile justice and mental health services to evaluate the disproportionate rates of use of the services by children who are members of a racial or ethnic minority group. Further, the council is to prepare a report consisting of its findings and recommendations and an implementation plan that is to be submitted to the Legislature no later than 12/1/12.
Colorado	2010	CO Sess. Laws, SB 7, Chap. 148	States that family resource centers may enter into MOU with county departments of social services to promote collaborative systems to manage the provision of services to children and families.
Washington	2009	WA Laws, HB 2106, Chap. 520	Requires DSHS restructure the administration and deliver of child welfare services by converting its current contracts with providers that deliver OOHC and case management services into performance-based contracts. Creates the Child Welfare Transformation Design Committee to establish a transition plan containing recommendations for the provision of child welfare services, including a model for performance-based contract to be used by the department, a method by which clients will access community-based services and methods to address the effects of racial disproportionality.
Louisiana	2008	LA Acts, SB 201, Act 775	Establishes that state department, including the Department of Health and Hospitals and the Department of Social Services, shall guide the implementation of service delivery integration designed to meet the needs of children and their families. Authorizes the state leadership group to establish a Neighborhood Place to implement the service integration delivery model. Identifies the goals of the integrated case management delivery model, including to provide citizens with timely access to an array of health care, education and human services and to address foster care and adoption as well as family safety and stability.

California	2006	CA Stats, AB 2216, Chap. 384	Establishes the California Child Welfare Council, an advisory body that is responsible for improving collaboration among multiple agencies and courts in the child welfare system. Requires the council to be co-chaired by the Chief Justice of the California Supreme Court and the secretary of California Health and Human Services, or their designees. Expresses the Legislature's intent to inspect other state child welfare systems over the 2007-2008 legislative session to learn about effective administrative structures of leadership, to conduct hearings, and to review recommendations of other commissions to determine if a reconfigured administrative structure would provide needed statewide leadership and interdepartmental coordination. Requires the council to adopt outcome measures by April 1, 2008.
Texas	2005	TX General Laws, SB 6, Chap. 268	Section 1.86: Requires the DFPS to develop a strategy to build community partnerships to support children and families. Requires a plan to move staff from centralized office sites into community based settings to the greatest extent feasible and a plan to develop join offices or workplaces with local officials and organizations (child advocacy groups, law enforcement officials, prosecutors, health care providers and domestic violence shelters). Allows the department, subject to funding, to employ local legal liaisons and community initiative specialists. Section 1.54: Requires the Health and Human Services Commission and Department of Family and Protective Services to analyze data regarding child removals and other enforcement actions during state fiscal years 2004 and 2005 to determine whether enforcement actions were disproportionately initiated against any racial or ethnic group. Requires a report no later than January 1, 2006. Requires a remediation plan to prevent racial or ethnic disparities and an evaluation of policies and procedures if the results of the analysis indicate disparate treatment of racial or ethnic groups. Requires a report on the evaluation and remediation plan by July 1, 2006.
Michigan	2005	MI Public Acts, SB 271, Act 147, Section 548	Requires a task force to study the disproportionate representation of African-American and other children of color in the child welfare and juvenile justice systems in Michigan. Requires a report to the Department of Human Services with administrative and legislative recommendations for appropriate services to reduce disparities and bias and improve long-term outcomes for children of color in the systems. Requires the Department of Human Services to report to the Legislature by December 31, 2006.
Community Councils for Policy Review			
Oklahoma	2012	OK H 3134, Act No. 342	Modifies the organizational structure of DHS so that administrators responsible for the development of policies will also be responsible and accountable to ensure procedures are being followed correctly.
Maryland	2009	MD Laws, SB 933, Chap. 629	Alters the duties of the State Citizens Review board for Children and local boards of review for children in OOHC to improve the quality of reviews conducted for children. States that each local board shall review the cases of children in OOHC and report the identification of barriers to achieving timely permanency and the reasonable efforts made to promote the child's relationship with individuals who play a supporting role in the child's life.
Indiana	2007	IN Laws, SB 328, Chap 138, Sec. 46	Requires the DCS to establish at least three citizen review panels in accordance with CAPTA requirements… requires the panel to evaluate the extent to which a child welfare agency is effectively discharging its responsibilities by examining policies and procedures, specific child protective service cases and other criteria.
Pennsylvania	2006	PA Laws, HB 2670, Act 146, Section 4	Establishes a minimum of three citizen review panels in the state to examine policies, procedures and practices of state and local agencies and, where appropriate, specific cases; to evaluate the effectiveness of the child protection system and coordination of the child protection system with foster care and adoption programs; and to review child fatalities and near fatalities. Sets membership and requires reporting.
Texas	2005	TX General Laws, SB 6, Chap 268	Section 1.89: Requires a Parental Advisory Committee to advise the department on policies that affect parents and their involvement with the department.
Early Intervention			
Hawaii	2013	HI H 908, Act No. 2013-91	Establishes a home visiting program, which will do statewide hospital-based screening and home visiting services to identify families of newborns at risk for poor health and safety outcomes, including child abuse and neglect to promote health child development and strengthen families.

New Mexico	2013	MN S 365, Act No. 118	Establishes a culturally and linguistically appropriate home visiting program to promote parental competence.
Colorado	2007	CO Session Laws, SB 4, Chap. 227	Creates a coordinated system of payment for early intervention services for children eligible for benefits under the Individuals with Disabilities Education Act.
Texas	2007	TX General Laws, HB 2702, Chap 267, Section 19	Directs the DFPS, within available funding, to develop a program to strengthen families through enhanced in-home support. The program shall assist low-income families and children in child neglect cases in which poverty is considered to be a significant underlying cause of the neglect and enhancement of in-home support appears likely to prevent removal. Eligible families will receive limited funding. Requires the commissioner to develop rules with eligibility criteria and the maximum amount available to each family. Requires an evaluation.
Reunification Services			
Kansas	2011	KS Session Laws, HB 2105, Chap. 26	Prohibits a court from ordering that a child be removed from the parent's custody solely because the parent is homeless. Homelessness does not make the parent unable to care for the child.
Oregon	2011	OR Laws, SB 964, Chap. 568	Requires DHS and county partners to implement Strengthening, Preserving and Reunifying Families programs to provide family preservation and reunification services. The law allows the department to enter into contracts with and make payments to eligible programs. It directs the department to seek federal approval to access federal savings, accrued as a result of a reduction in the costs of foster and substitute care, to reinvest in programs. Further, it creates the Strengthening, Preserving and Reunifying Families Program Fund to supplement existing funds used for child welfare services. The measure requires the department and the juvenile court to include, in reasonable efforts consideration, determinations of whether preservation and reunification services provided by these programs are most likely to prevent or eliminate the removal of a child from the child's home or most likely to make it possible for the child to safely return home. (also fits in early intervention, court involvement, and ASFA reasonable effort sections)
New York	2010	NY Laws, AB 5462, Chap. 113	Provides an exception to the required filing of a termination of parental rights petition for children in foster care whose parents are incarcerated or participating in residential substance abuse treatment programs but maintain a meaningful role in their children's lives.
District of Columbia	2010	DC Stat., B 547, Chap. 230, Section 301	Establishes the Voluntary Foster Care Registry as a post-care service for those age 18+ who were or currently are respondents in a CAN case and for their immediate birth family members. The registry is for those who seek to reconnect with their immediate birth family members and includes personal information to aid in the endeavor.
Reinstatement of Parental Rights			
Arkansas	2013	AR H 1848, Act No. 1055	Provides for the reinstatement of parental rights.
Delaware	2013	DE H 125, Act No. 165	Allows for the reinstatement of parental rights where a child remains in the custody of the DSCYF despite reasonable efforts to secure a permanent plan of adoption.
Illinois	2013	IL H 3147, Act No. 477	Establishes that a motion to reinstate parental rights may be filed only by DCFS or the minor.
Minnesota	2013	MS S 422, Act No. 2013-30	Creates the Family Reunification Act of 2013, provides the procedures for the reestablishment of a legal parent and child relationship.
Utah	2013	UT S 49, Act No. 416	Permits a parent whose rights were terminated, or a relative of the child, to petition for guardianship of the child if the child is not adopted within one year of termination and no adoption is likely to return.
Utah	2013	U H 156, Act No. 340	Permits the restoration of terminated parental rights; permits a child, age 12 or older, to submit a petition for restoration of TPR.
Virginia	2013	VA S 1079, Act No. 685 VA H 1637, Act No. 338	Creates procedure for the restoration of parental rights for children over 14 who have not achieved their permanency plan.

Maine	2011	ME Laws, SP 352, Chap. 402, Section 16	Stipulates that DHHS may petition the district court to reinstate the parental rights of a parent whose parental rights have been previously terminated by an order of the district court. Allows reinstatement if the court finds, by clear and convincing evidence, that the child has been in the department's custody for at least 12 months and has living with the parent for at least 3 months after the petition for reinstatement has been filed; that the parent consents to reinstatement of parental rights; that the child, if he or she is 12+, consents to parental rights; and that reinstatement is in the chi's best interests. It also requires the court to consider the child's age and maturity, the child's ability to express a preference, the ability of the parent to meet the child's physical and emotional needs, and the extent to which the parent has remedied the circumstances that resulted in the original TPR.
North Carolina	2011	NC Session Laws, HB 3382, Chap. 295	Section 1: Adds proceedings for the reinstatement of parental rights. Section 18: Discusses the criteria for reinstatement to occur.
Washington	2011	WA Laws, HB 1774, Chap. 292, Section 2	Adds to the list of circumstances under which a child may petition the court to reinstate his or her parental rights to include that the permanency plan has not been sustained or that 3 years have passed since the TPR was completed.
Illinois	2010	HB 4825, P.A. 13758, Section 2.34	Determines that a motion to reinstate parental rights may be filed only by DCFS regarding any minor who is presently a ward of the court and for whom, while placed in private guardianship or adopted, a new petition alleging abuse, neglect or dependency is filed and then found by the court to be substantiated.
New York	2010	AB 8524, Chap. 343	Provides a process for petitioning to restore previously terminated parental rights under certain circumstances, including when 1) the order committing guardianship and custody of the child was issued two or more years before the date of the filing of the petition; 2) the petition alleges that the petitioner or petitioners and the respondent or respondents consent to restoration of parental rights or the petitioner or petitioners withheld consent to the restoration of parental rights without good cause; and 3) the child is age 14+, remains under the jurisdiction of the family court, has not been adopted, does not have a permanency goal of adoption and consents to the relief requested in the petition.
Tennessee	2010	TN Public Acts, SB 2341, Chap. 915	The law specifies that a court, with the consent of the birth parent and upon clear and convincing evidence that such action is in the child's best interest, may restore the rights and responsibilities of the birth parent pursuant to present law if the adoptive parent so surrenders the child.
Illinois	2009	IL Laws, HB 529, P.A. 600	Provides that when parental rights have been terminated for a specified time and the child is age 13+ and not currently in a placement likely to achieve permanency, the DCFS shall make reasonable efforts to locate the parent, guardian or legal custodian whose rights were originally terminated and assess the appropriateness of them as a placement resource.
Louisiana	2008	LA Acts, SB 76, Act 436	Authorizes counsel appointed for a child who is in foster care and older than age 15 to file a motion to restore parental rights or parental contact with a parent whose rights have been terminated. Requires the DSS to make a diligent effort to locate a parent whose rights may be restored and notify him or her of the effects of the restoration, including the obligation to pay child support or make a parental contribution. Requires the court, at a permanency review hearing, to inform a child of his or her rights regarding the restoration of parental rights.
Nevada	2007	NV Stat. AB 353, Chap. 43, Section 2	Allows a child who has not been adopted and whose natural parent(s) have had their parental rights terminated or have relinquished their parental rights, or the legal guardian of such child, to petition a court for the restoration of parental rights.
Washington	2007	WA Laws, HB 1624, Chap. 2007-413	Allows a dependent child who is at least age 12 to petition the court to reinstate the previously terminated parental rights of his or her parent. Provides guidelines and requirements for the filing of such petitions.
California	2005	CA Stats, AB 519, Chap. 634	Permits a child who has not been adopted after the passage of at least three years from termination of parental rights to petition the juvenile court for reinstatement of parental rights, pursuant to specified procedures.

Quality Legal Representation			
Maine	2013	ME S 297, Act No. 406	Improves the quality of GAL services for the children and families of Maine.
Montana	2013	MT H 107, Act No. 29	Revises laws regarding counsel assignments in abuse and neglect proceedings, requires a determination of eligibility for counsel assignments, provides for such assignments at the court's expense in certain cases.
Texas	2013	TX General Laws, S 1759, Act No. 810	Relates to procedures for the appointment of and the duties of attorneys ad litem.
West Virginia	2013	WV H 2815, Act No. 131	Clarifies and modifies the process of appointing and terminating guardians for minors.
Pennsylvania	212	PA S 815	Amends the Judiciary and Judicial Procedure Code, provides for right to counsel in dependency and delinquency hearings, provides for the right to counsel for children in dependency and delinquency proceedings, provides that all children shall be presumed indigent, allows a child who is 14 or older to waiver the right to counsel, provides that the court may assign stand-by counsel if the child waives counsel, that's that the waiver shall only apply to that hearing and the child may revoke the waiver.
Tennessee	2012	TN H 2984, Act No. 857	Relates to juvenile courts, adds that a child is entitled to a GAL for proceedings alleging a child to be dependent and neglected of abused.
West Virginia	2012	WV S 484, Act No. 26	Requires attorneys appointed in CAN cases to have 8 hrs of training annually.
South Carolina	2010	SC Acts, HB 3779, Act 252	Specifies that children must be appointed a GAL by the family court. The family court may appoint legal counsel for the child. Counsel for the child may not be the same as counsel for: the parent, legal guardian, or other person subject to the proceedings; any governmental or social agency involved in the proceedings; or the child's GAL. Parents, legal guardians or others subject to any judicial proceeding are entitled to legal counsel. Those unable to afford legal representation must be appointed counsel by the family court.
Washington	2010	WA Laws, HB 2735, Chap. 180	Extends the right to request legal counsel in dependency and termination proceedings to children and youth age 12 and older, so that legal rights related to their health, safety and well-being are protected. The court shall appoint a GAL.
Iowa	2008	IA Acts, SF 2217, Chap. 1061	Requires the state public defender's designee to be appointed by the court to represent all eligible persons or to serve as the guardian ad litem for eligible children in juvenile court in all of the cases and proceedings specified in the designation.
Louisiana	2008	LA Acts, SB 781, Act 567	Requires that counsel providing representation in child protection proceedings participate in multidisciplinary interaction with other professionals involved with the child, including interdisciplinary communication, investigation, proceedings, and administrative hearings.
Missouri	2008	MO Laws, HB 1570	Requires circuit courts to adopt the Missouri Supreme Court standards for representation by GALs. Requires a plan that takes into account the needs of the circuit as well as the negative impact that excessive caseloads have on the effectiveness of counsel.
South Carolina	2008	SC Acts, SB 9, Act 199	Clarifies that children must be appointed legal counsel and a guardian ad litem by the family court. In the event that the individual appointed as the guardian ad litem is an attorney guardian ad litem, the appointed individual shall serve as the guardian ad litem and legal counsel. Counsel for the child in no case may be the same as counsel for the parent, guardian or other person subject to the proceeding or any governmental or social agency involved in the proceeding.
Tennessee	2008	TN Public Acts, HB 3147, Chap. 1084	Entitles a child to legal counsel during delinquency proceedings or in proceedings where the child is in jeopardy of being removed from the home. Entitles an adult to legal counsel at all stages of any proceedings involving termination of parental rights or child abuse prosecutions, and directs the court to provide such legal representation if the person is indigent.
Louisiana	2007	LA Acts, HCR 137	Continues the Task Force on Legal Representation in Child Protection Cases for a 5 year period to facilitate the implementation of recommendations made by the Task Force in the current session. Adds a designee from the LA Association of Criminal Defense Lawyers and a designee from the LA Children's Justice Act Task Force to the task force. Requires the implementation phase of the Task Force to be chaired by a member of the legislature.

Louisiana	2006	LA Acts HB 652, Act 271	Creates a new chapter regarding the legal representation of children in CAN cases. Creates the Child Advocacy Program to provide effective legal representation. Specifies duties of the board of trustees and director of the program.
New York	2006	NY Laws, S 7888, Chap. 185	Sets guidelines for streamlining the court process through implementation of the nationally recognized "one family, one judge" model. The model is designed to reduce a significant source of delay in achieving permanency for children by reducing the fragmentation that occurs when adoption petitions are filed in a different court than the related child protective court, TPR and/or surrender proceedings. Provides a preference for filing an adoption proceeding in the same court and, to the extent practicable, before the same judge who heard the most recent proceeding.
Connecticut	2005	CT Acts, HB 7502, P.A. 05-3, Section 44	Establishes a Commission on Child Protection within the Public Defender Service Commission. Requires the commission to appoint a Chief Child Protection Attorney who must establish a system for the delivery of legal services and guardians ad litem to children and indigent people in juvenile matters.
Culturally Competent and Diverse Workforce			
California	2012	CA S 1856, Act No. 639	Requires training for an administrator or a group home facility, licensed FP, and relative or non-relative extended family member caregiver to include instruction on cultural competency and sensitivity relating to, and best practices for, providing adequate care to lesbian, gay, bisexual, and transgender youth in OOHC. Provides that foster children have the right to have caregivers and child welfare personnel who have received instruction on such cultural competency and sensitivity.
Implement ASFA "Reasonable Efforts" to Support Families			
Nevada	2013	NV S 98, Act No. 67	Revises provisions governing certain reasonable efforts to preserve and reunify family; revises definition of reasonable efforts.
Virginia	2013	VA H 1646, Act No. 5	At-risk youth and families may be eligible for funds form the state pool of funds to prevent foster care placement.
Utah	2012	UT H 161, Act No. 281	Emphasizes the importance of in-home services and kinship care, requires TPR be the last resort
Texas	2007	TX General Laws, HB 2702, Chap. 267, Section 19	Directs the DFPS, within available funding, to develop a program to strengthen families through enhanced in-home support. The program shall assist low-income families and children in child neglect cases in which poverty is considered to be a significant underlying cause of the neglect and enhancement of in-home support appears likely to prevent removal. Eligible families will receive limited funding. Requires the commissioner to develop rules with eligibility criteria and the maximum amount available to each family. Requires an evaluation.
Efforts to Keep Families Together in Immigration-Related Matters			
California	2012	CA S 1064, Act No. 845	Permits a court to place a child in any dissolution, dependency, or probate guardianship proceedings with a parent, legal guardian, or relative regardless of the relative's immigration status. Permits a relative's foreign consulate identification card or foreign passport to be used for initiating the criminal records and fingerprint clearance checks. Authorizes extension of review hearing periods under certain circumstances.
Licensing Policy for Kinship Care Resources			
Arkansas	2013	AR H 1684, Act No. 478	Allows fictive kin as placement option for juveniles.
Nebraska	2013	NE L 265	Changes kinship home and relative home provisions.
South Carolina	2013	SC H 3464, Act No. 58	Relates to expedited placement of children at the probable cause hearing.
Texas	2013	TX General Laws, S 502, Act No. 426	Relates to procedures for placement of children with certain relatives or other designated caregivers.
Utah	2013	UT S 49, Act No. 416	Permits a parent or guardian to name two friends as potential emergency placements; modifies the definition of a "relative" to include the first cousin of the child's parent.

Arizona	2012	AZ S 1128, Act No. 15	Eliminates the possibility of a home study when an adoption involves a child's relatives.
Colorado	2012	CO S 66, Act No. 86	Expands the group of people eligible as guardians in the guardianship assistance program to include persons ascribed by the family as having a family-like relationship with the child or who have had a prior significant relationship with the child.
Colorado	2012	CO H 1047, Act No. 42	Concerns the waiver of non-safety licensing standards for kinship foster care.
Indiana	2012	IN S 286, Act No. 48	Provides that a person may operate a foster family home for a related person without a license.
Kansas	2012	KS S 262, Act No. 2012-115	Concerns grandparent custody, visitation and residency, exempts actions related to adoption and relinquishment.
Virginia	2012	VA S 299, Act No. 568	Provides that the Commissioner of Social Services may grant a variance for approval of foster homes for children if the placement is a kinship foster care placement and the variance will not adversely affect the safety and well-being of the child, provides that a local board or child-placing agency may approve as a kinship foster care parent an applicant convicted of drugs or arson under certain circumstances.
Texas	2011	TX General Laws, SB, 993, Chap. 1071	Authorizes a parental child safety placement (PCSP), which functions in lieu of a formal removal by DFPS and allows the parent to choose, with department approval, a relative wiling to temporarily take the child. The law establishes minimum guidelines for PCSPs, including required documentation, establishment of a visitation plan, and methods to provide for necessities such as health care and education. It further clarifies that a PCSP does not imply admission of CAN on behalf of a parent.
Missouri	2011	MO Laws, HB 431; HB 604	Establishes the following order of preference for placement of a child in foster care: grandparents and relatives, a trusted adult who has a pre-existing relationship with the child, and then other licensed foster parents. Licensing for anyone who receives a preference can be expedited if a child is placed in the person's care.
Connecticut	2011	CT Acts, BH 6336, P.A. 11-116	Establishes that the commissioner of Children and Families shall convene a working group to determine how to maximize kinship care for children in the care and custody of the commissioner. The law provides that the working group shall examine DCF practices and policies that affect kinship care, including, but not limited to agency regulatory criteria, cultural competence in recruiting relative homes, outreach practices and family conferencing. The working group was to submit a report to the Select Committee on Children of the General Assembly by Jan.1, 2012, that was to include recommendations for increasing kinship care.
Illinois	2009	IL Laws, HB 2365, P.A. 276	Creates the Kinship Navigator Act. Defines "kinship care" as the full-time care of children by relatives, members of their tribes or clans, grandparents, godparents, stepparents or any adult who has physical custody and a kinship bond. Establishes a program, to be administered through a grant to a not-for-profit organization, to serve as liaison among State agencies and groups to promote kinship care and provide diversity services.
Nevada	2009	NV Stats, AB 76, Chap. 145	Exempts, for the purpose of placing a child, certain relatives form licensure as foster care providers.
Connecticut	2007	CT Acts, SB 1152, P.A. 07-8	Increases short-term, unlicensed placement options for children, allows DCF to place half- and step-siblings with an unlicensed caregiver who is related to at least one of the children and lowers the minimum age for placing children temporarily with unlicensed family friends or other responsible adults who already know the child.
Support Tribal Autonomy / Create Meaningful Partnerships			
Minnesota	2013	MN S 250, Act No. 2013-65	Provides that in a proceeding for the pre-adoptive or adoptive placement of an Indian child not within a specified jurisdiction, the court, in the absence of good cause to the contrary, shall transfer the proceedings to the jurisdiction of the tribe, provides that transfer is subject to the declination by the tribal court of the tribe.
Oklahoma	2012	OK H 3135, Act No. 343	DHS is not prohibited from disclosing records in child abuse or neglect cases to a federally recognized Indian tribe for any individual who has applied for foster care placement, adoptive placement, or guardianship placement through the tribe

Washington	2011	WA Laws, SB 5656, Chap. 309	Establishes the Washington State Indian Child Welfare Act. The law determines that the state is committed to protecting the essential tribal relations and the best interests of Indian children by promoting practices designed to prevent out-of-home placement of Indian children. It declares that the Department of Social and Health Services policy manual on Indian child welfare, the tribal state agreement, and relevant local agreements between individual federally recognized tribes and the department should serve as persuasive guides in interpreting and implementing the federal Indian Child Welfare Act, this act and other relevant state laws. Sec. 6: Provides that an Indian tribe shall have conclusive jurisdiction over any child custody proceeding involving an Indian child who resides or is domiciled within the reservation of that tribe, unless the tribe has consented to the state's concurrent exclusive jurisdiction, the tribe has expressly declined to exercise its exclusive jurisdiction or the state is exercising emergency jurisdiction. Sec. 8: Establishes procedures for transferring jurisdiction to the Indian child's tribe for any proceeding regarding the foster care placement of, or termination of parental rights to, an Indian child who is not domiciled or residing within the reservation of the Indian child's Tribe. A tribe is provided 75 days to affirmatively respond to a motion or order transferring jurisdiction to the tribal court. Sec. 10: Requires the state to give full faith and credit to the public acts, records, judicial proceedings and judgments of any Indian tribe applicable to Indian custody proceedings.
California	2009	CA Stats, AB 770, Chap. 124	Maximizes the opportunities for Indian tribes to operate foster care programs for Indian children pursuant to the federal Fostering Connection to Success and Increasing Adoptions Act of 2008; requires DSS to modify the state foster care plan to that end.
Indiana	2009	IN Acts, SB 365, P.L. 131, Section 28	Requires the department to negotiate with any Indian tribe, tribal organization or tribal consortium in the state that requests to develop an agreement with the state to administer all or part of title IV-E of the federal Social Security Act on behalf of Indian children who are under the authority of the tribe, tribal organization or tribal consortium.
California	2007	CA Stats, SB 703, Chap. 583	Requires the state to provide reports of known or suspected child abusers to a tribal court of tribal child welfare agency of a tribe or consortium of tribes that has entered into an agreement with the state with regard to any person who is an applicant for licensure or any adult who resides or is employed in the home of an applicant for licensing.
Minnesota	2007	MN Laws, HB 1078, Chap. 147	Instructs the court on its duty to determine the existence of a child's tribal membership and to adhere to all applicable state and federal laws regarding Indian child welfare; allows tribal organizations to contract with the Commissioner of Human Services to obtain background study data on individuals under tribal jurisdiction related to adoption or foster care.
South Dakota	2007	SD Session Laws, HB 1078, Chap. 165	Allows tribal agencies that provide child welfare services to obtain results from a child abuse and neglect central registry check.
Florida	2006	FL Laws, SB 1080, Chap. 86	Requires the Department of Children and Families to adopt rules to ensure that the provisions of the federal Indian Child Welfare Act (ICWA) and the Multi-Ethnic Placement Act, as amended, are enforced in the state. Encourages the department to enter into agreements with Indian tribes to facilitate implementation of ICWA.
Washington	2006	WA Laws, HB 3182, Chap. 90	Authorizes the Department of Social and Health Services to enter into written agreements with Indian tribes for tribal licensure of foster care agencies.
Minnesota	2005	Article 3, Section 8	Allows the Commissioner of Health Services to authorize project to test tribal delivery of child welfare services to American Indian children and their parents and custodians living on the reservation. Authorizes grants to Indian tribes for that purpose.

California	2006	CA Stats, SB 678, Chap. 838	Sets forth legislative findings pertaining to the importance of children to the continued existence and integrity of Indian tribes; and the state's interest in protecting the essential tribal relations and best interest of Indian children. Codifies provisions of the federal Indian Child Welfare Act (ICWA), including provisions regarding tribal jurisdiction, notice of and intervention in child custody proceedings, entitlement of tribal acts and proceedings to full faith and credit, right of indigent parents or custodians to court-appointed counsel, active efforts, evidentiary standards, placement preferences and unsealing of adoption records. In a dependency proceeding involving a child who would otherwise be an Indian child based on the definition in ICWA but for the status of the child's tribe, authorizes the court to permit the tribe to participate in the proceeding upon request of the tribe. Specifies details of such participation. Provides that what constitutes active efforts to prevent the involuntary placement of an Indian child shall be assessed on a case-by-case basis, taking into account the prevailing social and cultural values, conditions and way of life of the child's tribe. Allows a tribe to petition the court to terminate the guardianship of an Indian child upon a finding that it is in the chi's best interest to do so. Clarifies that an Indian child's tribe has a right to intervene in proceedings at any time. Establishes criteria for denial of a petition to transfer a proceeding involving an Indian child to a tribal court. Provides that socioeconomic conditions and the perceived adequacy of tribal social services or judicial systems may not be considered in a determination that good cause exists. Requires that a record of each foster care or adoptive placement of an Indian child be maintained in perpetuity by the Department of Social Services (DSS). Clarifies that the director of the DSS may enter into agreements with Indian tribes regarding the care and custody of Indian children, including agreement that provide for the orderly transfer of jurisdiction on a case-by-case basis, for exclusive tribal or state jurisdiction, or for concurrent jurisdiction.
Equitable Funding for Tribes			
North Dakota	2011	ND Session Laws, HB 1095, Chap. 357	Defines "approval" for the purposes of receiving Title IV-E funds for Native American group foster care facilities or for a home of a Native American family located on a recognized Indian reservation in ND. The DHS approves Title IV-E funding when the homes of Native American families are located on a recognized Indian reservation in ND or facilities are owned by the tribes or tribal members are located on a recognized Indian reservation and are thus not subject to the jurisdiction of the state for licensing purposes.
Minnesota	2009	MN Laws, HB 1298, Chap. 88	Increases county program aid payable to Beltrami County in calendar year 2009, to be used by the county to reimburse the governing body of the Red Lake Band of Chippewa Indians for the cost of implementing the Fostering Connections to Success Act.
Support Interests of Indian Children in State Care			
Oklahoma	2013	OK S 1034, Act No. 387	Prohibits the Department from providing records to a federally recognized Indian tribe for any individual who has applied for foster care placement, adoptive placement or guardianship placement through the tribe.
Washington	2013	WA S 5235, Act No. 32	Modifies the purchase of care or services on behalf of an Indian child who is in the custody of a federally recognized tribe or child-placing agency licensed by a tribe is exempt from the requirement that the care or services be obtained through a network administrator by virtue of a performance-based contract.
California	2009	CA Stats, AB 1325, Chap. 287	Requires the juvenile court and social workers to consider and recommend tribal customary adoption as an additional permanent placement option, without termination of parental rights, for a dependent child. Establishes that a tribal customary adoption order has the same force and effect as an order of adoption. Requires the Judicial Council to adopt rules and necessary forms to implement tribal customary adoption as a permanent plan for Indian children.
Kansas	2008	KS Session Laws, SB 435, Chap. 2008-169	Revises the state juvenile justice code and the state code for care of children to include in its definition of interested party an Indian tribe seeking to intervene in the care of the child and to include in the definition of "party" an Indian child's tribe intervening pursuant to the Indian Child Welfare Act. Allows a person or persons designated by an Indian tribe access to the official file of a child in need of care.
New Mexico	2005	NM Laws, SB 86, Chap. 189, Section 37	Specifies the following placement preference for Indian children taken into state custody: a member of the child's extended family, a foster home licensed and specified by the child's tribe, an Indian foster home licensed or approved by an authorized non-Indian licensing authority, or an institution for children approved by the child's tribe or operated by an Indian organization.

RACE EQUITY IMPACT ASSESSMENT

Children and families of color are overrepresented in child welfare systems in the United States and experience poorer outcomes. These inequities occur in the context of inequities that exist across a number of societal domains, including health care, education and public safety. There is an important role for child welfare policymakers to understand disparities and consider policy strategies that take into account disparate opportunities and outcomes for children and families of color and focus attention on those needs while also addressing the needs of the entire community.

One strategy that can be used to develop policies that advance equity is known as a racial equity impact assessment. A racial equity impact assessment is a systematic examination of how a proposed action or decision will likely affect different racial and ethnic groups. Using a racial equity impact assessment process and tool can help jurisdictions assess the actual or anticipated effect of proposed policies, institutional practices, programs, plans and budgetary decisions.[1] Conducting a racial equity impact assessment can also help ensure that child welfare policymaking occurs in an environment that is transparent and engaging of communities and constituents.

The Center for the Study of Social Policy used the Annie E. Casey Foundation's Race Matters race equity impact assessment as a template to develop an assessment tool that is tailored to child welfare policy decision-making. This tool can be used by child welfare decision makers when developing new policy proposals or considering modifications to existing policy. It can be useful in efforts aimed at reducing or preventing inequities, confronting institutional racism and advancing policies that are culturally and linguistically appropriate.

The race equity assessment process is aided by, but is more than, just the tool. The assessment questions help identify the information and conditions that allow for optimally supporting more equitable policy development. Several factors are important to incorporate through the policymaking process, including:

- A system for collecting and analyzing data
- Opportunities to meaningfully incorporate diverse stakeholders in decision-making
- Allocated funding to support and sustain meaningful policy and program implementation
- A plan for accountability that shares information and provides opportunities to track and adjust

[1] The Annie E Casey Foundation (AECF). (2014). Embracing Equity. Race Equity and Inclusion Action Guide. Available at: http://www.aecf.org/resources/race-equity-and-inclusion-action-guide/

RACE EQUITY IMPACT ASSESSMENT

These questions can help you begin your race equity impact assessment.

- **Have you identified the racial/ethnic groups in your jurisdiction?**
- **For this policy/program/practice, what results are desired, and how will each group be affected?**
- **What does the data say about different racial and ethnic groups?**
  - ❒ Are there communities of color that are disproportionately represented in child welfare in your state/county/jurisdiction?
  - ❒ Are there disparate outcomes for children of color and their families in your child welfare system (more removals, fewer preservation services, longer stays in care)? What are the decision points where inequities appear?
  - ❒ Are you tracking and using child welfare data routinely to understand the experiences of ethnic and racial minorities in your state/ county/ jurisdiction?
  - ❒ Do administrative agencies (departments of education, behavioral health, health and human services, and juvenile justice) have shared access to relevant data? If not, is that an important consideration to advance the child welfare policy in consideration? For example: data on ducational opportunity gaps for children in foster care placements.

- **Are all racial and ethnic groups that are affected by the policy, practice or decision at the table?**
  - ❒ Are you engaging racial and ethnic minorities that will be impacted by this child welfare policy or practice change?
  - ❒ Are you engaging tribal nations in this policy or practice development decision? Are you designing this policy in partnership with tribal child welfare?
  - ❒ Are you considering the views of communities of color by engaging diverse representation from families, foster parents, service providers, community members, and children and families formerly in contact with child welfare in your jurisdiction?

- **How will the proposed policy, practice or decision affect each group?**
  - ❒ How will this decision impact families in contact with child welfare that are not native English speakers?
  - ❒ How will this impact undocumented children or the children of undocumented parents?
  - ❒ How will this policy impact children in groups that are currently disproportionately represented or who are experiencing disparate outcomes?
  - ❒ How will this policy impact AI/AN children and families in contact with state child welfare systems?
  - ❒ How will it impact AI/AN children and families in tribal child welfare systems?
  - ❒ How does this policy or practice decision support healthy identity development?

- **How will the proposed policy, practice or decision be *perceived* by each group?**
  - ❒ Are you developing this policy or practice change in a way that is transparent and inclusive? How?
  - ❒ How have you included families of color meaningfully in this process?
  - ❒ On what basis can you assess whether families of color will view this decision as one they should have been a part of making? Will families feel they have valuable ideas to contribute?
  - ❒ How have you included tribal nations meaningfully in this process?
  - ❒ Do you have reason to believe that this policy will be viewed as important to tribal nations?

- **Does the policy, practice or decision worsen or ignore existing disparities?**
  - ❒ Could this policy or practice change create greater disparities in child welfare service provision?
  - ❒ Does this policy or practice change attempt to address existing disparities in child welfare systems? Are there ways that it could?
  - ❒ Is there a meaningful investment of resources and staff to support this policy or program change?
  - ❒ Have you developed a plan to track and adjust this policy or program? Is this process transparent and inclusive?
  - ❒ How does this policy reduce trauma and support the healthy development of children and youth of color?

- **Based on the above responses, what revisions are needed in the policy, practice or decision under discussion?**

METHODOLOGY

Extensive research-based on three levels of evidence and consultation with experts was conducted to identify the strategies to increase racial equity. The strategies included are supported by one of three levels of evidence:

- ***Rigorous statistical evidence*** refers to the most scientifically defensible evidence, which comes through statistical evaluations with control groups, randomly assigned participation and/or tests of statistical significance. Research of this sort is usually not available, particularly in the fields related to child and family policy. In addition, it is important to exercise caution when interpreting and generalizing findings from this sort of research to entire populations. True random assignment is ethically prohibited in many cases, and this limitation must be recognized when interpreting the findings of studies using a quasi-experimental design.

- ***Program evaluation and emerging evidence*** refers to evidence that is derived from state studies, policy analysis, the evaluations of specific programs and research or extrapolations from related fields.

- ***Practice-based evidence*** refers to evidence that enjoys broad consensus from practitioners. Practice-based evidence of success and experience can provide compelling evidence, and like research, can provide strong but not conclusive statistical evidence.

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