YEAR END REPORT

Permanency, Disproportionality and Disparity in the Central Region (FY13)

Introduction

This report marks the 6th year that the Center for Adoption Studies at Illinois State University has produced data for the Permanency Enhancement Project.

Over the course of this work we have had many meetings, interviews and discussions with DCFS staff and management, action team members and community members, and colleagues from the African American Advisory Council, the Transformation Team and the African American Family Commission. From this process we have derived a number of principles that guide the work of stakeholders as they strive to increase permanency and reduce racial disparity. These can be summarized as:

1. Children generally fare best with their families and suffer when they are removed from familial care, even when this removal is necessary for their safety.
2. When children cannot remain in their families they should be returned to their stronger, safer and more stable families as soon as possible.
3. Racial disproportionality and disparity exist in our child welfare system.
4. Disparate treatment of African American families disadvantages African American children, youth and families.

5. Research on disproportionality and disparity reveals that the over-representation of African American children and youth is present at several measurement points, but is most clearly present at the first point (accepted reports) and the last point (remaining in care).

6. Addressing disproportionality and disparity requires a broad-based community effort – the public child welfare institution cannot (and should not) tackle these issues alone. Instead, true child welfare reform requires consistent partnerships and commitments from parents, concerned citizens, and key decision makers across all sectors of our society.

The Illinois Model of Community-Centered Child Welfare

From Advocacy, to Action, to Results:

The Illinois Permanency Enhancement Model began in 2006 as an advocacy initiative on the part of the Illinois African American Advisory Council (Mr. Michael Burns). As result of the Council's sustained efforts, IDCFS Central Region (RA Robert Blackwell), the African-American Family Commission (Dr. Terry Solomon), and the Center for Adoption Studies at Illinois State University (Drs. Doris M. Houston and Jeanne Howard) engaged in a collaborative partnership with a steering committee of more than forty members who developed and implemented a model of community-centered child welfare reform with a specific focus on addressing permanency and racial disparities within Illinois child welfare. The project was initiated in part, as a response to the U.S. DHHS Child and Family Services Reviews which identified *Permanency Achievement* as one of several child and family well-being indicators that Illinois and most other states needed to improve as part of their Program Improvement Plans (PIPs). After a one year planning period, the Central Region Illinois Permanency Enhancement Symposium was convened in March, 2007. The symposium began with a morning panel discussion which included the presentation of permanency data, results of stakeholder focus groups, and dialogue among experts who shared their views about permanency and disproportionality within the Illinois child welfare system. The afternoon component of the symposium brought together parents, service providers, judges, youth, child welfare administrators, and concerned citizens who developed "local action plans" aimed at improving permanency outcomes. Following the 2007 symposium, local "Action Teams" were formed in sixteen communities throughout the Central region for the purpose of implementing the local action plans. Due to the success of the Central Region Permanency Symposium, the effort was extended to a statewide initiative in FY08 with University Partners from Illinois State

University, Southern Illinois University Edwardsville, Northern Illinois University, and the University of Illinois at Chicago providing data and technical support to more than 40 Action Teams throughout the State.

Based on the joint and sustained efforts of Illinois child welfare practitioners and administrators, university partners, local citizens, and court officials, a "bottom up" approach to child welfare service delivery and policy development is now in its 6th year of implementation through the Illinois Permanency Enhancement Framework. This framework builds upon what we currently know about sound child welfare practice merged with what we know to be effective community-centered practice. Specifically, in the PEP framework of community-centered child welfare, the first step in the process involves mobilizing the local citizenry and stakeholders (e.g. educators, businesses, faith leaders, courts, neighbors) through town halls and community forums to help them to understand that child well-being and family permanency is truly community effort.

Once community awareness and buy-in is achieved, stakeholders are in a position to identify and discuss barriers to permanency in child welfare. Those barriers often generate a dialogue around family risk factors, community risk factors and systemic deficiencies that result in children entering and remaining in the child welfare system without the benefit of family continuity and stability. The process also involves dialogue and consensus around the resilient qualities and *protective factors* that are unique to a given a given locale (e.g. strong faith community, resources from the local community colleges, strong PTA group, active small business organizations).

Once stakeholders have an opportunity to engage with each other and build consensus around barriers to permanency, the next layer of engagement involves the "action planning process" whereby local stakeholders and power brokers determine the best and most practical "plan of action" that leverages community strengths and resources, while reducing community risk factors that place children at risk of foster care placement.

The sustained commitment to child welfare reform is often contingent upon the ability to see signs of improvement and fruitful outcomes. Frequently, stakeholders who are engaged in the action team process

want to know: "Are my efforts paying off? How do we know that what we are doing is working?" A consistent review of the data on permanency and disproportionality helps stakeholders to determine trends and outcomes as a critical part of the process. Not only does the review of data help to assess improvements in outcomes, data is equally instructive in making improvements to the process where a lack of desired outcomes is evident.

Goals of the Illinois PEP Model:

1. Mobilize Community Stakeholders to improve permanency outcomes and eliminate disproportionality within child welfare.
2. Identify Barriers to Permanency Achievement.
3. Implement Community-Specific Strategies (Action Plans) to increase family preservation rates, family reunification rates, and adoption/guardianship rates.
4. Review Annual Permanency Data to track and assess permanency and disproportionality outcomes.

Assessing Outcomes: Permanency and Disproportionality Data (FY 12)

In the following section of this report we present data from the Central region which highlights key areas of permanency including twelve and twenty four month permanencies, permanency types, and 2006-2012 permanency trends. Following this general overview of permanency outcomes, we present data with a specific focus on disproportionality and disparity within the Central region.

Some Notes about the Data

The data in this packet are supplied to guide discussion as groups implement action plans for their communities and seek to overcome barriers to permanency and racial disparities.

Data Sources and Limitations

The primary sources of data for this report are the Quality Assurance (QA) Reports of the Illinois Department of Children and Family Services, the outcomes monitoring data of the Child and Family Research Center (CFRC) at the University of Illinois and the U.S. Census Bureau population data by race. For the purposes of local stakeholder engagement and decision making, Quality Assurance data tend to be more recent with county level outcomes provided. QA data also includes race/ethnicity breakouts for all reporting outcomes with the exception of hotline referral sources. However, data on 12 and 24 month permanency are not available from QA. While CFRC data are

much more comprehensive, there is a longer turnaround time to gain access to data that tends to be useful to local stakeholders (e.g. action teams, transformation teams, local court improvement projects). Furthermore, because the CFRC data is used for statewide and national policy making, local county level data by race is less available. For example, the 12 and 24 month CFRC permanency data does not provide racial comparisons. The goal of this report is assist local stakeholders and policy makers in their decision making by synthesizing the multiple data sources that are available. Based on the feedback and requests from local consumers and permanency enhancement collaborators, we have crafted this report to provide a user friendly snapshot of the key permanency and racial disparity indicators that can prompt dialogue and action at the local level.

Data vs. Information

What is presented here are data – facts and figures. Data is different from information, which is *data in context*. We at the Center for Adoption Studies cannot know the community context, social conditions, and the decision making variations that occur at the community level. While we have at times made summary statements, for the most part it is the experience and expertise of community members and stakeholders that can best determine what the data *mean.*

Permanency in the Central Region: How Does Central Region Compare to the State as a Whole in Achieving Permanency?

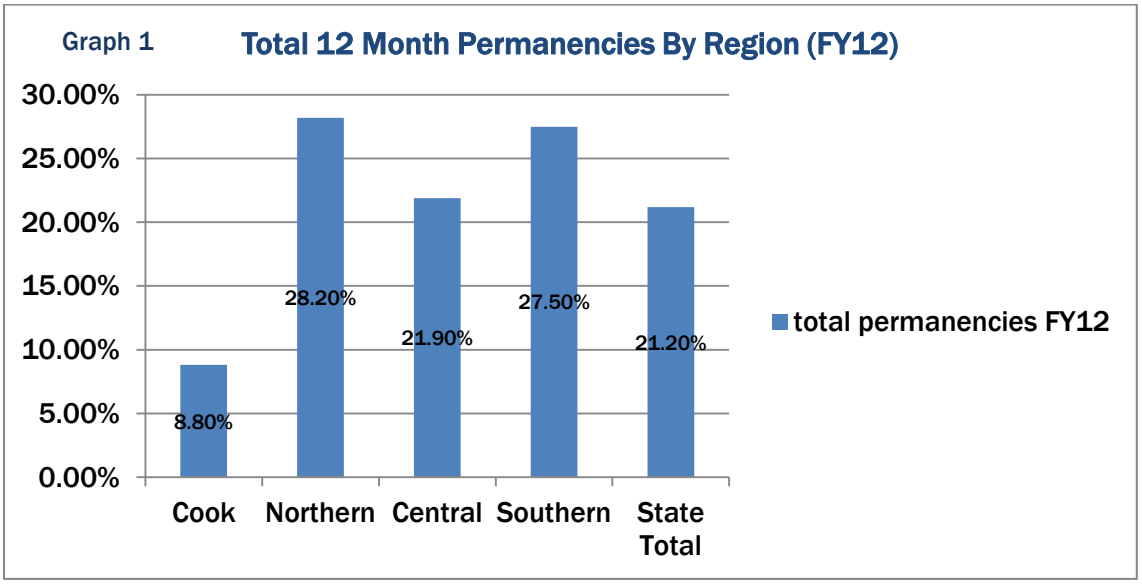
Twelve Month Permanencies by Region (FY 12)

Source: CFRC FY 12 Outcomes Monitoring Data: "Attained Permanence within 12 Months"

Regional and State Comparisons of 12 month Permanency

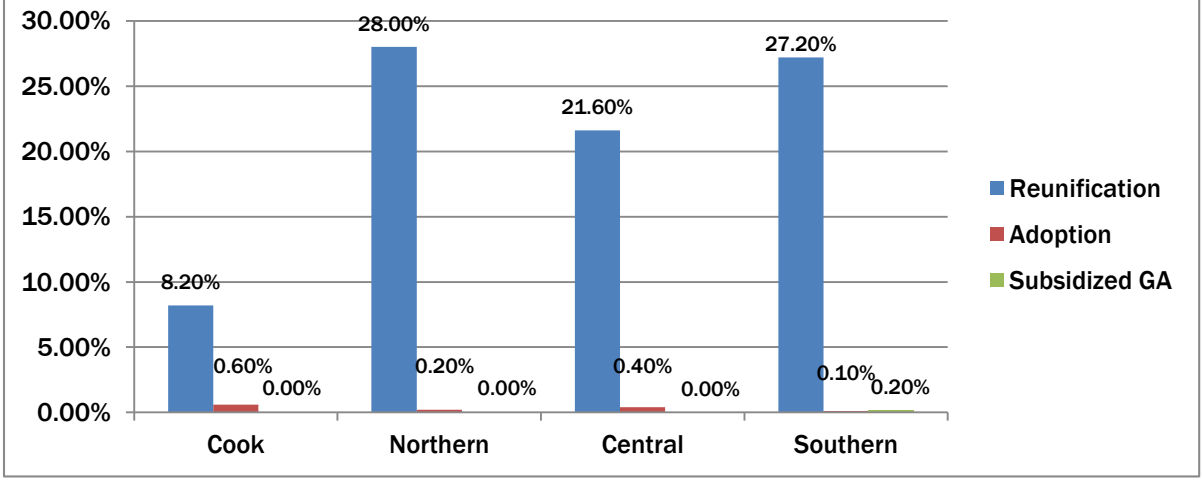
Length of time to permanency is an important measure of child welfare outcomes. Generally speaking, the sooner children can be reunified to safer, more stable family situations or permanently placed through adoption or guardianship, the better for their ultimate well-being. Based on the FY12 data, Central region ranks third (21.9%) behind the Northern and Southern regions (28.0 % and 27.2%) in achieving 12 month permanency for children (see graph 1 below). This total is slightly higher than the overall state average (21.2%). It is worth noting that the Central region has 52 counties and is one of the most geographically disbursed and demographically diverse regions within the state with a wide array of court jurisdictions, and service/resource related variances.

Graph 1 **Total 12 Month Permanencies By Region (FY12)**



With regard to *permanency types*, the primary permanency outcome type achieved across all regions has been reunification. A small proportion of permanency outcomes were noted in the area of adoption and little or no subsidized guardianship outcomes were achieved across the state with the exception of the Southern region (See graph 2 below).

Graph 2 **12 Month Permanencies by Region and Permanency Type (FY12)**



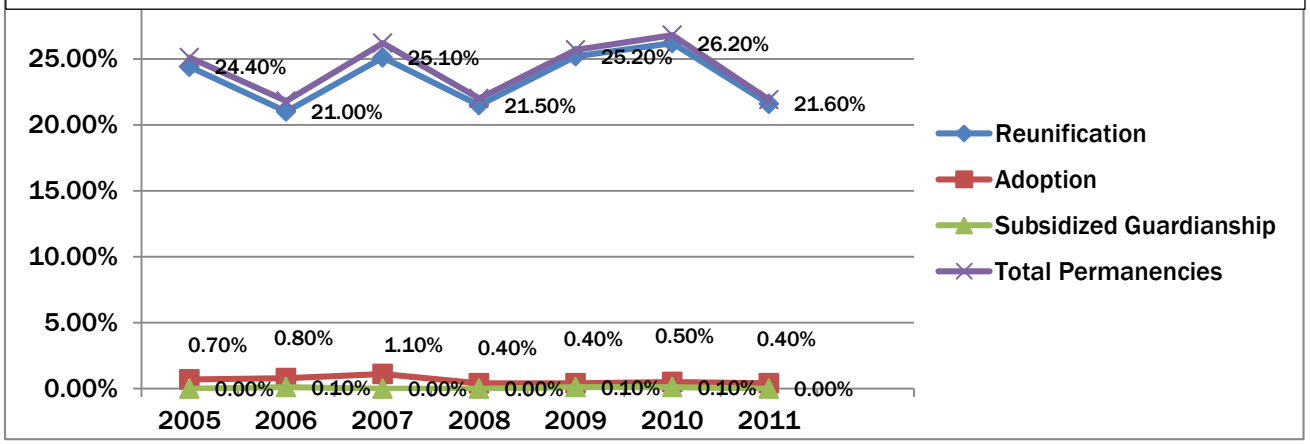
Central Region Twelve Month Permanency Trends (FY 12)

Source: CFRC FY 12 Outcomes Monitoring Data: "Attained Permanence within 12 Months"

We also explored the 12 month *permanency trends* for the Central region to assess the extent to which permanencies within the region have improved or declined since FY 06 (see graph 3 below). As the six year data snapshot reveals, *reunifications* have remained the primary permanency type. While reunifications have hovered around the 21-25 % range for the six year period, the high points during this period were 2009 and 2010, during

which time reunification rates reached above 25 %. Specifically in 2010, reunifications demonstrated the highest increase (26. 2%). In 2011 (FY12), the reunification rate declined again, nearly matching the 2008 level of 21%.

Graph 3 **Central Region 12 Month Permanency Trends by Type (FY 06- FY12)**



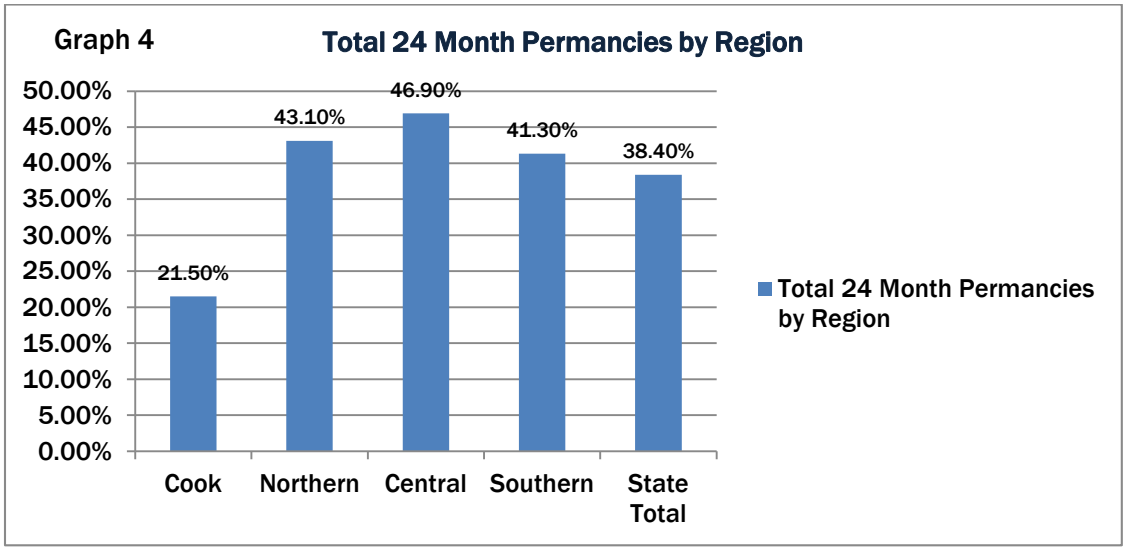
Twenty Four Month Permanencies by Region (FY 10)

Source: CFRC FY 12 Outcomes Monitoring Data: "Attained Permanence within 24 Months"

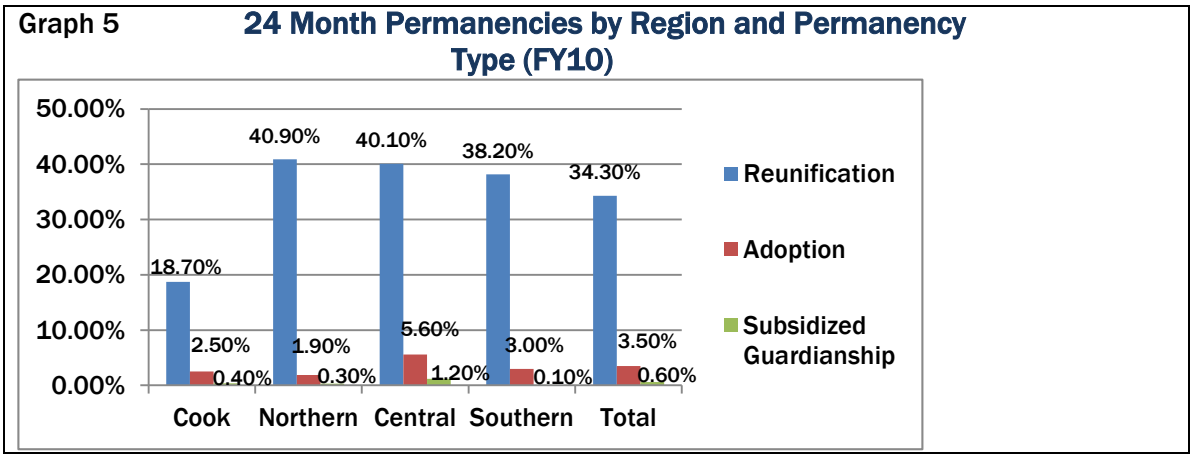
Regional and State Comparisons of 24 month Permanency

Permanency by 12 months is usually achieved through reunification. By 24 months, permanency through adoption or guardianship may be more likely in addition to reunification. The graph below demonstrates the percent of children who achieve permanency within 24 months of entering care. Thus, children who entered care during 2010 would be identified as achieving permanency if they were reunified, adopted or in a guardianship arrangement by the same point in 2012.

Graph 4 (below) indicates that the Central region demonstrated the highest level of 24 month permanency (46.9%) when compared with all regions within the state. The region also surpassed the state average which was 38.4%.



With regard to *permanency types* at 24 months, the Central region achieved the second highest level of permanency through reunification (40.1%) following the Northern region (40.9%). Central achieved the highest level of permanency through adoption and subsidized guardianship throughout the state although these permanency outcomes were achieved less than 4-6% of the time cross all regions. (See Graph 5 below).

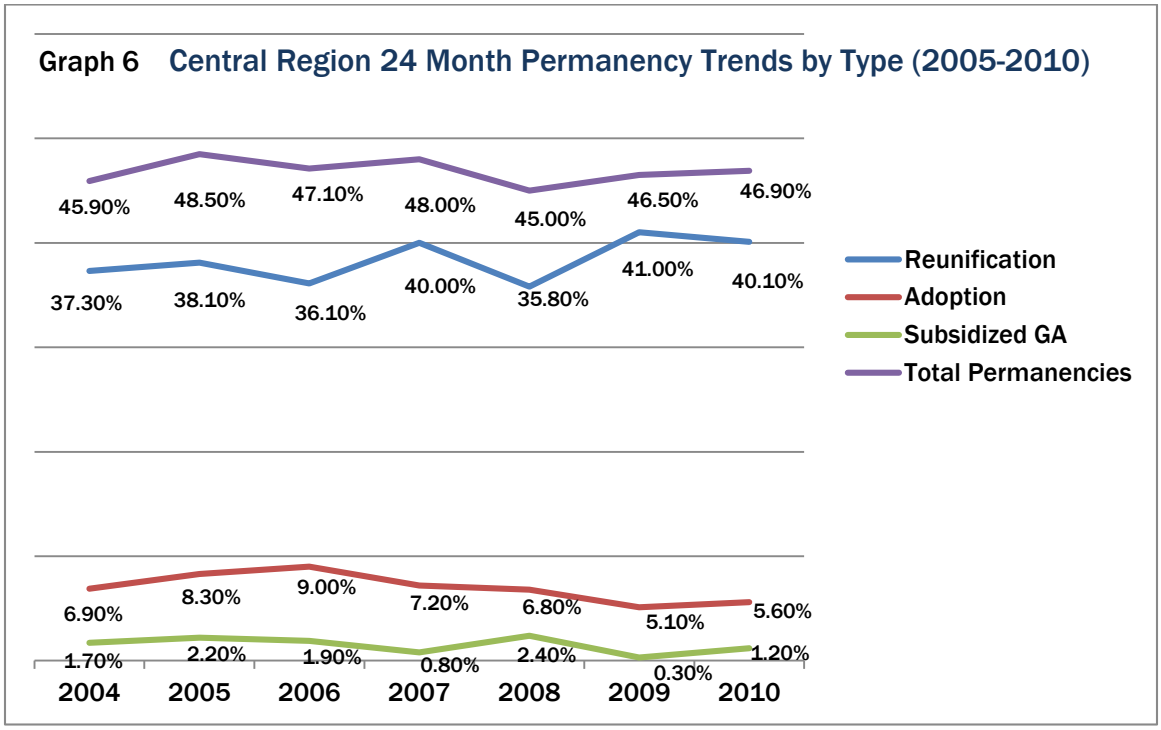


Central Region Twenty-Four Month Permanency Trends (FY 10)

Source: CFRC FY 12 Outcomes Monitoring Data: "Attained Permanence within 24 Months"

We also explored the 24 month *permanency trends* for the Central region to assess the extent to which permanencies within the region have improved or declined since FY 06 (see Graph 6 below). As the data snapshot reveals, 24 month permanencies within Central have remained within the 45-48% range from 2004-2010.

When we look at specific *permanency types,* with the exception of 2008, *Reunifications* within 24 months increased in the region beyond the 40% level during the period of 2007-2010. *Adoptions* at the 24 month benchmark peaked in 2006 (9%) and have since declined to 5.1% to 5.6% from 2009-2010. Overall, Subsidized Guardianships have remained the least likely form of permanency achievement.



Key Decision Making Points in the Permanency Continuum: How is the Central Region Doing in Overcoming Racial Disparities and Disproportionalities?

This section of the report represents a summary of *FY12 child welfare permanency data with a specific focus on disproportionality and disparity within the Central region. The summary is derived from Central region Quality Assurance (QA) data, in conjunction with 2010 census child population data. The following section of the report is organized in sequence of key decision making points that impact permanency and disparity outcomes for children and their families.

*FY 12 data was made available for analysis in the Spring of 2013.

Overview of Decision Points

Decision Point One: The decision to refer a case to the hotline

In this FY13 year-end report, we begin the key decision making point sequence by first examining the **Primary Sources of Referrals** to the Illinois child abuse and neglect hotline. Sources of referrals

for *all* reports as well as sources for *indicated* reports are examined and discussed. This information was added to the FY13 report to provide a broader context for examining how children and families become introduced to the child welfare system. In most cases, the initial exposure begins with referrals from non-child welfare professionals within the community such as law enforcement, school personnel, medical providers, and social service providers who report suspected child maltreatment. It is worth noting that with the exception of Vermillion County, the overwhelming majority of all *indicated* reports within Central region begin with a referral from law enforcement.

Note: The QA data from which this decision making point was derived does not currently include racial and ethnic breakdowns for the cases referred to the hotline. Consequently, a racial disparity ratio is not calculated for this indicator.

Decision Point Two: The decision to accept a referral for investigation

In the second key decision making point sequence, we summarize the number and percentage of hotline reports that are *accepted for further investigation* based on the initial screening. Key decision makers at this sequence include SCR staff and supervisors who "screen in" a hotline report for further investigation.

Note: The data for *accepted reports* is displayed with race/ethnicity comparisons for three primary groups: African American, White, and Hispanic. The numbers and percentage for "other" and "unknown" ethnicities were negligible and thus are omitted from the totals.

Decision Point Three: The decision to indicate a report for maltreatment

In the third key decision making point sequence, we summarize the number and percentage of reports that are *indicated* (aka *substantiated* reports) as a result of a maltreatment investigation. For further context, we also provide the following:

- A "within group" comparison, which summarizes the proportion of reports within each racial group that later become indicated (i.e. what % of accepted reports for African Americans children later become indicated?)

- A "cross-group comparison", which describes the proportion of ALL indicated reports based on race/ethnicity (i.e. among ALL indicated reports, what % are African American, White, and Hispanic?)

Key decision makers at this sequence include maltreatment investigators, supervisors, and in many cases, the professionals and service providers who offer testimony/evidence supporting an abuse/neglect finding.

Note: The data for *indicated reports* is displayed with race/ethnicity comparisons for three primary groups: African American, White, and Hispanic. The numbers and percentage for "other" and "unknown" ethnicities were negligible and thus are omitted from the totals.

Decision Point Four: The decision to remove a child from the home (entry into care).

In the fourth key decision making point sequence, we summarize the number and percentage of *foster care entries* as a result of an indicated report. Key decision makers at this sequence include maltreatment investigators, child welfare supervisors, and in most cases, officers of court who file an abuse and neglect petition and/or render a finding of abuse/neglect. The availability of resources such as domestic violence counseling and substance abuse treatment can also play a role in the decision to provide in-home services or remove a child from the home.

Note: The data for *foster care entries* is displayed with race/ethnicity comparisons for three primary groups: African American, White, and Hispanic. The numbers and percentage for "other" and "unknown" ethnicities were negligible and thus are omitted from the totals.

Decision Point Five: The decision to maintain a child in care (total children in care).

In the fifth key decision making point sequence, we summarize the number and percentage of total children in care. This summary is based on FY12 QA data provided at the regional level and includes all children in care regardless of length of stay or permanency goal. Key decision makers at this sequence include placement workers and supervisors who assess the family and child's progress toward permanency, service providers who assess progress in rectifying problem behaviors that render a child unsafe, and in most cases, officers of court who must schedule timely permanency hearings and determine if reasonable efforts have been made toward permanency. The availability of resources such as domestic violence counseling, substance abuse treatment, mental health services, and social supports for the family can also play a role in the decision to move a child to permanency.

Note: The data for *children in care* is displayed with race/ethnicity comparisons for three primary groups: African American, White, and Hispanic. The numbers and percentage for "other" and "unknown" ethnicities were negligible and thus are omitted from the totals.

Summary of Results

Decision Point One: Hotline Referrals

Source of *ALL* reports

Source: Central region QA data: "Source of reports for select counties for the time period 07/01/11 to 06/30/12

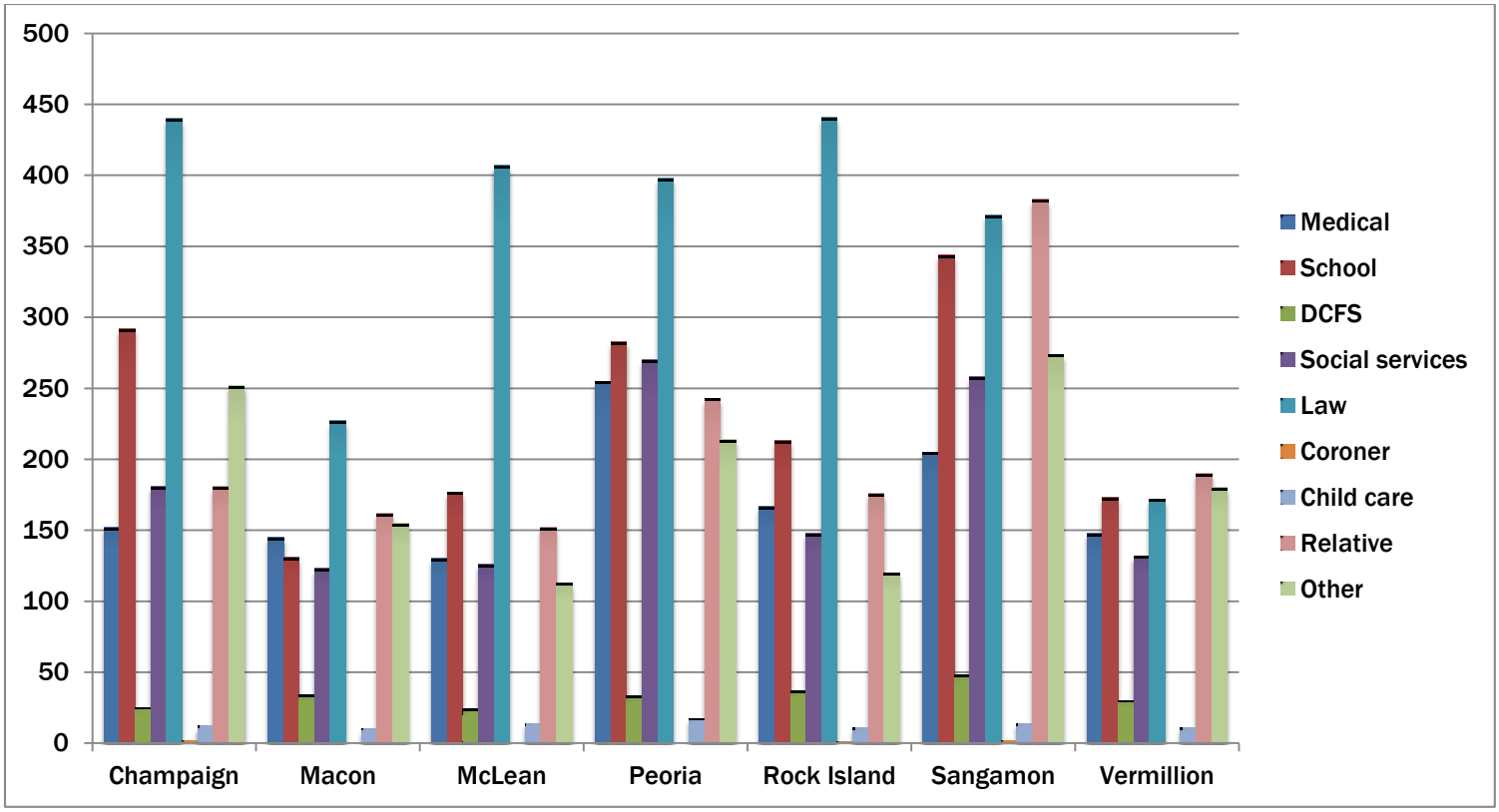
As the table 1 and graph 7 indicate (below), **Law Enforcement** Officials were the primary source for all referrals to the child abuse and neglect hotline for the seven largest counties in the Central region with the exception of Vermillion County. In Vermillion (Danville), relatives were the greatest source of reports, ranking above law enforcement.

Following Law Enforcement as the most prominent source of referrals for six of the seven largest counties, there were variations among geographic areas as to the second most prominent referral sources. For example, in Champaign, McLean, Peoria, Rock Island and Sangamon, **Schools** were the second most prominent source of hotline reports, whereas in Macon County (Decatur), **Relatives** were the second most prominent source of reports. In Vermillion County, **"Other"** referral sources (e.g. general public, other professionals) ranked second behind relatives.

Table 1	**Source of *ALL* reports**								
County	**Medical (N)**	**School (N)**	**DCFS (N)**	**S Services (N)**	**Law (N)**	**Coroner (N)**	**Child Care (N)**	**Relative (N)**	**Other (N)**
Champaign	152	292	25	181	440	2	12	181	252
Macon	145	131	34	123	227	n/a	10	162	155
McLean	130	177	24	126	407	n/a	14	152	113
Peoria	255	283	33	270	398	n/a	17	243	214
Rock Island	167	213	37	148	441	1	11	176	120
Sangamon	205	344	48	258	372	2	14	383	274
Vermillion	148	173	30	132	172	n/a	11	190	180

Graph 7 (below) provides a visual representation of the Table 1 data discussed in this section

Graph 7 **Source of *ALL* reports (central region FY12)**



Source of *INDICATED* reports

Source: Central region QA data: "Source of reports for select counties for the time period 07/01/11 to 06/30/12

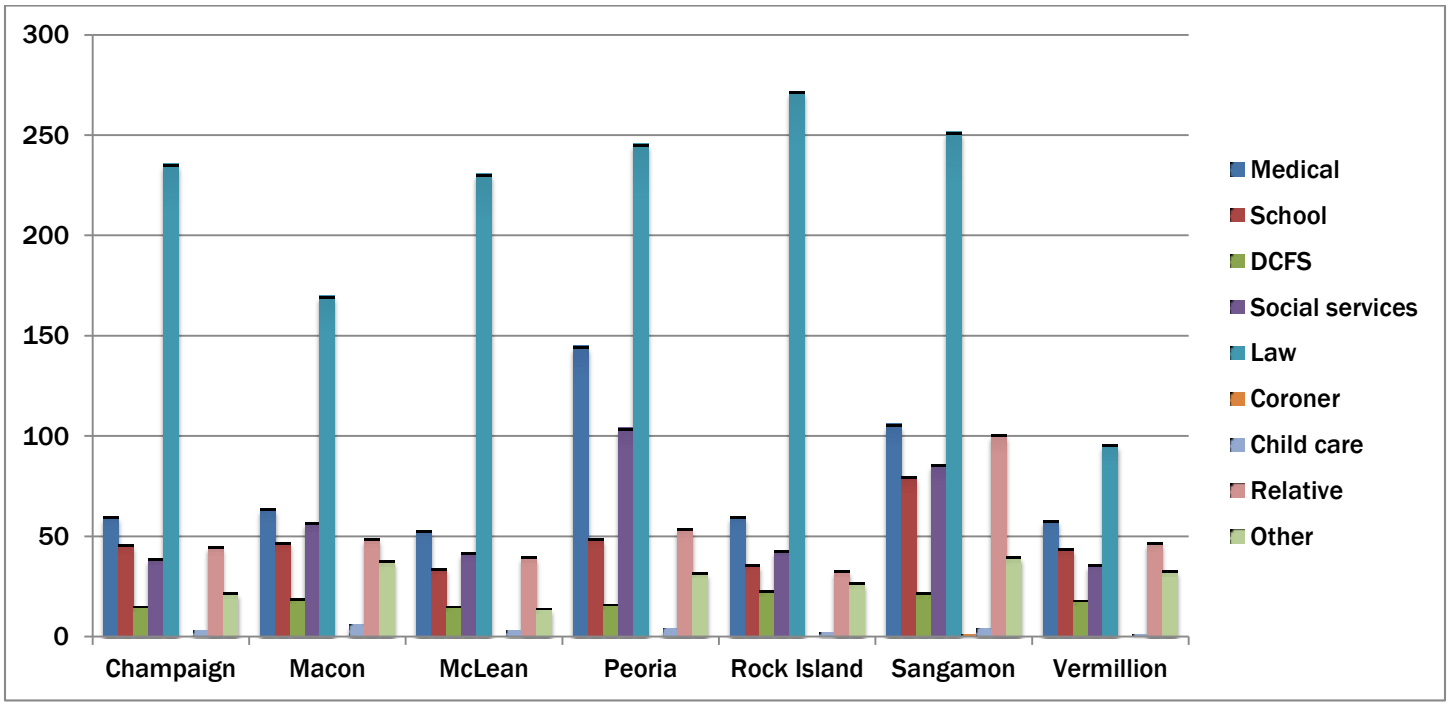
When we move from sources of ALL reports to sources of INDICATED reports, the data reveal that law enforcement hotline referrals that subsequently resulted in substantiated maltreatment findings were significantly greater than the referrals from all other reporting sources. The data also show that among *indicated reports*, medical providers rank second in reporting despite the fact that they have a lower share of overall referrals to the hotline. In contrast, while schools are the one of the second highest source of overall reports to the hotline, their reports are less likely to be indicated when compared to law enforcement, medical providers and in some cases, social services.

Table 2 Source of *Indicated* reports									
County	**Medical**	**School**	**DCFS**	**Social services**	**Law**	**Coroner**	**Child care**	**Relative**	**Other**
Champaign	60	46	15	39	236	n/a	3	45	22
Macon	64	47	19	57	170	n/a	6	49	38
McLean	53	34	15	42	231	n/a	3	40	14

Peoria	145	49	16	104	246	n/a	4	54	32
Rock Island	60	36	23	43	272	n/a	2	33	27
Sangamon	106	80	22	86	252	1	4	101	40
Vermillion	58	44	18	36	96	n/a	1	47	33

Graph 8 below provides a visual representation of the data discussed in this section

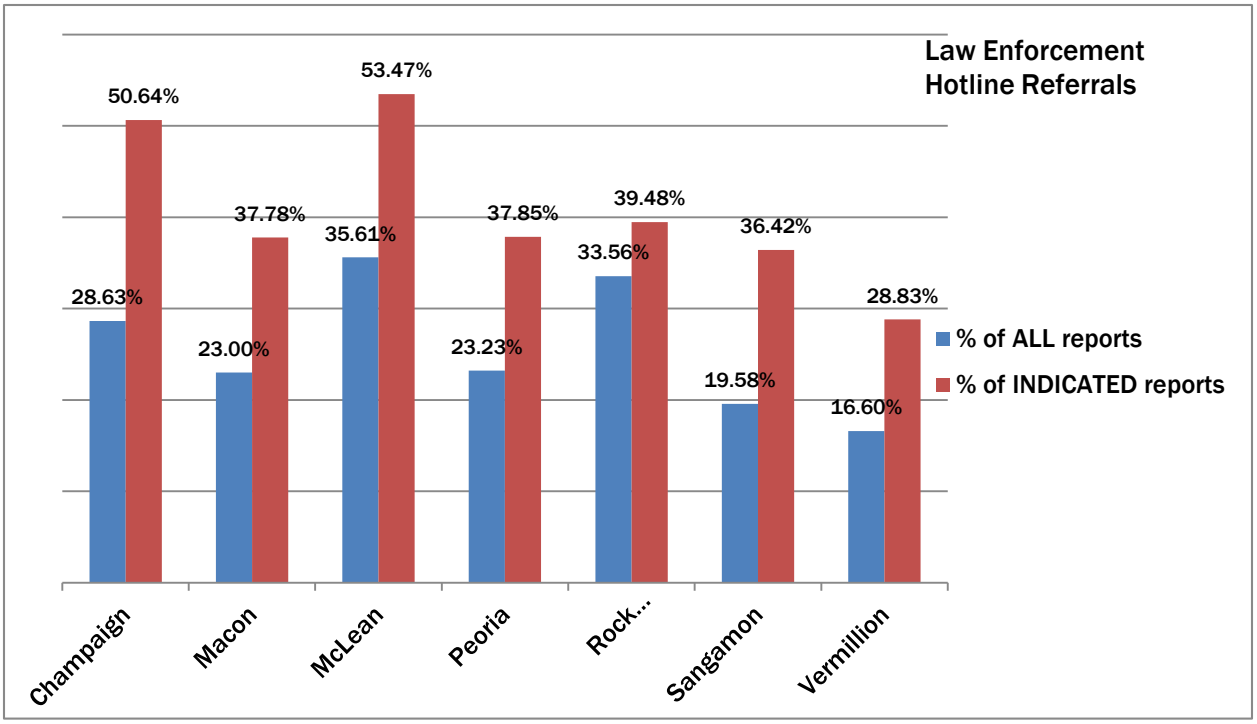
Graph 8 **Source of *Indicated* reports (central region FY12)**



Graph 9 (below) provides a side-by-side comparison of law enforcement's share of *total* hotline referrals vs. indicated referrals. Additionally, given that law enforcement is the largest overall source of both *reports made* and *reports indicated*, we have provided examples of promising practices that involve community partnerships with law enforcement professionals *(See Appendix A at the end of this report).* This information can be useful to assist stakeholders and policy makers in their efforts to engage law enforcement staff and other community professionals who have a common goal of ensuring safety and permanency for children.

Graph 9

Law Enforcement % of All Reports vs. Indicated reports (Central region FY12)



Decision Point Two: Accepted Reports

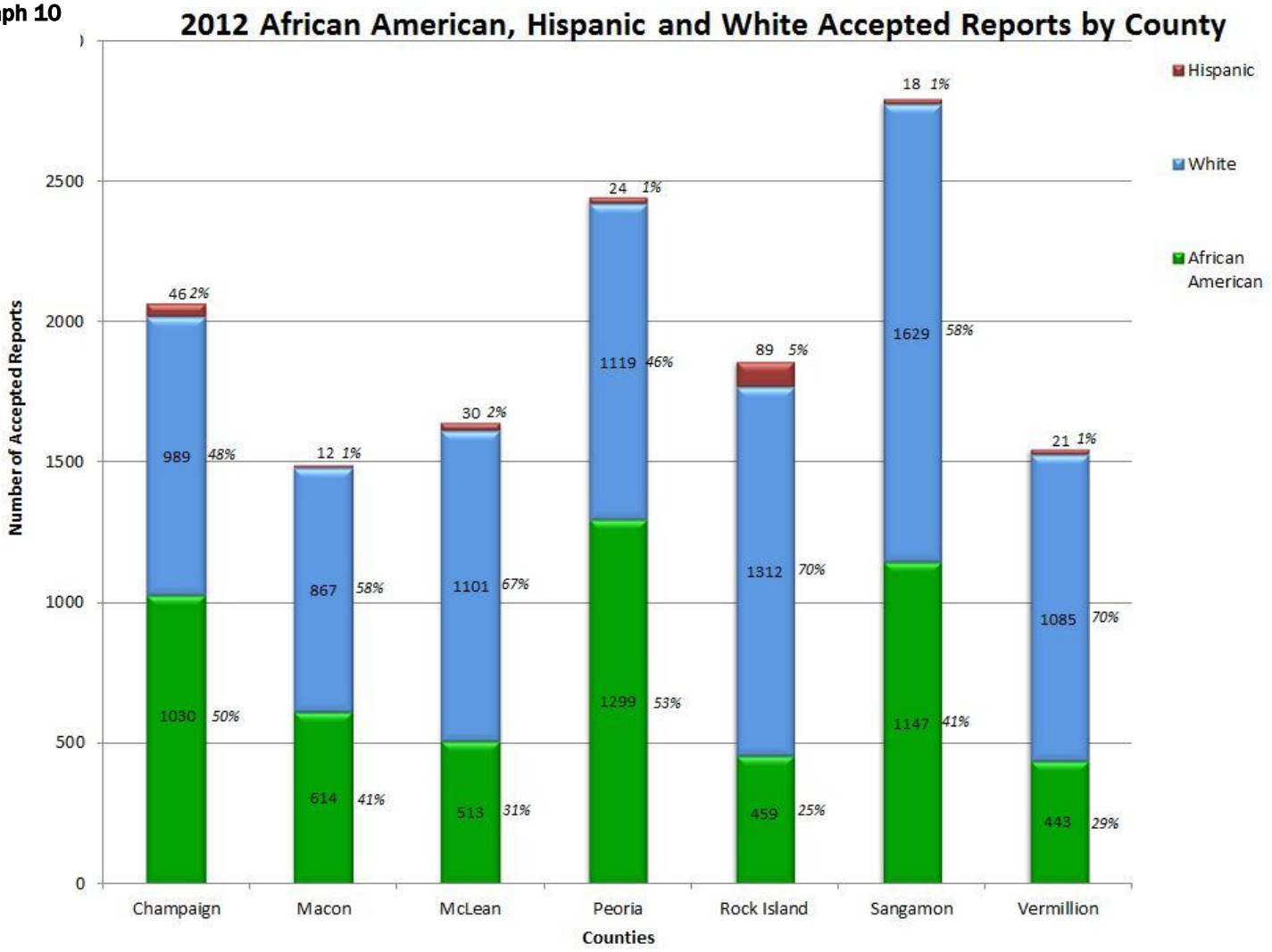
Accepted Reports

Source: Central Region QA Data: "total" column for "reported child victims by race and finding status" for the time period 07/01/11 to 06/30/12

Table 3 Accepted Reports By Race (Central region Fy12)

County	AA accepted reports	Asian/PI	Hispanic	Native American	Other	Unknown	White	**Total accepted reports**
Champaign	1030	22	46	n/a	9	56	989	**2152**
Macon	614	8	12	n/a	1	33	867	**1535**
McLean	513	36	30	1	1	25	1101	**1707**
Peoria	1299	42	24	1	11	49	1119	**2545**
Rock Island	459	24	89	4	22	56	1312	**1966**
Sangamon	1147	44	18	n/a	12	105	1629	**2955**
Vermillion	443	14	21	n/a	9	32	1085	**1604**

Graph 10



As the graph above indicates, there were county-by-county differences with regard to the proportion of *accepted* reports for African American child victims vs. Whites or Hispanics. Among all of the counties, Peoria (53%) had the largest proportion of hotline reports *accepted* (screened in) in which the victim was an African American child, followed by Champaign (50%) and Sangamon (41%).

In order to determine the extent this data reflects racial disparities within specific counties, the data must be interpreted within the context of the population by race (e.g. proportion of African Americans vs. Whites within the population). To further explore this issue and the extent to which racial disparities exist at the ***accepted reports*** decision making point, we calculated the **"Disparity Ratio" for Accepted reports** (see description below).

Accepted Reports: Disparity Ratios

This measure compares African American to White children – the largest minority group to the dominant group for Accepted reports. In other sections of the report, the disparity ratios will be provided for indicated reports, foster care entries, and youth in care. If the resulting number is 1 or close to 1 there is little or no disparity. A number of

1.5 would mean that African American children were 50% more likely than White children to be reported, 2.0 would mean that they are twice as likely and so on.

Based on prevailing standards among researchers, we consider 1.5 to 2.49 to be moderate disparity, 2.5 to 3.49 to be high disparity, and 3.5 and above to be extreme disparity.

Table 4

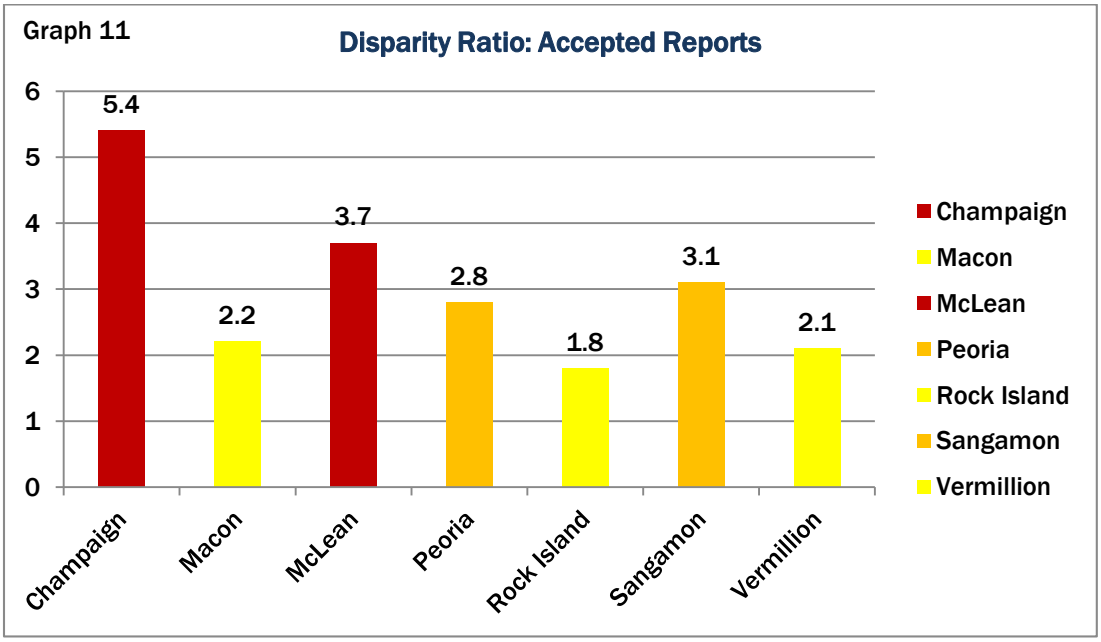
Disparity Ratio Formula for ACCEPTED REPORTS (FY 12):

African American accepted reports ÷ African American children in population
White accepted reports ÷ White children in the population

Champaign	5.4
Macon	2.2
McLean	3.7
Peoria	2.8
Rock Island	1.8
Sangamon	3.1
Vermillion	2.1

Red = extremely high disparity (3.5 or above)
Orange = high disparity (2.5 to 3.49)
Yellow = moderate disparity (1.5 to 2.49)
Blue = No or little disparity (under 1.5)

Graph 11

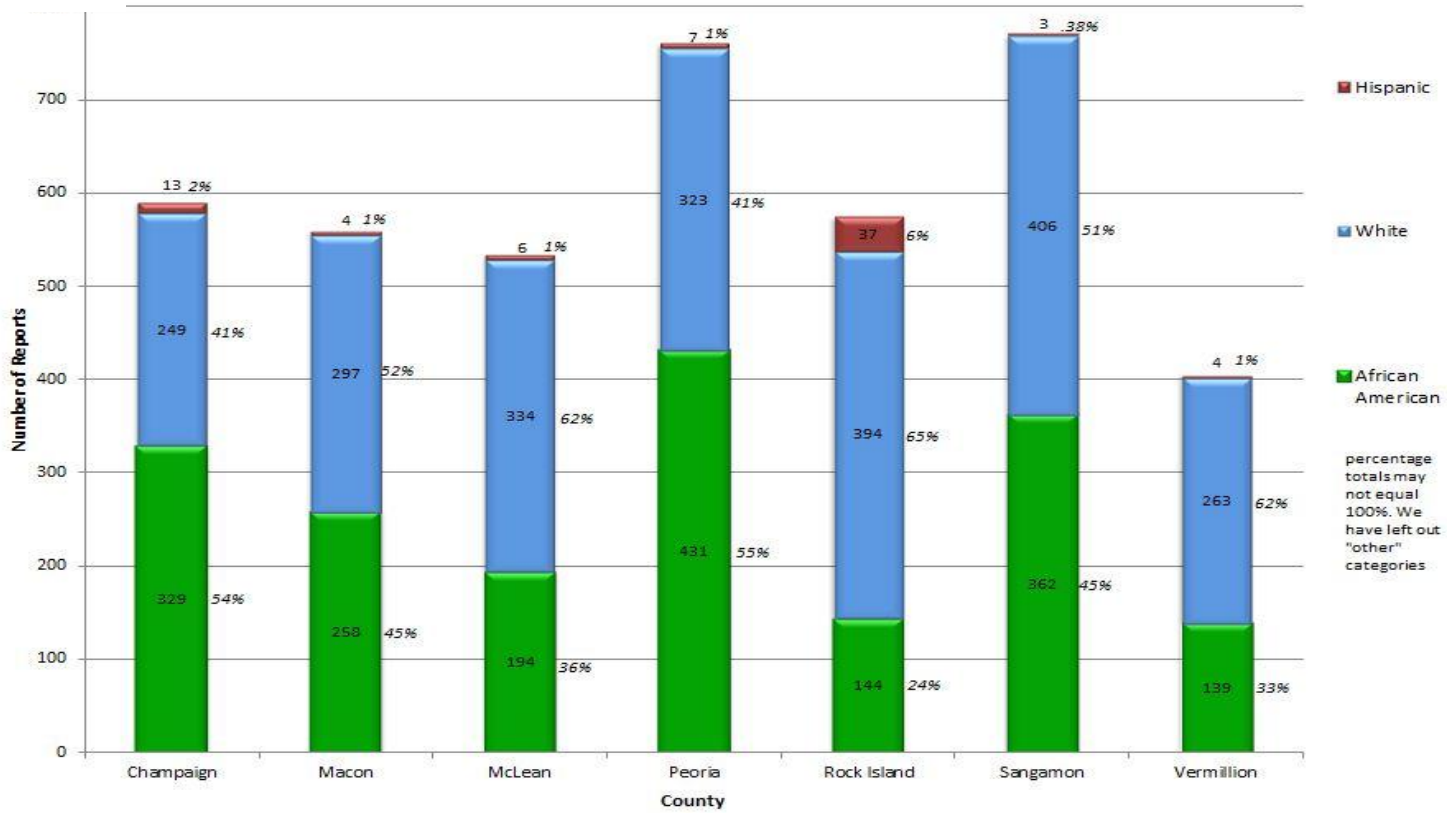


Decision Point Three: Indicated Reports

Indicated Reports

Source: Central Region QA Data: "Reported child victims by race and finding status for the time period 07/01/11 to 06/30/12")

Graph 12 **2012 African American, White and Hispanic Indicated Reports by County**



As Graph 12 above indicates, there were county-by-county differences with regard to the proportion of *indicated* reports involving an African American child victim vs. White or Hispanic. Among all of the counties, Champaign and Peoria had the largest proportion of African American child victims who were the subject of an indicated report (54.02% and 54.9%). In contrast, Rock Island had the smallest proportion of African Americans who were the subject of an indicated report (23.6%).

Indicted Reports: Disparity Ratios

To further explore the extent to which racial disparities exist at the ***indicated reports*** **decision making point**, we calculated the "Disparity Ratio" for indicted reports for FY 11 and FY 12 (see formula in Table 5 below). When we examined the "Disparity Ratio" for indicated reports (see formula below), the data revealed little or no racial disparities at this decision making point for FY 11 or FY 12. Thus, despite that fact that some counties demonstrated a higher percentage of indicated reports for African Americans vs. Whites, these indicated reports were NOT disproportionate to the overall accepted report totals.

Table 5

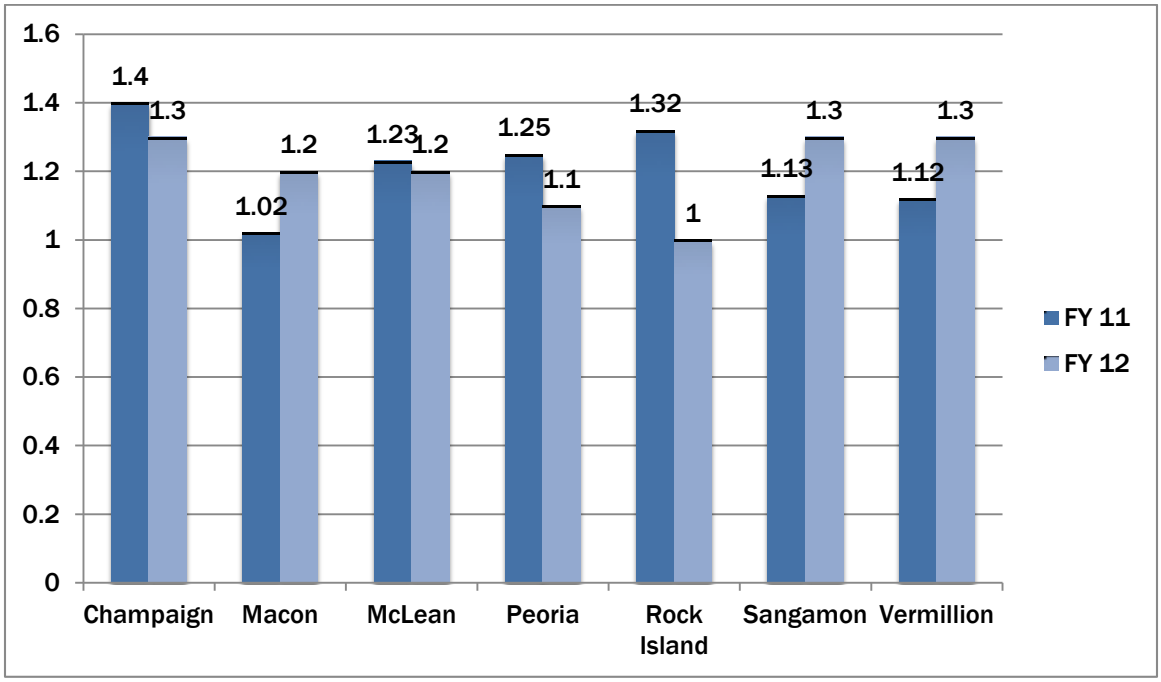
Disparity Ratio Formula for INDICATED REPORTS:
African American indicated reports÷ African American accepted reports
White indicated reports ÷ White accepted reports

	FY11	FY12
Champaign	1.40	1.3
Macon	1.02	1.2
McLean	1.23	1.2
Peoria	1.25	1.1
Rock Island	1.32	1.0
Sangamon	1.13	1.3
Vermillion	1.12	1.3

Red = extremely high disparity (3.5 or above)
Orange = high disparity (2.5 to 3.49)
Yellow = moderate disparity (1.5 to 2.49)
Blue = No or little disparity (under 1.5)

Graph 13

Disparity Ratio for INDICATED REPORTS



Decision Point Four: Entries Into Care

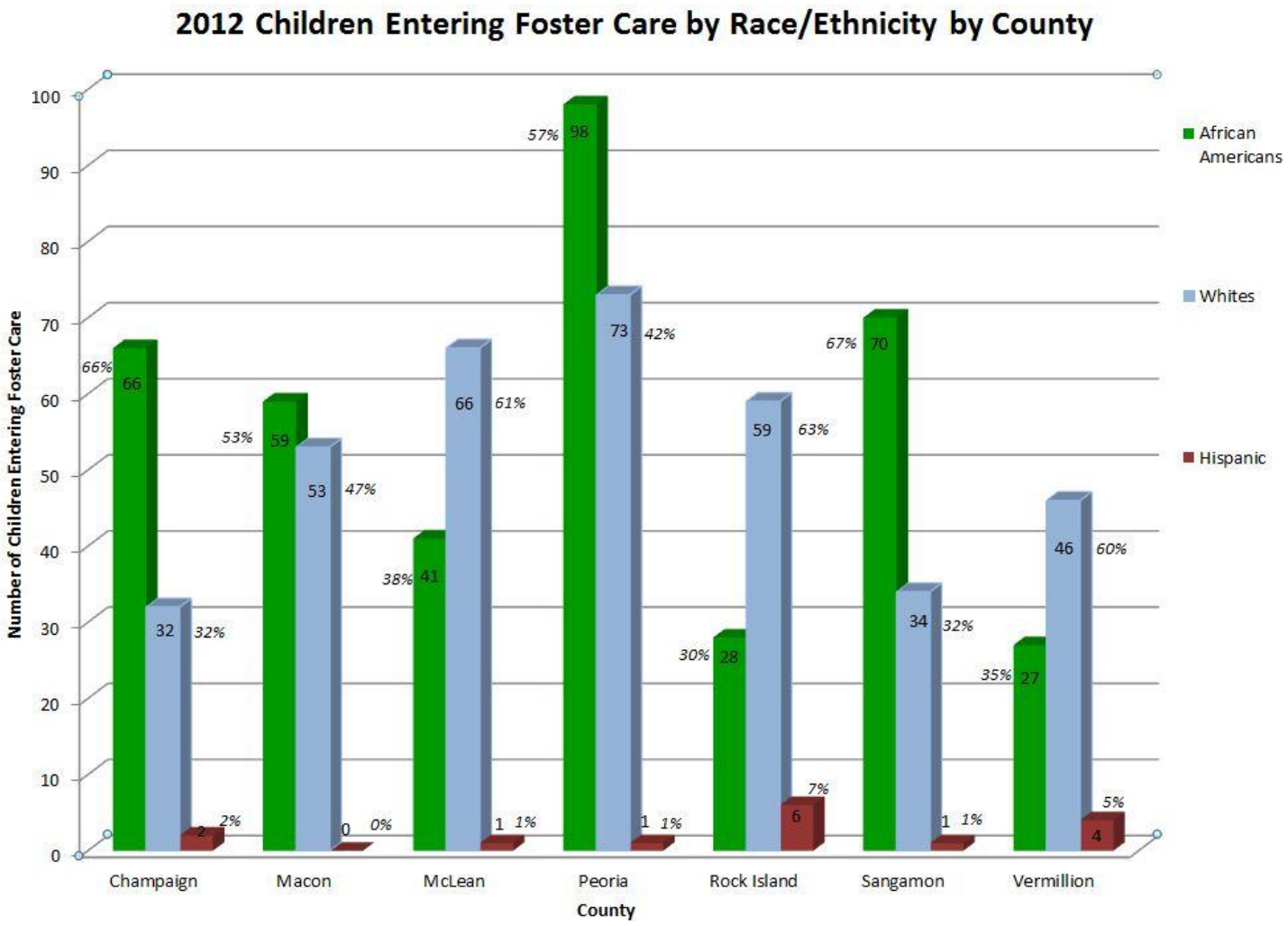
Entries into Foster Care

Source: Central Region QA Data: "Entries into care from the sub-region, county or LAN by race and age group for the time period 07/01/11 to 06/30/12

***Entries Defined**: We used DCFS QA data for "entries" into care, based on the DCFS definition of "entries". This generally includes new entries and re-entries at the point of protective custody. However, in some jurisdictions, the court could initiate protective custody or temporary custody without a DCFS allegation or investigation (e.g. a dependency). These children would also be reflected in the "entries into care" numbers. Foster care "entries" EXCLUDE subsidized guardianship given that at the time guardianship is granted, the child's case is closed].*

As the graph (14) below indicates, there were some county-by-county differences with regard to the foster care entries for African American child victim vs. White or Hispanic. Among all of the counties, Champaign, Peoria, and Macon had the largest proportion of African American children entering care, whereas Rock Island, Vermillion, and McLean had the lowest proportion of African Americans entering care in FY12 (see Graph 14 below).

Graph 14



Entries into Care: Disparity Ratios

We calculated the **"Disparity Ratio" for foster care entries** (see table below). Again, if the resulting number was 1 or close to 1 there was little or no disparity. A number of 1.5 would mean that African American children were 50% more likely than White children to be indicated as a victim of maltreatment, 2.0 would mean that they were twice as likely and so on. As the table reveals, for FY11 with the exception of Sangamon County, there were little or no racial disparities noted for **foster care entries** within the region. However, in FY12 disparities were more apparent throughout the region, with McLean, Peoria, and Sangamon counties demonstrating moderate disparity, and Vermillion County demonstrating a high level of disparity.

Table 7

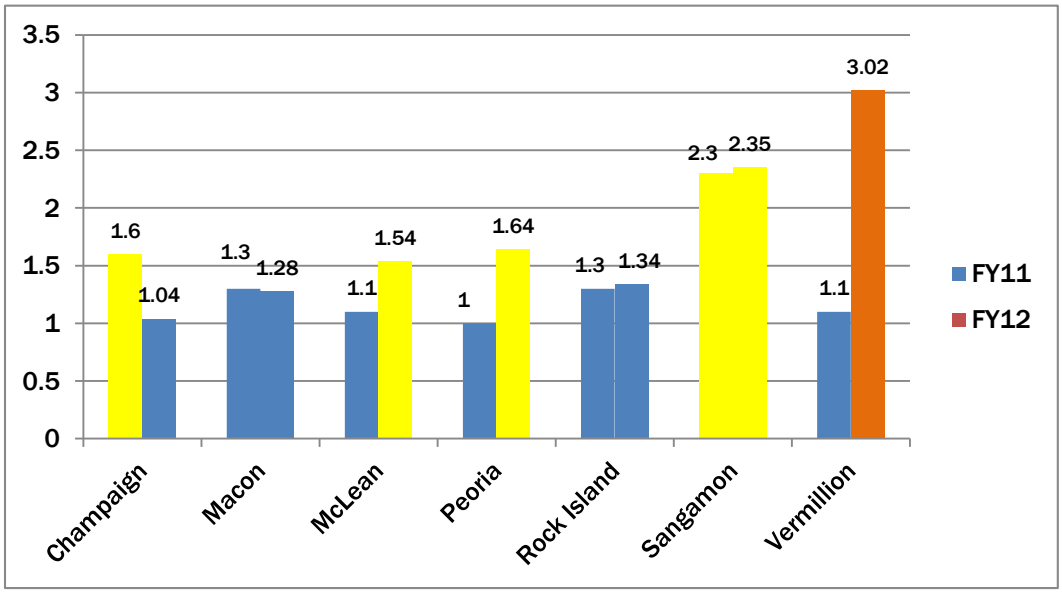
Disparity Ratio Formula for FC Entries:

$$\frac{\text{African American child foster care entries} \div \text{African American indicated reports}}{\text{White child foster care entries} \div \text{White indicated reports}}$$

County	FY11	FY12
Champaign	1.6	1.04
Macon	1.3	1.28
McLean	1.1	1.54
Peoria	1.0	1.64
Rock Island	1.3	1.34
Sangamon	2.3	2.35
Vermillion	1.1	3.02

Red = extremely high disparity (3.5 or above)
Orange = high disparity (2.5 to 3.49)
Yellow = moderate disparity (1.5 to 2.49)
Blue = No or little disparity (under 1.5)

Graph 15 Disparity Ratio for Foster Care Entries



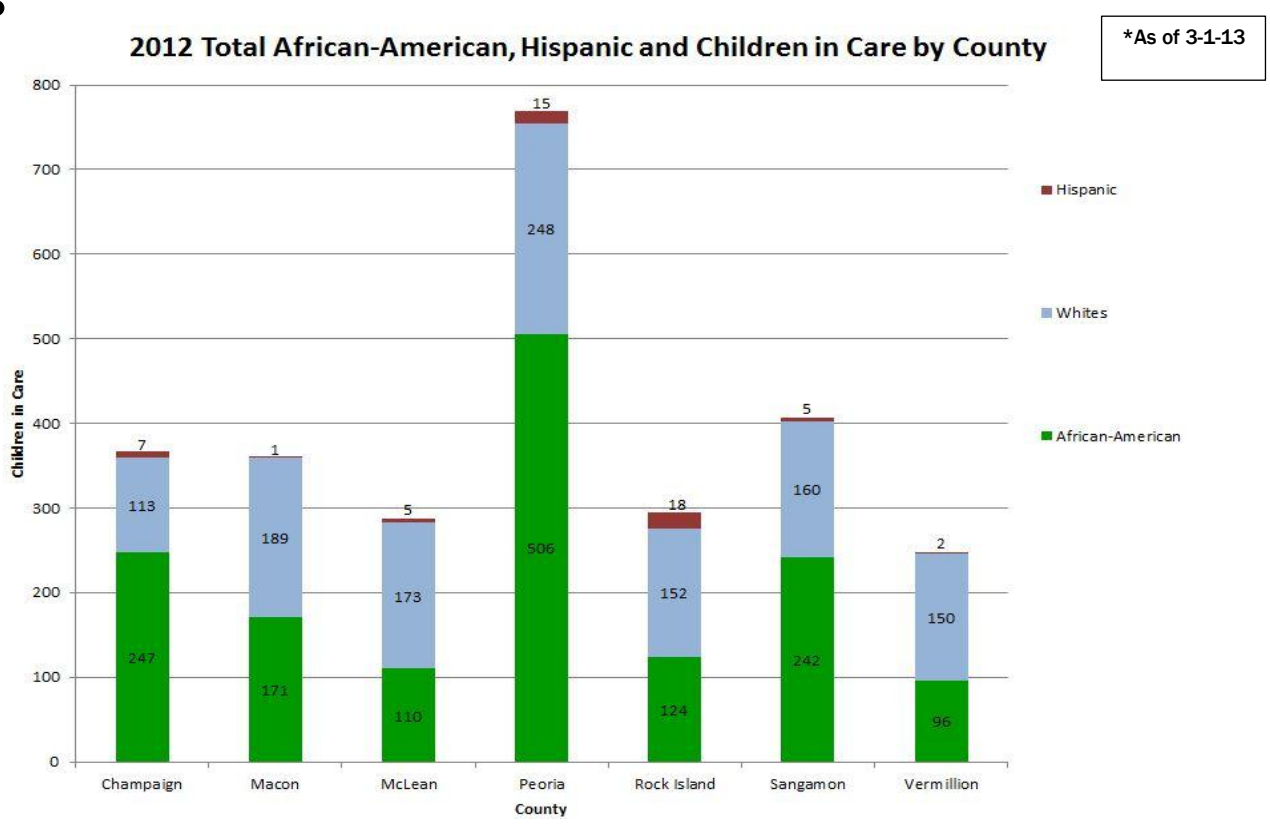
Decision Point Five: Total Youth In Care

Decision Point Five: Total Youth in Care

Source: Central Region QA data: "Wards from the sub-region, county or LAN by race and whether assigned to DCFS or POS data as of 03/01/13

Below, we report the number of child wards by race as of March 1, 2013. Placement types represented in this category include: Foster Home, Relative Care, Residential, Other Institution, Independent, and "Other Care". While previous graphs illustrate risk over a single year, this graph represents what we call "cumulative disparity". Children may have been in care for one day or five years. This way of looking at the data demonstrates that while there may have been limited disparity at certain points across decision points, African American children carry the legacy of overrepresentation.

Graph 15



Total Youth In Care: Disparity Ratios

*Calculations for this disparity Ratio utilizes FY 10 census data compared with DCFS QA data for 2010 .

Below, we calculated the **"Disparity Ratio" for Total Wards in Care** (see graph below).

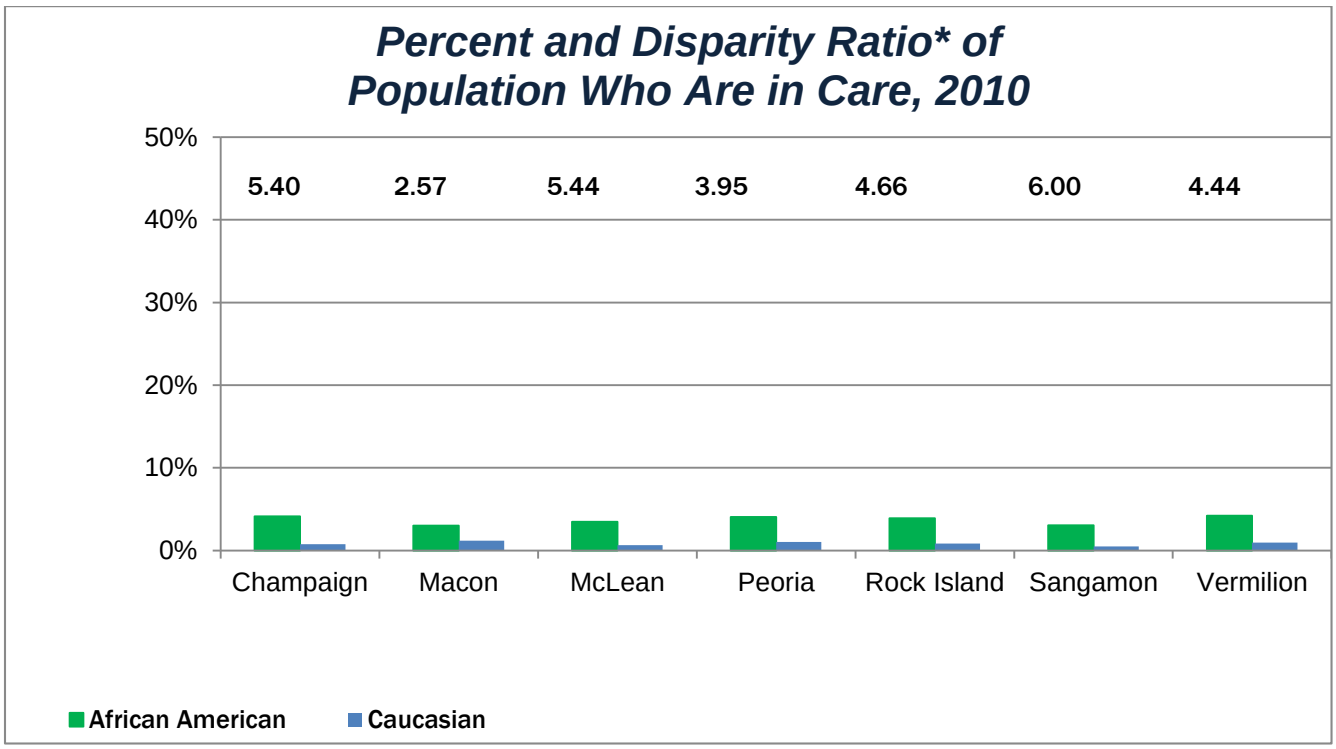
Disparity Ratio Formula for ALL children in care (FY 11):

African American children in care ÷ African American children in the population
White children who entered care in care ÷ White children in the population

	FY11
Champaign	5.40
Macon	2.57
McLean	5.44
Peoria	3.95
Rock Island	4.66
Sangamon	6.00
Vermillion	4.44

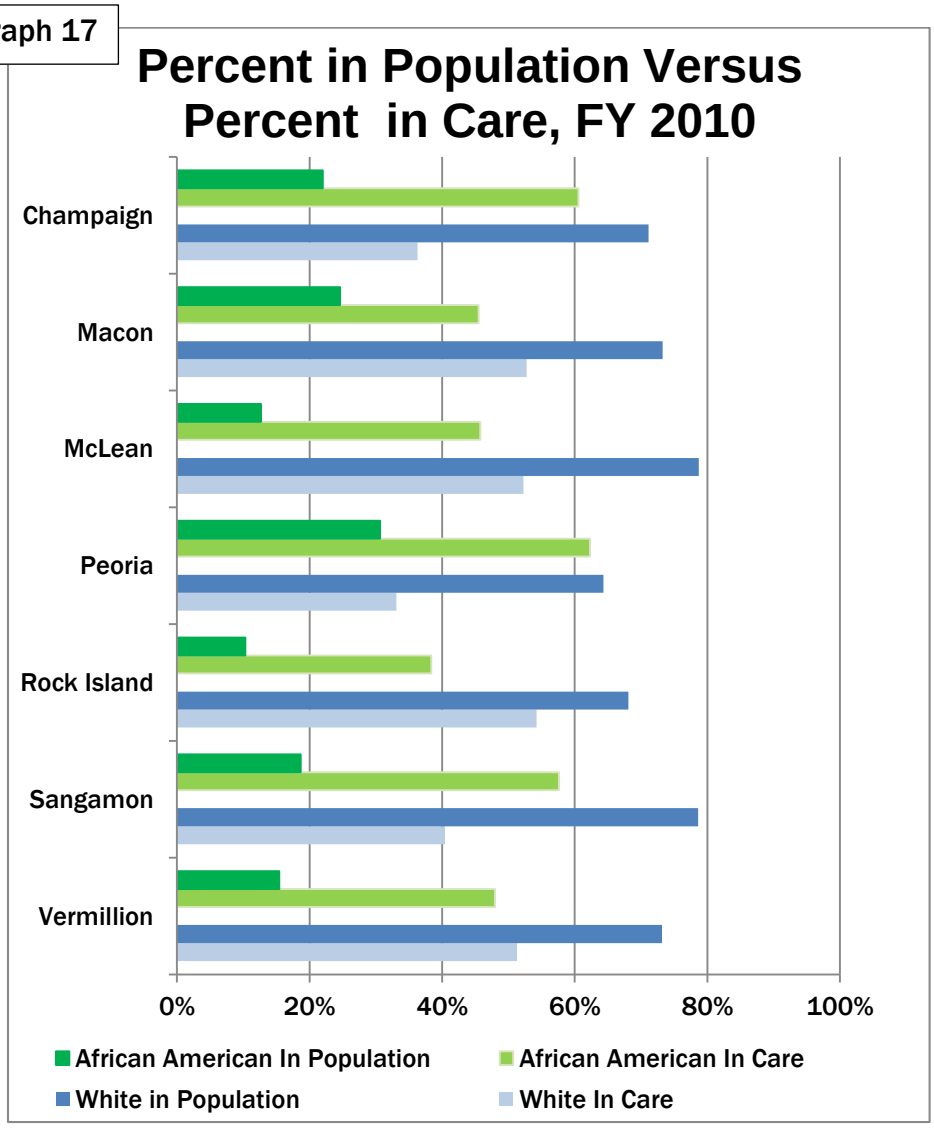
Red = extremely high disparity (3.5 or above)
Orange = high disparity (2.5 to 3.49)
Yellow = moderate disparity (1.5 to 2.49)
Blue = No or little disparity (under 1.5)

Graph 16



Child Population vs. Foster Care Population by Race

Graph 17



This graph above illustrates disparity in another way. Unlike the last graph, which shows the risk for a child of a given race to be in care, this graph shows the percent of children in a given county who are African American or White and compares this to the percent of the children in care who are African American or White. (e.g. 15% of the child population in Vermilion County is African American, compared to 48% of the in care population). White children are 73% of the child population but only 51% of the in care population.

Summary

Counties vary dramatically in the extent to which African American children are over-represented at the each decision making point. As the data illustrates, the "indicated reports" decision making point shows little or no disparities among the counties in the Central region. In contrast, the largest disparities exist in the "total children in care" category, and the "accepted reports" category. In the "foster care entries" category, little or no disparity was evident in FY 11. However, the disparities widened in several of the Central region counties in FY12. Below we capture each decision point to identify the areas in which counties have experienced the greatest success as well as the most difficulty.

Disparity Ratios by County and Decision Point/ Outcome

County	Accepted Reports (FY12)	Indicated Reports (FY12)	Foster Care Entries (FY12)	Total in care *(FY10)
Champaign	5.4	1.3	1.04	5.40
Macon	2.2	1.2	1.28	2.57
McLean	3.7	1.2	1.54	5.44
Peoria	2.8	1.1	1.64	3.95
Rock Island	1.8	1.0	1.34	4.66
Sangamon	3.1	1.3	2.35	6.0
Vermilion	2.1	1.3	3.02	4.44

Red = extremely high disparity (3.5 or above)

Orange = high disparity (2.5 to 3.49)

Yellow = moderate disparity (1.5 to 2.49)

Blue = No or little disparity (under 1.5)

Conclusion

These disparity ratios provide an informed approximation of the problem of racial disparity in Central region. As the data indicates, there are significant areas of improvement in racial disparities at the points of indicated reports and foster care entries within Central. The areas of greatest concern are the disparities at the "front end", in terms of reports coming into the system, and the "back end" as evidenced by the greater length in which children remain in care once they are removed. Based on this insight into key areas on the decision making continuum, action teams and policy makers should address why African American children are so much more likely than White children to be reported for child maltreatment and the factors that result in disparity in the over-representation of children in care at any given time. Keeping true to the model of community-centered child welfare, the data suggest that key decision makers and stakeholders such as law enforcement officials, schools, courts and service providers may hold the key to any significant solutions moving forward. A multi-sectored approach to child welfare reforms addressing disparities appears to hold the greatest promise if true changes are to occur and be sustained.

*Please note: Similar standardized formulas to assess racial disparities have been widely adopted in the fields of child welfare, juvenile justice, and educational equity research. For example, see the following sources:

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Appendix A

PEP TALK!

PROMISING PRACTICES IN COMMUNITY-ENGAGED CHILD WELFARE

CURRENT ISSUE:
LAW-ENFORCEMENT/SOCIAL WORK PARTNERSHIPS WITH COMMUNITIES: PROMISING PRACTICES

ILLINOIS PERMANENCY ENHANCEMENT PROJECT (PEP)
Illinois State University
Center for Adoption Studies at the School of Social Work

INTRODUCTION

Studies show that **Law Enforcement Personnel** are a primary source of child abuse and neglect reports across the nation (DHHS, 2011). 911 calls to police departments for domestic violence, substance abuse and criminal activity often result in a subsequent hotline call and a later decision to remove a child from the home. In 2005, 13% of child welfare cases in which law enforcement were involved resulted in a foster care placement (NDCAN, 2005). Moreover, research suggests that emergency child removal is more likely when police responded first (Cross et al., 2005).

While protective custody may be necessary in severe cases, there is growing concern that some children may be removed from their homes prematurely, without families having the benefit of social workers and law enforcement jointly assessing safety and without the option of in-home services to keep the family intact (Pelton, 2008). These concerns have prompted communities across the nation to develop new approaches to protecting children and preserving families through innovative ***law enforcement and human service partnerships*** that can serve to reduce the likelihood for unnecessary placement of children into out-of-home substitute care.
To ensure effective child protection services that will make positive (and lasting) differences to children and their families, the **Illinois Permanency Enhancement Project (PEP)** offers **Issue 1** of **PEP TALK!- a Guide to Promising Practices** in joint community law enforcement and child welfare services.

Our goal is to provide information to help increase the collaboration and response capacity of community law enforcement agencies and child welfare professionals. This issue outlines three **Promising Approaches** to law enforcement-social service partnerships guided by what is known about preserving families while ensuring child safety in the midst of a crisis. We offer specific **Strategies for Success** to help make interagency efforts on behalf with families more fully informed and therefore more effective.

Typical emergency placements to ensure child safety involve a variety of decision makers including: law enforcement first responders, child protection workers, youth and families, schools, and possibly medical providers. Yet, each of these professionals is trained via particular philosophies, values, and intervention approaches, which makes it difficult to work as a seamless unit when making the critical decisions that impact the life of children and their families. This dedication to planned and well-designed collaboration will improve and sustain critical family support services in the local community, as evidenced in the attached **Documented Outcomes** and **Case Example** sections (both available online at http://adoptionresearch.illinoisstate.edu/PEP/action-teams/central/).

Three Promising Approaches that Can Be Implemented In *Your Community*:

APPROACH 1: POLICE SOCIAL WORK

Police Social Work can be viewed as a hybrid between community policing and social work. Community policing allows law enforcement officers to build relationships, establish communication, and develop partnerships with the communities they serve. Similarly, **Police Social Work** provides an avenue for community linkage and partnership through the use of an "in house" social work *and* law enforcement expert who is knowledgeable about the community and who has established partnerships with community stakeholders and service providers. A police social worker generally takes on the role of a problem solver, conflict manager, information gatherer, resource locator, and community liaison when individuals and families face a crisis that involves safety issues. To achieve this level of partnership, the "traditional hierarchical and authoritarian organizational structures" of law enforcement must be replaced with "democratic management styles, at least in part" (Maguire & Wells, 2009, xxi).

[Visit: http://www.cops.usdoj.gov/files/RIC/Publications/e080925236-ImpCP-Lessons.pdf].

APPROACH 2: SOCIAL WORKERS HOUSED WITHIN THE POLICE DEPARTMENT

In cases where a police social worker position cannot be supported financially by a law enforcement organization, a collaborative partnership can be implemented through a **Memorandum of Understanding (MOU)** whereby a social worker from a child welfare or other social service organization is "on loan" full time or part time to be housed at the police department facility for the purpose of consultation with officers on cases involving children and youth issues, ride-alongs, home visits, court appearances, and telephone troubleshooting. [Contact Alan Puckett of Casey Family Programs, apuckett2005@yahoo.com for examples for using MOU's].

APPROACH 3: SOCIAL WORKERS AS LAW ENFORCEMENT LIAISONS

In cases where a police social worker position is not feasible, a third approach would be to enlist a social worker from a local human service agency to serve as the **Law Enforcement Liaison** who is on call to accompany law enforcement officials on targeted cases. The Law Enforcement Liaison would be available as an "on call" expert for cases involving children and youth issues, ride-alongs, home visits, court appearances, and telephone troubleshooting. The Liaison would be expected to complete specified trainings for law enforcement personnel and the Liaison can also be used to plan and implement in-house training and professional development to law enforcement personnel.

[Contact Bernie Newman, Temple University, School of Social Work, Bernie.newman@temple.edu]

Implementation Tips:

When implementing a law enforcement/social work model where the goal is to impact foster care placement rates, protocols can be established whereby a police social worker or liaison attends to specific kinds of calls (e.g. domestic violence, substance abuse; parent-child conflict) to assess child safety, observe family dynamics, and connect families with community-based resources to prevent child removal. These activities can also be done in partnership with traditional child protection agencies.

- ✓ Implement a TRAUMA RESPONSE PROTOCOL in which the police social worker or liaison responds to a domestic violence or abuse scene within 30 minutes and partners with the child protection worker to address the needs of the child. A portable "response kit" is brought to the scene and contains referral information for parents, booklets about the effects of violence on children, and play therapy materials for the child to be engaged during the initial investigation.

- ✓ Implement a RIDE-ALONG PROTOCOL in which the police social worker or liaison accompanies police officers for the purpose of community engagement and child safety assessments when needed. During ride-alongs, social workers can see the kind of calls police respond to and see the community from the eyes of the police officer. It is also a way for social workers to be one of the first responders and help reduce potential trauma experienced by families in crisis, as in the case of domestic violence calls. Moreover, the social workers can help respond to emergency placement of youth, while police can more effectively de-escalate a crisis situation

- ✓ Implement an ON SIGHT SOCIAL SERVICE REFERRAL PROTOCOL whereby the police officer, police social worker or liaison can make an onsite electronic referral for social services through a pre-loaded cell phone or IPad at the time of the law enforcement intervention. These referrals can be prioritized for follow-up from the appropriate service provider (e.g. substance abuse treatment, domestic violence, parent mentoring, etc.). Even in cases where child protection needs to be called, the on sight referral process can engage the family in services with a more immediate response. Families are more likely to engage in services during the first critical hours of an emergency call or intervention.

- ✓ Police social workers or liaisons would be expected to complete specified trainings with law enforcement staff. Additionally, the social worker could be used to plan and facilitate in-house training/professional development for law enforcement personnel around issues of risk assessment and child safety, family dynamics, diversity, cultural responsiveness, and effective community engagement. 5

BUILDING SUCCESSFUL PARTNERSHIPS: STRATEGIES FOR SUCCESS

Small Strategies that Work

- Develop written agreements, or memorandums of understanding (MOU's), for protocols that specify details such as:
  - ✓ Goals of child protection-law enforcement joint responses
  - ✓ Joint notification procedures / Internal cross-reporting procedures
  - ✓ Conflict resolution strategies
  - ✓ Communication protocols to facilitate interagency communication
- Develop common professional language and terminology
- Ensure that interagency efforts are a priority for administrative and executive level staff in each organization
- Be Persistent. Sometimes persistence by one or both agencies is necessary to make collaborations work.
- Use social media and outreach to gain support from key community stakeholders
- Provide joint training for law enforcement and child welfare/child protection
- Implement intervention and prevention strategies grounded in evidenced-based practices.

Potential Obstacles to Overcome

- Philosophical/mission differences
- Conflicting priorities
- Communication barriers
- Differing mandates, protocols, and intake requirements
- Conflicts over case control
- Insufficient training of staff
- Rigid personnel policies that prevent changes in roles
- Lack of political will to make changes or devote resources
- Different financial or management systems
- Lack of resources

Partnerships in Action: Case Examples

Violence Intervention Program: In New Orleans, a mental health team partnered with the police department to reduce children's trauma at the scene of a call (Osofsky et al, 2004.) After a period of 7 years of the New Orleans police department partnering with the mental health team to learn how to reduce children's trauma at the scene of a call, officers reported that if a child was at the scene of a homicide, they would be more apt to "remove the child", "remove them from the scene", "show sympathy", "fulfill duties/arrest", "refer to agencies", and *less likely* to "do nothing". Moreover, the officers report that having been provided with information increased their awareness of child and family trauma, and that their "informed" intervention at the time of the incident made a difference for the children. Law enforcement continues to cooperate fully with the mental health agency as collaborative partners in building programs to benefit children exposed to domestic and community violence. One drawback of this approach, however, is due to worries about intervening in trauma, officers may have removed more children than necessary, resulting in additional trauma for the child (by having been placed in foster care) over the long run.

Use of Memoranda of Understanding: Alan Puckett of Casey Family Programs reports that Memoranda of Understanding (MOUs) have been useful in Clark County, Nevada. MOUs clarify roles and responsibilities between the child protective services agency and law enforcement agencies in situations, such as arrests of parents, which might result in children coming into child protective services custody. In 2009, after six months of reform implementation, Clark County reported a 50% reduction in emergency removals by law enforcement agencies following implementation of these MOUs and other front-end system reforms, such as hotline and emergency removal responses. Also in 2009, both New Mexico and Oklahoma passed legislation requiring joint law enforcement/child protective services response to situations in which emergency removal is imminent or likely. Oklahoma took a direct approach to implementing their legislation by outlining guidelines in how to respond. In contrast, New Mexico's legislation left it up to child protective services and law enforcement to determine how they would collaborate.

San Diego County Drug Endangered Children (DEC) Program: In San Diego County, an effort to help youth exposed to drug involvement by family members lead to a strong collaboration between child welfare and law enforcement. This collaboration eventually extended beyond drug safety protection to an effort to reduce multiple placements, which lead to a placement stability (i.e., two placements or less) rate of 90%. 7

San Diego County has a formal Drug Endangered Children (DEC) program. In 1997 the District Attorney's Office received a three-year grant from the Governor's Office of Criminal Justice Planning to implement a DEC team in a portion of San Diego County. As a result of this grant funding, the child welfare system in North Coastal and North Inland Regions worked with law enforcement on a multi-disciplinary DEC response team, which responded to narcotics crime scenes. A second program, functioning from the outset without grant funding, paired a DEC Protective Services Worker (PSW) with narcotics street teams at the San Diego Department in the Central and North Central Regions. The East Region and South Region also worked conjointly with their respective law enforcement agencies to ensure a

collaborative response to homes where controlled substances were found and each of these regions also established an assigned PSW for DEC investigations. These extremely successful programs have coordinated and improved the efforts of law enforcement, child welfare, medical personnel, and the District Attorney's office, and offered a prototype for countywide implementation of DEC.

After establishing the formal DEC program, the East Region decided to further strengthen their relationship with law enforcement. They encourage placement in familiar environments for children who come into protective custody. They want youth to be placed with a relative or to continue to attend their school of origin, if not both. They noticed that when children were taken to the county's emergency shelter they often did not remain in a familiar environment. Most entries into the shelter were done by law enforcement. Therefore, they decided to build partnerships with law enforcement to decrease the number of children going to the shelter and increase the number of youth who are placed in a familiar environment. They expanded the role of DEC worker to be the child welfare-law enforcement liaison. About 5 years ago this worker started going to all of the line-ups and shift changes with the 3 different law enforcement jurisdictions that work in the San Diego region. She explained the goal of placement in familiar environment and how she could help. She passed her cell phone number out to every officer and encouraged them to call for anything related to abuse and neglect. Slowly she began to build relationships by responding to any law enforcement calls at any time of day or night, whether they just needed to consult or if child protective custody was imminent. Child welfare also introduced law enforcement to their "way station foster homes" – special foster homes that are on call 24/7 to take in youth on an emergency basis and drive them back to their school of origin until we can find the best placement for the child. Law enforcement officers themselves began taking children to the way station foster homes rather than the shelter. While building these relationships took time, the benefits have been remarkable. At the end of fiscal year 2010/2011, almost 62% of children in reunification attending their school of origin and almost 69% placed with relatives or someone they already knew, such as a non-related or extended family member. For children's first year in care they had a placement stability rate of nearly 90%, meaning the children had no more than two placements.

For more information about the San Diego partnership, contact Kimberly Giardina, Child Welfare Services Manager at Kimberly.Giardina@sdcounty.ca.gov 8

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