

SHB 1472

WASHINGTON STATE
RACIAL DISPROPORTIONALITY
ADVISORY COMMITTEE

racial disproportionality in washington state

Committee Report to DSHS
Secretary Robin Arnold-Williams

racial disproportionality
in washington state



WASHINGTON STATE
RACIAL DISPROPORTIONALITY
ADVISORY COMMITTEE

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Racial Disproportionality in Washington State

Special Acknowledgements

The Advisory Committee extends a special thanks to Casey Family Programs for their tremendous support and technical assistance. We thank our technical staff, Washington State Institute for Public Policy (WSIPP) for analyzing the data and supplying the findings for our report.

We give a special acknowledgement to our fellow Committee members, Dr. Marian S. Harris and Dr. Tom Crofoot, for consistently sharing their research expertise and for developing the literature review. Lastly we would like to acknowledge our Advisory Committee staff person, Tarachel Benjamin, for her dedication and coordination efforts on behalf of the Advisory Committee.

June 1, 2008

Dear Secretary Arnold-Williams:

The Statewide Racial Disproportionality Advisory Committee, created by Substitute House Bill 1472, has complied with the legislative mandate to study whether there are a disproportionate number of children of color in the Washington State Child Welfare System. We have completed our analysis and we have determined racial disproportionality does exist in Washington State.

Our analysis reveals that Native American and African American children are more likely to enter our state's child welfare system and they are more likely to be in care for over two years compared to White children. The data demonstrates that Hispanic American children are 34% more likely than White children to be referred to the child welfare system, but Asian American children are not likely, as compared to White children, to enter the system or to experience racial disproportionality at any point in the system.

While this report provides significant information on racial disproportionality in Washington State's Child Welfare System, it has also opened the door for many more questions to be asked and answered. We acknowledge the leadership and vision of Representative Pettigrew and Senator Kauffman. Their work to ensure the passage of SHB 1472 made Washington State a national leader in efforts to eliminate racial disproportionality and disparity.

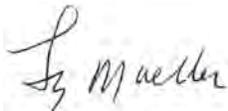
This is the right time to examine the decisions which have led to racial disproportionality. It is time to address the societal and institutional factors that also contribute to racial disproportionality. We know this work will take time and dedication. We are committed to the progression of this work, and we are committed to our collaboration with the department as we seek ways to reduce and ultimately eliminate racial disproportionality in the Washington State Child Welfare System.

We look forward to our continued partnership.

Respectfully submitted,



The Honorable Patricia H. Clark, Co-Chair
King County Superior Court



The Honorable Liz Mueller, Co-Chair
Jamestown S'Klallam Tribe



Dr. Marian S. Harris
University of Washington

Racial Disproportionality in Washington State

EXECUTIVE SUMMARY

Racial disproportionality occurs when the population of children of color in any system including the child welfare system is higher than the population of children of color in the general population.

Washington State Institute for Public Policy (WSIPP) was the technical staff to the Advisory Committee, and chose to use Children's Administration data from 2004 to answer these questions. It can take a while to conclude child welfare cases. Using 2004 data allows for at least two years of follow-up for all children represented in the study.

In 2007, Substitute House Bill 1472 (SHB 1472) created the Washington State Racial Disproportionality Advisory Committee to determine if racial disproportionality exists in Washington State.¹ The legislation directed the Committee to answer the following questions.

Here are the answers:

1. Does racial disproportionality exist in the Washington State Child Welfare System?
Yes, racial disproportionality does exist in the Washington State Child Welfare System.

2. What points in the Washington State Child Welfare System reflect the highest level of disproportionality for children of color?

The greatest disproportionality for children of color occurs when:

- *The initial referral to Child Protective Services (CPS) is made.*
- *The decision to remove the child from home is made.*
- *A child is in care for over two years.*

Compared with White children referred to CPS, after referrals:

- *Indian children are 1.6 times as likely to be removed from home and twice as likely to remain in foster care for over two years.*
- *Black children are 1.2 times more likely to be removed from home and 1.5 times more likely to remain in care for over two years.*
- *Hispanic children were no more likely to be removed from home or to remain in care for over two years.*
- *Asian children were no more likely to be removed from home and less likely to remain in care for over two years.*

3. Are children from low-income backgrounds more likely to be in the Washington State Child Welfare System than children from more affluent backgrounds?

Yes, children from low income families are more likely to be in the Washington State Child Welfare System than children from affluent backgrounds.

4. Are children from single-parent families more likely to be in the Washington State Child Welfare System than children from two-parent households?

Yes, children of single-parent families are more likely to be in the Washington State Child Welfare System than children from two-parent households.

5. How do outcomes for children of color differ from the outcomes of White children?

For outcomes such as length of stay, Indian and Black children have less favorable outcomes than White children. Asian and Hispanic children are as likely as White children to remain in foster care. Additionally, when statistically controlling for poverty, family structure and case characteristics, the patterns of disproportionality did not change for Black, Hispanic, or Asian children. For Indian children, however, disproportionality after referral was reduced by about 45 percent.

¹ SHB 1472, Chapter 465, Laws of 2007.

In Washington State:

- Indian children are almost three times as likely to be referred to CPS as White children.
- Black children are almost twice as likely to be referred to CPS as opposed to their White counterparts.
- Hispanic children are 1.3 times as likely to be referred to CPS as White children.

For Indian children, after referral certain decisions appear to contribute to disproportionality. Compared to White children, Indian children are:

- More likely to have a high-risk tag at intake.
- More likely to be removed from home.
- Less likely to reunify with parents within two years.
- Less likely to be adopted within two years.

The situation is not much better for Washington State's Black children. After referral, when compared to White children Black children are:

- More likely to have a referral accepted.
- More likely to be assessed high-risk at intake.
- As likely to reunify with parents within two years.
- Less likely to be adopted within two years.

Hispanic children have a greater likelihood of referral than White children. Asian children have a lesser likelihood of referral than White children. If Hispanic and Asian children enter the Washington State Child Welfare System, disproportionality does not increase at future decision points.²

Mandated Reporters

Our Washington State study shows that children of color are referred to CPS at disproportionate rates. In 2004, mandated reporters submitted about 60 percent of all referrals to CPS. Eighty percent of children who were removed from home were referred by mandated reporters.

Disproportionality in Indian, Black, and Hispanic populations does not seem to be related to the type of referrer (i.e. non-mandated or mandated reporter). However, children from Black and Native American families are more likely to be poor; therefore more likely to be exposed to mandated reporters as they turn to the public social service system for support in times of need.³ Ultimately, disproportionality will continue to exist if referral rates are not addressed.

Single-Parent Families

Children in households headed by single parents are more likely to be in foster care. According to the 2000 census, 25 percent of children in Washington live in a household headed by a single parent.

In Washington State, the percent of children in foster care who were living in single-parent homes at the time of out-of-home placement are as follows by race:

- 62 percent for Asian children.
- 88 percent for Black children.
- 74 percent of White children in foster care.

Mandated Reporters usually are people that have frequent contact with children. They include: educators, medical providers, law enforcement, Department of Corrections' employees, mental health professionals, foster care providers, DSHS employees, social service professionals, and child care providers.

Informal Reporters include:

friends, neighbors, relative, parents, guardians, and victims.

Children from two-parent families were returned home faster than children from single-parent homes, regardless of the gender of the single parent.
Harris and Courtney (2003).

² Although some members of the Advisory Committee wanted statistics for Pacific Islanders separate from the Asian racial category, WSIPP concluded the numbers were too small to be separated without jeopardizing the confidentiality of the children and families involved.

³ Cahn, K., & Harris, M. S. (2005). Where have all the children gone? A review of the literature on factors contributing to disproportionality: Five key child welfare decision points. *Protecting Children*, 20(1), 4-14.

Children living in two-parent households are more likely to have an accepted referral and less likely to have the referral result in an out-of-home placement. However, children living with an unmarried couple are more likely to be in an out-of-home placement for over 60 days.

Compared with children living with single mothers, children living with single fathers are:

- Less likely to have a referral accepted.
- More likely to have an out-of-home placement.
- Less likely to be in out-of-home care for over 60 days.

Low Income Families

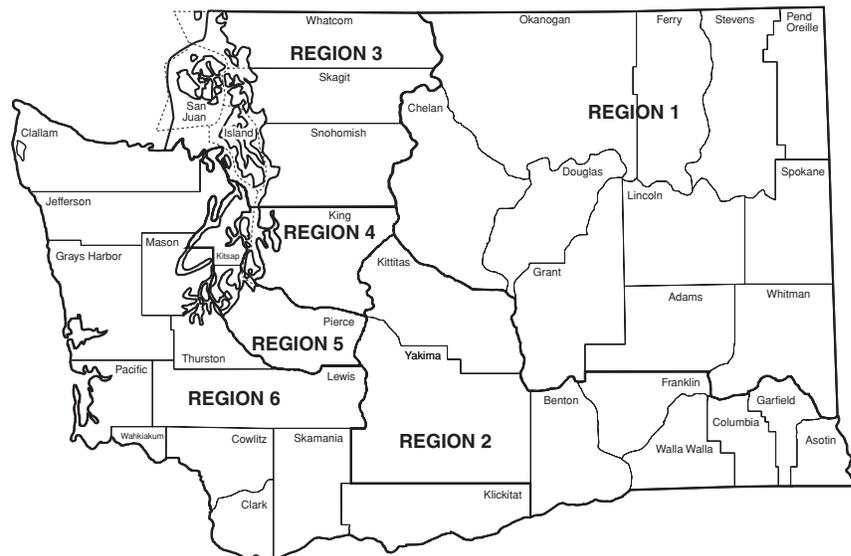
Families of color who live in poverty are no more likely to abuse or neglect their children (see Literature Review, pg 19). Children whose birth family is Black, American Indian and Hispanic are almost three times as likely to be poor as children whose birth families are White and Asian.⁴ For children in all age groups, their parent’s income level was the major determinant of whether or not they were removed from home.⁵

Poverty is generally considered to be a condition characterized by severe deprivation of basic human needs, including food, safe drinking water, sanitation facilities, health, shelter, education and information. For the purposes of this study, poverty is operationally defined on the basis of eligibility to receive food stamps.

In 2004, about one in four children (24 percent) in Washington State received food stamps. In 2004, 38 percent of the total referrals to CPS came from families that received food stamps. This means out of the 58,005 referrals to CPS, 22,619 of the children came from families that received food stamps. The 22,619 children represent seven percent of Washington State’s total food stamp population.

At a Glance: Washington State Regions

The legislation directed the Committee to separate results by geographical region. In 2004, large differences in disproportionality, especially for Indian and Black children existed across the six DSHS-Children’s Administration regions.



⁴ Staveteig, S., & Wigton, A. (2000). Racial and ethnic disparities: Key findings from the national survey of America’s families. Washington, DC: The Urban Institute.
⁵ Courtney, M.E., Barth, R.P., Berrick, J.D., Brooks, D., Needell, B., & Park, L. (1996). Race and child welfare services: Past research and future directions. *Child Welfare* 75(2), 99-137.

As compared to White children referred to CPS:

Region 1

- Indian children are more likely to be removed from home and to remain in care for over two years.
- Black children are more likely to be removed from home and to remain in care over for two years.
- Hispanic children are more likely to be in care for over two years.

Region 2

- Indian children are more likely to be removed from home and to remain in out-of-home care for over 60 days.
- Black children are less likely to be in care for over 60 days.
- Hispanic children are less likely to be in care for over 60 days or in care for over two years.

Region 3

- Indian children are more likely to be removed from home and to remain in care for over two years.
- Black children are more likely to be removed from home and to remain in care for over two years.
- Hispanic children are as likely to be removed from home. Hispanic children are less likely to be in care for over 60 days or in care for over two years.

Region 4

- Indian children are more likely to be removed from home and to remain in care for over two years.
- Black children are as likely to be removed from home and to remain in care for over 60 days. Black children are more likely to remain in care for over two years.
- Hispanic children are more likely to be removed from home.

Region 5

- Indian children are more likely to be removed from home and remain in care for over two years.
- Black children are more likely to be in placement for over 60 days.
- Hispanic children are more likely to remain in care for over two years.

Region 6

- Indian children are more likely to be in an out-of-home placement and to remain in care for over two years.
- Black children are more likely to be in an out-of-home placement and to remain in care for over two years.
- Hispanic children are as likely to be removed from home. Hispanic children are more likely to be in care for over 60 days.

Recommendations

Although we recognize formal administrative and legislative recommendations will be provided in the remediation plan, as we move forward we would like to identify two areas of consideration.

1. Consult with other states, such as Texas, Wisconsin, and Michigan, which have undertaken statewide efforts to reduce disproportionality.

DSHS is not embarking on this journey alone. Currently, there are states tackling the very issues we are now examining. As we move forward, gaining knowledge and lessons learned from other states will be a tremendous asset.

2. Study issues surrounding the Indian Child Welfare Act and American Indian racial disproportionality.

Substantial amounts of racial disproportionality exist within the Washington State American Indian population. Emphasis on Indian Child Welfare compliance will be a priority. Also, an in-depth look at how racial disproportionality varies between the Reservation Indians, Rural Indians and Urban Indians will be examined.

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CHAPTER 1

COMMITTEE OVERVIEW



The Legislation

Substitute House Bill 1472 was sponsored in the Washington State House of Representatives by Representative Eric Pettigrew and in the Senate by Senator Claudia Kauffman. Signed by Governor Christine Gregoire, on May 14, 2007, the bill gave the secretary of the Department of Social and Health Services (DSHS) the responsibility of convening an advisory committee to analyze and make recommendations on the disproportionate representation of children of color in the Washington State child welfare system.

The Legislation: The Formation of the Advisory Committee

In the fall of 2007, the Advisory Committee was established. Fifteen individuals with expertise in the fields of social work and child welfare were appointed to the committee. Washington State tribal members and individuals personally affected by our state's child welfare system were appointed as committee members. Community-based organizations, DSHS, and a representative of the Governor's Juvenile Justice Advisory Committee are also members of the Advisory Committee. Advisory member biographical sketches are available in the General Appendix located in Chapter 5.

The Legislation: The Initial Work of the Advisory Committee

The initial work of the advisory committee examined and analyzed the following:

- The level of involvement of children of color at each stage of the state's child welfare system (including the points of entry and exit).
- The number of children of color in low-income or single-parent families involved in the state's child welfare system.
- The family structure of families involved with the state's child welfare system.
- The outcomes for children in the existing child welfare system.

By June 1, 2008, the Committee, along with technical assistance provided by Washington State Institute for Public Policy (WSIPP), was required to submit a report to the secretary of DSHS that indicated whether disproportionality exists within any race or ethnic population in the state.

Building Our Knowledge Base: Presentations and Workshops Designed to Increase our Understanding

National and State Research on Racial Disproportionality

In addition to relying on the expertise within the Advisory Committee, the primary goal of the first meeting was to immerse the advisory members in research on racial disproportionality from a national and state perspective. Leaders in the field of racial disproportionality came to assist the Committee in their foundational development:

- **Dr. Ruth G. McRoy**, Research Professor and the Ruby Lee Piester Centennial Professor Emerita at the University of Texas at Austin School of Social Work.
Dr. McRoy provided a national overview of racial disproportionality and disparity in the child welfare system. Her presentation provided a historical perspective of racial disproportionality in the national child welfare arena, in addition to identifying emerging promising practices to reduce racial disproportionality.
- **Terry Cross**, MSW, ACSW, LCSW, Executive Director, National Indian Child Welfare Association.

Terry Cross' presentation focused on racial disproportionality from various vantage points. He presented information on disproportionality in the child welfare system, the juvenile justice system, and the disparity of mental health treatment for people of color. His presentation included various theories on disproportionate minority representation and offered some potential solutions to reduce disproportionality among people of color.

- **Dr. Mark E. Courtney**, Executive Director, Partners for Our Children
Dr. Courtney has conducted extensive research on individual, family, and societal contributors to the well-being of children placed in out-of-home care. His studies involve active collaboration with multiple stakeholders in the policy and practice communities to determine how to improve children’s services nationally. His presentation focused on determining where racial disproportionality manifests in the current child welfare system (decision points) and how the processes and players may or may not contribute to the disproportionality found in the system.
- **Dr. Ralph Bayard**, Senior Director of Systems Improvement/Disproportionality, Casey Family Programs
Dr. Bayard offered a national overview of foster care placement rates by race. His presentation focused on the number of children of color in out of home placement versus their representation in the general population. He provided information regarding Casey’s current efforts in engaging various states around the U.S. to help reduce racial disproportionality and disparity in their population.
- **Presenter – Dr. Joel Odimba**, Regional Administrator, Region 4
Dr. Odimba’s presentation focused on current and past efforts of DSHS-Childrens Administration to reduce disproportionality. He provided information to the committee members on each of the six WA state region’s efforts to reduce disproportionality. He also presented information about the current statewide efforts such as the implementation of the Structured Decision Making tool.
- **Presenters – Laura Schrager and Marna Miller**, Washington State Institute for Public Policy
This presentation focused on the role of WSIPP as technical staff for the committee. They provided information on their proposed methodology as it is related to the legislation.

The Washington State Child Welfare System

In addition to requesting the assistance of national experts, the Advisory Committee also recognized their need to gain further knowledge about the local child welfare system. More specifically, the Committee wanted to understand how a case is accepted into the Washington State Child Welfare System, how a case is chosen for investigation, how a case receives a risk tag and ultimately how a child’s placement is determined.

To meet this request, Children’s Administration staff from the Division of Practice Improvement provided the Committee with background knowledge on Washington States’ Child Protection Services (CPS), Child and Family Welfare Services (CFWS) and Family Reconciliation Services (FRS). The Advisory Committee examined considerations at each decision point and a number of questions were answered regarding the CPS intake process, risk assessment and the services available to families in the Washington State Child Welfare System.

In an effort to continue to build the Committee’s knowledge base, information on the Indian Child Welfare Act, a federal law that governs and informs how an Indian child should be treated in the child welfare system was also provided to advisory members. Specifics on tribal jurisdiction, notification of any involuntary child welfare proceedings, intervention rights and placement preference for Indian children were discussed to establish a general understanding of how Indian cases should be handled.

Undoing Racism Workshop

Societal factors play a role in the disproportionate representation of children of color in the child welfare system. Referral bias, visibility bias, and larger demographic norms are only some of the societal issues the literature addresses when determining the causes

of racial disproportionality. The Advisory Committee recognized the need to probe deeper and invited The People's Institute for Survival and Beyond to conduct a two day workshop.

This workshop offered a lens to consider intended or unintended institutional racism, systematic racism and other societal factors that create barriers for the families and children our child welfare system serves. The workshop allowed the advisory members to examine the conditions that consistently contribute to racial inequality and provided them an opportunity to hear how various institutional systems affect people of color. The workshop further confirmed that racial disproportionality is multi-dimensional and commands consistent monitoring of our intention to be culturally sensitive and responsive to all of the people we serve.

Ongoing Work of the Advisory Committee

This report is only the beginning. The Committee, in conjunction with the secretary will develop a remediation plan which must be reported to the appropriate committees of the legislature by December 1, 2008. The remediation plan will include:

- Recommendations for administrative and legislative actions designed to reduce and eliminate program and service disparities and to improve long-term outcomes for children of color.
- Performance measures for implementing the remediation plan.
- Integration with the departments existing compliance plans, training efforts, and other practice improvement and reform initiatives in progress to the extent possible.

Plans to engage the community in the remediation planning process are also part of the ongoing work. The purpose of our engagement is not solely to solicit suggestions. The purpose is to educate about the findings and analyses, to determine what experiences and successes are occurring across the state to reduce disproportionality and to get input. In June 2008, the Advisory Committee will implement a wide reaching community engagement process to solicit comments, suggestions and strategies on how to effectively reduce and eliminate program and service disparities.

Beginning January 1, 2010, the secretary will provide an annual report to the appropriate legislative committees on the implementation of the remediation plan, including any measurable progress made in reducing and eliminating racial disproportionality and disparity in the state's child welfare system.

How the Washington State Child Welfare System Works

Child protection systems across the United States have various ways of accepting a referral, investigating a case and recommending placement. With this in mind, we are providing an overview of what happens when a child is referred to the Washington State Child Welfare System through the lens of policy and practice in 2004.

It is important to note that in 2007, Children's Administration replaced the Washington Risk Assessment model with a Structured Decision Making (SDM) approach to risk assessment. This new approach is currently being used in CPS investigations. When CA's new computer system, FamLink is launched in December 2008, SDM will also be used within CPS Intake.

Intake Decisions

Referrals to CPS

CPS must evaluate referrals it receives from any source, and in any form, including those received from an anonymous source. When CPS receives a referral, a CPS Intake worker uses a standardized CPS Intake Risk Assessment procedure to determine the appropriate agency response. The first decision made is whether or not the referral can be "accepted".

Accepted referrals and the Sufficiency Screen

A referral can only be accepted by the Children’s Administration if it meets the CPS sufficiency screen.

The sufficiency screen consists of these four questions:

1. Can the child be located?
2. Is the alleged subject the parent/caregiver of the child?
3. Is there an allegation of child abuse or neglect meeting the legal definition, per WAC 388-15-099 or;
4. Do risk factors exist that place the child in serious and immediate harm?

A referral meets the sufficiency screen if:

- Questions one, two and three are answered “yes” on the sufficiency screen.
- Questions one, two and four are answered “yes”.
- All four questions are answered “yes”.

Example #1: A referral which would be “Screened Out”

CPS receives a call from a woman who says she saw a child being slapped by an adult while shopping at Safeway. The caller wants CPS to find the adult and make sure they don’t slap this child again. However, the caller is not able to provide the names of the adult and child, or any way that CPS could locate them.

This referral would not “screen in” because the child cannot be located.

Example #2: A referral which would be “Screened Out”

CPS receives a call from a parent who reports that their child was sexually fondled by a neighbor, during a time when the parents were away from home. The neighbor was not babysitting, or given any authority by the parent to be supervising the child.

CPS would not be able to follow up with investigation from this referral, because the alleged subject of the child abuse is not the parent/caregiver of the child. CPS Intake would relay this information directly to law enforcement (RCW 26.44.030).

Example #3: A referral which would be Accepted

The school counselor calls CPS to report that Eduardo Martinez, a 4th grader at the school, arrived at school this morning with a bruise on the left side of his face. The bruise appears to resemble the imprint of an adult size fist. When the counselor asked Eduardo about the bruise, Eduardo said that he bumped into a door. However, the counselor is concerned that the actual cause of the bruise might have been from Eduardo’s father hitting him. The CPS Intake worker checks the CPS history of Eduardo’s family and discovers 6 prior CPS referrals involving physical abuse by the father.

CPS would accept this referral. There is an allegation of child abuse that meets the legal definition. There is information that makes it possible to locate the child. The alleged subject of the referral is the child’s parent. The referral would be screened in and forwarded for investigation. A CPS investigator would make face to face contact with Eduardo within 24 hours to interview the child, and others in the child’s life, to investigate whether or not the bruise on Eduardo’s face is likely to have been caused by parental abuse.

Risk Tags and CPS Investigation Standards

When a referral meets the sufficiency screen, then a CPS Intake Risk Assessment is completed, which includes a "Risk Tag" from "0 to "5" based upon the severity and immediacy of child safety risks, as follows:

- 0 - No risk;
- 1 - low risk;
- 2 - moderately low risk;
- 3 - moderate risk;
- 4 - moderately high risk; and
- 5 - high risk.

The level of Risk Tag assigned at intake determines the Investigation Standard for CPS referrals, as described below.

Low Investigation Standard

Referrals receiving Risk Tags of "1" or "2" are classified as Low Standard Investigation referrals. This means that while the referral meets the CPS sufficiency screen, the risk to the child has been determined to be low and can be responded to in a less intrusive manner. These cases are typically referred from CPS to "alternative response systems" within the community and/or offered services through CPS to help the family address those concerns identified in the referral.

High Standard Investigation

Accepted referrals with a risk tag of 3 or higher are classified as High Standard Investigation referrals. These referrals, with more serious and immediate child safety risks, are assigned by CPS supervisors to CPS investigative social workers.

Example:

The example above, involving the school counselor and young Eduardo, is an example of a referral that would screen in with a high Risk Tag, due to the bruise on Eduardo's face. A CPS Investigator would make face to face contact with the child within 24 hours.

Supervisory Review of Intake Decisions

The Intake supervisor reviews all referrals and may change risk tag and screening decisions when:

- Additional information supports the change.
- The supervisor determines that the screening decision and/or risk tag is incorrect based on program guidelines.

CPS Investigation Decisions

The Safety Assessment

Once a case has been accepted for CPS Investigation, the next set of decisions are focused on what needs to be done to ensure the safety and protection of the child(ren). The Safety Assessment is required on all high standard CPS referrals assigned for investigation when a child is to remain in the home. This assessment tool focuses on the immediate safety of the child and gives the CPS Investigative Social Worker information that will help make the following determinations:

- The child is safe and can remain in the home without a safety plan in place.
- The child is safe and can remain in the home with a safety plan in place.
- The child is not safe in the home and requires out of home placement.

The Investigative Assessment

The investigative risk assessment provides a structured approach to assessing the risk of future child abuse and neglect, to differentiate children who are at low, moderate and high risk of future abuse. This assessment examines sixteen factors which research has shown to be most predictive of future child abuse or neglect. The completed Investigative Assessment provides a Risk Tag of 1 through 5 for each risk factor, along with an overall risk tag.

Investigative Example

CPS receives a call from a neighbor who is concerned because the children next door live in a house which is “filthy”. The neighbor reports that the floor is “knee deep” with dirty diapers, old plates of food, dog feces and laundry.

CPS would screen this referral in, but not at a high enough risk tag to result in CPS Investigation. Rather, the case would be referred out through the “Alternative Response System”. For instance CPS might contact a community agency such as the public health nurse who could follow up with the family and offer assistance to ensure the house is clean and sanitary for the children to live in.

CPS would document the referral in agency’s information system, but no investigation would occur.

Investigation Findings

At the conclusion of the CPS investigation, the assigned social, in consultation with their supervisor, makes a decision as to whether the allegations in the CPS referral are:

- Founded; meaning that the investigation substantiated the allegations in the referral.
- Unfounded; meaning the investigation did not substantiate the allegations; or
- Inconclusive; meaning the social worker cannot make a determination that the allegations are clearly substantiated.

It is important to note that a decision to file a dependency petition may take place before a finding is made on the investigation. See RCW 13.34.030 for more information on this.

The Decision to Place

Washington State law does not grant authority for CPS to remove a child from the home. Removal can only occur under the authority of law enforcement officials, through a court order or by the parent voluntarily placing their child in care.

In some cases, a child is placed in out-of-home care before DSHS has had any involvement with the family. For instance, law enforcement can make the decision to place children into care if the parent(s) were arrested for child sexual abuse, child endangerment or perhaps another crime. A hospital administrator or doctor can also place a medical hold on a child if they have reasonable cause to believe the child’s parents present an imminent danger to the child’s safety. When a child is placed into protective custody by these means and transferred to the custody of CPS, DSHS has 72 hours to file a dependency petition and bring the matter before the Superior Court Judge or Commissioner.

In other cases, it is the Children’s Administration which initiates out-of-home placement as the result of a CPS investigation which determines there are immediate safety risks to the child if he or she were to remain in the care of the parents. If the family’s CPS worker believes the child needs to be placed, the social worker files a dependency petition and gets a court order authorizing the pick up of the child. In still other cases, the parents elect to voluntarily place their children into temporary care, while they work in partnership with CPS to reduce safety risks within their family.

Decisions Following Placement

Once a child, or sibling group, has been placed into out-of-home care, decisions need to be made about if/when the child can be safely returned to their parent's home.

During the development of a "permanent plan," the child's safety and well being are considered. Some possible permanency outcomes include:

- Return home;
- Voluntary Relinquishment, or legal termination of parental rights and then adoption of the child; or
- Legal Guardianship of the child established with adult(s) other than the child's parents.

A permanency plan is required if a child is out of home more than 60 days or if dependency is established. However, a number of children are returned in less than 60 days based on the outcome of the investigation or other factors; the case never goes to dependency. Following a safety plan, children may be returned home, but are not generally returned home as part of a permanency plan.

For a more detailed discussion on the decision making process, permanency planning, AFSA, MEPA and IEPA, please consult the General Appendix located in Chapter 5.

CHAPTER 2

LITERATURE REVIEW



Introduction

Data has repeatedly shown that children of color and their families are disproportionately represented in the child welfare system in America. For example, according to the U.S. Census (2000), African American children comprised 15% of the total U.S. child population under the age of 18; however, African American children accounted for 37% of the total number of children placed in foster care. Although racial disproportionality is most severe and dramatic for African American children, Native American children also experience higher rates of disproportionality in foster care than do children of other races or ethnicities. In 2004, Native American children represented less than 1 percent of the total child population in the United States; however, 2 percent of children in foster care were Native American. Hispanic/Latino children are 19 percent of the child population and 17 percent of the children in foster care.

Race is a significant factor that affects a decision to place a child in foster care. Research has shown children of color, when compared to white children, are more likely to be removed from the care and custody of their birth parents and placed in foster care. Once in foster care, they remain longer, and they receive fewer services; they have less contact with child welfare caseworkers while they are in care (Barth, 1997; Child Welfare Watch, 1998; Harris & Skyles, 2005; Harris & Hackett, 2008). Children of color have suffered for decades from racism that exists in the child welfare system. For example, Latino children are often removed from Spanish-speaking birth parents and placed in foster homes where English is the only language spoken. A judge in Texas threatened a young Latina birth mother by stating that he would remove her child and place the child with her father unless she agreed to speak only English in her home (Verhovek, 1995). Native American children have also been adversely affected by racism in the child welfare system.

Native American peoples experienced removal of their children as a part of the process of reducing and exterminating tribes beginning with the first European contacts including Columbus. Continuing established colonial policies of England, Spain, France and others the initial policies of the United States aimed to exterminate the "Indian problem" (Beane, 1989). Removing children from Native American families often reduced the size of tribes and the population of reservations; this led to claims of reduction in the size of reservations and tribal lands. From the 1870s to the 1930s Federal Indian agents sent Native American children from the ages of five to 20 to boarding schools. Often, they took the children without consent of parents. Indian agents had the authority to withhold food and clothing from parents who resisted sending their children away. The boarding schools operated under harsh conditions where children were not able to use their native language or traditional customs, were required to wear uniforms and cut their hair, and were subjected to military discipline and standards (George, 1997). At the same time, the boarding schools provided little or no educational benefit to indigenous people (Noriega, 1992). Central to the boarding school movement were Manual Labor Schools where American Indian youth trained on farms and in domestic tasks from 1834 on. An outing system that placed American Indian students in farms, homes or businesses for vocational training from Indian boarding schools was described in contemporary and historical accounts as a source of slave labor more than a training opportunity (Noriega, 1992; Trennert, 1983).

Writing in the mid 1970s, Dlugokinski and Kramer (1974) report that from their earliest history boarding schools were a system intending to "patronize and control" American Indian children (p.670). They found that the boarding school system in the 1970s was little different from earlier boarding schools. Real student participation in boarding school was discouraged. Counseling services were not provided. Opportunities to learn from traditional American Indian approaches were not available, and dropout rates were high (Dlugokinski & Kramer, 1974). Robin, Rasmussen and Gonzalez-Santin (1999) found that

males from one Southwestern tribe who attended boarding schools were more likely to be diagnosed with drug abuse disorders and more likely to have multiple lifetime psychiatric disorders than males who had not attended boarding schools. Another outcome of boarding schools and relocation efforts has been the destruction of kinship networks that could provide support and assistance to families raising children (Cross, 1986).

As the number of boarding schools began to be reduced in the 1930s and 1940s, the BIA began to look for alternative placements for American Indian and Alaska Native children (George, 1997). In 1958, the Child Welfare League of America (CWLA) in cooperation with the Bureau of Indian Affairs (BIA) initiated the Indian Adoption Project to change the image of American Indian children from “hard-to-place” children to adoptable children. Three hundred and ninety-five American Indian children were placed for adoption with non-Indian families in eastern metropolitan areas through the project. CWLA participation gave credence to the practice of taking Native American children from their homes and villages and sending them to distant European-American communities. The main effect of the project was to stimulate adoption of Native American children by state and other private agencies, contributing to 25% to 35% of Native American children being separated from their families, with the vast majority going into non-Indian homes (George, 1997). In Washington State, Native American adoptive placement rates were 19 times the rate for non-Indian adoptions (Mannes, 1995).

In 2001, CWLA President and CEO Shay Bilchik acknowledged and offered “sincere and deep regret” for CWLA’s role in the Indian Adoption Project (Kreisher, 2002). Bilchik said, “No matter how well intentioned and how squarely in the mainstream this was at the time, it was wrong, it was hurtful, and it reflected a kind of bias that surfaces feelings of shame” (Kreisher, 2002).

Racial disproportionality in child welfare has also been an issue for Asian and Pacific Islander children and families. A central issue in the research has been the number of ethnic and national groups combined as Asian. For example, the Asian and Pacific Islander census group includes more than 20 different ethnic groups with different languages, countries of origin, and socioeconomic statuses (Pelczarski & Kemp, 2006). Large differences between ethnic groups and in social and racial perceptions of families from different ethnic groups make summary statements about all Asian and Pacific Islanders misleading. Specifically, in a sample of children in the Washington state child welfare system from July 1995 to June 1997, Samoan and Cambodian families were overrepresented in the CPS system while Japanese and Chinese families were underrepresented (Pelczarski & Kemp, 2006).

An extensive review of the literature suggests the United States child welfare system is currently facing a crisis involving race and poor outcomes for children and families. This crisis has resulted in the disproportionate number of children of color entering the system and encountering extreme difficulty exiting the system. Several terms are frequently used to discuss racial disproportionality in the child welfare system. The following are definitions for terms that will be used throughout this report:

- **Family Structure** refers to two or more persons who live in the same home and are related to each other by blood, marriage, common-law or adoption. It is composed of members, relationships, roles (who does what), rules (how each member is supposed to act), rituals, communication dynamics, physical and psychological assets, limitations, boundaries, and identity. Family structure is operationally defined based on composition and relationship as delineated by an individual at the point of entry into the child welfare system.
- **Poverty** is a condition characterized by severe deprivation of basic human needs, including food, safe drinking water, sanitation facilities, health, shelter, education and information. Poverty is operationally defined on basis of eligibility for food stamps.

- **Racial disparity** occurs when the rate of disproportionality of one racial group (e.g., African Americans) exceeds that of a comparison group (e.g., White Americans).
- **Racial disproportionality** occurs when the population of children of color in any system including the child welfare system is higher than the population of children of color in the general population.
- **Racism** is the domination of one social, racial or ethnic group over another. It is used to justify the institutional discrimination of various racial groups against others.
- **Institutional abuse and neglect** occur when social institutions, the legal system, the medical care system and the child welfare system do not attempt to meet the needs of all children or set out to harm children or provide unequal treatment for children. These acts can be defined as institutional abuse and neglect (Giovannoni, 1985). Often, when describing institutional neglect on a grand scale, authors refer to the 200 years of United States federal government policies and practices designed to disrupt Native American lifestyles and families (Giovannoni, 1985; Pecora, Whittaker, Maluccio, Barth, & Plotnick, 2000).
- **Individual racism** refers to individual thoughts, feelings, and/or behaviors that are based on a belief of genetic superiority held by an individual who considers other inferior.
- **Institutional racism** refers to educational, economic, social and/or political systems that intentionally or unintentionally perpetuate racial inequality.
- **Structural racism** refers to the power relationships inherent in our institutions and social structures (e.g., jobs, housing, and education, health care) that produce racial inequality and limit opportunities for people of color.

Although children of color have been disproportionately represented in the child welfare system for many decades, current research indicates disproportionality of children of color in the child welfare system is a national concern. In September 2002, the U. S. Children’s Bureau convened a Research Roundtable of national experts/researchers in Washington, DC on Racial Disproportionality in the Child Welfare System to explore the extent and ramifications of this issue. Seven papers were commissioned for the roundtable and subsequently published (2003) in *Children and Youth Services Review*, 25(5/6); the papers explored varied explanations for racial and ethnic disproportionality and examined the ways in which children enter and exit the child welfare system. Among the major findings are the following:

- Disproportionality may be more pronounced at some decision-making points (e.g., investigation) than at others (e.g., substantiation) (Fluke, Yuan, Hedderson, & Curtis, 2003).
- Family structure was found to be significant. Race and ethnicity were found to have a different effect on family reunification rates in two-parent families than in single-parent families (Harris & Courtney, 2003).
- Changes in policy and practice may be effective over time in reducing racial and ethnic disproportionalities, particularly those arising from differences in duration of out-of-home care (Wulczyn, 2003).

Some state research studies on racial disproportionality have started to identify types of disparity and where disparity occurs in the child welfare system. A study of 16,581 reported cases of child abuse and or neglect and 1,001 substantiated cases was conducted in Utah (U. S. Department of Health and Human Services, 2005). Findings from this study of Hispanic and White non-Hispanic children revealed that Hispanic children in Utah spent a significantly longer time in foster care than White children and entered care at a younger age (U. S. Department of Health and Human Services, 2005). “The author’s suggest that systematic discrimination may occur when caseworkers perceive younger

Hispanic children, or those in households with single mothers, as being at higher risk for maltreatment. The results show the need for increased cultural awareness among child welfare professionals, especially at the stages of care assessment and decision-making” (U. S. Department of Health and Human Services, 2005, p.1).

A commission was created by the legislature in 2007 to examine the over-representation of African American children in the Indiana child welfare based on findings from a 2005 report. Findings revealed, “Black children are over-represented at every point in the child welfare system, from investigations and out-of-home care to termination of parental rights” (Evans, 2008, p.1). The racial disparity issue in Indiana was further highlighted in a 2004 report by the Center for the Study of Social Policy; this report indicated that African American youth in Indiana were almost four times as likely to be removed from the homes of birth families and placed in foster care as White youth. This report recommended that education and support services that were inclusive and recognized the significance of extended family in work with African American families.

In Minnesota, a study of neglect cases in four counties found little differences were found in services and outcomes between African American and White children. However, disproportionality appeared to exist in case reporting and screening and the length of time children waited for adoption (U. S. Department of Health and Human Services, 2005).

A qualitative study by the U. S. Children’s Bureau was conducted at nine child welfare agencies across American to explore attitudes and perceptions of agency administrators, supervisors and caseworkers who were addressing the issue of racial disproportionality. Children of color were disproportionately represented in the child welfare system for many reasons that include the following:

- Poverty and poverty-related circumstances are major contributors to the overrepresentation of minority children.
- Poor families are more likely to use public services such as public health clinics and receive TANF, making any problems they may be experiencing more visible to the community.
- Some felt that disproportionality is the result of discriminatory practices within society, specifically, school and hospital personnel report minority parents for child abuse and neglect more frequently than non-minority parents.
- Many of those interviewed felt that lack of understanding of the cultural norms of minority populations, along with racial bias, often interfered with good decision-making on the caseworkers.
- The impact of Federal policies on the ways that agencies serve children and families was also noted (U. S. Department of Health and Human Services, 2004, p. 1).

Child Welfare and Juvenile Justice

The Child Welfare League of America (CWLA) recognizes a complex relationship between child welfare systems and juvenile justice systems that influences disproportionate representation of children of color in both systems (CWLA, n. d.). Available research suggests at least three paths to the juvenile justice system from child welfare. First, if appropriate in-home services are offered by the child welfare system, children of color may be less likely to enter the juvenile justice system (Johnson-Reid, 2002). This suggests a risk for underserving youth in the child welfare system, thus Asian or Hispanic youth who may receive fewer child welfare services may be more likely to be overrepresented in juvenile justice. Second, a risk exists of providing the wrong services; for example, children and families that should receive mental health services enter the child welfare system and later the juvenile justice system (descriptions of disproportionate service provision are provided later in this report). Third, there is the risk that the child welfare system becomes a back door

to juvenile justice increasing the risk that youth who have not committed a crime are sent to detention or secure juvenile corrections facilities (Ryan, Herz, Hernandez, & Marshall, 2007). This back door approach to juvenile justice poses has been shown to be a risk for African American and Native American youth (Poupart, 1995; Poupart, 2002; Ryan et al., 2007; Short & Sharp, 2005).

Services, Support and Outcomes

Unwarranted involvement in the juvenile justice system is one of the results of disproportionate representation of children of color in the child welfare system. Across the United States, their cases are not handled in an expeditious manner; children of color and their families experience disparities in services, support and eventual outcomes. “[T]he child protection process is designed in a way that practically invites racial bias. Vague definitions of neglect, unbridled discretion, and lack of training form a dangerous combination in the hands of caseworkers charged with deciding the fate of families” (Roberts, 2002, p. 55).

Decisions Points in the Child Welfare System

No simple explanation will describe why children of color continue to be disproportionately represented at each decision point in the child welfare system. The purpose of this literature review is to provide information from a variety of sources regarding the extent and ramifications of racial disproportionality that exists in the child welfare system in the United States. The review will examine key decision points in the child welfare system and also explore poverty and family structure. Finally, the review will examine information and data regarding birth fathers that are often forgotten by the child welfare system, although they significantly impact their children’s lives and often play a significant role in many families.

Investigation and Substantiation

Four major front-end decision points exist in the child welfare system: (a) referral of a case to the system; (b) investigation of a referral; (c) substantiation of the referral; and (d) removal of child from the home (Lemon, D’Andrade, & Austin, 2005). Any initial report is screened by a child welfare worker to determine if the report warrants an investigation and case opening. Research suggests that cases involving children of color may be opened for an investigation at a higher rate than cases involving White children (Lemon, D’Andrade, & Austin 2005). In one study of 12 sites across five states, cases involving African American children had an investigation rate of 90%, compared to 68% for White children, 53% for Hispanic children and 67% for children of “Other” ethnicities. In a separate analysis of data from five states, African American children were significantly over-represented among investigations in two states, Asian/Pacific Islander children were over-represented in four states; Native American children were over-represented in investigation in three states, and White children were consistently under-represented at the stage of investigation across all five states (Lemon, D’Andrade, & Austin, 2005). In the GAO Report (2007), state child welfare directors reported the following factors may increase the number of African American children entering foster care: (a) lack of affordable housing; (b) lack of substance abuse services; (c) limited access to family support services to prevent entry and re-entry into foster care; and (d) limited or inadequate legal representation of birth parents.

Referrals

Referrals may come from various sources such as family members, neighbors, and/or mandated reporters. Allegations can be justified due to neglect, maltreatment, abuse, or drug/alcohol abuse. The odds of referral to Child Protective Services (CPS) for a determined victim classified as multiracial are 1.57 times the odds for a referral to CPS, for a White victim when there are identical family conditions, types of maltreatment, and

county of residence (Johnson, Clark, Pedersen, & Pichott, 2007). In 2002, California had 2.6 million children reported to the child welfare system; about 36 of every 1,000 children were referred to the system; approximately 67% of those referrals were investigated; about one-quarter of investigated referrals were substantiated (Lemon, D'Andrade, & Austin, 2005). Another study conducted in California (2003), found that 493,091 children were reported to the child welfare system. About 52 of every 1,000 children were referred; over 80% of those referrals were investigated, and over 27% of the investigated referrals were substantiated (Little & Schuerman, 1995). Of the cases that were substantiated, about 30% entered out-of-home care. A study in Minnesota showed that, in 39 of 41 reporting states, African American children were overrepresented in the child welfare system when the proportion of confirmed reports was compared to the number of African American in the state of Minnesota child population (Johnson, Clark, Donald, Pedersen, & Pichott, 2007). The percentage of confirmed reports for African American children was six times the percentage of the African American child population; the largest disparity for any reporting state. American Indian and Hispanic children were overrepresented in 15 and 11 of the 41 states respectively (Johnson, Clark, Donald, Pedersen, & Pichott, 2007).

Mandated reporters are responsible for a large proportion of referrals to CPS and have been found to increase the disparities among African American and Native American children involved in the system. Chand (2000) proposed that "exposure bias" and not racial prejudice is the reason for the disproportionate high number of reports.

According to this view because children from African American and Native American families are more likely to be poor, they are more likely to be exposed to mandated reporters as they turn to the public social service system for support in times of need. Problems that other families could keep private become public as a family receives Temporary Assistance to Needy Families (TANF), seeks medical care from a public clinic, or lives in public housing. This exposure bias (also called visibility bias) has been particularly well documented in child welfare referrals from medical settings. Though several studies have shown the prevalence of addiction is the same for all races and social classes, hospitals serving poor families are more likely to conduct routine drug screening on women giving birth and on newborns, thereby increasing the likelihood of entry into the child welfare system for families served by such hospitals (Cahn & Harris, 2005, p. 6)

Although White and Black women are equally likely to test positive for drugs, African American women were 10 times more likely to be reported to CPS after delivery (Karp, 2001; Drug Policy Alliance, 2005). Findings are mixed regarding treatment outcomes when there is racial matching between workers of color and clients of color (Wyatt, 2003; Chinman, Rosenheck, & Lam, 2000; Paniagu, 1998; Sue, Fujino, Hu Takeuchi, & Zane, 1991).

One study in California found that when health and school officials suspect abuse, neglect, or violence against a child of color disproportionate rates of reporting increase (Bowser & Jones, 2004).

Substantiation

Following the decision to investigate a referral from a report, a decision on whether to substantiate the allegation of maltreatment or to dismiss the case must be made. In a 2003 study, African Americans were 11% of the population of children in San Francisco but were 45% of all reported allegations of child abuse, neglect, or violence; focus group participants believed that poverty was the primary reason for the disproportionate number of African Americans being reported to the Child Protective Service hotlines (Bowser & Jones, 2004).

While national studies have shown that alcohol and drug abuse have been the major cause of child neglect among African Americans, Bower and Jones (2004) found no higher incidence of abuse and neglect in African American and Native American families. Despite a lack of differences in rates of abuse, research consistently shows racial differences in rates of cases opened for investigation and in rates of substantiation. Research has suggested that social worker misunderstanding of African American norms and expectations about control and discipline of children could lead to disproportionality in risk assessment (McPhatter, 1997). Failure to understand culture norms has also been suggested for non-Native American workers who may mislabel traditional and safe Native American patterns of supervision as neglect (Mosby, Rawls, Meehan, Mays, & Pettinari, 1999). The odds of a positive maltreatment determination for an African American victim in Minnesota were found to be 1.17 times the odds of a maltreatment determination for a White victim, given identical family conditions, types of allegations, type of reporter, and county (Johnson, Clark, Donald, Pedersen, & Pichotta, 2007). Though African American parents are more likely to be referred for drug treatment, they are more likely to receive a lower quality of services, little or no services (Walker, Zangrillo, & Smith, 1994). This was also found to be true with mental health services (Garland, Landsverk, & Lau, 2002).

Research has shown that “exposure bias” is evident at each decision point within the child welfare system. Investigators are more likely to err on the side of substantiation for African American children who have received child abuse reports in the past. Workload among caseworkers also affects their day-to-day decision-making and the time they are able to give towards an investigation before making a final decision. The following barriers pose problems in timely permanency planning for all children regardless of race: (a) high worker turnover; (b) conflicting requirements for multiple oversight systems (TANF, housing, child welfare); (c) absence of substance abuse or mental health treatment programs that can ensure parental recovery from addiction and mental illness within time-limits stipulated by policy; and (d) failure to communicate hope or respect by child welfare workers (Cahn & Harris, 2005).

In some cases the standards set for a family by the investigating worker lack cultural competence and are culturally sensitive to the population he/she is serving. For an example, one study found that African Americans may have more children and require help from extended family members. However, birth parents are required to meet certain standards i.e. maintain a household separate from extended family with a telephone, ability to defray the cost of electricity, cable, water, etc. Payment of these expenses is routine for families in an upper class or middle class household, but payment is very difficult for families in poor households (Bowser & Jones, 2004). Although extended family members receive some support, there are disparities in the services they receive; the financial support for kinship caregivers is lower than support given to licensed foster parents. Studies show a higher percentage of African American and Native American children are placed with kinship caregivers, and literature shows that regardless of race kinship caregivers receive fewer services than foster parents (Berrick, Barth, & Needell, 1994). Kinship caregivers are often reluctant to become involved with the child welfare system and do not apply for services; they feel that it is best for them to take care of their families and address their problems without involvement of the child welfare system or other social service systems (Caliber-Associates, 2003).

Placements

Statistics indicate that children of color are more likely to be placed in out-of-home care, experience multiple moves, and remain in out-of-home care longer than White children (Cahn & Harris, 2005). In an investigation of placement outcomes among children in Illinois, the study found that 53.7% of referred African American children were placed in out-of-home care, compared to 38% of White children (Lemon, D’Andrade, & Austin,

2005). Findings from another study by Bowser and Jones (2004) revealed the lack of investigators resulted in increased substantiation rates because of shorter time lines for decision making; investigators substantiated allegations rather than make a determination of unfounded or inconclusive because of liability issues. In California, 41.9% of Native Americans and 41.7% of Blacks had cases substantiated. Native Americans and Blacks also had the highest rates of out-of-home placement, followed by Whites at 32.9%, Hispanics 29.2%, and Asians at 25.0% (Lemon, D'Andrade, & Austin, 2005).

Some African American children remain in care longer when placed in voluntary kinship care; these placements last longer than non-kinship care placements; family reunification with birth parents is slower for children in kinship care placements when compared with children in non-kinship care placements because adoption is always a possibility for children in non-kinship care placements (Bowser & Johns, 2004). From 1999-2003, African Americans children were in kinship care placements at least five or more days with a median of 854 days in care; Whites were in care 546 days, Hispanics 649 days, and Asians 539 days (Needell, et al., 2004). African American and Native American children are adversely affected by service disparities during their long placements in out-of-home care.

In 1997, the U.S. Children's Bureau reported that, among children receiving child welfare services, 56% of African American children were placed in foster care, while 72% of Caucasian children received in-home services. When services are offered, numerous studies have found differences attributable specifically to race and to no other characteristic in the quantity or quality of services delivered to families of color (Courtney, Barth, Berrick, Brooks, & Parks, 1996; Saunders, Nelson, & Landsman, 1993; Close, 1983). Harris and Skyles (2004), found that "research on delivery of services to the children and their families in the child welfare system consistently demonstrates that African American children are at a disadvantage regarding the range and quality of services provided, the type of agency to which they are referred, the efficiency with which their cases are handled, the support their families receive, and their eventual outcomes" (p. 95). In a national review by Hill, six studies were cited that confirmed service disparities for children or color based on race (Courtney et al., 1996; Katz, Hampton, Newberger, & Bowles, 1986; Fanshel, 1981; Jeter, 1963; Maluccio & Fein, 1989; Olsen 1982). Olsen (1982) found of all ethnic groups that Native American families had the least chance to be recommended for services. A review of the literature on disproportionality by Courtney et al. (1996) concluded that a pattern of disparity based on race and ethnicity seemed to exist in the provision of child welfare services.

Reunification

While the role of CPS is to act in the best interests of the child, it is just as important that families are provided with the necessary support and services to facilitate reunification with their children. Yet, this is also an area where disparity exists. Racial inequity in service availability and service delivery is the strongest contributing factor implicated in the disproportional numbers of children of color in placement in child welfare (Harris & Hackett, 2008). A study in Minnesota found that the odds of reunification for an African American child are 1.19 times the odds of reunification for a White child, given identical reasons cited for placement (Johnson, Clark, Donald, Pedersen, & Pichotta, 2007). Findings from a study conducted in California were as follows:

1. Males were slightly less likely to be reunified than females.
2. Infants and adolescents were reunified slower than children of other ages.
3. Children removed from home because of neglect returned home at a slower rate than children removed for other reasons.
4. Child health problems slowed the rate of reunification
5. Children in kinship foster homes and FFAs returned home more slowly than children in other placement types.

6. African American children were reunified at a slower rate than other children.
7. Children from two-parent families were returned home faster than children from single-parent homes, regardless of the gender of the single parent (Harris & Courtney, 2003, p. 423).

In regards to service participation, it has been found that “African American or Native American parents may have negative past experiences, may have heard stories from others about negative experiences, or may have no familiarity at all with the service delivery system.” The long negative histories of these communities with the child welfare system can lead parents to feelings of “hopelessness, frustration, and greater likelihood of resignation and defeat than for others who have reason to believe the system could work in their favor” (Cahn & Harris, 2005, p. 10).

Poverty

National studies show that different racial and ethnic groups have differences in poverty rates and family structure (Johnson, Clark, Donald, Pedersen, & Pichotta, 2007). In 1997, the National Survey of American Families (NSAF) indicated that minority families were almost twice as likely as White families to be living below the poverty level (Johnson, Clark, Donald, Pedersen, & Pichotta, 2007). According to Staveteig (2000), children whose birth family is African American, American Indian, and Hispanic were almost three times as likely to be poor as children whose birth families are White and Asian families. Findings of the GAO Report (2007) demonstrated 23% of African Americans lived below the poverty level as compared to 6% of Whites who lived in poverty (2007). Findings also revealed that 33 states reported high rates of poverty in the African American community; other findings regarding African Americans included: 25% single parenthood, 24% substance abuse, and 14% interaction with mandated reporters as possible indicators for increased disproportionality.

Poverty also tends to be associated with certain family structures at a higher rate than others (Johnson, Clark, Donald, Pedersen, & Pichotta, 2007). The NSAF (1997) reported that poverty in one-parent families was four times as high as poverty in two-parent families. Pelton (1989) stated that “while low income is the best predictor of child protection racial disparities, the disproportionate poverty levels among minorities is a key factor in explaining the racial/ethnic disparities seen in the child protection system”

(p. 8). Poverty affects parents’ ability to provide the necessary care for their children and the stress of being overworked and underpaid hamper parents’ capabilities to be present and in touch with their children. Lindsey (1991) as stated in Courtney et al. (1996) reported that for children in all age groups, their parent’s income level was the major determinant of whether or not they were removed from their family.

Poverty and Disproportionate Risk for Abuse and Neglect

While poverty is more likely to affect families of color, the research does not indicate that poverty is related to disproportionate risk for abuse and neglect for families and children of color. Several authors (Morton, 1999; Sedlak & Schultz, 2001, 2005) point out that multiple waves of the National Incidence Studies show that despite their higher representation in the ranks of the poor, there is no higher rate of abuse in African American or Native American families. Rodenberg (2004) found that even when controlling for poverty, “children of color and their families were less likely to receive services to ameliorate the impact of poverty, such as housing and employment support, than Caucasian families (Harris & Hackett, 2008, p. 202).

Family Structure

According to the United States Census (2000), there were 25.4 million White families with children (77% two-parent households, 17% mother only households, and 6% father

only households). There were 4.8 million Hispanic families with children (69% two-parent households, 23% mother only households, and 8% father only households). There were 4.6 million African American families (42% two-parent households, 51% mother only households, and 7% father only households). Lucker (1996) concluded in a study that the birth rate for unwed Whites is increasing (Harris & Courtney, 2003). Research continues to show that African Americans are more likely to reside in extended family households than White families (Angel & Tienda, 1982; Beck & Beck, 1989; Farley & Allen, 1987; Hoffert, 1984; Rice, 1994). Statistics showed that 67.6% of African Americans came from families headed by a single mother, 5.6 % from families headed by a single father, and the remaining 26.8% from two-parent families. Hispanic children were more likely to come from two-parent families, 1.3 times more than Whites, 1.7 times more than African Americans (Johnson, Clark, Donald, Pedersen, & Pichotta, 2007). Other studies including a Minnesota study have concluded that the disparities in services for different races cannot simply be explained by poverty, drug abuse, and family structure. While society may not agree with decisions by women who become single mothers, despite their higher representation in the ranks of the poor, there is no higher rate of abuse in African American or Native American families. Rodenberg (2004) found that even when controlling for poverty, "children of color and their families were less likely to receive services to ameliorate the impact of poverty, such as housing and employment support, than Caucasian families" (Harris & Harris, 2008, p. 202).

Many studies have concluded that even accounting for differences in socioeconomic level and a greater prevalence of high-risk family structures, children and families of color tend to be overrepresented in child protective service systems (Johnson, Clark, Donald, Pedersen, & Pichotta, 2007). The U.S. Office of Juvenile Justice and Delinquency Prevention (OJJDP) reported that more than 50% of African American children lived in single-parent homes in 2000, whereas only 17% White and 25% Hispanic youth lived in single-parent homes (Green, 2002). The third National Incidence Study (NIS-3) conducted by the U. S. Department of Health and Human Services in 1996, reported no statistically significant difference in the incidence of child maltreatment across all races when controlling for other risk factors (Sedlak & Broadhurst, 1996). According to Rose (1999), the increased rates of neglect are reflective of the increased rates of poverty, substance abuse and lack of a consensus regarding the definition of child neglect among researchers, practitioners, policy makers, and members of communities of color. Rose (1999) conducted a qualitative study and examined feelings, attitudes, views, and a personal definition for the word, "neglect;" African American birth mothers and public child welfare workers participated in focus groups; mothers overall judgments' of in all categories were more serious than the workers. Factors such as labeling bias (the likelihood that a physician would attribute injury to abuse), frequency of neglect (due to the inability to afford or locate childcare), substance abuse, and homelessness are linked to a family's resources; these factors can greatly impact a child's likelihood of being reported for maltreatment (Johnson, Clark, Donald, Pedersen, & Pichotta, 2007).

Birth Fathers

Many prior research studies have focused primarily on single mothers. Recent studies have begun to bring the voice of fathers to research. "On almost every indicator of child well-being, children in 2002 fared worse than their counterparts did just a generation ago. The reason proposed by some is the dramatic rise, over the last 30 years, in the number of children living in fatherless households. In 1960, less than 8 million children were living in families where the father was absent; in 2002, 24 million children were living in families without their fathers (National Child Welfare Resource Center for Family-Centered Practice, 2002, p. 1). Many have asked the question, "Where are the fathers?" However, in the child welfare system, fathers are forgotten. Divorce, single motherhood, child

support and welfare policies, and incarceration are the prime reasons for the absence of many fathers. Fathers have been stigmatized by the media with a pervasive attitude, from school systems and human services to the media that “Dads don’t matter. Men are inept parents.” (National Child Welfare Resource Center for Family-Centered Practice, 2002, p. 2). Even fathers who would like to be a part of their children’s lives, regardless of their marital or financial status, have often been overlooked or marginalized. Yet research demonstrates to society that “children growing up without the presence of fathers are more likely to fail at school or to drop out, engage in early sexual activity, develop drug and alcohol problems, and experience or perpetrate violence” (National Child Welfare Resource Center for Family-Centered Practice, 2002, p. 2).

Fathers play a critical role in the optimal development and well-being of a child. A father’s role extends beyond economic support and includes providing nurturance, care giving, and emotional support. Successful fatherhood correlates strongly with many attributes of children successfully growing up. Studies have shown that fathers have a significant impact and role in the lives of their families, including the ability to provide. Most foster children are not living with their fathers at the time they are removed from their homes (Malm, Murray, & Green, 2006). Once in foster care, these children may experience even less contact with their nonresident fathers. Malm, Murray, and Green (2006) sought to assess typical child welfare practice with respect to nonresident fathers of children in foster care. Local agency caseworkers were interviewed by phone and a sample of 2000 children from Arizona, Massachusetts, Minnesota and Tennessee was utilized to examine front-line practices related to nonresident fathers. Researchers found that nonresident fathers of children in foster care are not often involved in case planning efforts and nearly half were never contacted by the child welfare agency. By not reaching out to fathers, caseworkers may overlook potential social connections and resources that could help to achieve permanency for the child (Malm, Murray, & Green 2006).

Several studies on the involvement of fathers have limitations. For example, some studies of impoverished African American fathers have generalized their findings to describe African American fathers of all income levels, and in addition, many studies rely on mothers’ reports of parental involvement, rather than direct information from fathers (Dubowitz, Lane, Rose, & Vaughan, 2004). While this study was done within the healthcare system, it informs the child welfare system in better understanding the role of father’s in their children’s lives. Such an understanding of fathers’ roles should help to further understanding of father-child relationships and overcome barriers to father involvement. This study explored the following factors: (a) spending time with children; (b) material provisions; (c) emotional support; (d) decision-making/responsibility; (e) teaching/helping; (f) role modeling; (g) protecting; and (h) ensuring general welfare. Fathers also shared the barriers they face. Dubowitz, Lane, Rose, and Vaughan (2004) report 29 fathers described financial barriers as a limitation to being a good father. Twenty-seven of the fathers in this study discussed their work or career as a barrier to parenting, either because of limited income or long hours from working two jobs. Barriers were also experienced due to the type of relationship with their child’s mother; 50% of the fathers wished to improve the relationship with the mother of their children (Dubowitz, et al., 2004).

Next Steps for Informing Best Practice

Addressing and reducing disproportionality in the child welfare system, has been given the call for national attention, and placed on the agenda for many to reduce. At the Black Administrators in Child Welfare Annual Conference, a presentation was done on Reducing Racial and Ethnic Disproportionality and Disparities in Child Welfare: Recent Federal Efforts. The organization is committed to leverage resources, expertise, and experience with others who share their goal that all children and families in the child welfare system regardless of race, receive the kind of opportunities, and supports they need. In a qualita-

tive study, stakeholders in a nine city series of focus groups suggest that families of color would benefit from a culturally responsive advocate or guide to the system (Caliber-Associates, 2003). An advocate would help explain what is happening, encourage parents to believe there is hope of recovery if they have a substance abuse problem, and assist the parent in demonstrating to the court and social worker their capacity to provide a safe and nurturing environment for their children. Presenters at the conference concluded that promising strategies must be those that increase access to support services, reduce bias, and increase availability of permanent homes. All seem to be viable and include family and community members in making key decisions that will reduce the number of children entering the child welfare system, inform and shape policies, and create promising practices (2008).

In Chicago's McLean County, the number of African American children removed from their homes had decreased by more than half, from 24.1 per 1,000 African American children to 11.1. This decrease and significant impact was made after implementing a business plan that began with an assessment of the service environment and contextual factors in the target community, followed by improving the quality of existing services that were indicated by the behavioral change model that guided the intervention (Redd, Suggs, Gibbons, Muhammad, McDonald, & Bell, 2004).

The Center for Community Partnerships in Child Welfare of the Center for the Study of Public Policy (2007), released an extensive guide entitled, "Places to watch: Promising practice to address racial disproportionality in child welfare." One of the states highlighted for leading the way in addressing racial disproportionality and disparity is Guilford County, North Carolina. The Guilford County Department of Social Services is providing significant leadership to address racial disproportionality and disparity; the strategies they have developed and implemented are as follows: (a) enhancing data tracking; (b) broadening communication; (c) developing community partnerships; (d) solidifying funding; (e) expanding and reforming staff training; and (f) expanding Team Decision Making (TDM).

The approach to reduce disproportionality must be holistic and include key political and community leaders as well as constituents. This approach would create an opportunity for learning, removing biases and stigmas, and collaborative work to achieve the ultimate goal of providing better care for all children, eliminating disproportionality and disparities, and remembering that families and communities are essential to a child's overall growth and life experience.

Casey Family Programs has delineated several practices that may improve outcomes for children and families of color who are already involved with the child welfare system:

- Family Group Conferencing – Involving families in the decision-making process increases the potential for enabling extended family to gain custody of children, locating kin who may provide permanency, assuring birth families that children will remain safe and well, and providing an opportunity for families to contribute their ideas about cultural issues.
- Reunification – To ensure all children of for whom reunification is an appropriate option are returned to their parents' custody in a timely manner, the report recommends agencies use strengths-based assessment methods; understand local, State, and national advocacy efforts; explore alternative practices to improve timely substance abuse treatment for birth parents; and provide post-reunification services and supports.
- Placement With Relatives – Steps that can be taken to increase placement of children with relatives include using a broader definition of "relative," asking the child's birth family for information, employing family group conferencing to identify kin placements, and improving supports available to kinship caregivers.

- Diligent Recruitment – Strategies for recruiting potential foster and adoptive families that reflect the ethnic and racial diversity of children for whom these homes are needed include identifying the right communities to target, using child-specific recruitment efforts and family group conferencing, and employing team decision making.
- Maintaining Family Connections – When nonrelative placements are necessary, it is important to maintain the child’s connections with birth parents, siblings, and other kin by providing the maximum amount of visitation and placing children with siblings whenever possible.
- Achieving Timely Permanency When Reunification Is Not Possible – Attempts to find permanent families are often discontinued when children have been in out-of-home care for years, but child welfare professionals are discovering diligent child-specific recruitment efforts combined with continued work with youth can lead to successful permanent placements.
- Culturally Competent Practice – Acknowledging the importance of diversity builds mutual respect and trust among families and professionals. This can be achieved by seeking consumer input, engaging in ongoing organizational assessment, and aiding in the development of a healthy ethnic identity for children being served (Casey Family Programs, 2003, pp. 3-17).

Dr. Marian S. Harris and Dr. Wanda Hackett (2008) concluded the following in their study: “As long as disproportionality is viewed as an individual or personal issue of African Americans and Native American children or other children of color, the solutions to disproportionality will not be focused in the public domain of the child welfare system, a system that created and has continued to perpetuate disproportionality (p. 202).”

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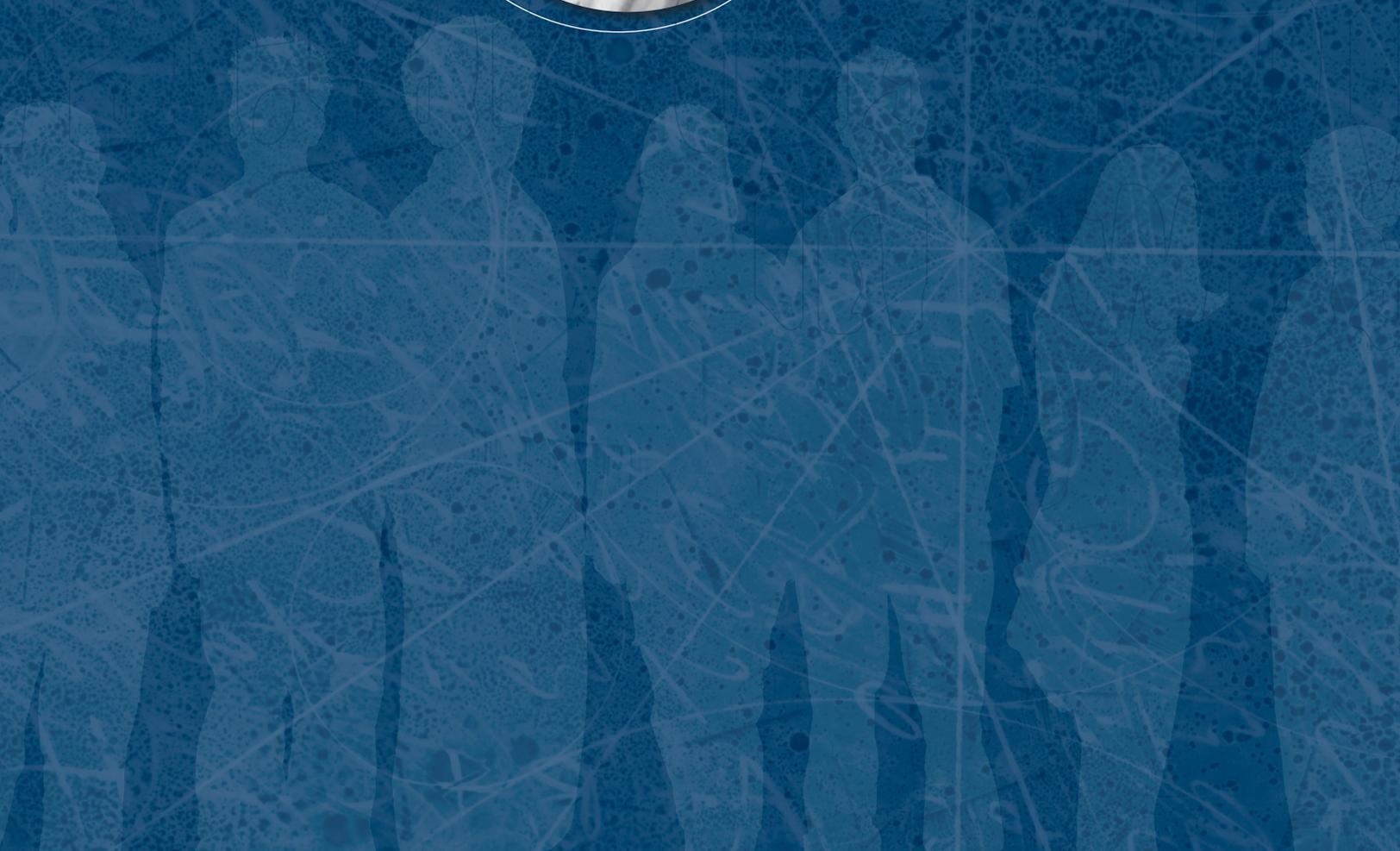
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CHAPTER 3

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Across the country, children of color are present in the child welfare system at rates greater than their proportions in the population.¹ This over-representation is referred to as “racial disproportionality.” In Washington State, a 2004 study of the child welfare system in King County found that American Indian (Indian) and Black children were overrepresented at all points in the system.²

The 2007 Legislature created the Racial Disproportionality Advisory Committee to study disproportion in Washington’s child welfare system.³ The Committee was directed to investigate whether racial disproportionality exists in Washington’s child welfare system and, if so, to identify those decision points in the system where disproportionality occurs. The legislation also directed the Washington State Institute for Public Policy (Institute) to provide technical assistance to the Committee. By June 2008, the Committee must prepare a report for the Secretary of the Department of Social and Health Services (DSHS) on the prevalence of disproportionality. This report was prepared for the Advisory Committee to aid in writing its report.

After describing our data sources, definitions, and approach in Section I, we present descriptive statistics on racial disproportionality and factors related to child welfare outcomes (Section II). Last, we provide results of regression analyses that control for multiple factors simultaneously to see the combined effects on disproportionality (Section III).

Some tribes in Washington State operate their own child welfare courts and systems. Further, Indian children may initially enter the state welfare system and then transfer to tribal jurisdiction. Information on children under tribal jurisdiction was not available for this analysis. Therefore, these findings are limited to Indian children under the state child welfare system.

Section I: Approach to Analysis

The overall approach to analysis was guided by the legislative direction (see sidebar).⁴

In studies of the child welfare system, two approaches are common. One is a “snapshot” that looks at the population in the system at one point in time. The second involves following a cohort of children from entry into the child welfare system through subsequent events.

Both approaches have their strengths and weaknesses. The snapshot approach is valuable for program administration, because it reveals the population’s composition and informs resource allocations. For example, infants may require different services than adolescents. If one is interested in decision-making across a system, however, it is necessary to follow a cohort of individuals from entry. Such a cohort analysis reveals the dynamics of a population over time.

The Legislature directed that this study examine entries and exits at each stage of the child welfare system. Thus, a cohort approach was necessary to investigate the decisions and outcomes for children once they have contact with the child welfare system.

Cautions and Limitations. This analysis is descriptive, covering characteristics of the child welfare system’s population. The analysis does not attempt to explain or uncover the causes of disproportionality.

Study Population. For this analysis, we began with all referrals to Child Protective Services (CPS) that occurred in 2004. Resolution of child welfare cases can take considerable time. We chose 2004 because it allows at least two years of follow-up for all children. We identified 58,005 individual children referred to CPS in that year.

We begin with a descriptive analysis, looking at racial disproportionality at each decision point. Later, we take a more comprehensive approach to the analysis that controls

for factors that prior research indicates may influence child welfare outcomes, such as prior contacts with the welfare system, nature of the alleged abuse, gender, and type of referrer.

This analysis is based on children, not on families. Because a child might be referred more than once in a year, we “unduplicated” the referral data so that each child was represented only once.

This unduplication allows us to examine the entire population of children involved at each decision point without confusing the issue of children with multiple referrals.⁵

Defining Race. Race is a complex concept that carries many cultural interpretations. Individuals may have more than one racial or ethnic heritage. In the 2000 Census, respondents could choose as many races/ethnicities as were necessary to describe themselves.⁶ While most Americans described themselves as one race only, 2.4 percent indicated more than one race and some indicated up to six racial categories, in addition to Hispanic origin.

The Children’s Administration database allows up to six races, as well as a code for Hispanic heritage.⁷ Of the children with a CPS referral in 2004, 8 percent had more than one race/ethnicity code.

For this analysis, children were assigned to racial categories based on rules determined by the Advisory Committee’s Research Subcommittee. Each child was assigned only one race, so that percentages totaled to 100 percent.⁸ Although we lose some of the richness and complexity of the child population’s racial and ethnic composition, this classification scheme permits more clarity in describing results. The rules are as follows:

American Indian. If any of the six racial codes indicated American Indian background, the child was coded Indian in our analysis.

Black. If a child had no Indian heritage, but any of the codes indicated Black or African American, the child was coded as Black.

Asian/Pacific Islander. If a child was coded as Asian or one of the codes for Pacific Islander, with no Black or American Indian heritage, the child’s race was coded as Asian. We would have preferred to look at Pacific Islanders separately; however, this population is too small for a meaningful statewide analysis.⁹

Hispanic. Any child with Hispanic heritage, but not in the first three categories, was coded as Hispanic.

White. Any child with no indication of Indian, Black, Asian, or Hispanic race/ethnicity was coded as White.

In order to measure disproportionality, we must also know the number of children in each race statewide. To obtain these numbers, we used modified Census data for each county in Washington.¹⁰ For each age group, these data provide the number of persons in each of 124 possible combinations of ethnicity, gender, and multiple races. We calculated the statewide and regional population of children by race using the same definitions applied to the child welfare population.

Data Sources

Data for this report came from several sources. The Children’s Administration Management Information System (CAMIS) was the source for all referrals, accepted referrals, and placements (children removed from home). The legal events module in CAMIS provided information on court events when dependency cases were filed for children. Further legal information was obtained by matching children to superior court records

SUMMARY

In 2004, the focus year for the analysis, we identified 58,005 children referred to Child Protective Services (CPS). These children were followed through November 2007. We examined the proportions of children from various racial groups at different points in the child welfare system to determine whether disproportionality exists in the system. Statewide findings indicate the following:

Referral to CPS

Patterns of disproportionality are evident at the time of reports to CPS alleging child abuse or neglect. Compared with White children:

- American Indian children were three times as likely to be referred to CPS.
- Black children were nearly twice as likely to be referred to CPS.
- Hispanic children were 1.3 times as likely to be referred to CPS.
- Asian children were less likely to be referred to CPS.

Persons required by law to report suspected abuse and neglect (mandated reporters) accounted for about 60 percent of initial referrals to CPS for Indian, Black, Hispanic, and White children; 72 percent of referred Asian children were referred by mandated reporters.

Decisions After Referral

As we followed children after a CPS referral, we calculated the disproportionality that occurred within the child welfare system. We found that patterns of disproportionality varied by race. Compared with White children referred to CPS, after referral:

- Indian children were 1.6 times as likely to be removed from home and twice as likely to remain in foster care for over two years.
- Black children were 1.2 times more likely to be removed from home and 1.5 times more likely to remain in care for over two years.

on dependency cases and cases involving termination of parental rights. Washington's Office of Financial Management provided county-level information on the number of persons by age in various combinations of racial and ethnic categories, based on the 2000 Census.

The legislation directs the Committee to study how poverty and family structure affect disproportionality. Since the earlier referenced data sources do not provide information on income or family structure for families referred to CPS, the Research Subcommittee agreed to use a family's receipt of food stamps during 2004 as a measure of poverty. Food stamp records also provide some information on family structure.

CAMIS does not identify out-of-home placements resulting from CPS referrals. We therefore use the same procedure used by Children's Administration in its federal reporting to the National Child Abuse and Neglect Data System (NCANDS). NCANDS defines an out-of-home placement occurring in the 90 days following a referral to be a CPS placement.¹¹

Factors That May Affect Disproportionality

In addition to family structure and poverty, the legislation directs the Advisory Committee to consider geography in its analysis. We have also included the category of person reporting the alleged abuse and neglect, and the age and gender of the children. We use DSHS administrative region to account for geography.

Family Structure. The Research Subcommittee recommended we use eight categories of family structure. These were children living with:

- Married couple
- Single mother only
- Single mother and partner
- Single mother and others
- Single father only
- Single father and partner
- Single father and others
- Relative or guardian

CAMIS collects data on family structure only for children removed from home. CAMIS definitions of family structure allow us to identify only the following:

- Married couple
- Single father
- Single mother
- Unmarried couple

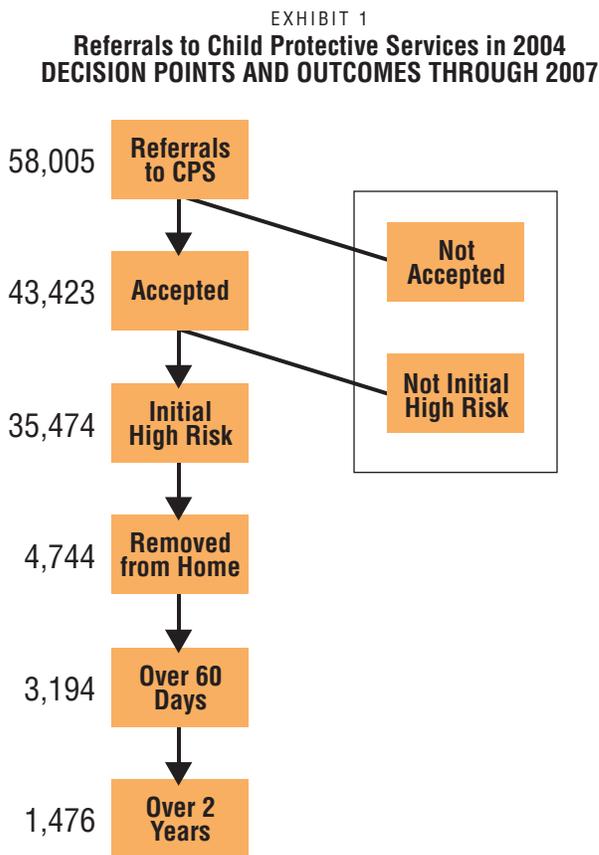
DSHS Division of Research and Data Analysis (RDA) matched children who were referred to CPS in 2004 against families receiving food stamps in 2004. Food stamp records provide information about household composition. We were able to evaluate the effect of family structure following a CPS referral for those families receiving food stamps. For these cases, definitions of family structure from the Research Subcommittee were used.

Poverty. We define poverty as receipt of food stamps in the year of the study. As mentioned above, RDA matched records of children with a CPS referral to those of families receiving food stamps in 2004.

Decision Points and Outcomes. Most children enter the child welfare system when a report is made to CPS about alleged child abuse or neglect. These reports are called "referrals." Exhibit 1 provides a simplified overview of the process that is set in motion

when a child is referred to Child Protective Services. The number to the left of each event represents the number of children referred in 2004 who experienced that event. At each decision point, some children leave the system, so that the number of remaining children decreases. It is useful to understand that some children assessed as high risk following an investigation may not be removed from home but still receive services, such as alternative response services.

Because the Committee and DSHS must create a plan to address disproportionality, we have focused on three decision points after the referral that involve professional judgments by DSHS Children's Administration staff about children's cases.



The results of the following these decisions determine whether a child remains in the system or is not compelled to comply with Children's Administration.

These decision points are:

- 1) The decision to accept a referral. Referrals may not be accepted if it is not clear there was actually a victim, or if it is not possible from the referral to identify the alleged victim.
- 2) Initial assessment of the referral as high risk. Intake workers assign a risk tag ranging from 0 (no risk) to 5 (very high risk). According to DSHS rules, referrals assessed a risk of 3 (moderate risk) or greater require an investigation. Families with risk tags of 1 or 2 may be referred to an alternative response system.
- 3) Child removed from home. If a decision is made to remove the child, the child may be placed in a foster home or in the home of a relative. In this report we refer to this decision as "placement."¹²

- Hispanic children were no more likely to be removed from home or to remain in care for over two years.
- Asian children were no more likely to be removed from home and less likely to remain in care for over two years.

Poverty and Family Structure

Children from poor families and those from single parent households are overrepresented in the child welfare system.

When we statistically controlled for poverty, family structure, and case characteristics, the patterns of disproportionality did not change for Black, Hispanic, or Asian children. For Indian children, however, disproportionality after referral was reduced by about 45 percent.

Regional Variation

Disproportionality varies among the DSHS administrative regions; the largest disproportionality after referral was seen with Indian children in Region 4 and Hispanic children in Region 6.

STUDY LANGUAGE FROM THE 2007 LEGISLATURE

"The secretary of the department of social and health services shall convene an advisory committee to analyze and make recommendations on the disproportionate representation of children of color in Washington's child welfare system. The department shall collaborate with the Washington institute for public policy and private sector entities to develop a methodology for the advisory committee to follow in conducting a baseline analysis of data from the child welfare system to determine whether racial disproportionality and racial disparity exist in this system."

"At a minimum, the advisory committee shall examine and analyze: (a) 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; (b) the number

Analysis of each decision point was conducted separately. For each decision point, we identified all the children who had been moved to that point at least once during 2004.¹³ In our analysis, we identified 58,005 individual children with a referral to CPS. Of those children, 43,358 had an accepted referral; cases of 35,493 children were assessed high risk at intake; and, 4,744 were removed from home.

We do not analyze substantiation of the referral as a separate decision point. Substantiation is the determination that abuse or neglect occurred. This statistic is commonly used in the child welfare literature and is required for federal reporting. In Washington, however, substantiation (called “founded” in Washington) of a referral does not appear to be a predictor of further child outcomes. For example, of the 4,744 children removed from home after a CPS referral, 48 percent did not have a founded referral.¹⁴ Children’s Administration uses a combination of investigation findings and risk to determine removal of children. Unlike the decision points we include in our analysis, even if none of the allegations are substantiated (founded), the child may remain in the child welfare system. Thus, “founded” is not a clear decision point in Washington.

If children are removed from home, timelines for court involvement are defined by state and federal laws. The following sequence and timing of events is outlined in the federal Adoption and Safe Families Act of 1997 (ASFA):

- 1) If a child is removed from home and the removal is not voluntary, DSHS must file a dependency petition in the courts within 72 hours of removal.¹⁵
- 2) Within 75 days of filing, a fact-finding disposition hearing is held.¹⁶ Within 14 days of the fact-finding disposition, a hearing is held to determine if a dependency is established. A dependency generally means that the child is in the care and custody of the State.¹⁷
- 3) A permanency planning hearing must be held by 12 months following the court case filing. If the dependency remains open, a permanency planning hearing must be held every 12 months thereafter.
- 4) The state must move to terminate parental rights if a child has been in out-of-home placement for 15 of the previous 22 months.^{18,19}

Outcomes that will be examined in this report for children removed from home include:

- Placements for over 60 days
- Placements for over two years
- Placement with relatives
- Reunification with parents
- Guardianship established. (This legal action is considered a permanent outcome. Although the case technically remains open in Children’s Administration, it requires a lower level of supervision. In our analysis, we consider the case closed.)²⁰
- Filing of dependency case
- Establishment of dependency
- Termination of parental rights
- Adoption
- Any permanent arrangement (reunification, guardianship, adoption) within two years of removal from home

Order of Findings: First Descriptive, Then Refined With Regression Analysis. Section II of this report presents descriptive statistics on disproportionality for key decision points and outcomes. However, factors such as poverty, family structure, prior history with the child welfare system, age of the child, type of reporter (mandated or relatives/neighbors), or the type of alleged maltreatment may influence decisions and outcomes.

Observed racial disproportionality may be partially explained by variation in these factors among racial or ethnic groups.

Section III of the report presents information from regression analyses that help isolate the effect of a child's race from the many factors that can affect outcomes for children in the child welfare system.

Children may also enter the child welfare system when families are in crisis, either because of parental circumstances or because of child behavior. We provide a separate analysis of cases not linked to a CPS referral in Appendix A.5

Measuring Disproportionality

This analysis creates a Disproportionality Index (DI) for children in various racial groups compared with White children. The DI measures the chances of an event occurring for a child of color compared with the chances for a White child.

First we calculate rates for each racial group at each decision point. For example, 5,612 Indian children were referred to Child Protective Services (CPS) in 2004. According to the census, there were 55,872 children with any Indian heritage in Washington in 2000. We calculate the rate for Indian children by dividing the number of children referred by the number of children in the population and multiplying the result by 1,000 to get the rate per 1,000 children:

Rate of referral for Indian children: $(5,612 / 55,872) \times 1,000 = 100$

This represents a rate of 100 Indian children referred for every 1,000 Indian children in the population.

Disproportionality Index (DI). Because children of various races are not represented evenly in the population, we employ a metric commonly used to compare rates between races: the Disproportionality Index. At each event, we calculate the DI for each racial group compared with White children by dividing the rate of referral of each racial group by the rate for White children. Using this same example, the comparable rate for White children was 34 per 1,000 children.

DI of referral for Indian children:
 $100 \div 34 = 2.92$

This means that Indian children are nearly three times as likely to be referred to CPS as White children.

The first measure of disproportionality is at the point of the referral to CPS. This calculation reveals whether children of other races are referred at rates greater or less than those of White children.

Next, we calculate the disproportionality that may occur after children are referred to CPS. In calculating disproportionality after referral, we build on the approach outlined by Mark Courtney at the first meeting of the Advisory Committee. Courtney examined the outcomes for racial/ethnic groups as children are moved through the child welfare system.²¹ This approach allows us to understand the influence of race once children have been brought to the attention of the child welfare system.

As a third step, we take advantage of a statistical technique called logistic regression to isolate the effects of race separate from other case characteristics. This technique is commonly used in medicine and other fields. For example, logistic regression can be used to calculate the effect of body mass index on the likelihood of a heart attack, controlling for smoking and cholesterol levels. Recently, logistic regression has been used to examine racial disproportionality in Minnesota's child welfare system.²² As was done

of children of color in low-income or single-parent families involved in the state's child welfare system; (c) the family structures of families involved in the state's child welfare system; and (d) the outcomes for children in the existing child welfare system. This analysis shall be disaggregated by racial and ethnic group, and by geographic region."

"If the results of the analysis indicate disproportionality or disparity exists for any racial or ethnic group in any region of the state, the committee, in conjunction with the secretary of the department of social and health services, shall develop a plan for remedying the disproportionality or disparity."

SHB 1472, Chapter 465, Laws of 2007

in the Minnesota analysis, we used logistic regression to measure the effect of race on outcomes while simultaneously controlling for factors known to affect outcomes in child welfare systems.

Section II: Descriptive Disproportionality Statistics and Factors Related to Child Welfare Outcomes

The findings from this analysis focus on several questions:

- Does racial disproportionality exist in Washington’s child welfare system? If so, which racial groups are over-represented compared with White children?
- How does disproportionality affect outcomes for children?
- How is disproportionality affected by family structure, poverty, geography, and other factors?

We begin with descriptive statistics showing the rates and disproportionality for children at different decision points and outcomes.

Does racial disproportionality exist in Washington’s child welfare system? If so, which racial groups are over-represented compared with White children?

When we look at the child welfare system overall, we see some significant differences between the rates of involvement of White children and children of other races. Indian, Black, and Hispanic children are over-represented in the child welfare system compared with White children. Asian children, on the other hand, are represented at rates lower than their proportions in the state population.

Exhibit 2 displays populations and rates for each of the races at selected decision points and child outcomes:

- Referrals
- Accepted referrals
- Initial high risk
- Removed from the home
- Placements over 60 days
- Placements over two years

At the point of referral, we learn that Indian children had the highest rate of referral (100 children per 1,000 population) to the child welfare system, followed by Black children (65/1,000), Hispanic children (46/1,000), White children (34/1,000), and Asian children (16/1,000). If all races had the same rates, we would conclude there was no disproportionality at the point of referral.

EXHIBIT 2
**Rates of Occurrence for Children Referred to CPS
 2004 COHORT**

		Indian	Black	Asian	Hispanic	White
Census Population		55,872	86,861	122,406	159,828	1,086,865
Total	Referrals	5,612	5,642	2,011	7,377	37,363
	Accepted Referrals	4,283	4,412	1,563	5,768	27,332
	Initial High Risk	3,756	3,834	1,242	4,589	22,072
	Removed From Home	658	513	154	610	2,809
	Placements Over 60 Days	481	337	86	402	1,887
	Placements Over Two Years	266	183	38	165	823
Rate per 1,000 Population	Referrals	100.4	65.0	16.4	46.2	34.4
	Accepted Referrals	76.7	50.8	12.8	36.1	25.1
	Initial High Risk	67.2	44.1	10.1	28.7	20.3
	Removed From Home	11.8	5.9	1.3	3.8	2.6
	Placements Over 60 Days	8.6	3.9	0.7	2.5	1.7
	Placements Over Two Years	4.8	2.1	0.3	1.0	0.8

Rates for white children are in shaded area for ease of visual comparison.

The Disproportionality Index (DI) by race for each decision point or outcome is shown in Exhibit 3. Again, the DI tells us how likely a child of one race is to have a particular outcome or decision, compared with a White child. For example, the DI for a CPS referral for Indian children is 2.92 which means that Indian children in Washington are nearly three times as likely as White children to be referred to CPS. If we look at Indian children in foster care for more than two years, the DI is 6.29: Indian children in this state are over six times as likely to be in long-term foster care as are White children in Washington.

Statistics in Exhibit 3 indicate that much of the disproportionality occurs when children are referred to CPS. This finding is similar to what was observed in the 2007 Minnesota study.²³ Most other research analyzing racial disproportionality in the child welfare system looks at outcomes and decisions after the point of referral.

EXHIBIT 3
**Racial Disproportionality Index at Selected Decision Points and Events
 2004 COHORT**

		Indian	Black	Asian	Hispanic	White
Disproportionality Index (Rate Compared With Whites)	Referrals	2.92	1.89	0.48	1.34	1.00
	Accepted Referrals	3.05	2.02	0.51	1.44	1.00
	Initial High Risk	3.31	2.17	0.50	1.41	1.00
	Removed From Home	4.56	2.29	0.49	1.48	1.00
	Placements Over 60 Days	4.96	2.24	0.41	1.45	1.00
	Placements Over Two Years	6.29	2.79	0.41	1.37	1.00

Rates for white children are in shaded area for ease of visual comparison.

Typically, children enter the child welfare system when a person reports suspected abuse or neglect. The child welfare agency is obligated to respond to the referral. The child welfare system may have little control over disproportionality occurring at the point of referral.

After the referral to CPS, however, the way the agency makes decisions about accepting referrals, assessing risk, or removing children from home can increase or decrease disproportionality. Any initial provision of services to families and efforts to reunify families may also affect disproportionality at later stages in the child welfare system.

In order to distinguish the disproportionality that “walks in the door” from disproportionality influenced by the decisions of the child welfare system, we calculate another measure, the Disproportionality Index after referral (DIAR). DIAR is a useful tool to focus attention on where – in the system – disproportionality occurs. DIAR can potentially indicate one or more distinct decision points that increase (or decrease) rates of disproportionality. Using this analysis, the agency may have a better idea where to focus its remediation efforts.

Disproportionality after referral is calculated by dividing the DI at a later decision or outcome by the DI at referral. For example, the DI for Indian children at referral is 2.92 and the DI for placements more than two years is 6.29, so

Disproportionality after referral (in care over two years):
 $6.29 \div 2.92 = 2.15$

That is, the disproportionality of Indian children increased more than twofold after referral to the child welfare system.

Exhibit 4 indicates that DIAR varied by race. We see over a 100% increase for Indian children between the initial referral and placement for over two years. For Black children, DIAR increased 50 percent over the same period. On the other hand, the DIAR for Hispanic and Asian children was close to one, indicating little or no disproportionality once these children entered the system.

EXHIBIT 4
**Racial Disproportionality Index After Referral at Selected Decision Points and Events
 2004 COHORT**

		Indian	Black	Asian	Hispanic	White
Disproportionality Index After Referral (DIAR) <i>Ratio of DI</i>	Referrals	1.00	1.00	1.00	1.00	1.00
	Accepted Referrals	1.04	1.07	1.06	1.07	1.00
	Initial High Risk	1.13	1.15	1.05	1.05	1.00
	Removed From Home	1.56	1.21	1.02	1.03	1.00
	Placements Over 60 Days	1.70	1.18	0.85	1.03	1.00
	Placements Over Two Years	2.15	1.48	0.86	0.92	1.00

Rates for white children are in shaded area for ease of visual comparison.

Exhibits 5 through 8 graphically display the same information provided in Exhibits 3 and 4. Each graph shows DI and DIAR for each race at various decision points and outcomes.

Exhibit 5 shows the two Disproportionality Indices (DI and DIAR) for Indian children compared with White children. The vertical axis measures disproportionality. Major decision points and outcomes are listed along the bottom. The dark blue line indicates the DI at various decisions. The green line is the DIAR after referral. The red line represents the DI and DIAR for White children; its value is always one, because disproportionality is measured relative to White children.

The dark blue line indicates how the DI changes as involvement with the child welfare system increases. Indian children are over six times as likely to be in foster care for over two years as White children in Washington. The green line on this chart shows, for Indian children, how disproportionality increases once the child is involved in the system.

For example, compared with White children referred to CPS, referred Indian children are more than twice as likely to be in foster care for over two years.

Similar information for Black children is shown in Exhibit 6. Note that the vertical axis is on the same scale for all the races in the section. Black children are referred to CPS at rates nearly twice those of White children. Disproportionality increases at later stages of the child welfare process. Black children are 2.79 times as likely as White children statewide to be in foster care for over two years. The green line shows that compared with

EXHIBIT 5
Indian Children Compared with White Children
STATEWIDE, 2004 COHORT

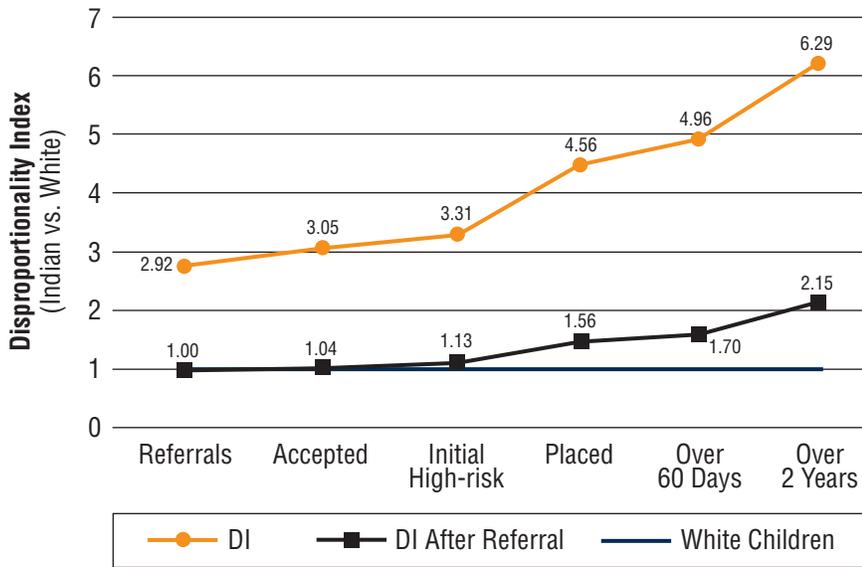


EXHIBIT 6
Black Children Compared with White Children
STATEWIDE, 2004 COHORT

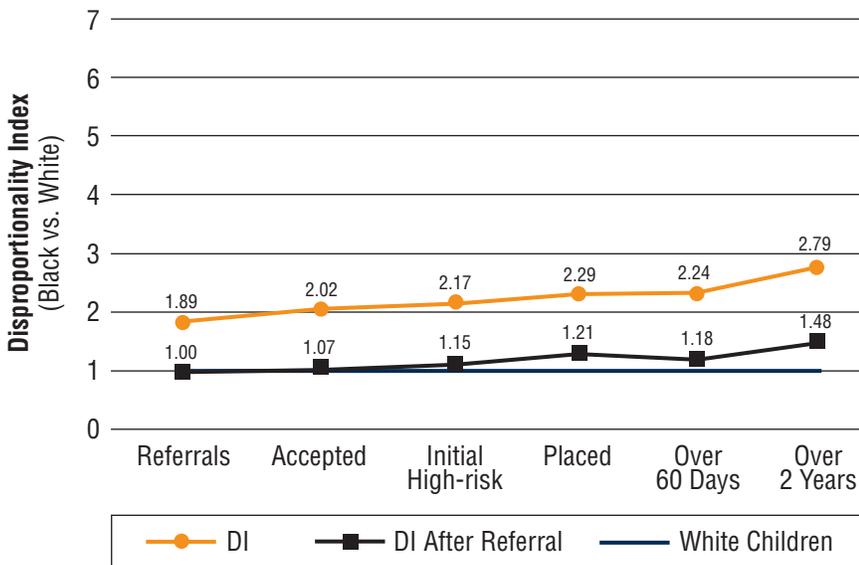
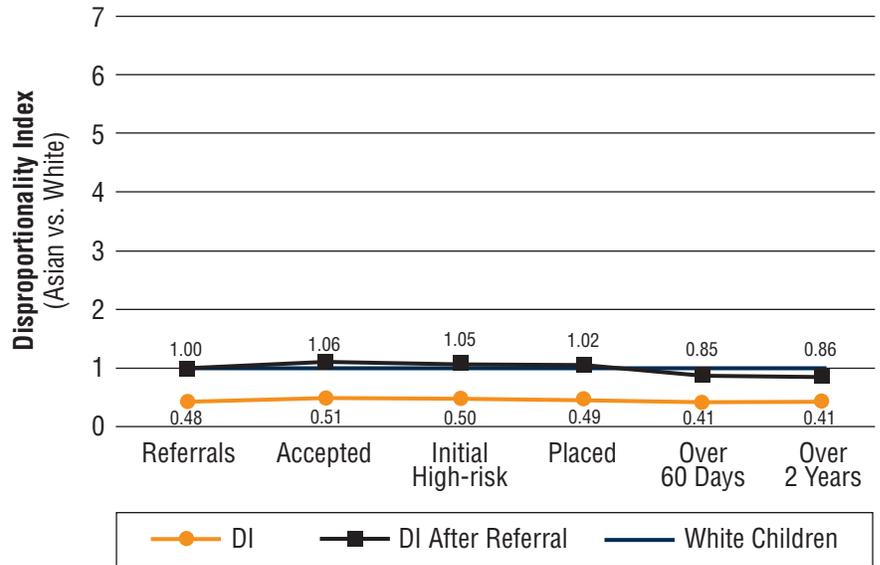


EXHIBIT 7
Asian Children Compared with White Children
STATEWIDE, 2004 COHORT



White children with a CPS referral, after referral, Black children are 1.5 times as likely to be in foster care for over two years.

Disproportionality for Asian children is somewhat different than for Indian and Black children (see Exhibit 7, above). Asian children are underrepresented: the DI is less than one at all decision points and outcomes. That indicates that Asian children are represented at rates significantly lower than White children. The overall disproportionality does not change with increased involvement in the system. At each of the decision points and outcomes after referral, we observe little or no disproportionality.

EXHIBIT 8
Hispanic Children Compared with White Children
STATEWIDE, 2004 COHORT

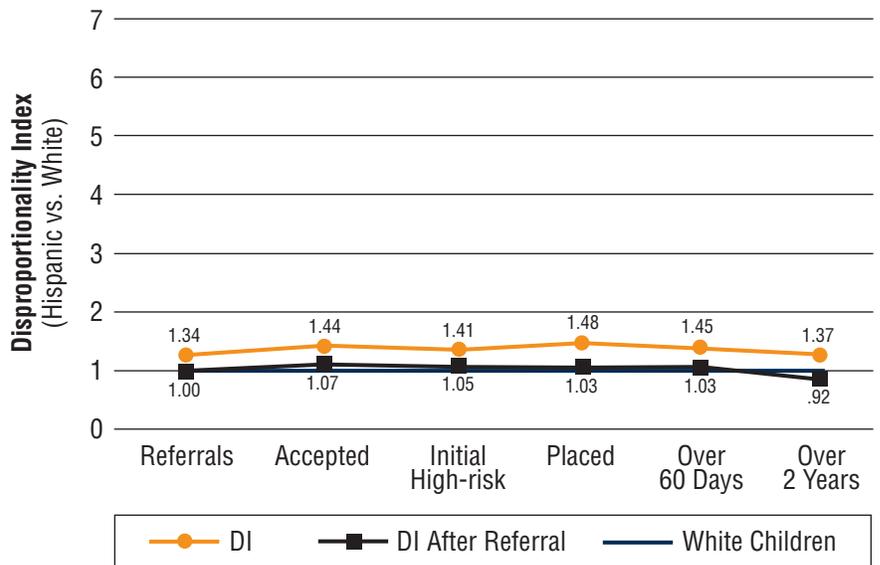


Exhibit 8 displays the DI for Hispanic children. The initial rate of referral for Hispanic children is 34 percent higher than for White children (DI=1.34). The DI for placements over two years is nearly the same as for a CPS referral. For Hispanic children, little or no disproportionality after referral is observed.

How does disproportionality affect placement outcomes for children?

Exhibit 9 shows outcomes for children removed from home following a CPS referral in 2004. Data was only available to November 2007 and as of that time some of the children were still in foster care placements. Placement outcomes for children removed from home following a CPS referral in 2004 fell into the following categories:

- Placement still open (still in foster care)
- Reach majority (age out of system)
- Adoption
- Guardianship
- Reunification

For each racial group, the likelihood of children removed from home having each of these outcomes was calculated and compared to likelihood for White children removed from home. These comparisons were tested for statistical significance. Thus for each racial group, we assess whether each of the five placement outcomes is statistically different from those of White children.

Placement Outcomes by Racial Group: Statistical Significance Compared to White Children

Compared to White children in CPS placements,

Indian children in CPS placements were:

- More likely to remain in foster care
- More likely to reach the age of majority
- Less likely to be adopted
- More likely to be in a guardianships
- Less likely to be reunified with parents

Black children in CPS placements were:

- More likely to remain in foster care
- As likely to reach the age of majority
- As likely to be adopted
- As likely to be in a guardianships
- As likely to be reunified with parents

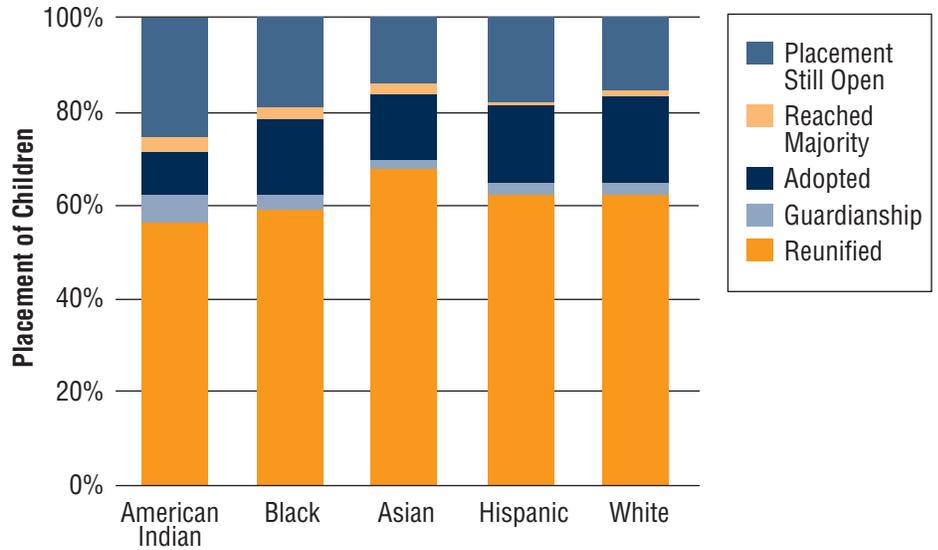
Asian children in CPS placements were:

- As likely to remain in foster care
- As likely to reach the age of majority
- As likely to be adopted
- As likely to be in a guardianships
- As likely to be reunified with parents

Hispanic children in CPS placements were:

- As likely to remain in foster care
- As likely to reach the age of majority
- Less likely to be adopted
- As likely to be in a guardianships
- As likely to be reunified with parents

EXHIBIT 9
**Outcomes for Children Removed from Home
 After a CPS Referral**



NOTE: This analysis omits children who were transferred to other jurisdictions. Most were Indian children transferred to tribal authority.

The reunification results differ from those of the King County report, which concluded that reunification for Black children was less likely than for White children.²⁴ Some of the difference can be explained by the two different approaches used in the analysis. We followed a cohort of children and examined their outcomes. The King County report examined all exits from foster care during a year. The key difference is that all the children in an exit sample have had a resolution of their cases, whereas the cohort analysis includes children whose cases have not yet been resolved.

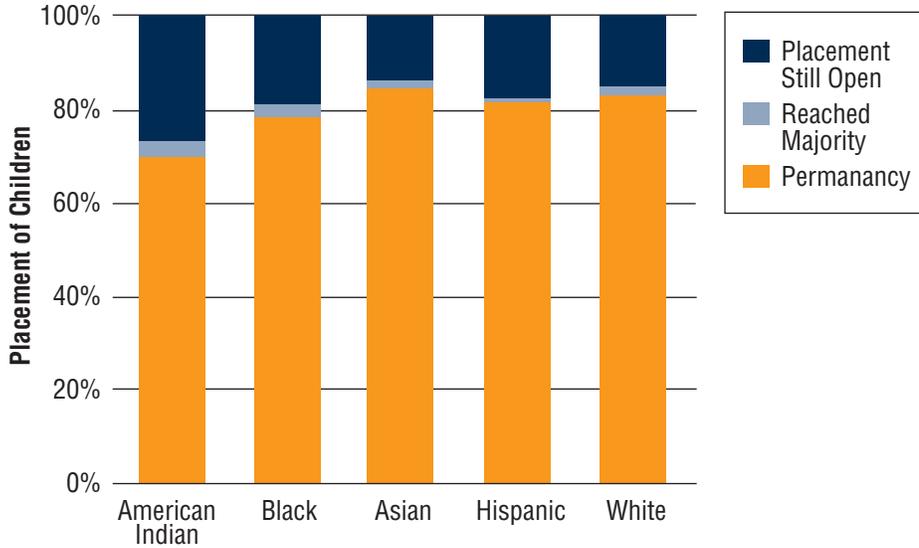
We replicated the King County approach, using all King County children who exited foster care in 2002 (the year of the King County data) and in 2004. In 2002, rates of reunification for Black children exiting.

foster care were significantly lower than rates for White children. In 2004, however, rates of reunification for Indian and Black children were not significantly different than rates for White children. It appears that in King County, disproportionality with respect to reunification varies by year.

An earlier Institute report found that reunification rates varied over time as the caseload of children in foster care differed from year to year. Factors such as the percentage of children referred for neglect, placements with relatives (“relative placements”), and children placed as infants affect reunification rates.²⁵

In Exhibit 10, reunification, guardianship, and adoption are combined into a single “permanency” outcome. By November 2007, Indian and Black children were significantly less likely to be in a permanent placement than White, Asian, or Hispanic children.

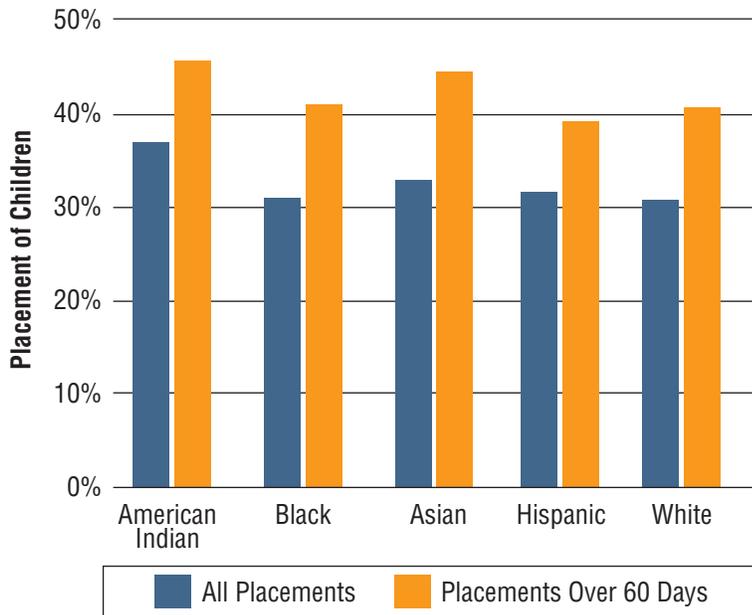
EXHIBIT 10
**Outcomes for Children Removed from Home
 After a CPS Referral**



Another possible outcome is placement with relatives. Although children in relative placements, as well as children with guardianships, are still legally involved in the child welfare system, relative placements are considered preferable to foster care. Relative placements provide more stability for children and encourage family attachment. Exhibit 11 shows the percentage of children, by race, in relative care; the likelihood of being placed with relatives is roughly the same across racial groups. Placements that last longer than 60 days more often involved relative care.

We found no significant difference among races in the percentage of children placed with relatives.

EXHIBIT 11
Children in Relative Placements Following CPS Referral



Court Outcomes

We have shown that disproportionality exists by the time the decision is made to remove a child from home. To examine disproportionality in the courts, we use the same methods, starting with the child's removal from the home. Exhibit 12 shows the legal events as percentages of children removed from home.

These legal events include the following:

- Dependency case filed
- Declared independent
- Termination petition filed
- Parental rights terminated
- Adoption

Of the 4,744 children in placements linked to CPS referrals, 3,334 children (70 percent) could be linked to a dependency case in the courts.²⁷ Dependencies were established for most of these children (3,309). Termination petitions begin the proceedings to terminate parental rights. Termination of parental rights refers to the court order terminating those rights; we include cases involving both court orders of termination and relinquishment of parental rights.

As a percentage of children with placements, court case filings and establishment of dependencies were significantly less for Black, Asian, and Hispanic children than for White children.

Among children in placements linked to CPS referrals, Indian children were less likely to be involved in a termination proceeding or be adopted. This finding may be a product of explicit policies and procedures under the Indian Child Welfare Act that discourages termination of parental rights.²⁸

EXHIBIT 12
Legal Outcomes for Children Removed from the Home

	Indian+	Black	Asian	Hispanic	White	All Races
Children Removed From Home Following a CPS Referral	658 (100%)	513 (100%)	154 (100%)	610 (100%)	2,808 (100%)	4,744 (100%)
Children with a Dependency Case	489 (74%)	324 (74%)*	95 (74%)*	412 (74%)*	2,013 (72%)	3,334 (70%)
Children Declared Dependent	477 (72%)	324 (72%)*	95 (72%)	410 (72%)*	2,002 (71%)	3,309 (70%)
Children for whom a Termination Petition was filed	109 (17%)	153 (17%)	34 (17%)	150 (17%)	809 (29%)	1,256 (26%)
Children where Parental Rights were Terminated	105 (16%)**	149 (16%)	37 (16%)	149 (16%)	776 (28%)	1,216 (26%)**
Children who were Adopted	50 (8%)**	79 (8%)	22 (8%)	85 (8%)	511 (18%)	747 (16%)**

+ Children transferred to other jurisdictions are not included in the analysis of court events.

* Indicates significance at p=0.05

** Indicates significance at p<0.01

Rates for white children are in shaded area for ease of visual comparison.

How is disproportionality affected by family structure, poverty, geography, and other factors?

Referrals to CPS. As we have shown, disproportionality for all racial/ethnic groups is present (either positive or negative) at the point of referral to CPS. Some professionals are required by law to report suspected abuse or neglect. They are often called “mandated reporters.”

Can the disproportionality be explained because of these “mandated reporters”?

Across racial groups, we observed about 60 percent of CPS referrals are from mandated reporters. The exception is Asian children: 79 percent of these referrals come from mandated reporters.

Exhibit 13 provides information about the number of children referred to CPS by the type of reporter, mandated and non-mandated. It also shows the percentage of all referrals by reporter type, rates per 1,000 children and the Disproportionality Index (DI) for mandated and non-mandated reporters.

For example, in 2004, 5,642 Black children were referred to CPS. Of these, 3,532, or 63 percent, were referred by a mandated reporter at a rate of 40.7 per 1,000 children. These compare to 60 percent of White children referred by mandated reporters at a rate of 20.5 per 1,000 children. This gives a DI for Black children of 1.98 (40.7 / 20.5). The same approach yields a DI for Black children referred by non-mandated reporters of 1.76. Although disproportionality is greater among mandated reporters, it persists regardless of reporter type.

EXHIBIT 13
Mandated vs. Non-Mandated Reporters, CPS Referrals, 2004 COHORT

	Indian	Black	Asian	Hispanic	White	All Races
Census Population	55,872	86,861	122,406	159,828	1,086,865	1,511,832
	CPS Referrals					
All CPS Referrals	5,612	5,642	2,011	7,377	37,362	58,005
Rate per 1,000 Children	100.4	65.0	16.4	46.2	34.4	38.4
Disporportionality Index	2.92	1.89	0.48	1.34	1.00	N/A
BY REPORTER TYPE						
Mandated						
Number of Referrals	3,456	3,532	1,452	4,790	22,335	35,565
Percent of Referrals	62%	63%	72%	65%	60%	61%
Rate per 1,000 Children	61.9	40.7	11.9	30.0	20.5	23.5
Disporportionality Index	3.01	1.98	0.58	1.46	1.00	N/A
Non-Mandated						
Number of Referrals	2,156	2,110	559	2,587	15,027	22,440
Percent of Referrals	38%	37%	28%	35%	40%	39%
Rate per 1,000 Children	38.6	24.3	4.6	16.2	13.8	14.8
Disporportionality Index	2.79	1.76	0.33	1.17	1.00	N/A

Rates for white children are in shaded area for ease of visual comparison.

The disproportionality results are similar at the point of out-of-home placement (see Exhibit 14). Disproportionality is consistently greater for mandated reporters, but it is observed even among non-mandated reporters who are most often friends, relatives, or neighbors.

A breakdown of the specific types of reporters (e.g., law enforcement, educators, or medical professionals) is provided in Appendix A.4.

EXHIBIT 14
Mandated vs. Non-Mandated Reporters, CPS Out-Of-Home Placement, 2004 COHORT

	Indian	Black	Asian	Hispanic	White	All Races
CPS Referrals						
All CPS Referrals	658	513	154	610	2,808	4,744
Rate per 1,000 Children	11.8	5.9	1.3	3.8	2.6	3.1
Disporportionality Index	4.56	2.29	0.49	1.48	1.00	N/A
BY REPORTER TYPE						
Mandated						
Number of Referrals	526	398	133	486	2,153	3,697
Percent of Referrals	80%	78%	86%	80%	77%	78%
Rate per 1,000 Children	9.4	4.6	1.1	3.0	2.0	2.4
Disporportionality Index	4.76	2.32	0.55	1.54	1.00	N/A
Non-Mandated						
Number of Referrals	132	115	21	124	655	1,047
Percent of Referrals	20%	22%	14%	20%	23%	22%
Rate per 1,000 Children	2.4	1.3	0.2	0.8	0.6	0.7
Disporportionality Index	3.91	2.19	0.29	1.29	1.00	N/A

Rates for white children are in shaded area for ease of visual comparison.

Child Age and Disproportionality. We examined how disproportionality at referral varies by the age of the child at time of referral (see Appendix A.6). For Black, Hispanic, and Asian children, disproportionality does not change with age. Among Indian children, disproportionality is greatest for infants and declines for older children.

At the decision to remove a child from home, the pattern of disproportionality and age is quite different. Among Indian children, disproportionality varies little with age unless children are older; for children over 10 years old, the DI increases. The DI is greater for Black children and Hispanic children ages 10 to 14. While the DI is always less than one for Asian children, representation is closer to that of White children for those over 10 years old.

Geography. DSHS divides the state into six geographical regions for administrative purposes. These regions are displayed in Exhibit 15. We use the regions to examine the legislative directive to study geographical differences in disproportionality.

EXHIBIT 15
Washington State DSHS Administrative Regions

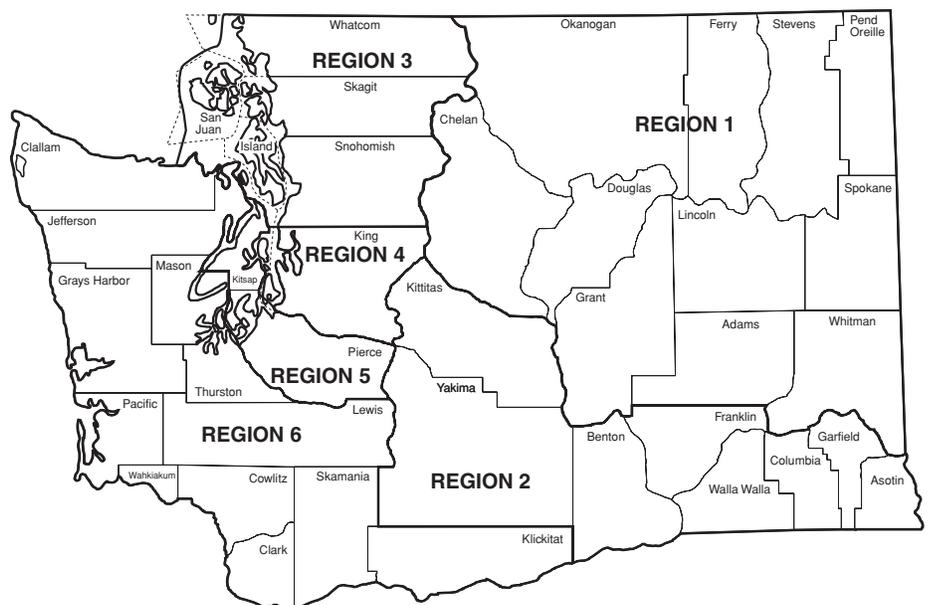
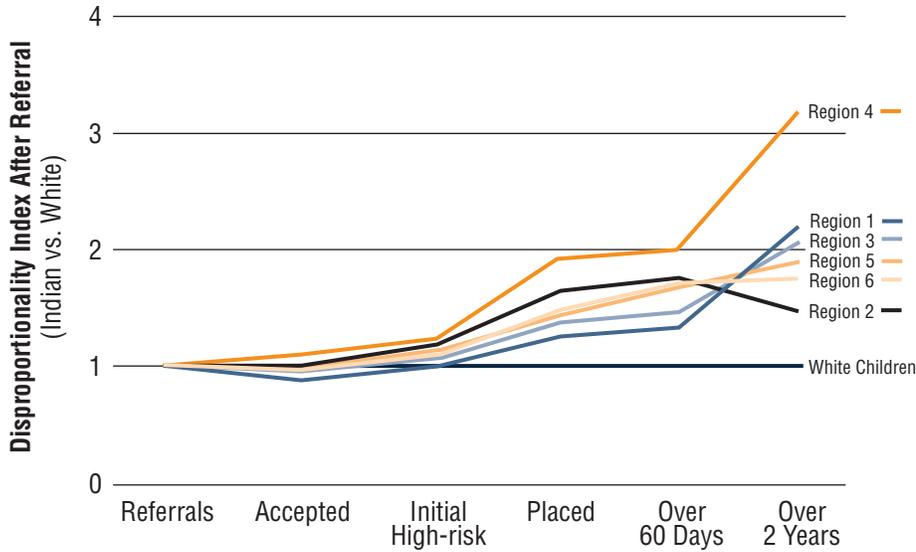


EXHIBIT 16
Disproportionality After Referral
INDIAN CHILDREN IN EACH DSHS REGION, 2004 COHORT



Disproportionality varies by DSHS region. Exhibits 16, 17, and 18 display the Disproportionality Index After Referral for Indian, Black, and Hispanic children in each region. In comparing regions, we calculate DIAR compared to White children in the same region. We do not include a chart for Asian children as the numbers of these children in each of the regions are small and in no region does the DIAR exceed a value of one at any decision point or outcome. The actual values for each race, region, and decision/outcome are provided in Appendices B.1 – B.6.

Exhibit 16 shows the DIAR for Indian children in each of the regions. In all regions, DIAR for increases at later points in the system. In Region 4, the DIAR at placement is nearly two, indicating that Indian children referred to CPS are nearly twice as likely to be removed from home as White children referred to CPS. At the point of placement for over two years, the DIAR for Indian children in Region 4 is greater than three.

EXHIBIT 17
Disproportionality After Referral
BLACK CHILDREN IN EACH DSHS REGION, 2004 COHORT

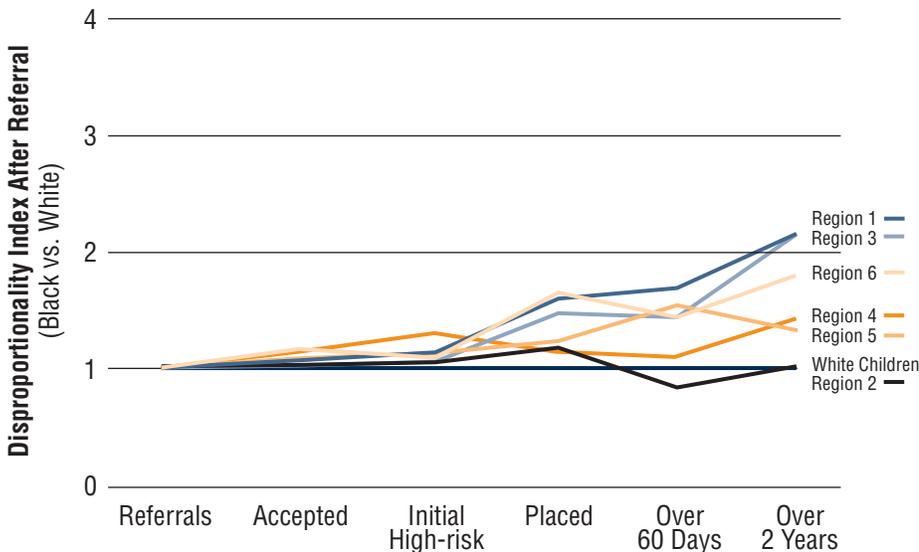
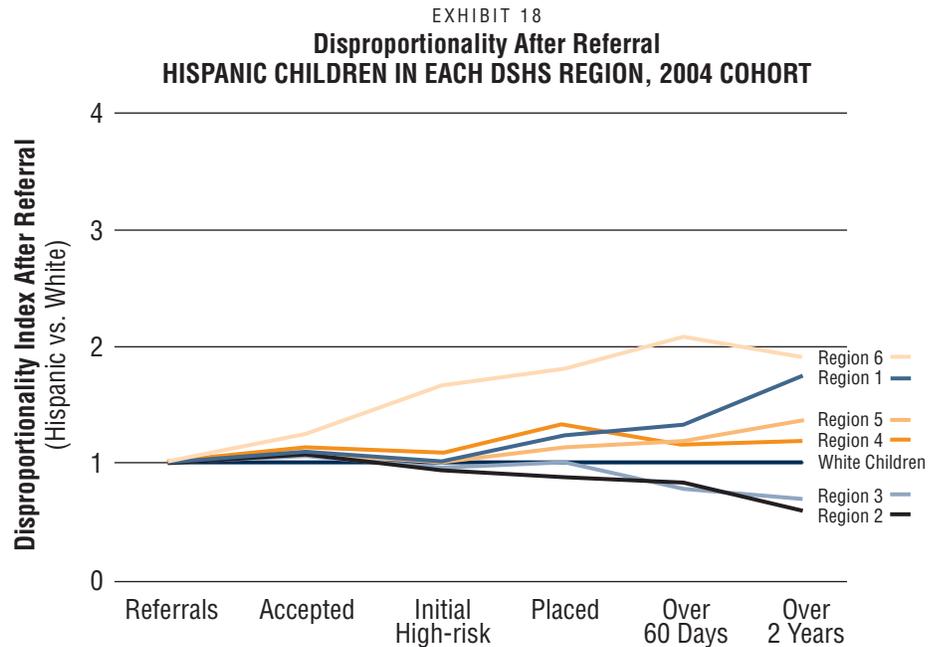


Exhibit 17 shows disproportionality after referral by region for Black children. In Regions 1, 3, and 6 DIAR is greater than in other regions. In these regions, the key points are removal from home and remaining in care for over two years. In Region 2, DIAR is always close to one, indicating similar outcomes for Black and White children in that region.

Disproportionality after referral for Hispanic children by region is shown in Exhibit 18. DIAR is greatest in Region 6 where Hispanic children are more than twice as likely as White children referred to CPS to be in care for over 60 days. In Regions 2 and 3, DIAR indicates that Hispanic children are less likely to be in care for over 60 day or over two years.



Poverty and Family Structure

Extensive evidence points to a clear relationship between family poverty and involvement in the child welfare system.²⁹ The Third National Incidence Study of Child Abuse and Neglect, conducted in 1993 and 1994, found that family income had the strongest relationship to child maltreatment of all the factors analyzed.³⁰

In 2004, 332,100 children in Washington lived in households that received food stamps. This represented 24 percent of all children in the state. In the same year, 38 percent of children referred to CPS received food stamps. The regression analyses show that receipt of food stamps is significantly associated with further involvement at all points through placement for over 60 days. Children with CPS referrals represent 7 percent of all children receiving food stamps in the same year.

EXHIBIT 19
Children in Washington Receiving Food Stamps

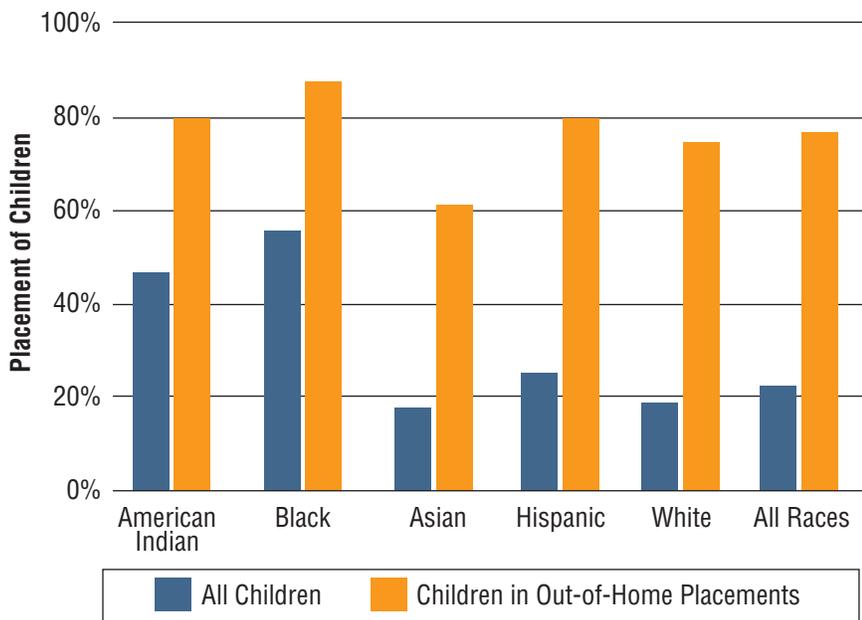
All children receiving food stamps in Washington (2000 Census)	332,100
Children referred to CPS	22,619
Children with CPS referrals as percentage of food stamp population	7%

Turning to family structure, relevant data are more limited in CAMIS. CAMIS collects data on family structure only for children removed from home. CAMIS relies on the following definitions for family structure:

- Married couple
- Single father
- Single mother
- Unmarried couple

Exhibit 20 shows the percentage of children living in households headed by a single parent. For each race, the chart shows the percentage of all children living with a single parent in Washington and the percentage of children removed from home after a CPS referral. Across all races, children in households headed by single parents are more likely to be in foster care. For example, 18 percent of White children in Washington live in a home headed by a single parent, while 74 percent of White children in foster care were living in single parent households at the time of out-of-home placement.

EXHIBIT 20
Children in Households Headed by Single Parents



Living in a single parent household is associated with an increased likelihood that a child will be removed from home after a CPS referral, regardless of race. This risk, however, needs to be placed in appropriate context. While single-parent status increased the likelihood of child welfare involvement, data in Exhibit 21 indicate that 1 percent of all children from single parent homes were placed in foster care in 2004.

EXHIBIT 21
Children in Single Parent Homes in Washington Placed in Foster Care

All children in single parent Washington households (2000 Census)	362,265
Children CPS placements	3,379
percentage of children from single parent homes placed out of home	1%

To supplement this analysis, we used a subset of children referred to CPS in 2004 whose families also received food stamps in the same year. In Section III, we used regression analysis to examine the influence of family structure on decisions for children following a CPS referral, looking only at those families who received food stamps.

Section III: Regression Analysis Results

Up to this point, we have sequentially reported on decisions and outcomes, as well as some factors related to outcomes. We expect that these factors work in combination to affect decisions and outcomes. Regression analysis isolates the effects of race from the other case characteristics available in the administrative data.³¹

Exhibits 22A and 22B show results from logistic regression analyses for key decision points and outcomes. Logistic regression allows us to assess, at each step in the process, the likelihood that Indian, Black, Asian, and Hispanic children will be retained in the system as compared with White children. We use logistic regression to model the likelihood of a child remaining in the child welfare system at five key decision points or outcomes after referral:

- Acceptance of referral;
- Of accepted referrals, children assessed to be at high-risk for abuse or neglect;
- Of high-risk children, those placed out of home;
- Of children placed out of home, those who remain out of home for over 60 days; and
- Of those in care for over 60 days, those who remain for over two years.

Logistic regression also allows us to control for factors other than race that may affect outcomes. Those factors include type of alleged abuse, child gender, type of referrer, child age at referral, DSHS region, and poverty (that is, the family received food stamps). Analyses of events early in the process also control for the intake worker who recorded the call and assigned the initial risk tag.³² The full results of these “multivariate” regressions are included in Appendix A.3.

The key findings summarized below discuss the results for each racial group in comparison with White children, controlling for other case characteristics.

Key Findings by Racial Group

Compared with White children,

Indian children referred to CPS were:

- Less likely to have a referral accepted.
- More likely to have a high risk tag at intake.
- More likely to be removed from home if they had a high risk at intake.
- If removed from home, as likely to remain in care for over 60 days.
- More likely to remain in care two years later.

Black children were:

- More likely to have a referral accepted.
- More likely to be assessed high risk at intake.
- As likely to be removed from home.
- As likely to be in care for over 60 days.
- More likely to be in care for over two years.

Asian children were:

- More likely to have a referral accepted.
- As likely to be assessed high risk.
- As likely to be removed from home.
- As likely to remain in care for over 60 days.
- As likely to remain in care for over two years.

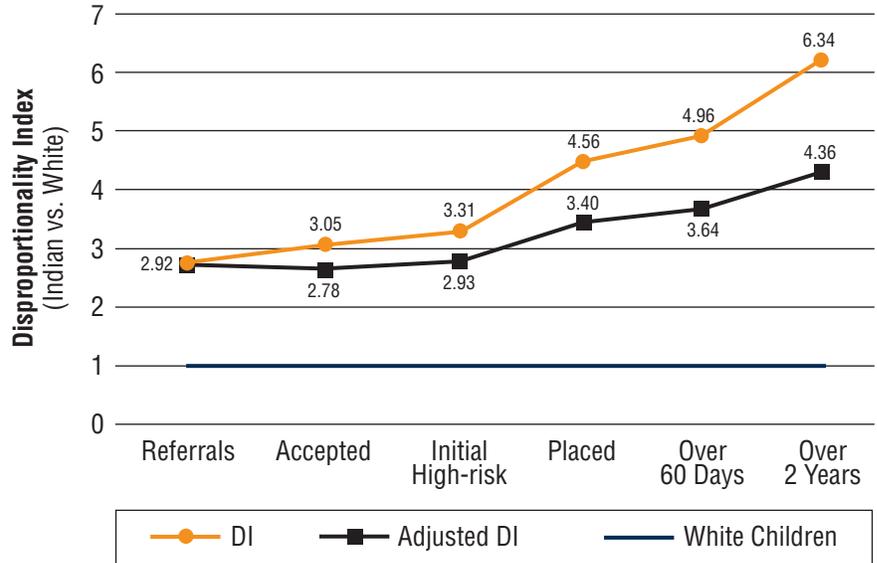
Hispanic children were:

- More likely to have a referral accepted.
- As likely to be assessed high risk at intake.
- More likely to be removed from home if high risk.
- As likely to remain in care for over 60 days.
- As likely to remain in care for over two years.

Using the logistic regression results, we calculate what the Disproportionality Index would look like after controlling for case characteristics in the regression. Exhibits 22 through 25 show the disproportionality and the adjusted disproportionality after controlling for known characteristics. In each exhibit, the first graph (A) shows overall disproportionality. The second graph (B) uses a different scale and shows only the disproportionality that occurred after children were referred to CPS. The chart also shows DIAR after adjusting for case characteristics.

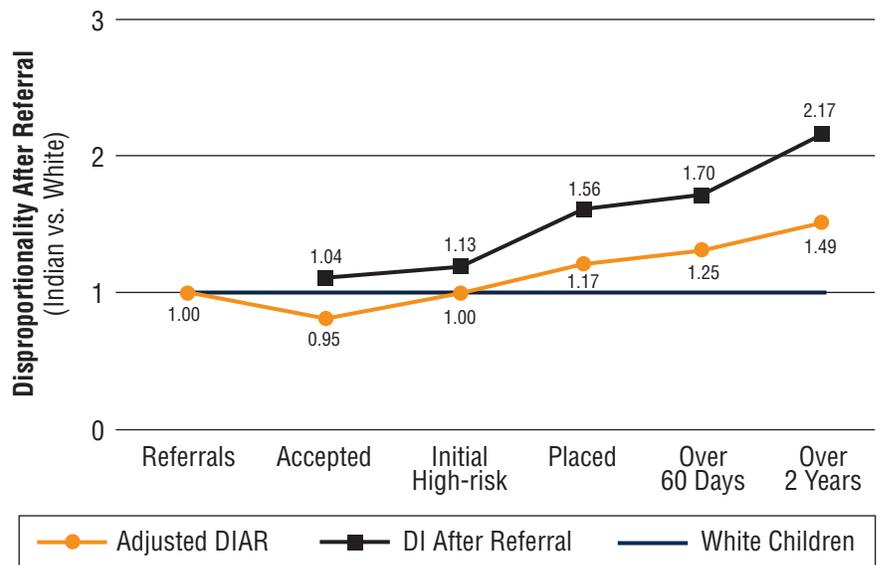
After adjusting for case characteristics, the Disproportionality Index for Indian children was less than the raw value that did not take other factors into account. Among Indian children involved in the child welfare system, case characteristics – other than race – accounted for 25 percent of the overrepresentation of Indian children at the point of removal from home.

EXHIBIT 22A
**Disproportionality for Indian Children
 With Regression-Adjusted Results**



The lower overall adjusted disproportionality is reflected in a lower DIAR referral to CPS. After regression adjustment, the DIAR for Indian children remained unchanged until the decision to place a child out of home, when it increased to 1.17.

EXHIBIT 22B
**Disproportionality After Referral for Indian Children
 With Regression-Adjusted Results**



Exhibits 23 through 25 show that adjusting for case characteristics has only small effects on disproportionality for other races. Numbers on these charts indicate the adjusted disproportionality indices.

EXHIBIT 23A
**Disproportionality for Black Children
 With Regression-Adjusted Results**

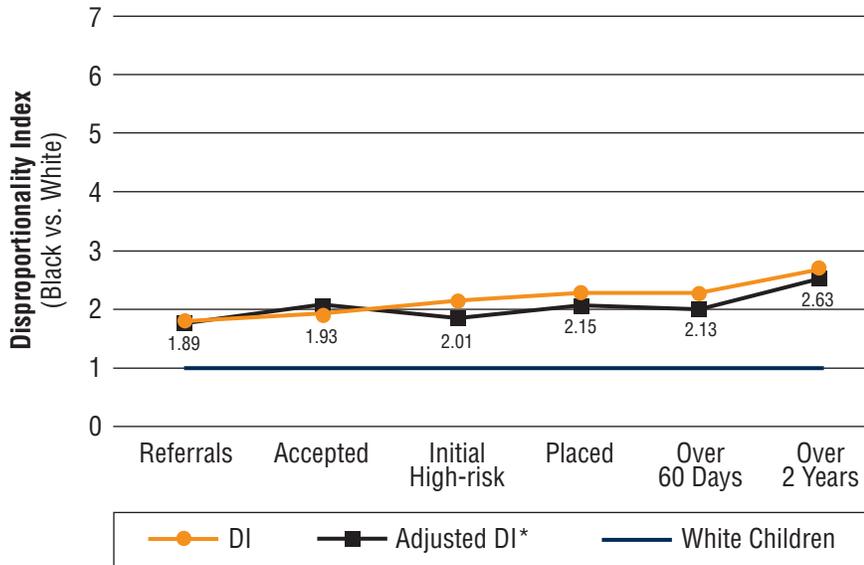


EXHIBIT 23B
**Disproportionality After Referral for Black Children
 With Regression-Adjusted Results**

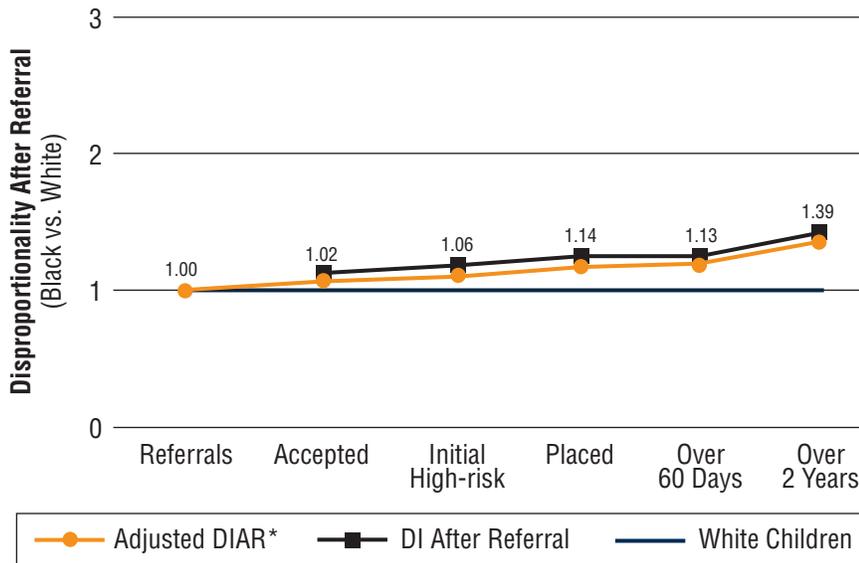


EXHIBIT 24A
**Disproportionality for Asian Children
 With Regression-Adjusted Results**

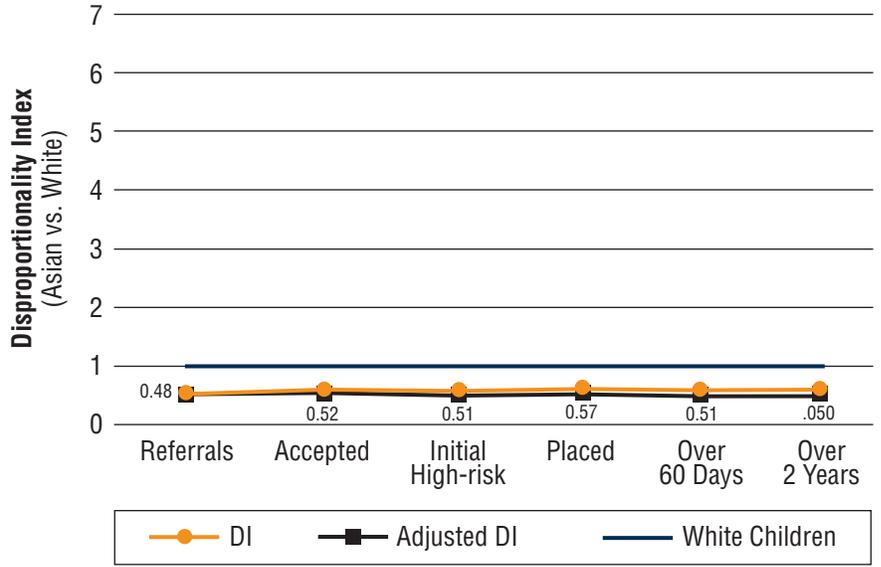


EXHIBIT 24B
**Disproportionality After Referral for Asian Children
 With Regression-Adjusted Results**

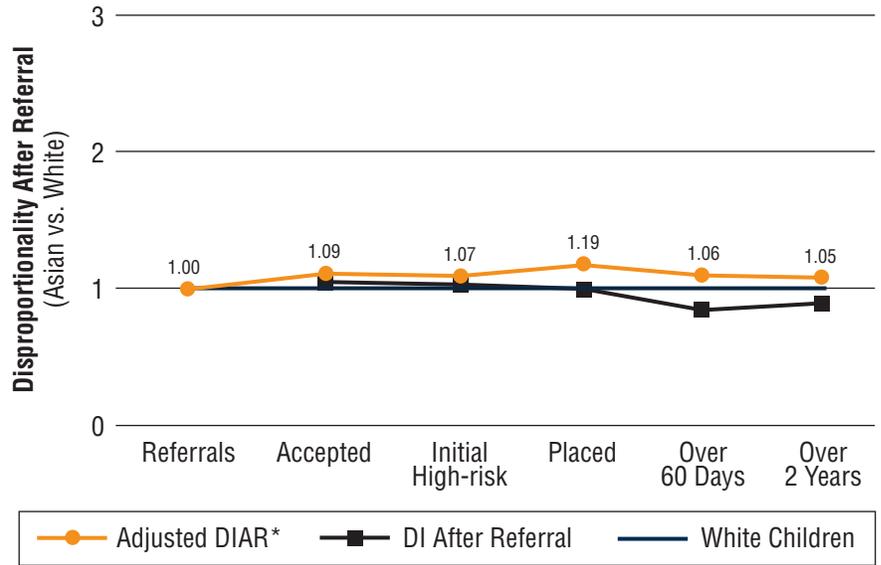


EXHIBIT 25A

**Disproportionality for Hispanic Children
With Regression-Adjusted Results**

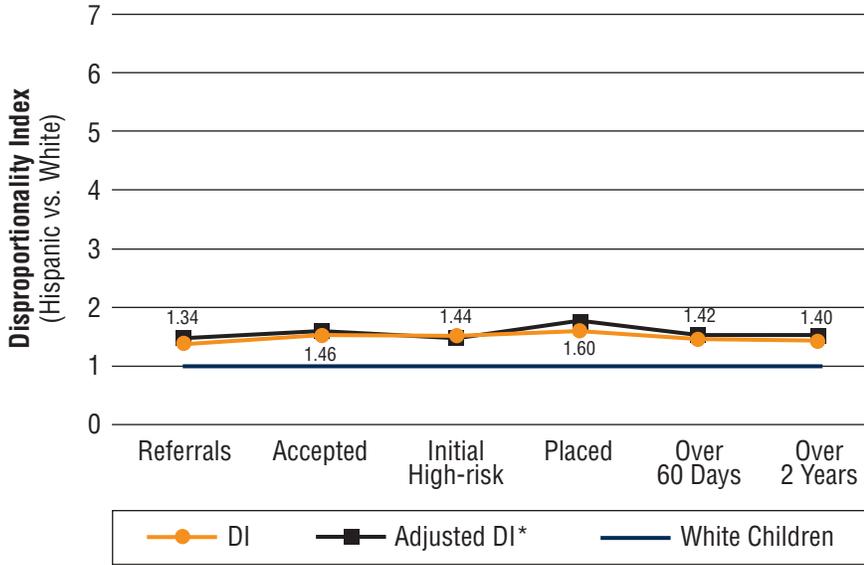
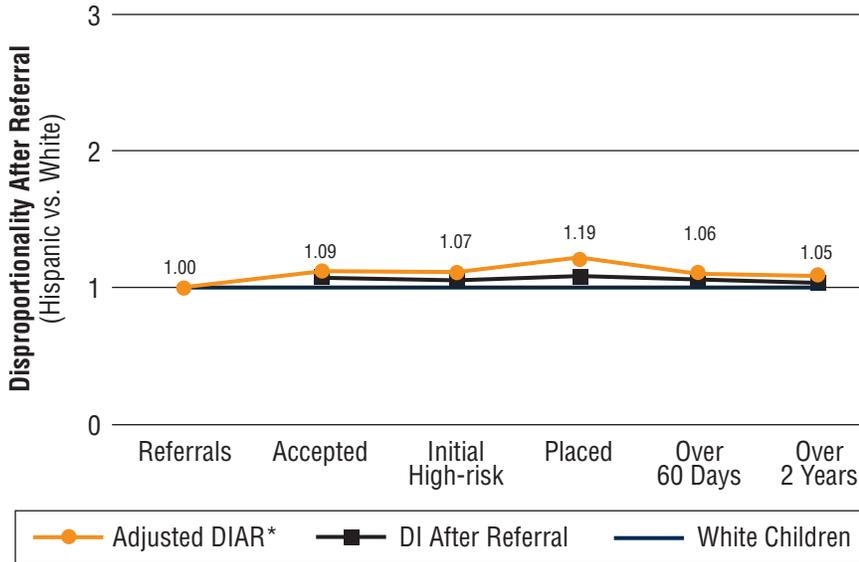


EXHIBIT 25B

**Disproportionality After Referral for Hispanic Children
With Regression-Adjusted Results**



Permanency. For each racial group, we analyzed the likelihood of reunification with parents and permanent placement within two years of out-of-home placement. The broader category of permanency includes reunification as well as guardianship and adoption. We found that, in comparison with White children:

- Asian and Hispanic children were more likely to be reunified within two years.
- Indian and Black children were less likely to have permanent outcomes within two years.

Black and Indian children entering care in 2004 were as likely as White children to reunify with their families within two years. Asian and Hispanic children were as likely as White children to have permanent outcomes.

Court outcomes. We also analyzed two court outcomes using regression analysis. The first is the establishment of a dependency,³³ and the second examines termination of parental rights among dependent children. We found that, in comparison with White children:

- Black and Hispanic children were less likely to have a dependency established.
- Indian children were less likely to have parental rights terminated.

Indian and Asian children in placements linked to a CPS referral were as likely as White children to have a dependency established. Black, Asian, and Hispanic children were as likely to experience termination of parental rights as White children.

Family Structure. To understand whether family structure affects outcomes, similar analyses were conducted considering only children whose families received food stamps. (These are the only children for whom household composition information is available for the decision points examined.) Results for family structure compare various family structures to families with single mothers. We found that, in comparison with children in single mother households:

- Children in single father households were less likely to have a referral accepted and more likely to have an out-of-home placement.
- Those in two-parent households were more likely to have referral accepted and less likely to have an out-of-home placement.
- Children living with mothers and others (non-parents) were more likely to have an initial risk tag of 3 or higher and less likely to have an out-of-home placement.
- Children in relative or guardian households were less likely to have an accepted referral.

We also examined family structures for children who were removed from the home. Family structure is available for the entire population of children removed from the home (including those who do not receive food stamps). We found that, compared with children who had been living with single mothers:

- Children living with single fathers were less likely to be in out-of-home care for over 60 days.
- Children living with an unmarried couple were more likely to be in out-of-home care for over 60 days.
- Children placed out of home for at least 60 days who had been living with a married couple were less likely to be in out-of-home care for over two years.

Summary of Main Findings

The first task of this legislatively directed analysis was to determine whether racial disproportionality exists in Washington's child welfare system. The analysis identified children who were referred to CPS in 2004 and followed their involvement in the child welfare system until November 2007. Indian, Black, and Hispanic children were present in the system at rates greater than White children. Relative to White children, Indian children were nearly three times as likely to be referred to CPS and over six times as likely to be in foster care for over two years. Disproportionality also existed for Asian children, who were under-represented in Washington.

The second task was to examine disproportionality at all major decision points in the child welfare system. From the analysis, it is clear that most of the disproportionality occurred when someone makes a referral to CPS to report suspected abuse or neglect. The type of referrer – for example mandated reporters or informal reports by neighbors, relatives, and friends – appears not to account for the disproportionality found for Indian, Black, and (to a lesser extent) Hispanic children. Involvement at this stage reflects disproportionality at the societal, not institutional level. Outcomes after referral may be improved, but if entry rates stay imbalanced, disproportionality will still exist (unless White children, in large numbers, stay longer or exit later).

After controlling for other characteristics, factors that contributed to further disproportionality appear to be:

- The decision to remove a child from home.
- Longer time to permanency for children in foster care, especially for Indian and Black children.

A third task was to provide information on low-income and single-parent families involved in the child welfare system. Our analysis finds that in 2004, children from low-income families were over-represented in the child welfare system. This factor helps to explain some of the disproportionality observed. Single-parent status also was related to placement of children in foster care. According to the 2000 census, 25 percent of children in Washington lived in a household headed by a single parent. By contrast, 76 percent of children in foster care came from single-parent homes. Among children in foster care, the percentage of children from single-parent homes ranged by race from 62 percent for Asian children to 88 percent for Black children.

The fourth task was to determine whether outcomes for children in the child welfare system vary by race. Our analysis suggests that:

- Indian children had the greatest disproportionality at referral, were more likely to be removed from home, reunified less often with their families, and were more likely to remain in foster care.
- Black children were more likely to be removed from home, and remain in care longer than White children. They reunified about as often as White children. However, after two years they were more likely to remain in foster care and less likely to be in a permanent placement than White children.
- Hispanic children were referred to CPS at higher rates than White children. Disproportionality changed little for Hispanic children after referral to CPS.
- Asian children were referred at rates of about half of those for White children. Disproportionality did not change at any of the major decision points.

The results of regression analysis, which controlled for known case characteristics, including poverty, geography, type of neglect, age of the child, type of reporter and, where possible, family structure, still indicated disproportionality at many points in the child wel-

fare system. After this adjustment, however, the degree of disproportionality was found to be lower for Indian children and slightly lower for Black children.

When we applied regression analysis to the two key outcomes in the legal system – establishment of a dependency when children were removed from home and termination of parental rights among dependent children – we found little or no disproportionality in court outcomes.

The Legislature directed the committee to aggregate results by geographical region. Rather large differences in disproportionality, especially for Indian and Black children, existed across the six DSHS administrative regions. In general, disproportionality was greatest in Region 4 (King County).

Cautions and Limitations. It is important to repeat that this analysis addresses only the issue of disproportionate representation of children of color in the child welfare system. The causes of the disproportionality remain unclear. With the administrative databases available for analysis, we can say little about disparity of treatment.

Acknowledgements

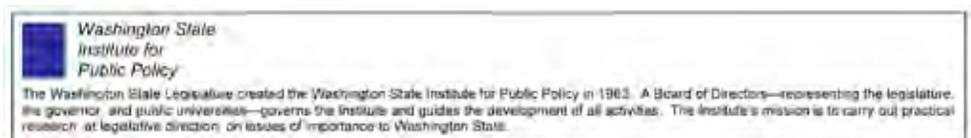
I am grateful to the many people who contributed to this project.

The Racial Disproportionality Advisory Committee provided considerable guidance and insight throughout the report preparation.

Thanks to the efforts of Kathryn Beall at the DSHS Research and Data Analysis Division, we were able to include poverty in our analysis of disproportionality in the child welfare system.

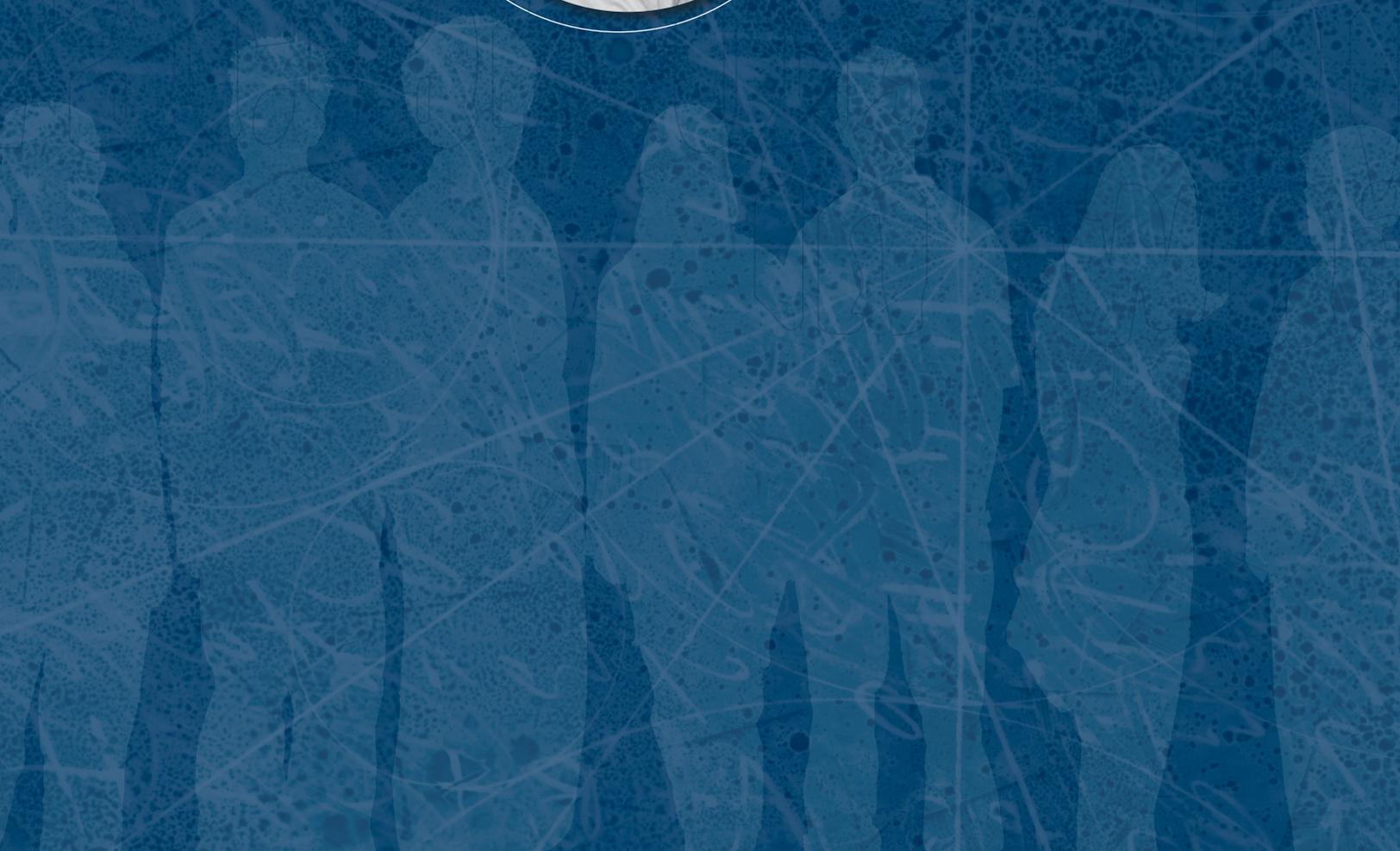
Cindy Ellingson, Lee Doran, Matt Orme, Paul Smith, and Leah Stajduhar at Children's Administration were extremely helpful in interpreting CAMIS data and clarifying DSHS rules and procedures.

Finally, Laura Schrage at the Institute was helpful in all phases of the project.



CHAPTER 4

WASHINGTON STATE INSTITUTE
FOR PUBLIC POLICY APPENDIX



APPENDIX A

A1. Methods

A1.1 Data Sources. This analysis used data from four sources.

- 1) Children's Administration Case Management Information System (CAMIS). These are the administrative data from the Washington State Department of Social and Health Services (DSHS) Children's Administration. CAMIS is a relational database. Data are routinely downloaded for management purposes. The source of our data was the November 2007 download which included all cases recorded since July 1997. We received four parts of the download data.
 - A) All referrals. These could include referrals to the Division of Licensed Resources for complaints against licensed facilities. We extracted only the CPS referrals where the suspected abuser was a parent or caretaker. The dataset provided information from the intake including: child information including name, date of birth, gender, race, type of alleged abuse, the type of referrer, race of the child, ID, DSHS administrative region, office DSHS office taking the referral, intake worker, and risk tag at intake.
 - B) Accepted referrals. This dataset consisted only of accepted CPS referrals. We again restricted the data to cases where parents or caretakers were the alleged abuser.
 - C) Placements. This data set contained information on child placements, including children in-home placements. Placement information include begin and end dates of placement episodes, reasons for removing the child from home and the current or most recent placement type (e.g. foster home, relative home, group home, etc.), legal status. If the placement has ended, the table indicates the result, for example, reunified, guardianship, or adoption.
 - D) Legal actions. This table provides a record of court occurrences. For example, it records with dates such things as shelter care hearings, dependency orders, permanency planning hearings, and termination of parental rights.
- 2) Superior Court Management Information System (SCOMIS). We obtained court records for dependency and termination cases filed between July 1997 and August 2007. These data included person identifiers and docket records from which we could identify hearings, petitions, and court orders.

- 3) Food stamp records. The DSHS Division of Research and Data Analysis matched the CAMIS person identifiers of children were being the alleged victims of CPS referrals against records for families receiving food stamps during 2004. This match allowed us to use food stamp receipt as a proxy for poverty in the descriptive statistics as well as the regression analyses.
- 4) Census 2000. To identify the racial distribution of statewide population of children, we used

A1.2 Definitions

Grand episodes. CAMIS data record placement episodes for children. The rule in CAMIS is to close one episode and open another if a child is reunified with parents or goes into respite care (brief stays in another foster home, for example). If the reunification fails, or when the child returns from respite care, CAMIS closes those episodes and opens another. These will look like three placements although the child has not left state care. So that we are not misidentifying the end of state custody, we link together episodes for children if one episode begins within one day of the end of another. This also allows us to calculate time in care that reflects the entire period that the child is in state custody.

CPS placements. CAMIS does not identify which out-of-home placements are the result of a CPS referral. However, Children's Administration reports a number to the National Child Abuse and Neglect Data System (NCANDS). NCANDS defines a CPS placement as any placement occurring in the 90 days following a CPS referral. We followed the same protocol, taking all referrals in 2004 and matching to grand episodes beginning within 90 days. If a child had more than one referral in the 90-day window, the last referral was considered the index referral.

Legal outcomes. The primary source for identifying legal outcomes was SCOMIS data. However, some children with court cases could not be matched to SCOMIS although CAMIS legal tables indicated the child had a dependency case. For those children, we relied on legal information from CAMIS.

Race. The race of children is coded in up to six fields in CAMIS in addition to an ethnicity code. As described in the report, the Research Subcommittee proposed rules to identify races.

American Indian. If any of the six racial codes indicated "Indian American," the child was coded Indian in our analysis.

Black. If a child had no Indian heritage, but any of the codes indicated "Black or African American," the child was coded as Black.

Asian/Pacific Islander. If a child was coded as Asian or one of the codes for Pacific Islander, with no Black or American Indian heritage, the child’s race was coded as Asian. The CAMIS codes for this category included:

Asian Indian	Vietnamese
Other Asian	Other Pacific Islander
Chinese	Hawaiian
Filipino	Samoaan
Japanese	Guamanian
Korean	

Hispanic. Any child with Hispanic heritage, but not in the first three categories, was coded as Hispanic. The CAMIS codes for the Hispanic category included:

Other Spanish/Other Hispanic
Cuban
Mexican, Mexican-American, Chicano
Puerto Rican

White. Any child with no indication of Indian, Black, Asian, or Hispanic race/ethnicity where CAMIS indicated “White” was coded White.

Missing and Unknown races. About 5 percent of children with CPS referrals and 2 percent removed from home had no race coded. These children were apportioned to the above five racial groups based on the frequency of other racial groups. For example, in Region 4, 24 percent of children referred to CPS identified race were Black, so we assigned 24 percent of children with unknown race to Black category.

Children with missing or unknown race were omitted from the regression analyses.

A2. Initial Risk and Intake Workers. The risk tag assigned at intake of CPS referrals varies significantly by region. Exhibit A1.1 displays the results of a generalized linear model analysis of regional variation. The letter in the column “Duncan test” is a measure of significant differences. Regions with the same letter are not significantly different from each other. Thus, the average risk assigned in Region 3 is significantly greater than all other regions. Regions 5 and 4 are not different from each other but are different from all other regions. These regional differences may reflect regional variation in the complexity of cases or they may be indicative of regional differences in practice.

Exhibit A2.1
Average Initial Risk by Region

Average Risk Assigned	Number of Children	Region	Duncan Test
3.65	10,892	3	A
3.47	7,843	5	B
3.46	9,935	4	B
3.44	7,453	1	C
3.22	6,870	2	D

Worker risk. According to staff at Children’s Administration, intake workers are not assigned to specific types of cases, but rather they take incoming calls in a random rotation. The average risk tag assigned varies significantly among workers. We created a variable called Worker Risk which is the average risk tag assigned across cases on the workers’ caseload in 2004. We include this variable in the regression analyses because the average risk assigned by intake worker in his or her caseload is a strong predictor of removal of children from home.

A3. Regression Analyses. The exhibits in this section give statistics from logistic regression analyses described in the report. The regression analyses model the likelihood of a decision or outcome that retains a child in the child welfare system, controlling for race and other factors. We include all the children with a CPS referral in modeling the likelihood a referral will be accepted. We model the high risk tag only for children with an accepted referral, and placement only for children assessed high risk at intake. Thus, the number of children decreases as we model later points in the system.

How to read these tables. Each table provides the logistic regression parameter and odds ratio for each factor. Except when factors are numbers, we omit a group to serve as comparison. For example, when considering the influence of race, we omit White children. The odds ratios in the table then compare the odds for any racial group with the odds for White children. An odds ratio of one would indicate that children of a given race are as likely as White children—given that other characteristics are the same—to experience a decision or outcome. Odds ratios of less than one indicate children of a given race are less likely than White children with similar characteristics; odds ratios greater than one indicate children of a given race are more likely than otherwise similar White children.

We also list the statistic, Area Under the Receiver Operation Characteristic (AUC). This statistic provides a measure of how well the model predicts an outcome. AUC can vary between 0 and 1. A value of 0.5 indicates the model does not predict the outcome. Values of 0.7 or greater would indicate the model does a good job of predicting the outcome.

Exhibit A3.1 provide regression result for the population of children with a CPS referral in 2004, modeling outcomes from accepted referral to in care for over two years. In the regression for modeling accepted referrals, we find that the odds for Indian children are significantly lower than for White children, controlling for other case characteristics. The odds ratio for Black children is not significantly different from White children. The odds ratio for Hispanic and Asian children is greater than one, indicating children in these two races are more likely to have a referral accepted. When we examine other factors that affect the decision to accept the referral, we find type of alleged maltreatment, type of reporter, number of prior accepted CPS referrals, child age, DSHS region, poverty, and the average risk score of the intake worker all significantly impact the decision.

Exhibit A3.1
Logistic Regression Results for Children With CPS Referrals in 2004
Decisions and Length of Stay

Referral Accepted
n=54,920, AUC=0.743

	Parameter Estimate	Odds Ratio
Race (omit White)		
Indian	-0.175	0.84
Black	ns	ns
Asian	0.350	1.42
Hispanic	0.219	1.25
Type of Maltreatment (omit neglect)		
Sex abuse	-1.658	0.19
Physical abuse	0.219	1.24
Abandon	1.515	4.55
Male	ns	ns
Type of Reporter (omit educator/daycare)		
Law enforcement	0.307	1.36
Medical professional	-0.110	0.90
Mental health	-0.489	0.61
Social services	-0.220	0.80
Friends/relative	-0.352	0.70
Others	-0.628	0.53
Number Prior Referrals	0.415	1.51
Child's Age (omit Ages 3 to 5)		
Infant	0.686	1.99
Ages 1 to 2	0.294	1.34
Ages 6 to 9	-0.287	0.75
Ages 10 to 13	-0.386	0.68
Ages 14 and older	-0.612	0.54
DSHS Region (omit Region 4)		
Region 1	0.321	1.38
Region 2	0.504	1.66
Region 3	ns	ns
Region 5	0.696	2.01
Region 6	-0.331	0.72
Food Stamps	0.146	1.16
Worker Risk	0.397	1.49

Initial Risk Tag 3, 4, or 5
n=38,998, AUC=.683

	Parameter Estimate	Odds Ratio
Race (omit White)		
Indian	0.312	1.37
Black	0.249	1.28
Asian	ns	ns
Hispanic	ns	ns
Type of Maltreatment (omit neglect)		
Sex abuse	1.065	2.90
Physical abuse	0.160	1.17
Abandon	ns	ns
Male	ns	ns
Type of Reporter (omit educator/daycare)		
Law enforcement	0.424	1.53
Medical professional	0.134	1.14
Mental health	-0.176	0.84
Social services	ns	ns
Friends/relative	ns	ns
Others	0.359	1.43
Number Prior Referrals	0.076	1.08
Child's Age (omit Ages 3 to 5)		
Infant	0.592	1.81
Ages 1 to 2	0.128	1.14
Ages 6 to 9	-0.234	0.79
Ages 10 to 13	-0.257	0.77
Ages 14 and older	-0.356	0.70
DSHS Region (omit Region 4)		
Region 1	-0.143	0.87
Region 2	-0.296	0.74
Region 3	ns	ns
Region 5	-0.371	0.69
Region 6	ns	ns
Food Stamps	0.345	1.41
Worker Risk	1.394	4.03

Exhibit A3.1 (cont'd)
Logistic Regression Results for Children With CPS Referrals in 2004
Decisions and Length of Stay

Removed From Home if High Risk at Intake
n=30,997, AUC=.757

	Parameter Estimate	Odds Ratio
Race (omit White)		
Indian	0.174	1.19
Black	ns	ns
Asian	ns	ns
Hispanic	0.125	1.13
Type of Maltreatment (omit neglect)		
Sex abuse	-0.280	0.76
Physical abuse	-0.151	0.86
Abandon	2.434	11.40
Male	-0.088	0.92
Type of Reporter (omit educator/daycare)		
Law enforcement	1.628	5.09
Medical professional	0.741	2.10
Mental health	ns	ns
Social services	0.765	2.15
Friends/relative	ns	ns
Others	ns	ns
Number Prior Referrals	0.121	1.13
Child's Age (omit Ages 3 to 5)		
Infant	1.405	4.07
Ages 1 to 2	0.315	1.37
Ages 6 to 9	-0.267	0.77
Ages 10 to 13	-0.213	0.81
Ages 14 and older	-0.195	0.82
DSHS Region (omit Region 4)		
Region 1	0.383	1.47
Region 2	0.172	1.19
Region 3	-0.260	0.77
Region 5	0.308	1.36
Region 6	0.416	1.52
Food Stamps	0.218	1.24
Worker Risk	0.531	1.70

Placements Lasting More Than 60 Days
n=4,550, AUC=.771

	Parameter Estimate	Odds Ratio
Race (omit White) Race		
Indian	ns	ns
Black	ns	ns
Asian	ns	ns
Hispanic	ns	ns
Type of Maltreatment (omit neglect)		
Sex abuse	ns	ns
Physical abuse	-0.272	0.76
Abandon	1.863	6.45
Male	ns	ns
Type of Reporter (omit educator/daycare)		
Law enforcement	ns	ns
Medical professional	ns	ns
Mental health	ns	ns
Social services	0.469	1.60
Friends/relative	0.364	1.44
Others	ns	ns
Number Prior Referrals	0.113	1.12
Child's Age (omit Ages 3 to 5)		
Infant	1.008	2.74
Ages 1 to 2	ns	ns
Ages 6 to 9	ns	ns
Ages 10 to 13	-0.520	0.60
Ages 14 and older	-0.841	0.43
DSHS Region (omit Region 4)		
Region 1	-0.285	0.75
Region 2	-0.290	0.75
Region 3	0.344	1.41
Region 5	-0.633	0.53
Region 6	ns	ns
Food Stamps	0.252	1.29
Any Relative Placement	1.309	3.70
Family Structure (omit single female)		
Married	ns	ns
Non-married couple	0.227	1.25
Single male	-0.337	0.71

Exhibit A3.1 (cont'd)
Logistic Regression Results for Children With CPS Referrals in 2004
Decisions and Length of Stay

Placements Lasting More Than Two Years

If in care for 60 days

n=3,082, AUC=.637

	Parameter Estimate	Odds Ratio
Race (omit White) Race		
Indian	0.358	1.43
Black	0.401	1.49
Asian	ns	ns
Hispanic	ns	ns
Type of Maltreatment (omit neglect)		
Sex abuse	ns	ns
Physical abuse	ns	ns
Abandon	ns	ns
Male	ns	ns
Type of Reporter (omit educator/daycare)		
Law enforcement	ns	ns
Medical professional	ns	ns
Mental health	ns	ns
Social services	ns	ns
Friends/relative	ns	ns
Others	-0.448	0.64
Number Prior Referrals	0.051	1.05
Child's Age (omit Ages 3 to 5)		
Infant	ns	ns
Ages 1 to 2	ns	ns
Ages 6 to 9	ns	ns
Ages 10 to 13	ns	ns
Ages 14 and older	-0.600	0.55
DSHS Region (omit Region 4)		
Region 1	-0.473	0.62
Region 2	ns	ns
Region 3	0.517	1.68
Region 5	ns	ns
Region 6	-0.295	0.74
Food Stamps	ns	ns
Any Relative Placement	-0.166	0.85
Family Structure (omit single female)		
Married	-0.340	0.71
Non-married couple	ns	ns
Single male	ns	ns

Exhibit A3.2 displays regression results of outcomes for children within two years of placement. One outcome is reunification with parents. The second is permanency within two years. Permanency includes reunification as well as legal guardianships and adoptions.

Exhibit A3.2
Logistic Regression Results for Children CPS Placements
Reunification and Permanency Within Two Years

**Reunification Within
Two Years**
n=4,550, AUC=0.717

**Permanency¹ Within
Two Years**
n=4,550, AUC=0.669

	Parameter Estimate	Odds Ratio
Race (omit White)Race		
Indian	ns	ns
Black	ns	ns
Asian	0.452	1.57
Hispanic	0.345	1.41
Type of Maltreatment (omit neglect)		
Sex abuse	ns	ns
Physical abuse	0.528	1.70
Abandon	-1.536	0.22
Male	ns	ns
Type of Reporter (omit educator/daycare)		
Law enforcement	0.344	1.41
Medical professional	ns	ns
Mental health	ns	ns
Social services	ns	ns
Friends/relative	ns	ns
Others	ns	ns
Number Prior Referrals	-0.115	0.89
Child's Age (omit Ages 3 to 5)		
Infant	-0.724	0.48
Ages 1 to 2	-0.235	0.79
Ages 6 to 9	ns	ns
Ages 10 to 13	0.398	1.49
Ages 14 and older	0.908	2.48
DSHS Region (omit Region 4)		
Region 1	0.696	2.01
Region 2	ns	ns
Region 3	-0.449	0.64
Region 5	0.470	1.60
Region 6	0.392	1.48
Food Stamps	-0.217	0.81
Any Relative Placement	-0.462	0.63
Family Structure (omit single female)		
Married	ns	ns
Non-married couple	ns	ns
Single male	ns	ns

	Parameter Estimate	Odds Ratio
Race (omit White)Race		
Indian	-0.400	0.67
Black	-0.290	0.75
Asian	ns	ns
Hispanic	ns	ns
Type of Maltreatment (omit neglect)		
Sex abuse	ns	ns
Physical abuse	0.398	1.49
Abandon	-1.295	0.27
Male	ns	ns
Type of Reporter (omit educator/daycare)		
Law enforcement	ns	ns
Medical professional	ns	ns
Mental health	ns	ns
Social services	ns	ns
Friends/relative	ns	ns
Others	ns	ns
Number Prior Referrals	-0.103	0.90
Child's Age (omit Ages 3 to 5)		
Infant	ns	ns
Ages 1 to 2	ns	ns
Ages 6 to 9	ns	ns
Ages 10 to 13	ns	ns
Ages 14 and older	0.461	1.59
DSHS Region (omit Region 4)		
Region 1	0.485	1.62
Region 2	0.157	1.17
Region 3	-0.577	0.56
Region 5	0.250	1.28
Region 6	0.292	1.34
Food Stamps	-0.205	0.81
Any Relative Placement	-0.343	0.71
Family Structure (omit single female)		
Married	0.312	1.37
Non-married couple	0.025	1.03
Single male	0.043	1.04

¹ Permanency includes reunification with parents, guardianships,

Exhibit A3.3 displays regression results for two legal outcomes for children removed from home after a CPS referral. One is the establishment of a dependency and the second is termination of parental rights.

Exhibit A3.3
Logistic Regression Results for Children CPS Placements
Legal Outcomes

Dependency Established
n=4,550, AUC=0.759

	Parameter Estimate	Odds Ratio
Race (omit White)		
Indian	ns	ns
Black	-0.4021	0.669
Asian	ns	ns
Hispanic	-0.3809	0.683
Type of Maltreatment (omit neglect)		
Sex abuse	ns	ns
Physical abuse	-0.5215	0.594
Abandon	1.9334	6.913
Male	ns	ns
Type of Reporter (omit educator/daycare)		
Law enforcement	-0.3042	0.738
Medical professional	0.4438	1.559
Mental health	ns	ns
Social services	0.5098	1.665
Friends/relative	0.4579	1.581
Others	ns	ns
Number Prior Referrals	0.1827	1.2
Child's Age (omit Ages 3 to 5)		
Infant	0.5967	1.816
Ages 1 to 2	ns	ns
Ages 6 to 9	-0.2961	0.744
Ages 10 to 13	-0.9491	0.387
Ages 14 and older	-1.4519	0.234
DSHS Region (omit Region 4)		
Region 1	ns	ns
Region 2	ns	ns
Region 3	0.9172	2.502
Region 5	-0.5375	0.584
Region 6	ns	ns
Food Stamps	0.3562	1.428
Family Structure (omit single female)		
Married	ns	ns
Non-married couple	0.3494	1.418
Single male	ns	ns

Termination if Dependent
n=4,550, AUC=0.669

	Parameter Estimate	Odds Ratio
Race (omit White)		
Indian	-0.8824	0.414
Black	ns	ns
Asian	ns	ns
Hispanic	ns	ns
Type of Maltreatment (omit neglect)		
Sex abuse	0.7958	2.216
Physical abuse	ns	ns
Abandon	ns	ns
Male	ns	ns
Type of Reporter (omit educator/daycare)		
Law enforcement	ns	ns
Medical professional	ns	ns
Mental health	ns	ns
Social services	ns	ns
Friends/relative	ns	ns
Others	ns	ns
Number Prior Referrals	0.0539	1.055
Child's Age (omit Ages 3 to 5)		
Infant	1.4741	4.367
Ages 1 to 2	0.4164	1.517
Ages 6 to 9	-0.3912	0.676
Ages 10 to 13	-1.3727	0.253
Ages 14 and older	-3.1293	0.044
DSHS Region (omit Region 4)		
Region 1	-0.5876	0.556
Region 2	-0.4841	0.616
Region 3	-0.4143	0.661
Region 5	-0.6205	0.538
Region 6	-0.352	0.703
Food Stamps	-0.205	0.81
Family Structure (omit single female)		
Married	-0.3131	0.731
Non-married couple	-0.3271	0.721
Single male	ns	ns

Exhibit A3.4 displays regression results for the first three decisions (accepted referral, high risk at intake, and removal from home) for children receiving food stamps. We provide these tables because they allow us to see, among children receiving food stamps, the influence of family structure on these decisions. In these tables we display the odds ratios from two models for each decision point. In Model 1, variables for family structure are omitted. In Model 2, the family structure variables are included. The effect of family structure on

outcomes for the various racial groups can be seen by comparing odds ratios in Model 1 with those in Model 2. For example, looking at accepted referrals, we would conclude from Model 1 that the likelihood for Indian children was the same as that of a White child. Including the family variables in Model 2 indicates that, controlling for family structure, the likelihood of an accepted referral is less for Indian children than for White children

Exhibit A3.4
Logistic Regression Results for Children CPS Placements
Decisions Through Placement for Children Receiving Food Stamps
Odds Ratios

Accepted Referral

n=22,093

Model 1 AUC =0.727, AUC Model 2=.0797

	Odds Ratio	Odds Ratio
Race (omit White)		
Indian	ns	0.87
Black	1.19	1.27
Asian	1.26	1.44
Hispanic	1.32	1.48
Type of Maltreatment (omit neglect)		
Sex abuse	0.20	0.21
Physical abuse	1.19	1.25
Abandon	3.56	3.66
Male	ns	ns
Type of Reporter (omit educator/daycare)		
Law enforcement	1.47	1.46
Medical professional	ns	ns
Mental health	0.61	0.59
Social services	0.79	0.79
Friends/relative	0.79	0.79
Others	0.59	0.60
Number Prior Referrals	1.27	1.65
Child's Age (omit Ages 3 to 5)		
Infant	1.99	2.45
Ages 1 to 2	1.48	1.64
Ages 6 to 9	0.69	0.63
Ages 10 to 13	0.65	0.60
Ages 14 and older	0.45	0.43
DSHS Region (omit Region 4)		
Region 1	1.36	1.46
Region 2	1.81	1.86
Region 3	0.88	0.75
Region 5	2.07	2.11
Region 6	0.75	0.67
Family Structure (omit single female)		
Father		0.75
Both parents		1.26
Mother, child, and other		ns
Mother, partner and child		ns
Other relative/guardian		0.63
Worker Risk	1.58	1.66

Initial High Risk if Accepted

n=17,090

Model 1 AUC=0.682, Model 2 AUC=0.684

	Odds Ratio	Odds Ratio
Race (omit White)		
Indian	1.33	1.33
Black	1.22	1.23
Asian	ns	ns
Hispanic	0.86	0.86
Type of Maltreatment (omit neglect)		
Sex abuse	3.68	3.67
Physical abuse	1.36	1.35
Abandon	ns	ns
Male	ns	ns
Type of Reporter (omit educator/daycare)		
Law enforcement	1.95	1.96
Medical professional	ns	ns
Mental health	ns	ns
Social services	ns	ns
Friends/relative	ns	ns
Others	1.44	1.45
Number Prior Referrals	1.06	1.05
Child's Age (omit Ages 3 to 5)		
Infant	1.50	1.49
Ages 1 to 2	1.18	1.19
Ages 6 to 9	0.86	0.85
Ages 10 to 13	0.77	0.76
Ages 14 and older	0.75	0.73
DSHS Region (omit Region 4)		
Region 1	ns	ns
Region 2	0.82	0.82
Region 3	ns	ns
Region 5	0.68	0.68
Region 6	ns	ns
Family Structure (omit single female)		
Father		ns
Both parents		ns
Mother, child, and other		1.41
Mother, partner and child		1.88
Other relative/guardian		ns
Worker Risk	4.21	4.27

Exhibit A3.4 (cont'd)
Logistic Regression Results for Children CPS Placements
Decisions Through Placement for Children Receiving Food Stamps
Odds Ratios

Placement if Initial High Risk

n=14,193

Model 1 AUC =0.727, AUC Model 2=.0797

	Model 1 No Family Odds Ratio	Model 2 With Family Odds Ratio
Race (omit White)		
Indian	1.30	1.29
Black	1.01	ns
Asian	1.30	1.36
Hispanic	1.26	1.27
Type of Maltreatment (omit neglect)		
Sex abuse	0.55	0.54
Physical abuse	0.81	0.83
Abandon	16.05	17.29
Male	0.89	0.90
Type of Reporter (omit educator/daycare)		
Law enforcement	5.24	5.17
Medical professional	1.82	1.83
Mental health	1.00	ns
Social services	2.06	2.07
Friends/relative	1.04	ns
Others	1.00	ns
Number Prior Referrals	1.14	1.11
Child's Age (omit Ages 3 to 5)		
Infant	2.26	2.37
Ages 1 to 2	1.51	1.55
Ages 6 to 9	0.86	0.85
Ages 10 to 13	0.88	ns
Ages 14 and older	0.77	0.75
DSHS Region (omit Region 4)		
Region 1	1.48	1.53
Region 2	1.17	ns
Region 3	0.83	0.79
Region 5	1.34	1.36
Region 6	1.45	1.42
Family Structure (omit single female)		
Father		ns
Both parents		0.79
Mother, child, and other		0.74
Mother, partner and child		0.53
Other relative/guardian		ns
Worker Risk	1.91	1.92

A4. Reporter Type

CAMIS maintains a record of the type of person making a CPS referral. In the report, we collapsed the categories into mandated (those who are required by law to report suspected abuse or neglect) and non-mandated. Exhibits A4.1 and A4.2 provide more detailed information on reporter type by child race. Exhibit A4.1 gives reporter information for all children referred to CPS in 2004. The statistics in Exhibit A4.1 list of percent of children of each race who were referred by each reporter type. For example, 1.9 percent of Indian children were referred by personnel associated with corrections; 3.1 percent of Indian children were referred by DSHS personnel, 7.7 percent were referred by a medical professional, and so forth.

Exhibit A4.1
Percentage of Referrals by Reporter Type and Child Race
All Children Referred to Child Protective Services in 2004

Class of Reporter	Type of Reporter	Child Race					
		Indian (n=5,619)	Black (n=5,696)	Asian (n=2,030)	Hispanic (n=7,431)	White (n=37,246)	All Races (n=58,023)
Mandated	Corrections	1.9%	1.7%	2.1%	1.2%	1.4%	1.5%
	DSHS	3.1%	4.4%	3.1%	4.5%	3.3%	3.5%
	Medical Prof	7.7%	7.0%	9.2%	9.1%	6.9%	7.4%
	Law Enforcement	10.1%	10.2%	9.9%	10.5%	10.0%	10.1%
	Mental Health Prof	5.9%	5.8%	5.6%	5.3%	7.1%	6.6%
	Foster Care Provider	0.8%	0.6%	0.1%	0.4%	0.5%	0.5%
	Social Service Prof	18.3%	16.2%	18.0%	13.8%	12.6%	13.8%
	Educator	12.3%	14.0%	22.8%	18.2%	15.7%	15.8%
	Child Care Provider	1.8%	2.7%	1.6%	1.9%	2.2%	2.1%
	Misc./Other	Anonymous	4.9%	5.5%	2.9%	4.3%	4.6%
Other		4.4%	4.0%	4.2%	4.5%	4.6%	4.5%
Relative/Friend	Friend/Neighbor	8.1%	10.9%	8.1%	10.1%	10.7%	10.3%
	Other Relative	12.3%	8.3%	5.1%	8.9%	9.3%	9.3%
	Parent/Guardian	8.1%	8.2%	7.3%	7.0%	10.5%	9.5%
	Victim/Self	0.5%	0.4%	0.3%	0.3%	0.5%	0.5%
	Subject	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total		100%	100%	100%	100%	100%	100%

Exhibit A4.2 provides information about referrer type just for those children removed from home following a CPS referral. A comparison with A4.1 indicates that referrals from some types of referrer are more likely to result in removal of the child from home. For example, 10.1 percent of all children (i.e. "All Races") were referred by law enforcement. Among all children removed from home, 29.9 percent had been referred by law enforcement.

Exhibit A4.2
Percentage of Placements by Reporter Type and Child Race
Placements Matched to CPS Referrals Occurring in 2004

Class of Reporter	Type of Reporter	Child Race					
		Indian (n=637)	Black (n=498)	Asian (n=151)	Hispanic (n=585)	White (n=2,691)	All Races (n=4,562)
Mandated	Corrections	1.5%	2.1%	4.1%	1.1%	1.8%	1.7%
	DSHS	6.6%	7.8%	4.0%	7.8%	6.2%	6.6%
	Medical Prof	10.4%	8.5%	12.3%	13.1%	11.5%	11.2%
	Law Enforcement	28.9%	27.6%	27.6%	29.2%	30.8%	29.9%
	Mental Health Prof	4.8%	3.7%	1.3%	1.9%	2.8%	3.0%
	Foster Care Provider	0.2%	0.2%	0.0%	1.0%	0.3%	0.4%
	Social Service Prof	22.1%	19.6%	23.1%	19.3%	16.6%	18.3%
	Educator	5.9%	6.3%	14.1%	6.9%	6.7%	6.8%
	Child Care Provider	0.5%	1.9%	0.0%	1.6%	1.4%	1.3%
	Misc./Other	Anonymous	2.2%	1.4%	1.3%	0.7%	1.4%
Other		2.9%	4.6%	4.8%	3.2%	3.5%	3.5%
Relative/Friend	Friend/Neighbor	4.5%	6.7%	1.3%	6.1%	7.4%	6.6%
	Other Relative	5.9%	6.5%	3.3%	6.0%	6.9%	6.5%
	Parent/Guardian	2.7%	2.2%	1.3%	1.9%	1.7%	1.9%
	Victim/Self	1.1%	1.0%	1.3%	0.2%	0.9%	0.8%
	Subject	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%
Total		100%	100%	100%	100%	100%	100%

A5. Child Population

Exhibit A5 provides information on the population of children referred to CPS in 2004

**Exhibit A5
All Children Referred to CPS in 2004**

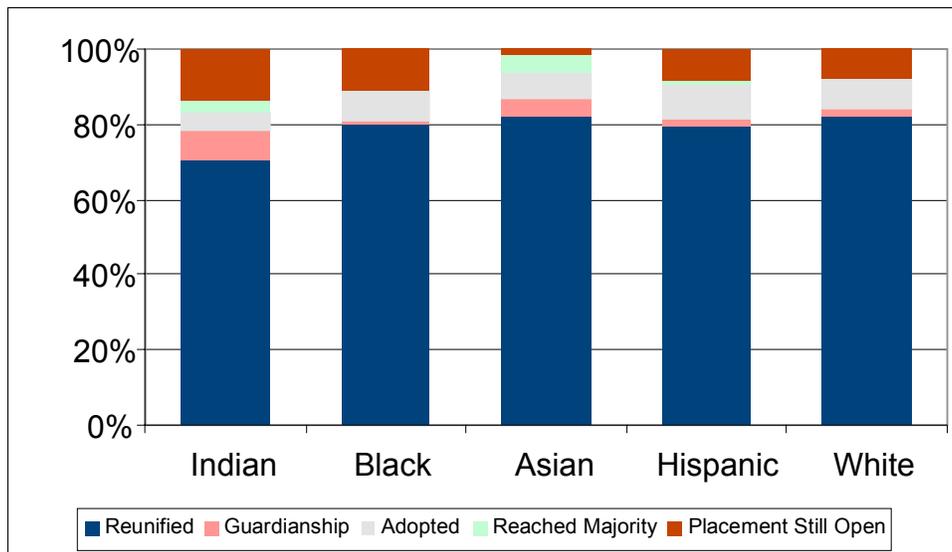
	Indian	Black	Asian	Hispanic	White	Other
Number of Children	5,339	5,409	1,929	7,058	35,382	2,906
Infants	10%	9%	7%	9%	7%	10%
Ages 1 to 2	13%	12%	11%	13%	11%	13%
Ages 3 to 5	19%	20%	17%	21%	18%	23%
Ages 6 to 9	22%	24%	24%	24%	24%	23%
Ages 10 to 13	21%	21%	24%	20%	21%	20%
Ages 14 and Older	16%	14%	19%	14%	18%	14%
Mandated	63%	63%	73%	66%	60%	61%
Physical Neglect	84%	78%	70%	76%	77%	77%
Physical Abuse	10%	16%	23%	15%	14%	14%
Sexual Abuse	6%	6%	7%	9%	8%	8%
Abandoned	1%	0%	0%	0%	0%	0%
Number of Accepted Referrals to Date	2.1	1.8	1.4	1.6	1.7	0.9
Received Food Stamps	48%	49%	28%	46%	37%	27%

A6: Non-CPS Routes to Foster Care

Most often, discussions about the child welfare system focus on children who enter the system after a CPS referral. In Washington and other states, however, two other routes exist for entry into the system. In one route, children are removed from home when parents are unable to care for their children, for example, when they are hospitalized. These cases are handled by DSHS Child Welfare Services (CWS). A second path to out-of-home placement is possible when families are in conflict, typically with adolescent children. Such cases are handled through the DSHS Family Reconciliation Services (FRS).

Our analysis identified 1,604 children in out-of-home placements in 2004 who were not linked to a CPS referral.¹ Children in these placements are, on average, older than children in CPS-linked placements. The placements are typically for shorter periods of time. Outcomes for children in these placements are shown in Exhibit A6.1. Compared with placements linked to CPS referrals, these children are much more likely to reunify with their families. In this population, Indian children are significantly less likely to reunify than White children.

Exhibit A6.1
Outcomes for Children in Out-of-Home Placements
Not Linked to CPS Referral



¹ In this analysis, we excluded children who were linked to CPS referrals occurring in the last quarter of 2003. We also omitted some children who were not listed as victims in CPS referrals but who had siblings linked to a referral and were placed at the same time.

Children in these non-CPS cases may also have dependency cases filed in the courts, although this happens less often than for children in CPS placements Exhibit A6.2 shows the legal events as percentages of children in non-CPS placements.

Black and Indian children in non-CPS cases were significantly more likely to have a court case opened and to have a dependency established. Compared to White children, Indian children were less likely to have proceedings to terminate parental rights and to be adopted. Black children were more likely than children of any other race to have their legal connection to their parents terminated.

These legal events include the following:

- Dependency case filed
- Declared independent
- Termination petition filed
- Parental rights terminated
- Adoption

Exhibit A6.2
Rates of Legal Outcomes for Children in Placements Not Linked to CPS Referrals

	American [‡] Indian	Black	Asian	Hispanic	White	All Races
Children Removed From Home	282 (100%)	220 (100%)	57 (100%)	176 (100%)	870 (100%)	1604 (100%)
Children With a Dependency Case	136 (48%)***	94 (43%)**	18 (32%)	62 (35%)	278 (32%)	588 (37%)
Children Declared Dependent	128 (46%)***	94 (43%)**	18 (32%)	61 (35%)	269 (31%)	570 (36%)
Children for Whom a Termination Petition Was Filed	12 (4%)***	39 (18%)	2 (4%)*	27 (16%)	103 (12%)	183 (11%)
Children Where Parental Rights Were Terminated	12 (4%)***	33 (15%)	2 (4%)*	24 (14%)	105 (12%)	176 (11%)
Children Who Were Adopted	9 (3%)	19 (8%)	1 (2%)	12 (7%)	69 (8%)	110 (7%)

* indicates significantly different from White children at p=0.05

** indicates significantly different from White children at p<.01

*** indicates significantly different from White children at p<.001

[‡]Children transferred to other jurisdictions are omitted from this analysis. Most often transfers were Indian children transferred to tribal authority

APPENDIX B: DATA BY DSHS REGION

Exhibit B1.1
Region 1 Children Referred to CPS in 2004

	Indian	Black	Asian	Hispanic	White	Other
Number of Children	752	363	75	900	5,371	581
Infants	11%	15%	16%	11%	9%	12%
Ages 1 to 2	14%	18%	19%	14%	12%	15%
Ages 3 to 5	18%	27%	16%	20%	19%	23%
Ages 6 to 9	23%	18%	24%	24%	24%	23%
Ages 10 to 13	19%	16%	14%	20%	18%	11%
Ages 14 and Older	14%	9%	8%	13%	15%	12%
Mandated	60%	61%	61%	65%	58%	56%
Physical Neglect	81%	82%	71%	74%	78%	78%
Physical Abuse	12%	15%	17%	17%	14%	15%
Sexual Abuse	6%	3%	12%	9%	7%	7%
Abandoned	1%	0%	0%	0%	0%	1%
Number of Accepted Referrals to Date	1.78	2.08	1.59	1.64	1.85	0.91
Food Stamps	55%	64%	48%	49%	50%	37%

Exhibit B1.2
Region 1
Rates of Occurrence and Disproportionality Indices
For Children Referred to CPS, 2004 Cohort

Region 1		Indian	Black	Asian	Hispanic	White
Census Population		9,219	4,941	5,592	28,086	161,750
Total	Referrals	814	365	81	964	5,753
	Accepted Referrals	605	335	67	813	4,504
	Initial High Risk	525	303	55	646	3,757
	Removed from Home	105	61	7	116	566
	Placements GE Over days	70	40	3	80	361
	Placements Over Two Years	38	17	2	34	114
Rate per 1,000 Population	Referrals	88.3	73.9	14.5	34.3	35.6
	Accepted Referrals	65.6	67.8	12.0	29.0	27.8
	Initial High Risk	57.0	61.3	9.8	23.0	23.2
	Removed from Home	11.4	12.4	1.3	4.1	3.5
	Placements Over 60 days	7.6	8.0	0.5	2.9	2.2
	Placements Over Two Years	4.1	3.5	0.4	1.2	0.7
Disproportionality Index (Rate Compared to Whites)	Referrals	2.48	2.08	0.41	0.97	1.00
	Accepted Referrals	2.36	2.43	0.43	1.04	1.00
	Initial High Risk	2.45	2.64	0.42	0.99	1.00
	Removed from Home	3.26	3.55	0.37	1.19	1.00
	Placements Over 60 days	3.40	3.59	0.24	1.28	1.00
	Placements Over Two Years	5.90	4.93	0.51	1.73	1.00
Disproportionality Index After Referral (Ratio of DI)	Referrals	1.00	1.00	1.00	1.00	1.00
	Accepted Referrals	0.95	1.17	1.06	1.08	1.00
	Initial High Risk	0.99	1.27	1.04	1.03	1.00
	Removed from Home	1.31	1.71	0.90	1.23	1.00
	Placements Over 60 days	1.37	1.73	0.60	1.32	1.00
	Placements Over Two Years	2.38	2.37	1.26	1.80	1.00

Exhibit B1.3 Region 1: Disproportionality Index Children Referred to CPS, 2004 Cohort

These charts display the Disproportionality Index (DI) and Disproportionality Index After Referral (DIAR) by race for this DSHS region. The actual values are shown in Exhibit B1.2.

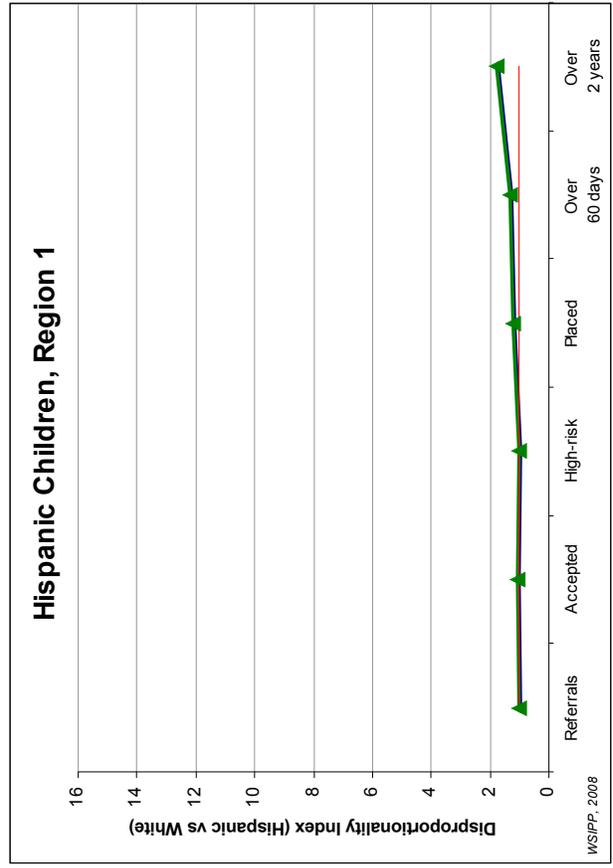
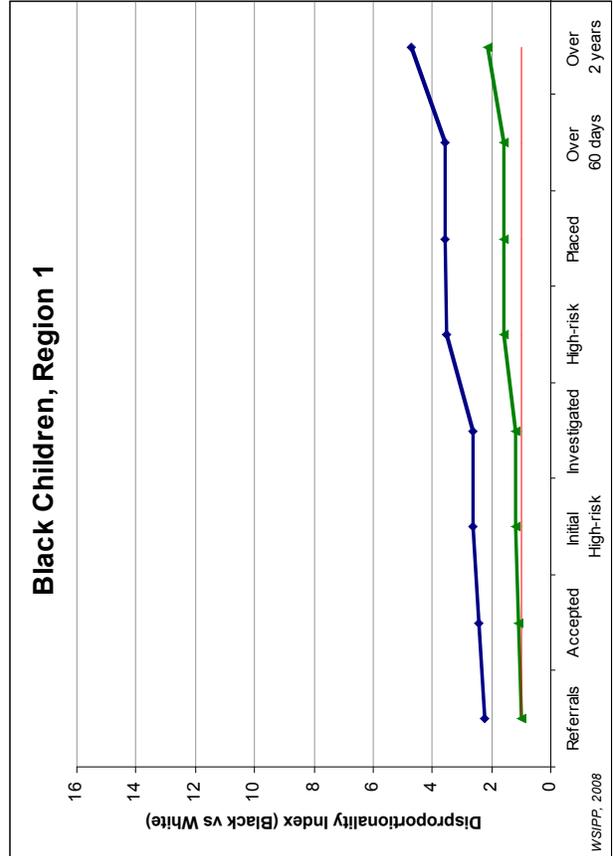
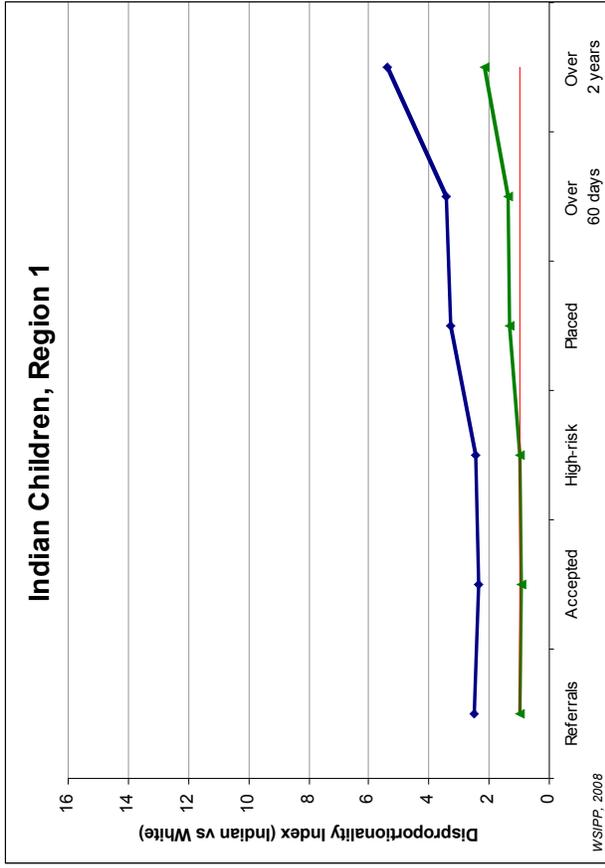


Exhibit B2.1
Region 2 Children Referred to CPS in 2004

	Indian	Black	Asian	Hispanic	White	Other
Number of Children	760	264	66	2,377	3,409	164
Infants	10%	8%	11%	8%	7%	16%
Ages 1 to 2	13%	9%	9%	12%	12%	16%
Ages 3 to 5	19%	19%	20%	20%	18%	25%
Ages 6 to 9	21%	24%	23%	24%	24%	24%
Ages 10 to 13	22%	30%	25%	20%	24%	13%
Ages 14 and Older	17%	17%	14%	16%	19%	8%
Mandated	58%	48%	67%	64%	58%	61%
Physical Neglect	84%	78%	65%	75%	75%	81%
Physical Abuse	9%	13%	29%	14%	15%	10%
Sexual Abuse	7%	9%	6%	11%	10%	9%
Abandoned	0%	0%	0%	0%	0%	0%
Number of Accepted Referrals to Date	2.4	2.06	2.77	1.61	2.01	0.73
Food Stamps	58%	57%	42%	53%	43%	28%

Exhibit B2.2
Region 2
Rates of Occurrence and Disproportionality Indices
For Children Referred to CPS, 2004 Cohort

Region 2		American				
		Indian	Black	Asian	Hispanic	White
Census Population		7,141	3,302	3,674	55,972	89,161
Total	Referrals	775	264	68	2,438	3,501
	Accepted Referrals	644	221	58	1,936	2,796
	Initial High Risk	553	175	42	1,453	2,129
	Removed From Home Placements Over 60 days	100	23	7	164	269
	Placements Over Two Years	73	12	3	107	185
		29	8	-	40	93
Rate per 1,000 Population	Referrals	108.5	79.9	18.4	43.6	39.3
	Accepted Referrals	90.3	66.8	15.8	34.6	31.4
	Initial High Risk	77.4	53.1	11.3	26.0	23.9
	Removed From Home Placements Over 60 days	14.1	7.1	1.9	2.9	3.0
	Placements Over Two Years	10.2	3.7	0.8	1.9	2.1
		4.0	2.5	0.0	0.7	1.0
Disproportionality Index (Rate Compared to Whites)	Referrals	2.76	2.04	0.47	1.11	1.00
	Accepted Referrals	2.88	2.13	0.50	1.10	1.00
	Initial High Risk	3.24	2.22	0.47	1.09	1.00
	Removed From Home Placements Over 60 days	4.66	2.34	0.64	0.97	1.00
	Placements Over Two Years	4.94	1.78	0.40	0.92	1.00
		3.84	2.37	0.00	0.68	1.00
Disproportionality Index After Referral (Ratio of DI)	Referrals	1.00	1.00	1.00	1.00	1.00
	Accepted Referrals	1.04	1.05	1.07	0.99	1.00
	Initial High Risk	1.17	1.09	1.01	0.98	1.00
	Removed From Home Placements Over 60 days	1.69	1.15	1.37	0.88	1.00
	Placements Over Two Years	1.79	0.87	0.85	0.83	1.00
		1.39	1.17	0.00	0.62	1.00

Exhibit B2.3
Region 2: Disproportionality Indices for Children Referred to CPS, 2004 Cohort

These charts display the Disproportionality Index (DI) and Disproportionality Index After Referral (DIAR) by race for this DSHS region. The actual values are shown in Exhibit B2.2.

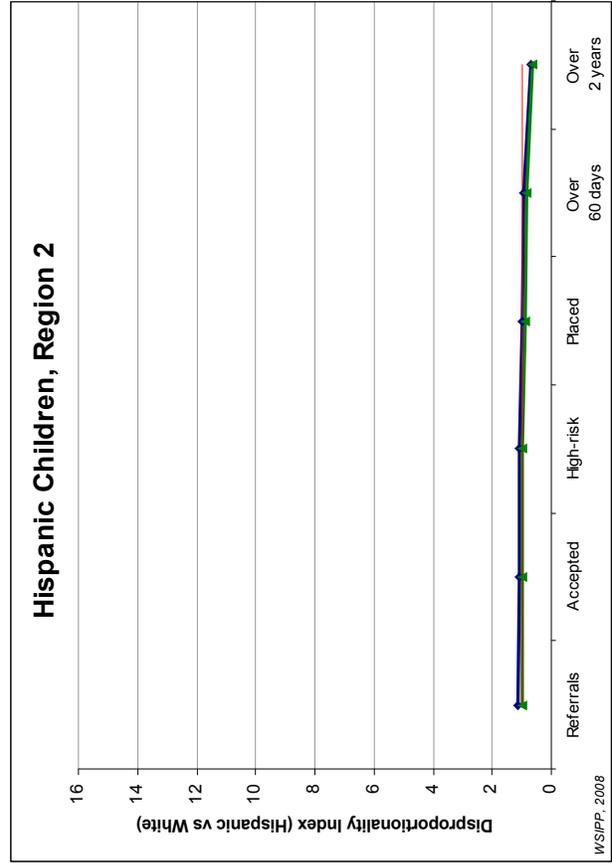
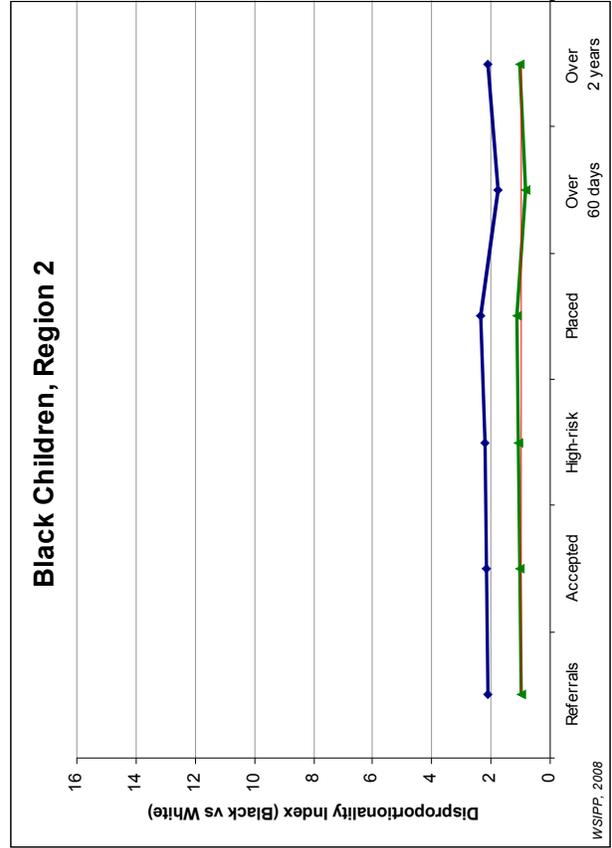
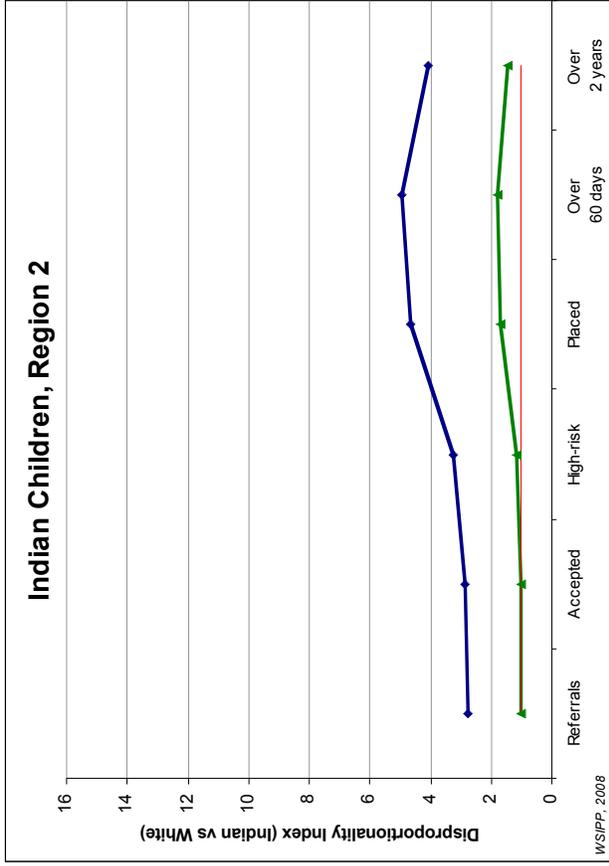


Exhibit B3.1
Region 3 Children Referred to CPS in 2004

	Indian	Black	Asian	Hispanic	White	Other
Number of Children	1,254	576	302	1,125	7,643	547
Infants	9%	7%	9%	7%	6%	10%
Ages 1 to 2	14%	12%	12%	15%	10%	15%
Ages 3 to 5	21%	22%	9%	22%	17%	22%
Ages 6 to 9	22%	27%	22%	24%	23%	22%
Ages 10 to 13	21%	20%	28%	17%	23%	17%
Ages 14 and Older	15%	12%	21%	14%	20%	14%
Mandated	65%	70%	69%	70%	65%	64%
Physical Neglect	86%	83%	76%	80%	81%	80%
Physical Abuse	9%	11%	18%	13%	12%	12%
Sexual Abuse	5%	5%	6%	7%	7%	8%
Abandoned	1%	1%	0%	0%	0%	0%
Number of Accepted Referrals to Date	1.98	1.95	1.28	1.44	1.68	0.94
Food Stamps	44%	43%	30%	43%	35%	25%

Exhibit B3.2
Region 3
Rates of Occurrence and Disproportionality Indices
For Children Referred to CPS, 2004 Cohort

Region 3		Indian	Black	Asian	Hispanic	White
Census Population		9,118	7,340	18,268	18,440	200,759
Total	Referrals	1,321	574	317	1,189	8,022
	Accepted Referrals	1,014	488	227	906	6,097
	Initial High Risk	935	429	188	790	5,248
	Removed From Home	121	54	24	76	503
	Placements Over 60 days	106	44	17	49	420
	Placements Over Two Years	81	38	7	26	245
Rate per 1,000 Population	Referrals	144.8	78.2	17.4	64.5	40.0
	Accepted Referrals	111.2	66.5	12.4	49.1	30.4
	Initial High Risk	102.5	58.5	10.3	42.8	26.1
	Removed From Home	13.3	7.4	1.3	4.1	2.5
	Placements Over 60 days	11.6	6.0	0.9	2.7	2.1
	Placements Over Two Years	8.9	5.2	0.4	1.4	1.2
Disproportionality Index (Rate Compared to Whites)	Referrals	3.62	1.96	0.43	1.61	1.00
	Accepted Referrals	3.66	2.19	0.41	1.62	1.00
	Initial High Risk	3.92	2.24	0.39	1.64	1.00
	Removed From Home	5.29	2.96	0.53	1.64	1.00
	Placements Over 60 days	5.54	2.89	0.45	1.28	1.00
	Placements Over Two Years	7.31	4.26	0.32	1.16	1.00
Disproportionality Index After Referral (Ratio of DI)	Referrals	1.00	1.00	1.00	1.00	1.00
	Accepted Referrals	1.01	1.12	0.94	1.00	1.00
	Initial High Risk	1.08	1.14	0.91	1.02	1.00
	Removed From Home	1.46	1.51	1.22	1.01	1.00
	Placements Over 60 days	1.53	1.47	1.03	0.79	1.00
	Placements Over Two Years	2.02	2.18	0.73	0.72	1.00

Exhibit B3.3 Region 3: Disproportionality Index Children Referred to CPS, 2004 Cohort

These charts display the Disproportionality Index (DI) and Disproportionality Index After Referral (DIAR) by race for this DSHS region. The actual values are shown in Exhibit B3.2.

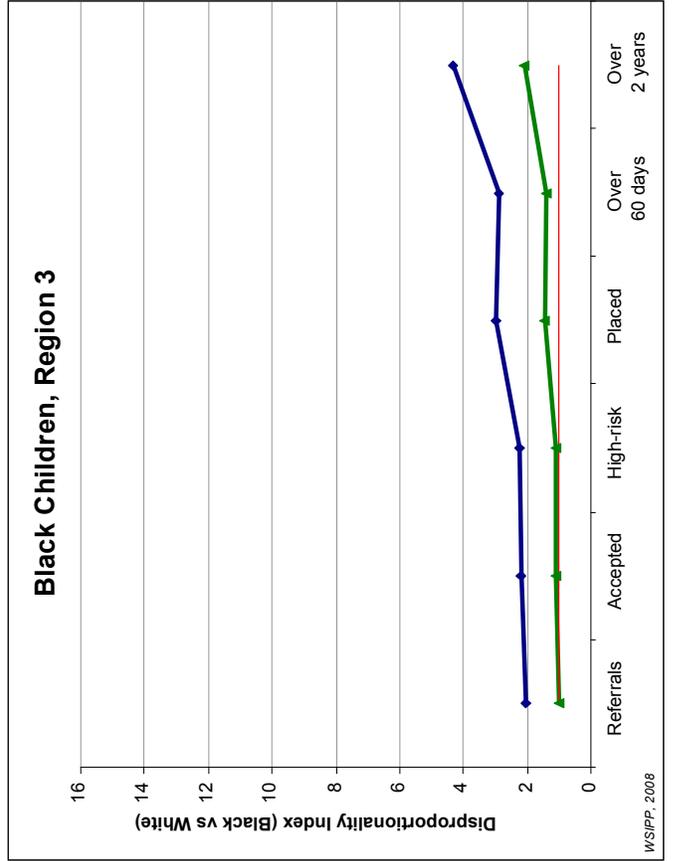
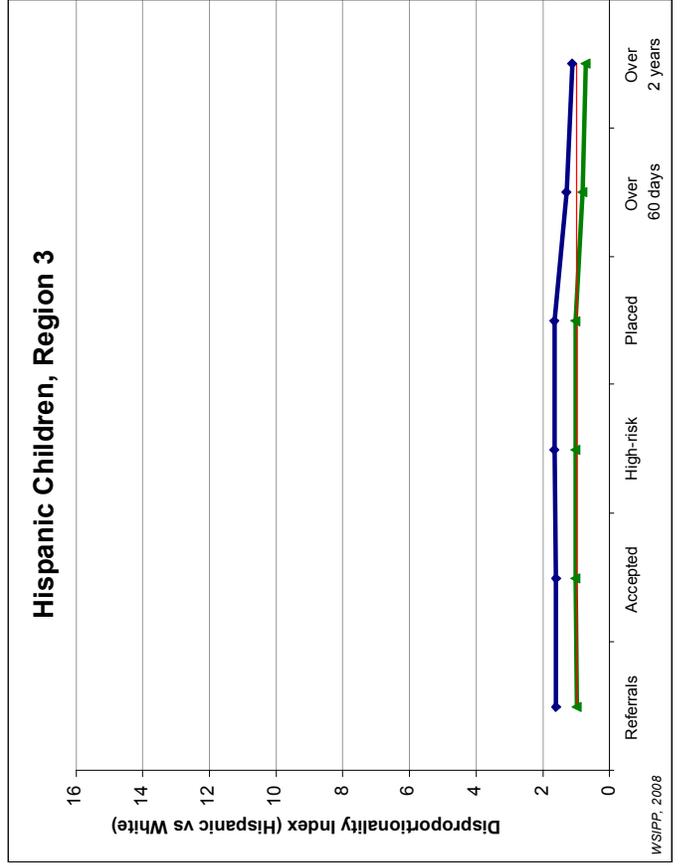
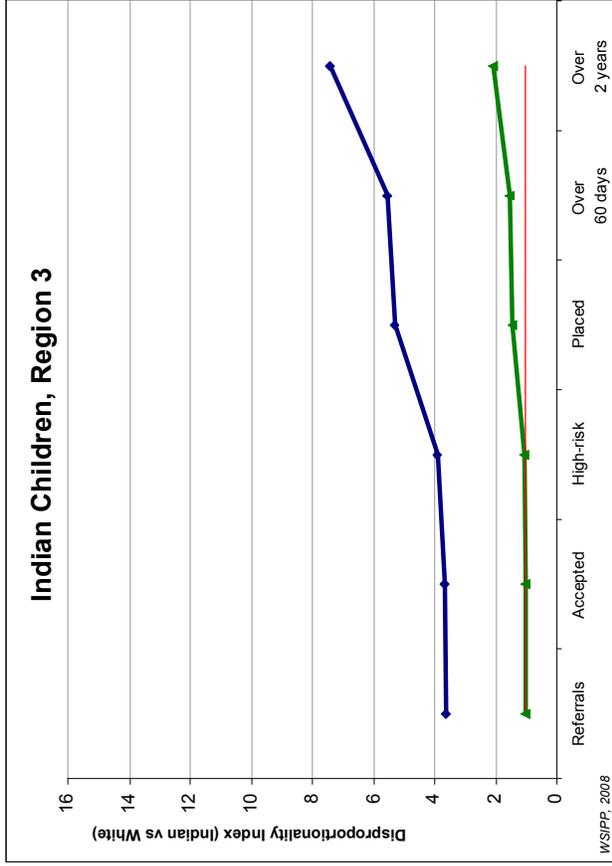


Exhibit B4.1
Region 4 Children Referred to CPS in 2004

	Indian	Black	Asian	Hispanic	White	Other
Number of Children	859	2,387	885	1,082	4,726	295
Infants	10%	9%	5%	8%	6%	8%
Ages 1 to 2	10%	11%	10%	14%	9%	10%
Ages 3 to 5	18%	19%	18%	20%	17%	20%
Ages 6 to 9	20%	24%	25%	23%	24%	25%
Ages 10 to 13	24%	22%	26%	24%	18%	43%
Ages 14 and Older	21%	16%	19%	16%	21%	19%
Mandated	69%	65%	80%	74%	64%	67%
Physical Neglect	81%	79%	69%	75%	74%	76%
Physical Abuse	10%	15%	24%	16%	17%	16%
Sexual Abuse	8%	5%	7%	9%	9%	8%
Abandoned	0%	1%	0%	0%	0%	0%
Number of Accepted Referrals to Date	2.36	1.86	1.35	1.33	1.48	0.92
Food Stamps	47%	50%	27%	35%	26%	26%

Exhibit B4.2
Region 4
Rates of Occurrence and Disproportionality Indices
For Children Referred to CPS, 2004 Cohort

Region 4		Indian	Black	Asian	Hispanic	White
Census Population		9,985	37,403	59,862	26,758	257,425
Total	Referrals	882	2,388	917	1,116	4,887
	Accepted Referrals	699	1,887	707	849	3,357
	Initial High Risk	611	1,711	580	708	2,743
	Removed From Home	112	183	48	100	323
	Placements Over 60 days	85	127	27	64	235
	Placements Over Two Years	56	69	15	26	96
Rate per 1,000 Population	Referrals	88.3	63.8	15.3	41.7	19.0
	Accepted Referrals	70.0	50.4	11.8	31.7	13.0
	Initial High Risk	61.2	45.7	9.7	26.4	10.7
	Removed From Home	11.2	4.9	0.8	3.7	1.3
	Placements Over 60 days	8.6	3.4	0.5	2.4	0.9
	Placements Over Two Years	5.6	1.9	0.3	1.0	0.4
Disproportionality Index (Rate Compared to Whites)	Referrals	4.65	3.36	0.81	2.20	1.00
	Accepted Referrals	5.37	3.87	0.91	2.43	1.00
	Initial High Risk	5.74	4.29	0.91	2.48	1.00
	Removed From Home	.94	3.89	0.65	2.98	1.00
	Placements Over 60 days	9.37	3.71	0.50	2.63	1.00
	Placements Over Two Years	15.04	4.95	0.67	2.61	1.00
Disproportionality Index After Referral (Ratio of DI)	Referrals	1.00	1.00	1.00	1.00	1.00
	Accepted Referrals	1.15	1.15	1.12	1.11	1.00
	Initial High Risk	1.23	1.28	1.13	1.13	1.00
	Removed From Home	1.92	1.16	0.80	1.35	1.00
	Placements Over 60 days	2.01	1.10	0.62	1.20	1.00
	Placements Over Two Years	3.23	1.47	0.83	1.19	1.00

Exhibit B4.3
Region 4: Disproportionality Index Children Referred to CPS, 2004 Cohort

These charts display the Disproportionality Index (DI) and Disproportionality Index After Referral (DIAR) by race for this DSHS region. The actual values are shown in Exhibit B4.2.

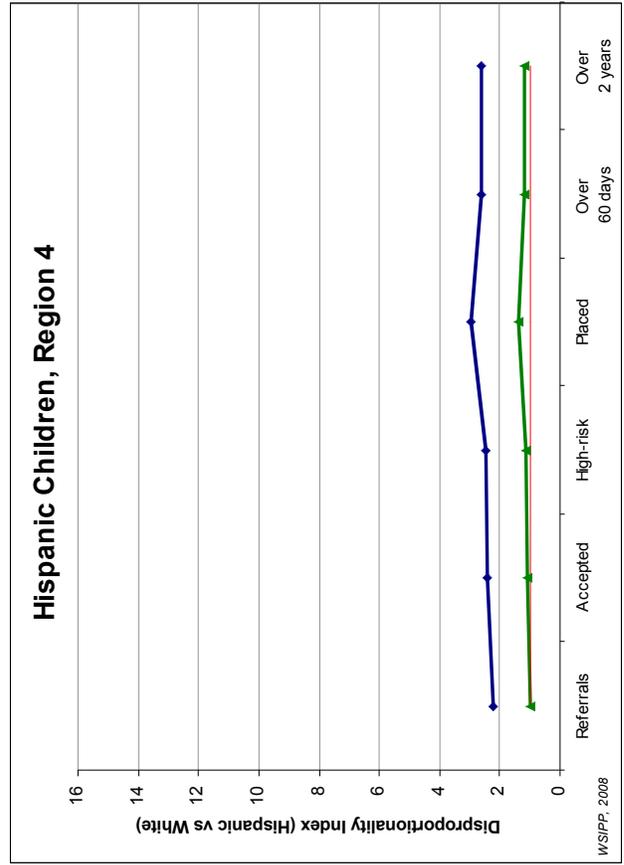
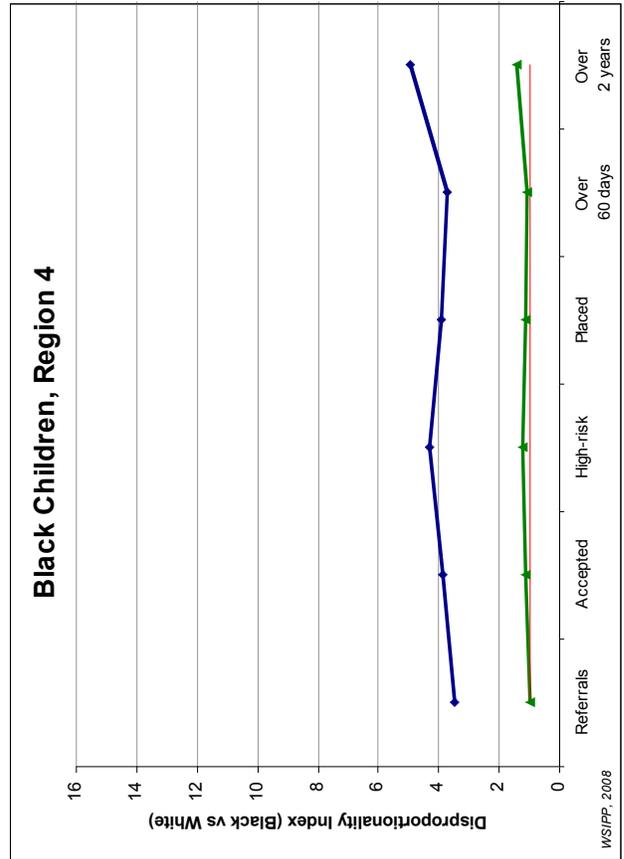
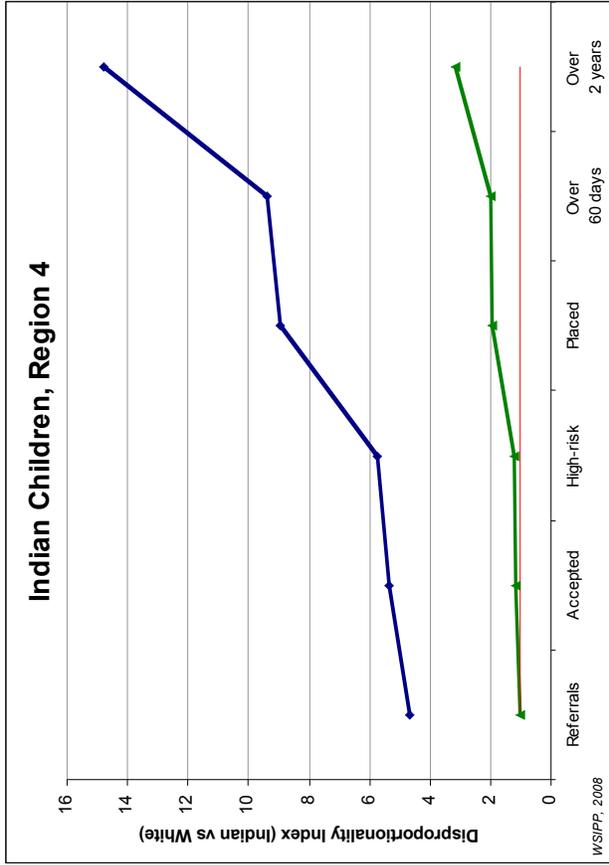


Exhibit B5.1
Region 5 Children Referred to CPS in 2004

	Indian	Black	Asian	Hispanic	White	Other
Number of Children	790	1,274	413	564	4,805	343
Infants	10%	9%	6%	8%	7%	8%
Ages 1 to 2	13%	12%	13%	13%	12%	15%
Ages 3 to 5	19%	21%	20%	23%	18%	29%
Ages 6 to 9	23%	25%	21%	25%	23%	18%
Ages 10 to 13	18%	21%	19%	15%	26%	27%
Ages 14 and Older	15%	13%	20%	15%	18%	14%
Mandated	62%	59%	70%	62%	60%	64%
Physical Neglect	82%	74%	69%	75%	74%	75%
Physical Abuse	14%	20%	26%	19%	18%	15%
Sexual Abuse	4%	6%	5%	6%	8%	9%
Abandoned	0%	0%	0%	0%	0%	0%
Number of Accepted Referrals to Date	2.26	1.67	1.4	1.83	1.88	1.17
Food Stamps	41%	46%	23%	35%	31%	19%

Exhibit B5.2
Region 5
Rates of Occurrence and Disproportionality Indices
For Children Referred to CPS, 2004 Cohort

Region 5		Indian	Black	Asian	Hispanic	White
Census Population		10,048	26,460	22,751	14,948	177,696
Total	Referrals	830	1,269	427	580	5,001
	Accepted Referrals	703	1,120	371	503	4,159
	Initial High Risk	593	933	277	384	3,265
	Removed From Home	108	137	53	60	431
	Placements Over 60 days	62	83	27	31	215
	Placements Over Two Years	36	41	9	17	110
Rate per 1,000 Population	Referrals	82.6	48.0	18.8	38.8	28.1
	Accepted Referrals	70.0	42.3	16.3	33.6	23.4
	Initial High Risk	59.0	35.3	12.2	25.7	18.4
	Removed From Home	10.7	5.2	2.3	4.0	2.4
	Placements Over 60 days	6.1	3.1	1.2	2.1	1.2
	Placements Over Two Years	3.5	1.5	0.4	1.2	0.6
Disproportionality Index (Rate Compared to Whites)	Referrals	2.94	1.70	0.67	1.38	1.00
	Accepted Referrals	2.99	1.81	0.70	1.44	1.00
	Initial High Risk	3.21	1.92	0.66	1.40	1.00
	Removed From Home	4.41	2.13	0.96	1.65	1.00
	Placements Over 60 days	5.08	2.60	0.97	1.71	1.00
	Placements Over Two Years	5.73	2.49	0.65	1.87	1.00
Disproportionality Index After Referral (Ratio of DI)	Referrals	1.00	1.00	1.00	1.00	1.00
	Accepted Referrals	1.02	1.06	1.05	1.04	1.00
	Initial High Risk	1.09	1.13	0.99	1.01	1.00
	Removed From Home	1.50	1.25	1.43	1.20	1.00
	Placements Over 60 days	1.73	1.53	1.46	1.24	1.00
	Placements Over Two Years	1.95	1.46	0.98	1.36	1.00

Exhibit B5.3 Region 5: Disproportionality Index Children Referred to CPS, 2004 Cohort

These charts display the Disproportionality Index (DI) and Disproportionality Index After Referral (DIAR) by race for this DSHS region. The actual values are shown in Exhibit B5.2.

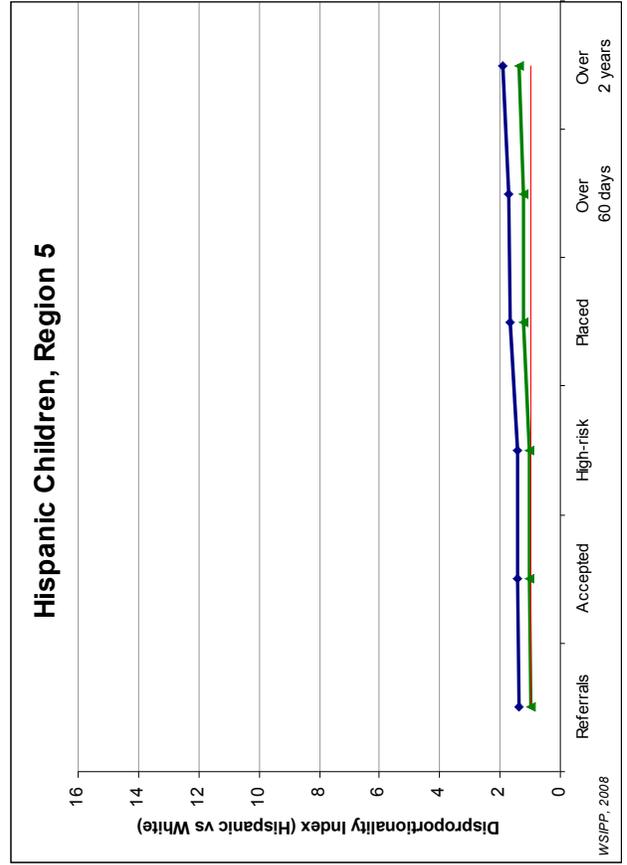
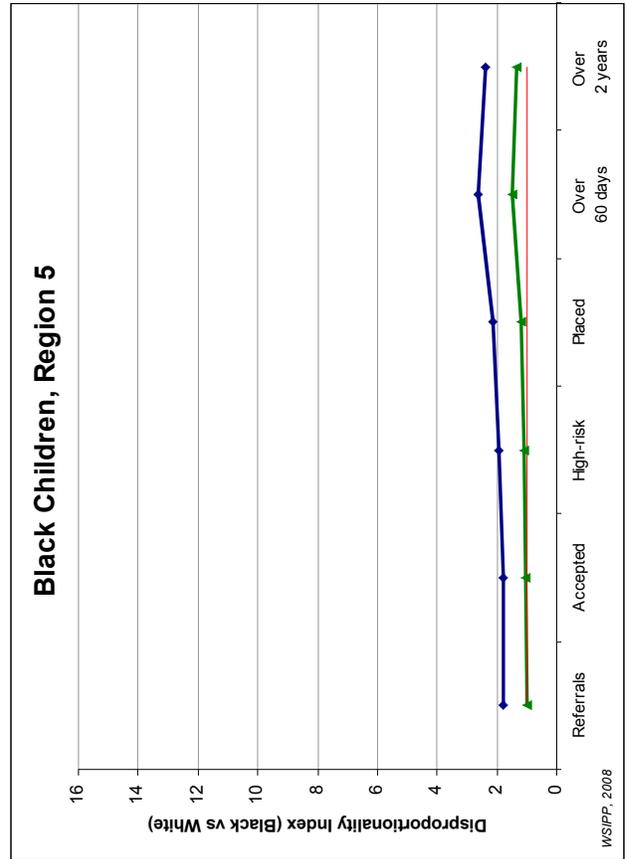
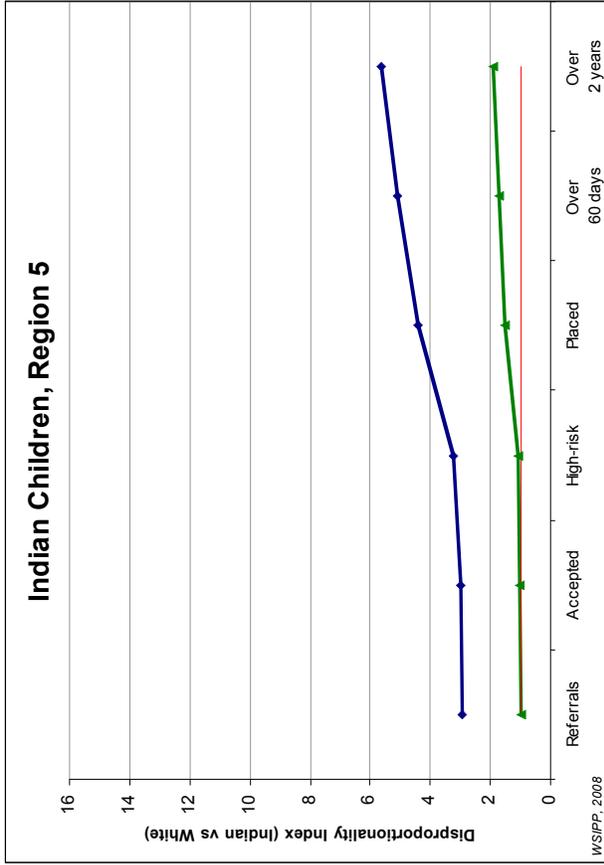


Exhibit B6.1
Region 6 Children Referred to CPS in 2004

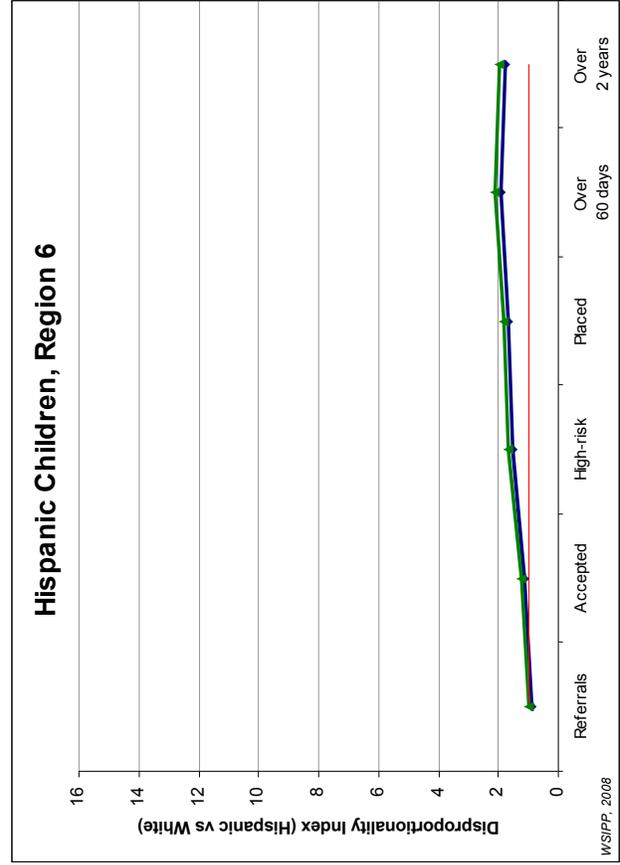
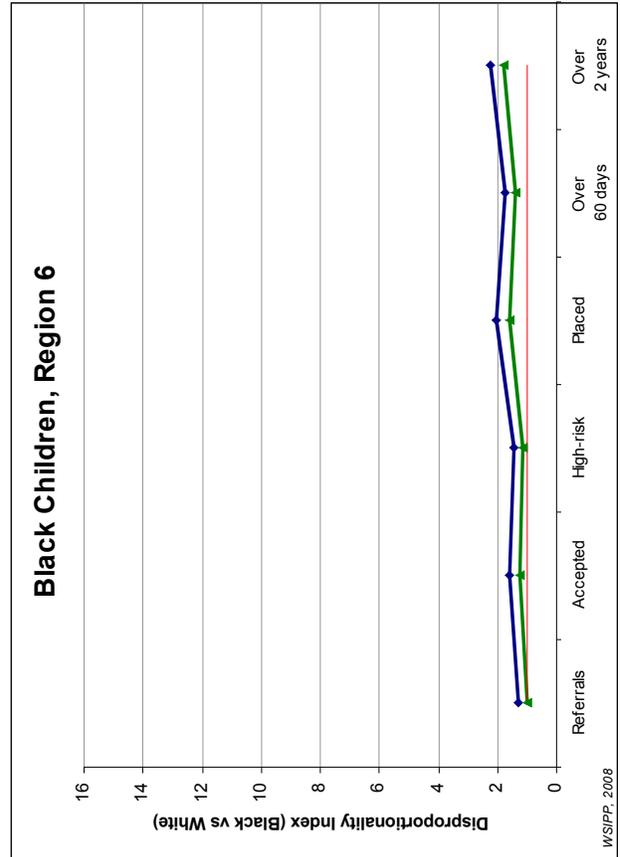
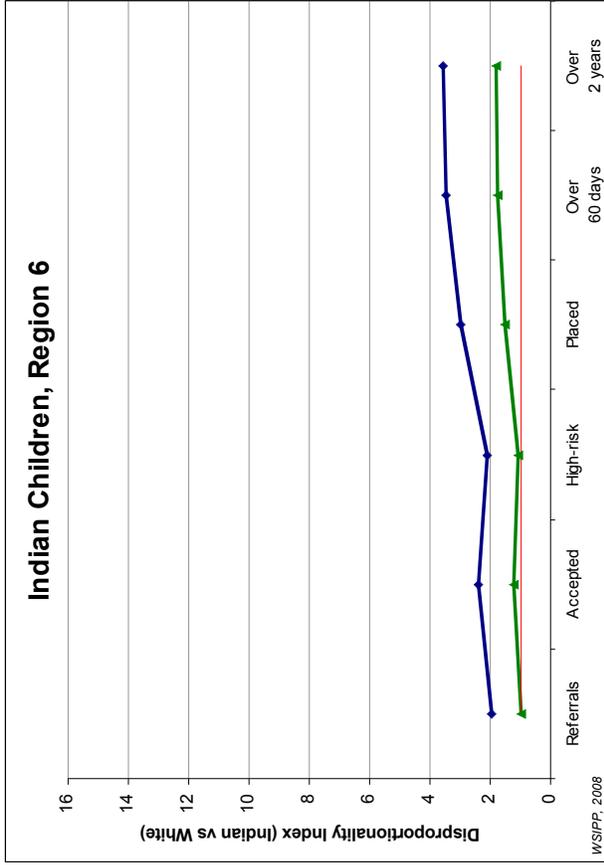
	Indian	Black	Asian	Hispanic	White	Other
Number of Children	919	544	188	1,010	9,418	975
Infants	10%	9%	7%	12%	8%	9%
Ages 1 to 2	13%	14%	8%	15%	11%	11%
Ages 3 to 5	17%	21%	20%	24%	18%	22%
Ages 6 to 9	25%	26%	26%	22%	24%	24%
Ages 10 to 13	21%	21%	33%	19%	21%	16%
Ages 14 and Older	15%	9%	19%	11%	17%	16%
Mandated	60%	61%	63%	60%	57%	59%
Physical Neglect	86%	78%	68%	81%	79%	76%
Physical Abuse	8%	15%	22%	12%	13%	14%
Sexual Abuse	5%	7%	10%	6%	8%	9%
Abandoned	1%	0%	0%	0%	0%	0%
Number of Accepted Referrals to Date	1.62	1.24	1.16	1.55	1.47	0.82
Food Stamps	47%	45%	31%	46%	39%	25%

Exhibit B6.2
Region 6
Rates of Occurrence and Disproportionality Indices
For Children Referred to CPS, 2004 Cohort

Region 6		Indian	Black	Asian	Hispanic	White
Census Population		10,361	7,414	12,259	15,625	200,074
Total	Referrals	991	547	202	1,090	10,198
	Accepted Referrals	617	363	132	761	6,417
	Initial High Risk	535	267	94	583	4,982
	Removed From Home	111	55	14	93	718
	Placements Over 60 days	85	31	9	71	471
	Placements Over Two Years	36	15	7	25	188
Rate per 1,000 Population	Referrals	95.6	73.8	16.5	69.8	51.0
	Accepted Referrals	59.5	48.9	10.8	48.7	32.1
	Initial High Risk	51.7	36.0	7.7	37.3	24.9
	Removed From Home	10.8	7.4	1.2	5.9	3.6
	Placements Over 60 days	8.2	4.1	0.8	4.5	2.4
	Placements Over Two Years	3.4	2.1	0.6	1.6	0.9
Disproportionality Index (Rate Compared to Whites)	Referrals	1.88	1.45	0.32	1.37	1.00
	Accepted Referrals	1.86	1.53	0.34	1.52	1.00
	Initial High Risk	2.08	1.45	0.31	1.50	1.00
	Removed From Home	3.00	2.05	0.33	1.66	1.00
	Placements Over 60 days	3.48	1.76	0.32	1.92	1.00
	Placements Over Two Years	3.65	2.19	0.62	1.73	1.00
Disproportionality Index After Referral (Ratio of DI)	Referrals	1.00	1.00	1.00	1.00	1.00
	Accepted Referrals	0.99	1.05	1.04	1.11	1.00
	Initial High Risk	1.11	1.00	0.95	1.09	1.00
	Removed From Home	1.60	1.42	1.02	1.21	1.00
	Placements GE Over days	1.86	1.22	0.99	1.40	1.00
	Placements Over Two Years	1.95	1.51	1.91	1.26	1.00

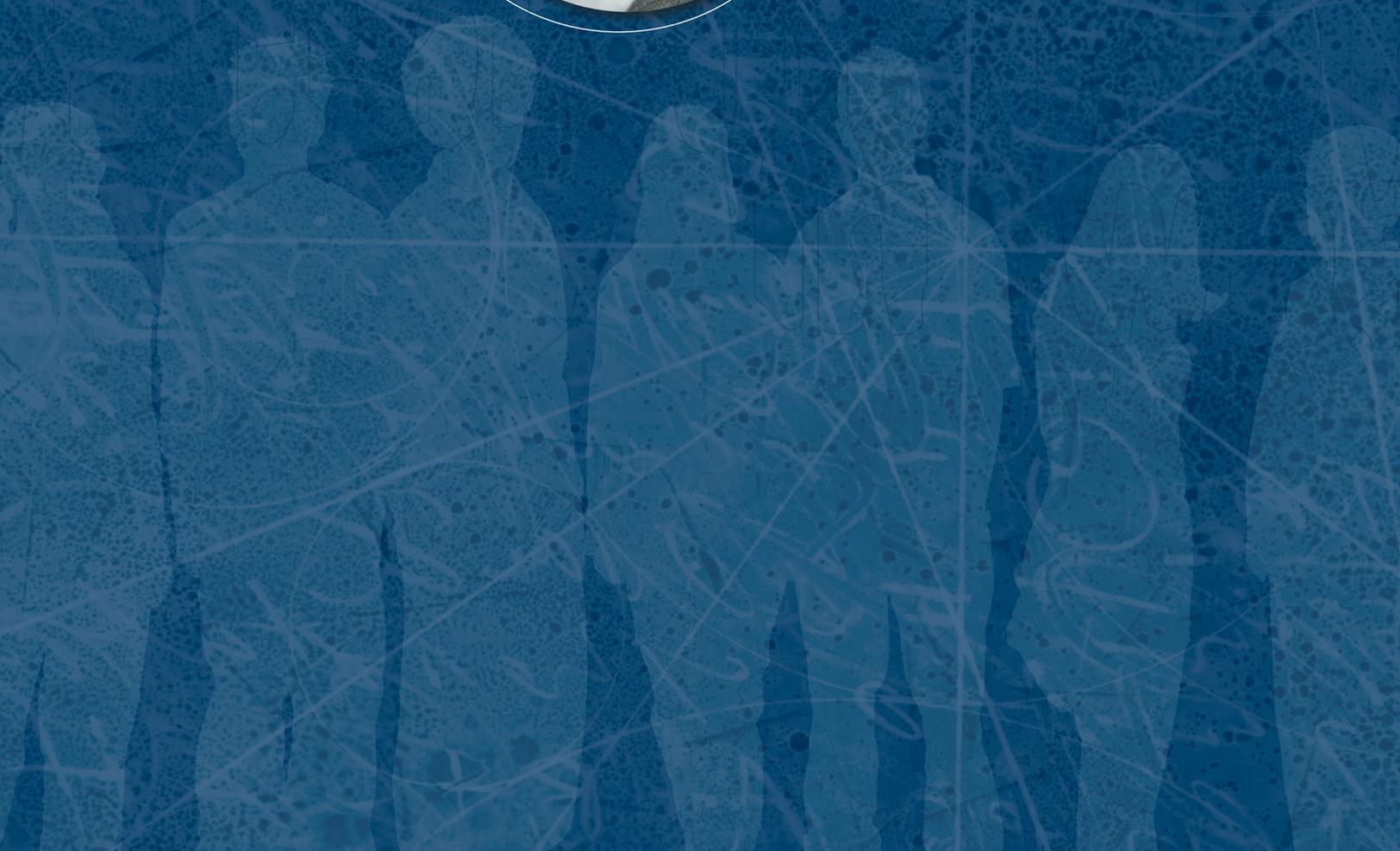
Exhibit B6.3
Region 6: Disproportionality Indices Children Referred to CPS, 2004 Cohort

These charts display the Disproportionality Index (DI) and Disproportionality Index After Referral (DIAR) by race for this DSHS region. The actual values are shown in Exhibit B6.2.



CHAPTER 5

GENERAL APPENDICIES



Biographical Sketches of Committee Members



Robin Arnold-Williams

Robin Arnold-Williams was appointed Secretary of the Washington State Department of Social and Health Services on March 15, 2005. As a member of Governor Gregoire's Cabinet, she is responsible for overseeing DSHS operations which include 18,000 staff and an annual budget in excess of \$8 billion. Major programs under her direction include Medicaid, child welfare, juvenile rehabilitation, mental health, alcohol and substance abuse, disabilities, aging services, public assistance, child support, and vocational rehabilitation.

Prior to serving in this position, Robin was employed for over 24 years with the Utah State Department of Human Services; from 1997 through 2005 she served as Executive Director. Robin has actively been involved at the national level including serving three years as Chair of the National Council of State Human Services Administrators and providing Congressional testimony on human service policy issues.

Robin holds Masters and Doctoral degrees in Social Work from the University of Utah as well as a Graduate Certificate in Gerontology.



The Honorable Judge Patricia Clark

Before being appointed to the bench, Judge Patricia Clark worked as a prosecutor, an educator and a constitutional commissioner where she focused on at-risk youth. Since elected to the bench in 1998, she has used the judicial system to improve the lives of children, adolescents and their families.

Judge Clark has served as the Chief Judge for the Juvenile Division of the King County Superior Court Since November of 2002. She chairs the Juvenile Disproportionality Committee, Dependency Disproportionality Committee, and has been foremost in the implementation of Reclaiming Futures Treatment Court, Family Treatment Court and Systems Integration. She also serves as a member of Superior Court Judges' Association and Superior Court Judges Association Family Juvenile Law Committee. Judge Clark is also involved in developing the Operational Master Plan for Juvenile Court in the 21st Century.

Judge Clark has been a strong supporter of prevention programs that help keep young people out of the detention system altogether. She was honored with a 2003 Vanguard Award from the King County Washington Women Lawyers, a 2005 Voices for Children Award from the Washington State Children's Alliance and she recently received the Trailblazer Award from the National Black Prosecutors Association.

She received here Juris Doctor degree and a Masters in Public Administration from the University of Washington in 1987.



Marian S. Harris, Ph.D., ACSW, LICSW

Marian S. Harris, Ph.D., ACSW, LICSW is an Assistant Professor at the University of Washington, Tacoma, Social Work Program and Adjunct Assistant Professor, University of Washington, School of Social Work, Seattle. Dr. Harris was promoted to Associate Professor (with tenure), effective September 16, 2008.

Dr. Harris is a Faculty Associate at the Chapin Hall Center for Children, University of Chicago. She is an Adjunct Assistant Professor and Research Advisor for the Smith College School of Social Work.

Dr. Harris is a consultant for the U.S. Children's Bureau. She is a Licensed Independent Social Worker who has a private practice for psychotherapy and consultation in Tacoma. She is the former Chair of the Public Policy Council, Children's Alliance of Washington. She serves on Human Subjects Review Committee at the University of Washington as well as the Human Subjects Review Committee for Casey Family Programs in Seattle.

She is a member of numerous professional organizations. Her research and publications have focused primarily on issues of mothers who have children in the child welfare system including substance abuse problem severity, attachment typology, parental stress, child maltreatment, extended family support, race and family structure, and disproportionality of children of color in the child welfare system, especially African American children. Recent honors include: 2008-Fellowship (Japan Studies Institute, San Diego State University, San Diego, CA) 2007- Martin Luther King Jr. Volunteer Recognition/Community Service Award, University of Washington, Seattle and honored as one of 2007 UW Distinguished Women; 2006- Certificate of Appreciation for Mental Health Transformation in the State of Washington by Governor Gregoire; Who's Who Among America's Teachers-2004-05; Academic Keys- 2004; Who's Who in Social Sciences Higher Education-2004; Who's Who of American Women- 2004-05, 2007-08; and 2004-Social Worker of the Year Award, Washington State Chapter, National Association of Social Workers. In 2006 Dr. Harris was appointed by the Tacoma City Council to serve on the Citizens Review Panel for the Tacoma Police Department; she is the Vice-Chair of the Citizens Review Panel. In December 2007 Dr. Harris was appointed by Governor Christine Gregoire to serve on the Commission on African American Affairs.

Dr. Harris was awarded an NIMH Postdoctoral Fellowship and completed a two year post doctoral training program at the University of Wisconsin-Madison, School of Social Work. She received her Ph.D. from the Smith College School for Social Work.

Among the awards she received at Smith College were the following: Bertha Capen Reynolds Fellowship, Roger R. Miller Dissertation Grant and a SAMSA Clinical Training Award.



Liz Mueller

Liz Mueller has over 20 years of insight and expertise in working with Tribal related affairs. She serves in the elected capacity as the Vice Chair of the Jamestown S'Klallam Tribe. She is the Director of the Jamestown S'Klallam Tribe Social Services Division, and she has been instrumental in the development of their 24 programs. Liz has been a member of Washington State DSHS Indian Policy Advisory Committee since it was formed in 1989, and she is the current chair of that committee. She also chairs the Washington State DSHS Indian Child Welfare Committee. She has extensive knowledge of State-Tribal relations and the positive benefits that come from collaborative work.

Liz also has extensive experience working with issues related to Native American children in the child welfare system. She brings a high level of understanding and passion regarding Washington State's effort to reduce disproportionality of children of color in the child welfare system.



Tom Crofoot

Tom Crofoot was born in Omak, WA. and is a descendant of the Colville Confederated Tribes. He is Associate Professor of Social Work at Eastern Washington University.

Tom spent five years as a social worker for Oregon child welfare, four years as a psychiatric social worker and two years as a mental health crisis specialist for children and adolescents. He's been widely published. His recent articles cover topics that include, mental health, health and substance abuse service needs for Native Americans, mental health screening results and suicidal behavior of youth in care and using reasons for living to connect children and youth to American Indian healing traditions.

Tom received a Bachelors in Liberal Arts from The Evergreen State College in Olympia, a Masters in Social Work from Portland State University in Portland and a Ph.D. in Social Welfare from the University of Washington, Seattle.



Bonnie J. Glenn

Bonnie J. Glenn is a Deputy Chief of Staff with the King County Prosecutor's Office. In that position, she works on legislative and juvenile justice policy, inter-governmental affairs, community outreach and crime prevention. As part of her duties, she heads the Truancy Prevention and Community Response Program and provides legal advice to King County's 19 school districts. She has prosecuted numerous cases involving domestic violence, child abuse and drug use.

Before joining the prosecutor's office, Ms Glenn served as an Assistant Supervisor with the Seattle City Attorney's Office. She served as Seattle's Acting Director of the Domestic Violence Unit, and served on the team that prosecutes high profile cases. In addition, Bonnie was appointed as the first Community Prosecutor under a national grant to work on reducing crime at the intervention level by bringing together the community, police and prosecutors.

Ms Glenn is past president of the Loren Miller Bar Association, past co-chair of the Washington State Bar Association Committee for Diversity, past Bar Leaders Chair for the WSBA and has served on various boards to include King County Washington Women Lawyer's. Bonnie is currently a member of the Governor's Juvenile Justice Advisory Executive Committee, Co-Chair of the King County Bar Association's Rev. Dr. Martin Luther King Jr. Program, and a member of the Washington State Minority and Justice Commission.

Ms Glenn has provided criminal and civil training at the Washington Association of Prosecuting Attorney's and at the Washington State Association of Municipal Attorney's. She has spoken throughout Washington State on criminal and civil issues and currently hosts Juvenile Justice on County Television. In 2004, she was honored by the Puget Sound Business Journal as a 40 under 40 award recipient, in 2005 by the Loren Miller Bar Association with the Excellence in the Practice of Law Award, in 2006 received the Seattle University School of Law Women's Law Caucus Women of the Year Award, and in 2007 received the innovation in Criminal Justice Award from Seattle University.

Ms Glenn has a Bachelors degree in Business Administration in marketing and management from the University of Washington and a Juris Doctorate from the Catholic University of America School of Law in Washington D.C. While in the District of Columbia, she worked for U.S. Senator Edward Kennedy and the Department of Justice.



Rev. Jimmie James

Throughout his career as minister and advocate, Reverend James has developed, implemented and led a number of successful social justice campaigns and projects, advocating for marginalized communities and social change. He has worked directly with several social justice organizations, including Jobs for Justice, the People’s Coalition for Justice, the Black Dollar Days Task Force, Justice Passage (Now Justice Works) and the King County Reclaiming Futures Program. He is an advocate and panel speaker for several campaigns and organizations to end homelessness and poverty throughout King County.

Reverend James helped create and was the Executive Director of the 4C Coalition; a coalition of clergy, community members, and community-based agencies to serve low-income families and children of color. He developed and implemented the national award winning “Children of Incarcerated Parents” program. He has served as an executive for the Boy Scouts of America, Big Brothers Big Sisters Division Director in Pierce County. He is currently the founder of H.O.P.E. and Pastor of Greater Things Ministries in Kent, WA. H.O.P.E. is a non-profit organization creating educational opportunities for youth, drop out prevention, and providing housing and jobs for re-entry and transition.

He has a Bachelors of Arts Degree from Northwest University in Kirkland, and a Masters of Arts, Pastoral Studies, from the School of Theology and Ministry at Seattle University.



Toni Lodge

Toni Lodge currently is Executive Director of the NATIVE Project/NATIVE Health Clinic in Spokane, Washington. The NATIVE Project is a state licensed adolescent substance abuse and mental health treatment agency that serves kids of all ethnicities. The NATIVE Health Clinic is an urban Indian FQHC medical facility that offers a variety of medical, wellness and prevention programs.

Ms Lodge has been a volunteer member of the Department of Social and Health Service’s Indian Child Welfare Advisory Committee, Child Protection Teams and an expert witness in Indian Child Welfare cases for the past 29 years.

Toni is an enrolled member of the Turtle Mountain Chippewa Tribe of North Dakota. She is a mother of four and grandmother of seven and says prevention, education, recovery and wellness for all children is her primary objective.



Kimberly Mays

Kimberly is a parent who was formerly involved in the child welfare system. She currently works for the Pierce County Juvenile Court's Parent-to-Parent Program and is a board member of The Bridge: From Dependency to Community and Beyond.

Both of those programs work with parents who have had their children removed from their care. The programs engage parents early on, educate them about the child welfare system and connect them to parents who have been successfully reunited with their children.

Kimberly has helped to form programs, such as Dependency 201 and 301, which helps support parents just entering the dependency system. The main objective of these programs is to find quicker ways to provide parents with services, resulting in faster permanency for children.

Kimberly is a graduating senior at The Evergreen State College, Tacoma, majoring in public policy. She has been accepted into the Masters in Public Administration Program at The Evergreen State College in Olympia. She also worked as a legislative intern for Senator Adam Kline during the 2007 session.

She has been a member of the Washington State Parent Advocacy Committee and the Children's Alliance. She regularly speaks at the Children Administration's Training Academy, symposiums, summits and leadership conferences, sharing her experiences and understanding of the difficulties encountered by parents and children in the child welfare system. She is the Mentor Coordinator, a board member and Scholarship Committee member of the Post-Prison Education Program.

In addition, Kimberly currently serves on two legislative advisory committees: the Children and Families of Incarcerated Parents Advisory Committee and the Offender Reentry Policy Advisory Committee.

Kimberly is raising her 3-year-old daughter with the help of her daughter's father, whose support enables Kimberly to pursue her passion and her educational and career goals.



Paola Maranan

Paola Maranan is the Executive Director of the Children's Alliance, an organization she has been involved with since 1993.

Paola served for nine years as policy director at the Children's Alliance. In that position, she helped the organization define its public policy priorities, design and provide advocacy training to groups across the state, and coordinate the organization's efforts to identify and respond to the needs of children and families of color. After leaving the Alliance to work as Program Manager for the Children's Initiative at United Way of King County, she served on the Alliance's Board of Directors. She returned to the Alliance in 2003 to serve as the organization's Executive Director.

Paola has also worked for the Washington State Family Policy Council and the Washington State Commission on African American Affairs. Previously she has worked in Alabama in the areas of voting rights and prison reform.

Paola received her BA in Government from Harvard University.



Ron Murphy

Ron Murphy has provided social work services to children, families and communities for over 35 years. He currently is the Senior Director - Strategic Consulting for Washington State for Casey Family Programs. In that position he provides leadership for statewide systems improvement strategies for Casey's partnership with the State of Washington. He also works with other Casey partners, including the courts, legislature and non-profits, to support system wide improvements through policy and practice changes. Ron ensures that Casey's 2020 Mission is embedded in its efforts with partners.

Ron has been a member of Casey Family Programs since 1995 and has provided leadership in various roles. Prior to joining Casey, Ron worked for the State of Washington as a Community Services Office Administrator, Regional Administrator for the State's Division of Alcohol and Substance Abuse and as a direct practitioner for the Children's Administration. He also has worked in other private non-profit organizations.

Ron graduated from the University of Washington with a Masters in Social work. He has a B.A. from Pacific Lutheran University and is a member of several professional organizations.

Dr. David Sanders, Executive Vice President of Systems Improvement at Casey Family Programs has Ron Murphy as his designee.



Mary O'Brien

Since 1986 Mary O'Brien has been Clinical Services Manager for Yakima Valley Farm Workers Clinic-Behavioral Health Services (BHS). She also is a licensed Mental Health Counselor who specialized in treating children and Hispanics.

BHS is one of three licensed mental health centers in Yakima County. The agency specializes in children and family counseling services which included therapeutic foster care programs and evidence based practices for special populations. During the first 6 years with YVFWC Ms O'Brien worked as mental health therapist/supervisor of School-Base Day Treatment that served up to 5 school districts. In this role she had substantial experiences with migrant/farm workers children and parent who had various treatment needs.

Currently Ms O'Brien is responsible for organizing and managing daily services to ensure that mental health needs of population served by YVFWC are met. She chairs the Mental Health Advisory Group For Children Village in Yakima, Multi-Cultural Competency Committee (Region Support Network), Ethnic Minority Advisory Committee (WA Mental Health Division). She's also on the boards of the Dispute Resolution Center (Yakima and Kittitas) and National Association of Mental Ill.

Ms O'Brien is bilingual and bicultural, and grew up in a farm worker family that migrated from Texas to the Yakima Valley in the late 1950's. She attended Yakima Valley Community College and Eastern Washington University where she received Bachelors and Masters degrees in social work.



Chereese Phillips

Over the years Chereese Phillips has been a fervent advocate for individuals in and from the foster care system. She currently is pursuing a Masters of Social Work degree at the University of Washington. Her primary research interests are ethnic identity formation, depression amongst African American women, and disproportionality in the foster care system.



Deborah J. Purce, J.D.

In May 2006, Deborah Purce was named Executive Staff Director for the Children’s Administration within Washington State’s Department of Social and Health Services (DSHS). In her position she works directly with the Assistant Secretary, Cheryl Stephani, to promote the mission of protecting children from abuse and neglect. She has oversight for statewide initiatives, including: Indian Child Welfare; Racial Disproportionality; Evidence Based Programs; Government Management, Accountability, and Performance (GMAP); and Administration Communications. Deborah also has oversight for the Braam Settlement Agreement.

For many years Deborah practiced law in the State of Kansas where she focused primarily on civil rights and foster care litigation and was the first Black person to be appointed as a municipal judge in Topeka, Kansas. Deborah was primarily responsible for the negotiation and implementation of the Kansas Foster Care Settlement Agreement. With Deborah as lead attorney, Kansas became the first state to comply with and exit a statewide Foster Care Class Action Settlement. In 2003, Deborah managed the Quality Assurance program for the Kansas Children and Family Agency including successful compliance with the federal Children and Family Services Review (CFSR) and Program Improvement Plan (PIP).

Deborah holds a bachelors degree in Political Science from Idaho State University and a Juris Doctor degree from the University of Kansas.

Deborah is the DSHS Secretary’s designee on the Disproportionality Advisory Committee.



Kip Tokuda

Kip Tokuda has long been an on behalf of children and families. He’s currently Policy Director of the City of Seattle’s Human Services Department. He also serves as a legislative liaison with the Office of Intergovernmental Relations.

For eight years he represented the 37th legislative district in the Washington State House of Representatives. He served as the Chair of the House Children and Family Services Committee as well as a member of the House Appropriations and the House Juvenile Justice and Family Law committees. As a state representative, Mr. Tokuda was a strong advocate for children, individuals with developmental disabilities and working families. He successfully passed a “Special Needs Adoption” bill designed to meet the needs of disabled children who are adopted through the state. He was instrumental in passing the “ Homeless Children’s Lawsuit” bill, which provided services for over 60,000 homeless families with children in Washington. He also contributed to passage of the “Foster Care Quality and Accountability” bill.

Prior to his terms in the legislature, Mr. Tokuda served as the Executive Director of the state’s Washington Council for the Prevention of Child Abuse and Neglect. In that capacity, he led the charge to develop policies, raise awareness and advocate on behalf of children and families in Washington.

Indian Child Welfare Act

In 1978 Congress enacted the Indian Child Welfare Act (ICWA). The Indian Child Welfare Act's primary purpose is to protect the welfare of Indian children and support stability and security for Native families and tribes. ICWA creates a system designed to keep Indian children within their family and/or the Indian community whenever possible.¹

ICWA establishes a minimum federal standard in any child custody proceeding (i.e. foster care placements, termination of parental rights, pre-adoptive placements and adoptive placements). State courts and state agencies, when they are involved, are charged to make a diligent effort to identify every child who is subject to ICWA and ensure that an Indian child's tribe, as well as his or her parents or Indian custodian, receive notice of the proceeding.

According to Section 1903 (4) of ICWA, an Indian child is defined as:

- Any child unmarried and who is under 18 and is either a member of an Indian tribe or is eligible for membership in an Indian tribe and is the biological child of a member of Indian Tribe.

According to Washington Administrative Code (WAC) 388-70-450, an Indian child is defined as:

- Any person who is enrolled or eligible for enrollment in a recognized tribe.
- Any person determined, or eligible to be found, to be an Indian by the secretary of the interior.
- An Eskimo, Aleut, or other Alaskan native.
- Canadian Indian: A person who is a member of a treaty tribe, Metis community or nonstatus Indian community from Canada.

Once a child is identified as an "Indian child" active efforts should be made to prevent the break up of the family. If a child custody proceeding is initiated seeking removal of the child, a formal notice must be sent to the tribe (s), the parents and Indian custodian to inform them of the proceeding. A state agency must continue to make "active efforts" to provide remedial and rehabilitative services to the family.

Keeping the child within the family is always the preference; however, if this not possible, preference is given to a member of the child's extended family, other members of the Indian child's tribe or other Indian families. ICWA allows for jurisdiction to be transferred to the tribe in child custody matters involving Indian children residing on reservations. Furthermore, the state court must transfer these cases to tribal court at the request of the tribe, parent or Indian custodian.² Ultimately, the goal of the Indian Child Welfare Act is to ensure the preservation of Native American communities and culture and to respect tribal sovereignty.

How ICWA is Handled in Washington State

Throughout the country, compliance to the ICWA is a challenge. The Indian Child Welfare Act requires active efforts to identify tribal affiliation and to maintain consistent engagement with each family at each step in the process. A state's compliance to ICWA requires consistency, effective systems and infrastructure. Although our workers understand the intent of the Act, in our state they still struggle to identify children as Indian children and to ensure each family and tribe receive proper notification.

¹ Wilkins, A. (2004). The Indian Child Welfare Act and the States. Retrieved May 02, 2008, from <http://www.ncsl.org/programs/statetribe/icwa.htm>.

² Wilkins, A. (2004). The Indian Child Welfare Act and the States. Retrieved May 02, 2008, from <http://www.ncsl.org/programs/statetribe/icwa.htm>.

As a result, in 2005, Washington State began a collaborative effort to develop an Indian Child Welfare Case Review model. This effort was led by Washington State Tribes, the Indian Policy Advisory Committee (IPAC), and Children's Administration (CA) staff.

The purpose of ICW Case Review is to:

- Partner with Tribes and Recognized American Indian Organizations (RAIO) to evaluate Washington State ICW practice and provide strength-based feedback to social workers and management.
- Enhance CA staff knowledge and understanding with the ICWA and Washington State ICW policy.
- Establish a baseline on current regional and statewide practice.
- Identify areas needing improvement and develop regional practice improvement plans with improvement goals.
- Identify systemic barriers to ICW practice and develop strategies to address these barriers.

The ICW review model evaluates case practice based on best practice standards. The goal of the ICW Case Review model is to facilitate practice improvement activities to ensure that the rights of Indian children, their families, and their Tribes are met according to the provision of the Indian Child Welfare Act (ICWA) and the Washington Tribal/State Agreement.

Placement Decisions and Concurrent Permanent Planning

Dependency Petitions

In situations where the health, safety or welfare of a child may require the child be removed from his or her parents for out-of-home placement or where safety issues remain unresolved, CPS may petition the court to be involved with the family. Court oversight ensures the child(ren) will be in a safe environment while providing structure to support parents in moving forward to ensure safety for their child(ren).

A dependency proceeding is a formal legal proceeding in Superior Court where a parent has legal rights similar to those of a defendant in a criminal case such as:

- A right to an attorney, including a court appointed attorney if the parent is indigent.
- A right to a formal trial where the rules of evidence apply.
- A right to an appeal.

Pursuant to RCW 13.34.030, a dependency can be filed if

- a) the child has been abandoned.
- b) the child has been abused or neglected while in the care of the parent(s).
- c) there is no parent willing or capable to safely parent the child.

Typically, the court will also appoint a Guardian Ad Litem, a Court Appointed Special Advocate (CASA) or an attorney to speak on behalf of the child's best interests. All parties, including the parents, can present evidence at the dependency fact finding trial. If the court determines that DSHS has proven that one of the above criteria apply (i.e. the child has been abandoned), it will find the child(ren) "dependent" and the State of Washington becomes, temporarily, the legal custodian of the child(ren) rather than the parent(s).

After dependency is established, the court determines placement of the child(ren). The court can order that the child(ren):

- Remain in their home under supervision of the court and DSHS.
- Place the children in foster care or with a relative.

In either case, a Service Plan becomes part of the court order. This binds the parents to complete specific remedial services which the court finds likely to resolve parental deficiencies and safety concerns for the child. If completed, this plan allows the children to be safely returned home.

Concurrent Permanency Planning

After a child is placed into out-of-home care, the Department of Social and Health Services continues to work with the child and family to find a safe “permanent plan” for the child. This permanency planning goes forward with two options in mind:

- Return Home.
- Alternative Plan.

The first goal is “Return Home”. Because of safety concerns about the child being in the parental home, the return home plan requires that the safety issues be taken care of before returning the child(ren) to the parents. Unfortunately, not all parents successfully eliminate safety concerns. In those cases, it is DSHS’ responsibility to work with the family, and the court, to find an alternative permanent plan for the child. The court is responsible for the permanent plan, but its decisions are based on the input of all parties involved. DSHS uses a team approach to this decision making process. The assigned social worker may coordinate Shared Planning Meetings, Family Team Meetings, and/or Family Group Conferences, as they work to find the best permanent plan for a child.

“Concurrent” permanent planning means from the start of out-of-home placement, two very different plans are worked at the same time to ensure permanency for the child(ren). While DSHS, the family, the court, and other involved parties are working actively to help the parents get their children safely back home, they are also simultaneously working to develop an alternative permanent plan. The alternative plan will be used in case the parents are not willing or able to make the changes needed for the children to safely return home.

Concurrent Permanency Planning helps establish a viable alternative permanent plan, right at the beginning of the child’s placement, to help minimize the length of time that children spend waiting for a permanent home. The Washington State Legislature has recognized that children have the right to a safe, stable, and permanent home and a speedy resolution of any dependency proceeding in which they may be involved.

Permanency planning decisions are based on considerations including safety of child(ren), parents completing their service plans, and federal requirements from the Adoption and Safe Families Act, the Multi-Ethnic Placement Act, and the Indian Child Welfare Act, and other factors. Progress is tracked and decisions are made with the assistance of periodic court review hearings, shared planning meetings, family team decision making meetings, permanency planning staffings, court review hearings, and case supervision.

Children’s Administration uses standardized tools to re-assess risk, and examine the permanency options for the child(ren).

When considering the following:

- 1) If a child can safely be returned home.
- 2) When the child can be safely returned home.

The worker completes the Reunification Assessment when determining if and when a child can be safely returned home. This assessment tool helps the worker reexamine the safety and risk factors. The tool helps identify whether progress has been made in the reductions of risks to the children. If the results of this assessment point towards returning home, the worker then completes the Transition and Safety Plan. This tool helps the

worker and the family. It helps make the return home successful, and ensures the transition back to the family home is supported with a service plan that addresses the needs of the child and family. This might include addressing educational and medical needs, along with family counseling needs and other issues based on the unique circumstances of the child and family.

If ongoing assessments indicate progress is not being made towards the safe return home of the child(ren), then the Alternative Permanent Plan becomes the primary goal. Every six months, the court reviews progress on cases where the children are dependents of the state. After reviewing reports and recommendations from all parties, the court determines if the approved Permanent Plan for a child should change from returning the child home to an Alternative Permanent Plan.

Kinship Care as an Alternative Permanent Plan

Whenever possible, DSHS tries to find an Alternative Permanent Plan that places child(ren) with relatives. Early in the Concurrent Permanency Planning process, social workers interview the parents and conduct “relative searches” to try to find extended family members who the children could live with if case the return home plan does not work. Interested relatives are invited and encouraged to participate in the permanency planning process. In these cases, DSHS conducts a background study on the family to ensure that the home is safe and stable for the child(ren). Relatives are informed they have the option of becoming formally licensed through DSHS as a foster home, but are not required to do so. In either case, the relative family is invited to participate in foster parent training and educational opportunities provided by DSHS to help support the family in caring for children who have experienced removal from their parental home. Financial assistance is also available through DSHS for these families.

In some situations, a child’s Alternative Permanent Plan is formal adoption by relatives. In other instances, relatives assume ongoing parental authority under the structure of a Legal Guardianship. In either case, taking responsibility of the permanent care and custody of the child(ren) is eligible to receive assistance from DSHS to help support them in caring for the children.

Timelines for Permanence

1997 the federal Adoption and Safe Families Act (ASFA) was passed, with the intent of preventing this kind of lengthy and uncertain experience for children in out-of-home care. ASFA requires that for any child who has been in out-of-home care for 15 of the most recent 22 months, a legal petition must be filed to pursue “termination of parental rights”, unless there are clear and compelling circumstances why such a petition is not in the child’s best interest. In 2008, the Washington State Legislature added a requirement to our dependency statute. It mandates the court to order that a termination petition be filed when a child has been in out-of-home placement for 15 months unless the court finds that there is “good cause” not to require the filing.

Termination of Parental Rights is a new legal proceeding and the parents have the same due process rights they have in a dependency proceeding, except that DSHS must prove its case for termination by a higher burden of proof.

DSHS must prove, among other things:

- The parents have been offered or provided all reasonable and necessary remedial service.
- That the parents have not successfully resolved the issues that lead to the original dependency, despite the reasonable efforts of DSHS and the court to help them do so.
- The court must also find that termination is in the best interests of the child.

When facing a Termination of Parental Rights trial, some parents choose to voluntarily give up their parental rights, rather than go through the Termination Trial. If parental rights are terminated, either voluntarily or as the result of a trial, the result is that the child then has no legal parent. This renders the child “legally free” for adoption.

Once a child is legally free, then DSHS Adoptions Social Workers can help facilitate the formal adoption process. DSHS provides assistance with recruitment and matching of adoptive families to meet the needs of children in the agency’s care. Additionally, DSHS provides ongoing Adoption Support to families who adopt children through the agency. This might include ongoing support for medical, educational and emotional well being of the child.

(From the CA Operations Manual)

4510. Inter-Ethnic Placement Act of 1996 (42 USC 671a)

The Multi-Ethnic Placement Act (MEPA), as amended in 1996 by the Inter-Ethnic Placement Act (IEPA), mandates that race, culture, or ethnicity may not be used as the basis for any denial of placement, nor may such factors be used to as a reason to delay any foster or adoptive placement.

1. MEPA and IEPA, as amended, maintains a prohibition against delaying or denying the placement of a child for adoption or foster care on the basis of race, color, or national origin of the adoptive or foster parent, or the child involved.
2. The act also imposes a Title IV-E State Plan requirement prohibiting delay or denial of foster and adoptive placements on the basis of race, color, or national origin.
3. Failure to comply with these provisions of the Title IV-E State Plan requirements will subject the department to fiscal sanctions in cases where corrective action plans failure to correct the problem within six months.

MEPA and IEPA, as amended, mandate agencies to provide for the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed. Child welfare agencies must develop a recruitment plan that ensures that foster care and adoptive placements are available to dependent children and those dependent children are not subject to discrimination in their placement. 42 USC 671a

- A. Children falling under the protections of the Indian Child Welfare Act of 1979 are exempt from the provisions of MEPA and IEPA.
- B. Children's Administration shall provide for community based recruitment of foster and adoptive families who reflect the racial and ethnic diversity of the children served by the Administration through the Division of Children and Family Services (DCFS), with the assistance of the Division of Licensed Resources (DLR).
 - 1. Each region will maintain a pool of potential foster and adoptive parents who are capable of promoting each child's development and case goals.
 - 2. Regional recruitment efforts must reach all members of the community and provide potential foster and adoptive parents with information about the needs of available children, the nature of the foster care and adoption processes, and the supports available to foster and adoptive families.
 - 3. Standards may not be used for foster and adoptive parents which are related to age, education, family structure, and size or ownership of housing or which exclude groups of prospective parents on the basis of race, color, or national origin.

Racial Disparities in Washington

