Washington State Racial Disproportionality Advisory Committee

Racial Disproportionality in Washington State Report to the Legislature

Chapter 465, Laws of 2007 (SHB 1472)

January 1, 2010

Washington State Department of Social & Health Services

CA Children's Administration

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Introduction

Across the country, children of color enter and remain in the child welfare system at rates greater than their proportions in the population. The 2007 Legislature passed SHB 1472 and created the Washington State Racial Disproportionality Advisory Committee (WSRDAC) to study racial disproportion in Washington's child welfare system. WSRDAC was directed to investigate whether racial disproportionality exists in Washington and develop a plan to remedy racial disparity and disproportionality if it were found to exist. The Legislation provided:

"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."

WSRDAC, with technical advice and support from the Washington State Institute on Public Policy (WSIPP), conducted the legislatively-mandated study in the winter and spring of 2008 and found that disproportionality exists for Black, American Indian, and Hispanic children in the child welfare system. In response to these findings WSRDAC established a multi-year holistic approach to remedying racial disproportionality and racial disparities in the child welfare system. WSRDAC submitted its recommendations for remediation to DSHS Secretary Robin Arnold Williams who accepted the recommendations and forwarded them to the Washington Legislature in January of 2009.

Under the mandate set forth in SHB 1472 (2007), beginning January 1, 2010, the Secretary of DSHS is required to report annually on the implementation of the remediation plan, including any measurable progress made toward reducing and eliminating racial disproportionality and disparity in the state's child welfare system. This is the first annual report on the remediation plan and progress in reducing racial disproportionality and disparity in the child welfare system. The report describes and reflects upon the thoughtful work of a network of DSHS leaders, staff, stakeholders, and tribal and state partners.

This initial report describes the planning and implementation activities that have occurred since January 2009. Significant changes in performance were not expected in this short period of time. Data presented here are baseline and performance will be tracked annually against these baselines as the implementation activities take root and grow.
Remediation recommendations are being addressed in phases. The scope of these remediation initiatives is broad. In order to change the culture a long-range strategy must be put in place. Therefore, not every recommendation has been addressed this first year.

Establishment of a System to Measure Progress

DSHS should establish a performance management system that includes specific performance measures, benchmarks, and implementation plans to monitor the impact of each recommendation on reducing racial disproportionality and disparity within the Washington child welfare system. The highest priority should be given to monitoring the impact of existing practices and programs on reducing disproportionality within Washington's child welfare system. This includes monitoring Structured Decision Making (SDM®), Family Team Decision Making (FTDM), kinship care, and compliance with the Indian Child Welfare Act.

Status:

General Approach:

The Children's Administration is monitoring the progress and impact of implementation of the remediation plan. CA has assigned a project manager to each of the recommendations listed in the remediation plan, and has formed a Remediation Workgroup with designated leads for each initiative. The workgroup provides status updates on each of the initiatives on a monthly basis and these are recorded in the workgroup minutes. In this way, CA maintains a record of initiative efforts, milestones, barriers, and successes.

The Administration is also analyzing data to compare disproportionality rates at each of the following decision points in the Washington State Child Welfare system.

- Referral
- Accepted referral (Investigations)
- Identification of the child as High Risk
- Child removed from Home
- Child in placement more than 60 days
- Child in placement more than 2 years

Children's Administration assesses these rates as various remediation activities are implemented. The table on page 4 lists each remediation activity and the decision point at which it is expected to impact rates of disproportionality. The shaded columns are those decision points emphasized in the remediation plan.

ACTIVITIES ***These activities are expected to decrease disproportionality in:***	**Referrals**	**Accepted Referrals**	**Children Identified as "high" risk**	**Removed from home**	**Out of home > 60 days**	**Out of home > 2 years**
Conduct Assessment of Children's Administration	X	X	X	X	X	X
Implement a Racial Equity Impact Analysis Tool	X	X	X	X	X	X
Evaluate Structured Decision Making (SDM®):			X	X		
Maintain Compliance with Indian Child Welfare Act by Continuing ICW Case Reviews	X		X	X	X	X
Study impact of Enactment of a Washington State Indian Child Welfare Act			X	X	X	X
Evaluate Family Team Decision Making (FTDM)				X	X	X
Implement Kinship Care Policies				X	X	X
Implement Cultural Competency and Anti-Racism Training	X	X	X	X	X	X
Implement Mandated Reporter Training	X	X				
Explore Implementation of In-Home, Community Based Services				X		
Implement Council on Accreditation Standards Caseload Standards		X	X	X	X	X

Calculation Methods:

The Washington State Institute for Public Policy (WSIPP) studied disproportionality rates at each of these points for a cohort of children in child welfare services in 2004. The Administration is updating those rates for the same cohort of children receiving services in 2004, and for cohorts of children receiving services in 2005, 2006, 2007, and 2008. These rates are presented in Tables 1 and 2 and will serve as the baseline for all implementation activities moving forward.

The WSIPP report describes and analyzes racial disproportionality among children referred for child welfare services in 2004. Their calculations were based on data extracted by the Children's Administration (CA) in November, 2007. CA has verified that the data matching, selection, and unduplication[1] procedures used in this report are nearly identical to those used in the original WSIPP report. The differences between this report and the original WSIPP report are related to data changes in the CA Case Management Information System (CAMIS).

Within the last year, data in CAMIS have undergone extensive review and revision in preparation for transition to the new FamLink data system. This has changed the total numbers of referrals, child victims of referrals, and children in longer-term placements for 2004 and all subsequent years. This significant change in data tracking and reporting requires a re-baselining of all 2004 disproportionality data.

In addition to these changes, in order to report trends from year to year CA must re-define the racial categories used by WSIPP. General population estimates are published by the Office of Financial Management (OFM) for the years between the major censuses. In order to use these estimates CA needed to align with the racial categories used by OFM. This included the calculation of a multi-racial category. CA is using a hybrid strategy to categorize race in this report. Children are assigned to racial categories that align with the OFM estimates. Hispanic origin is categorized using the same technique as WSIPP. This allows us to use the OFM general population estimates for 2004, 2006 and 2008 and use linear interpolation to determine general population estimates for the years 2005 and 2007.

[1] We determine unduplicated counts of children in each cohort year – that is, the same children are counted only once in any given cohort year, but may be included in more than one cohort year if referred multiple times in different years.

Table 1: Racial Disproportionality Index (DI) at Selected Decision Points and Events, 2004 Cohort[2]

(WSIPP Values in parentheses, from WSIPP Report Exhibit 3)

		Native American	Black	Asian	Hispanic	Multi-Racial
Disproportionality Index (Rate Compared With Whites)	Referrals	2.89[3] (2.92)	1.82 (1.89)	0.41 (0.48)	1.22 (1.34)	1.72 (n/a)
	Accepted Referrals	3.01 (3.05)	1.90 (2.02)	0.40 (0.51)	1.15 (1.44)	1.75 (n/a)
	Initial High Risk	3.18 (3.31)	1.96 (2.17)	0.41 (0.50)	1.19 (1.41)	1.81 (n/a)
	Removed From Home	4.66 (4.56)	2.07 (2.29)	0.35 (0.49)	1.22 (1.48)	2.05 (n/a)
	Placements Over 60 days	4.90 (4.96)	2.06 (2.24)	0.32 (0.41)	1.20 (1.45)	1.91 (n/a)
	Placements Over Two Years	6.09 (6.29)	2.40 (2.79)	0.37 (0.41)	1.14 (1.37)	2.29 (n/a)

Table 2: Racial Disproportionality Index After Referral (DIAR) at Selected Decision Points and Events, 2004 Cohort

(WSIPP Values in parentheses, from WSIPP Report Exhibit 4)

		Native American	Black	Asian	Hispanic	Multi-Racial
Disproportionality Index After Referral (DIAR) (Ratio of DI)	Referrals	1.00	1.00	1.00	1.00	1.00
	Accepted Referrals	1.04 (1.04)	1.04 (1.07)	0.98 (1.06)	0.94 (1.07)	1.02 (n/a)
	Initial High Risk	1.10 (1.13)	1.07 (1.15)	1.01 (1.05)	0.98 (1.05)	1.05 (n/a)
	Removed From Home	1.61 (1.56)	1.14 (1.21)	0.85 (1.02)	1.00 (1.03)	1.19 (n/a)
	Placements Over 60 days	1.70 (1.70)	1.13 (1.18)	0.79 (0.85)	0.98 (1.03)	1.11 (n/a)
	Placements Over Two Years	2.11 (2.15)	1.31 (1.48)	0.91 (0.86)	0.94 (0.92)	1.33 (n/a)

In general, although the counts and measures have decreased upon recalculation, the overall picture remains the same. Disproportionately higher numbers of Black and Native American children are represented in the child welfare system, and this disproportionality increases at later stages of involvement. Asian children tend to be

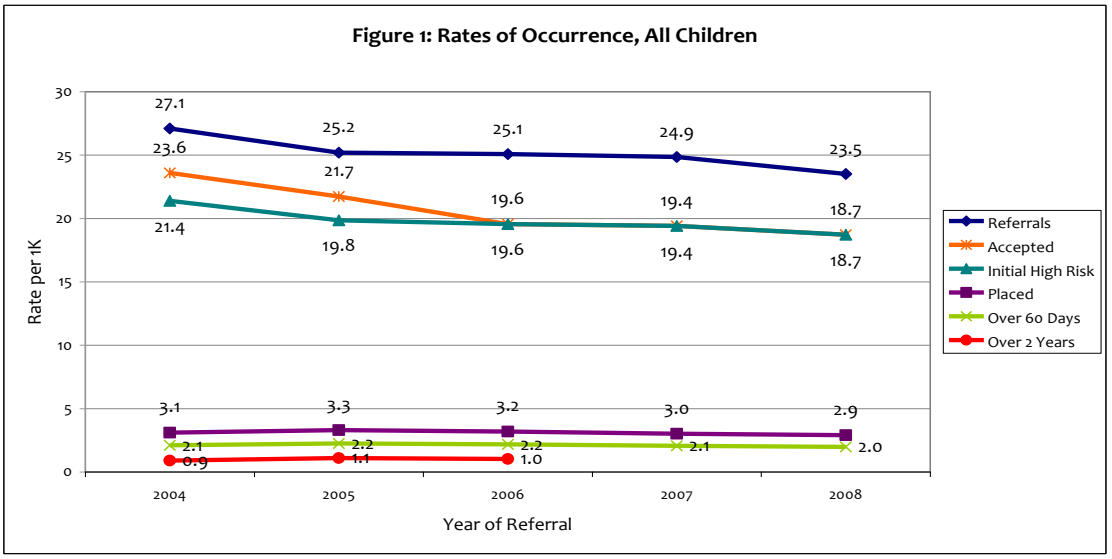
[2] The shaded rows in the tables above indicate the three decision points emphasized in the Children's Administration Disproportionality in Washington State Remediation Plan. Those include: referral, removal from home, and placement in care for longer than two years..

[3] A ratio greater than 1.0 indicates that a larger proportion of the non-white group had the undesirable outcome. A ratio less than 1.0 indicates that a smaller proportion of the non-white group had the undesirable outcome.

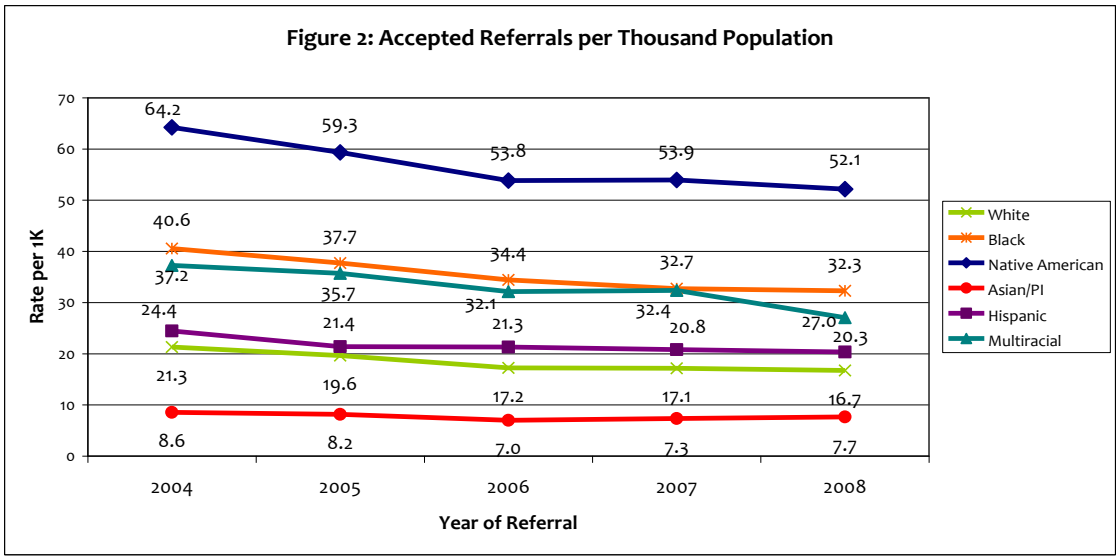
underrepresented compared to White children. Hispanic children are represented at levels similar to or slightly higher than White children. Children in the Multi-racial category are overrepresented, usually at levels similar to Black children.

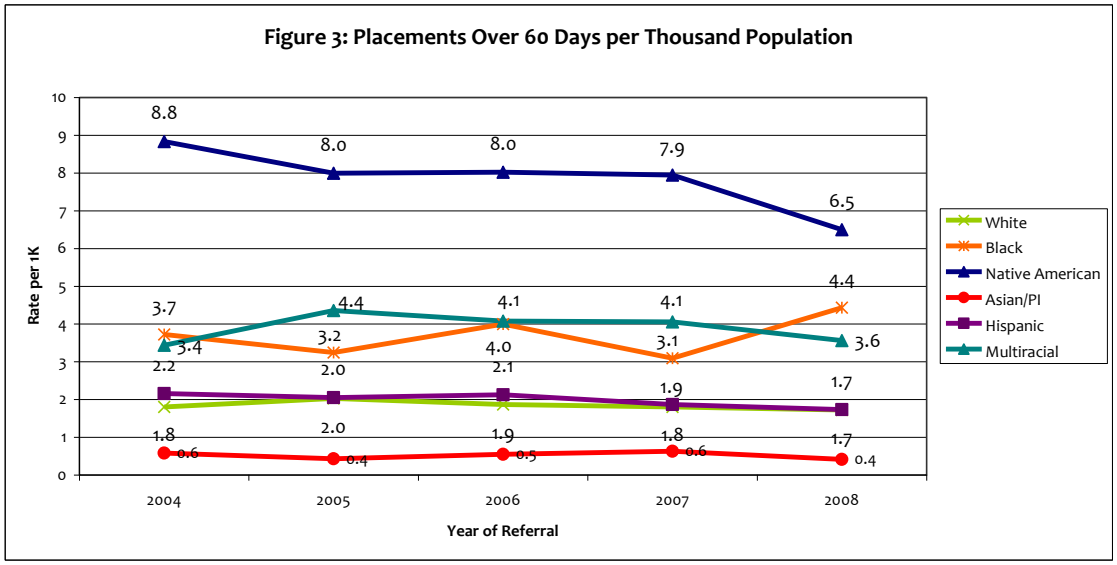
Baseline Results:

Figure 1 shows key trends in measures of disproportionality over the years 2004-2008. The rates of occurrence at each decision point have declined or remained roughly steady over the period 2004-2008 for all children combined.

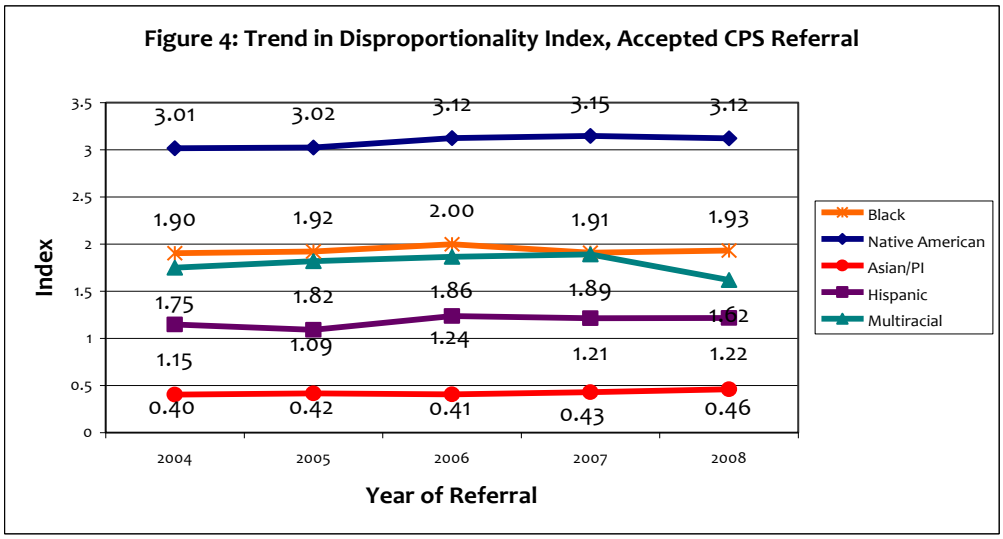


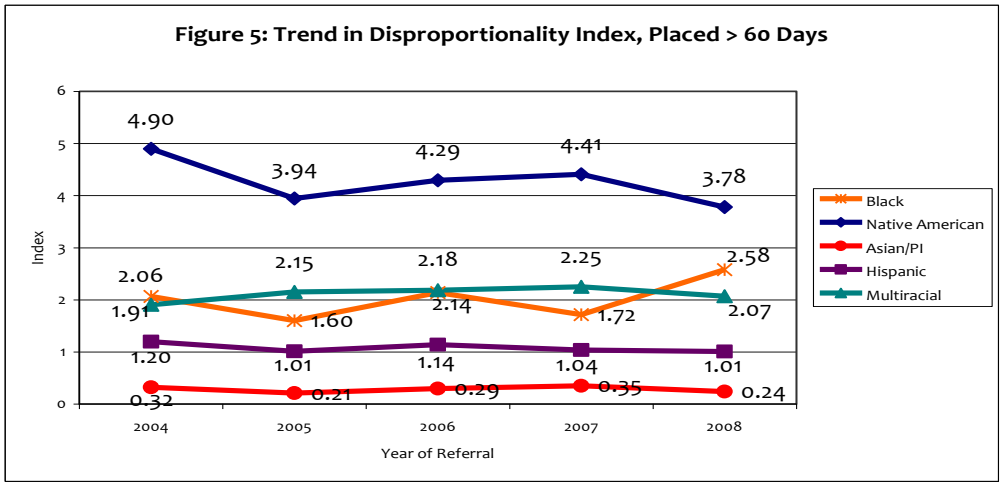
The trend is similar for all racial groups as illustrated by Figures 2 and 3. Trends for the other referral and placement measures are similar.





Figures 4 and 5 show trends in Disproportionality Index (DI). Note that while the rate of referrals has declined for Native American children (Figure 2), their over-representation relative to Whites has slightly increased (Figure 4). Native American children continue to be the most over-represented group in long-term placement, but the rates have declined since 2004 (Figure 5).





Native American, Black and Multi-Racial children show the highest disproportionality rates, and disproportionality is most pronounced for children who remain in care longer.

Additional Analyses

The Children's Administration conducted additional regression and survival analyses. Those results can be found in the attached "Racial Disproportionality Tracking Report".

Evaluation of SDM®and FTDM:

The Washington State Institute for Public Policy (WSIPP) is conducting evaluations of the Administration's implementation of Structured Decision Making (SDM®) and Family Team Decision Making (FTDM). CA staff have met with WSIPP staff to discuss programmatic information and data that will be needed for the evaluation. Liaisons have been assigned to work with WSIPP to provide information about SDM®and FTDM implementation. Staff will also assist with sharing relevant program data and answer any questions that surface as WSIPP conducts the evaluation.

Timeline:

Monitoring activities will be ongoing for the life of this remediation plan. Evaluations of Structured Decision Making (SDM®) and Family Team Decision Making (FTDM) are scheduled to occur in FY 2010, with completion and report to the Legislature by January 2011.

Recommendation A: Structured Decision Making (SDM)®

Structured Decision Making (SDM®) should be studied to determine its impact on reducing disproportionality for Black, American Indian and Hispanic Children referred to the Washington Child Welfare System.

Summary of Remediation Plan Rationale:

Washington State has implemented the Structured Decision Making risk assessment system developed by the Children's Research Center (CRC) in Madison. Wisconsin. It is designed to assist Child Protective Services (CPS) workers in making decisions regarding child safety and the risks associated with a child remaining in a home (California Department of Social Services, 2007).

SDM® is an actuarial risk assessment tool that is intended to estimate the likelihood that maltreatment will reoccur. CRC (n. d.) reports the primary goal of SDM® is to bring a greater degree of consistency, objectivity, and validity to child welfare case decisions, and help CPS agencies focus their limited resources on cases at the highest levels of risk and need. More research is needed on the overall impact of the SDM® risk assessment tool in reducing racial disproportionality (Lemon, Andrade, Austin, 2005).

Status:

- The SDM® tool was implemented in October 2007 after an intensive training and validation process.
- The training format used for preparation to implement SDM® is a train-the-trainer model. This training model was chosen because it provided the best ongoing support for sustainability and reliability to the model.
- Six months after the implementation of SDM®, a sample of cases was analyzed from each CA region to verify the reliability of the tool.
- The 2009 Legislature provided funding for the Washington State Institute for Public Policy (WSIPP) to evaluate SDM® as a strategy to reduce disproportionality in the child welfare system.

Timeline:

SDM® has been implemented and continues to be tested for reliability.

Recommendation B: Family Team Decision Making (FTDM)

The Family Team Decision Making (FTDM) model should be assessed to determine its impact on disproportionality for American Indian, Black, and Hispanic Children. Specifically, it should be determined if the model reduces disproportionality in the placement and length of stay for American Indian, Black, and Hispanic children in the Washington child welfare system.

Summary of Remediation Plan Rationale:

Family Team Decision Making (FTDM) is one of four "core strategies" within the Family to Family (F2F) initiative that has been implemented in approximately 60 urban child welfare agencies in 17 states including Washington State. Children's Administration currently has FTDM available in all of its offices, though capacity is still limited. Family Team Decision Making meetings are designed to bring together family members, relatives, and other support systems to make decisions about a case (Crea, Usher & Wildfire, in press). Studies report mixed results and Team Decision Making Meetings and Family Group Conferencing need further review.

Status:

Training for the first group of Family Team Decision Making (FTDM) coordinators occurred in October 2004. Implementation in seven pilot sites[4] across the state began in 2005 and expanded statewide in 2007.

Currently, the Annie E. Casey Foundation is providing training and technical assistance to Children's Administration in the use of FTDM. They are in the process of observing the implementation of FTDM regionally and providing feedback to the Regional and Headquarter administrators on the strengths and challenges of our implementation of the model.

The Washington State Institute for Public Policy has been charged with the task of conducting studies on the impact of Structured Decision Making and Family Team Decision Making on racial disproportionality.

Timeline:

Initial implementation has occurred. Report from WSIPP on the effectiveness of FTDM as a tool for reducing disproportionality is due to both the Department of Social and Health Services and the Washington State Legislature in January 2011.

[4] The pilot sites included: Kent, The Martin Luther King Office, formerly known as the Office of African American Children's Services; Vancouver; Tacoma which was a single office at the time; Spokane: Richland, and Yakima

Recommendation C: Kinship Care

Policies should be implemented to ensure equitable services and supports for children and families in kinship care.

Summary of Remediation Plan Rationale:

"Since the 1980's, kinship care has been the most rapidly growing component of the substitute care system," (Harris & Skyles, 2008, p. 1019). In Washington State a substantial percentage of children of color are placed in kinship care. (Rockymore, 2006).

Native American and Black families thrive on the bonds and connections within the extended family network. Beyond the mainstream nuclear family structure, it is important to understand that families of color heavily rely on extended family connections. Current child welfare policies and practice are in direct conflict with efforts to reunify Black children in kinship care with their birth parents. Given that kinship care placements are continuing to increase rather than decrease, it is imperative for child welfare practitioners to focus on service delivery that will facilitate positive family functioning (Harris & Skyles, 2008, p. 1024).

Status

Although this recommendation is not scheduled for implementation until 2010, the Children's Administration has begun several activities to ensure equitable services and supports for kinship caregivers. Ongoing projects include:

- The Relative Guardianship Assistance Program (R-GAP) was implemented in Oct 2009 allowing relative caregivers who are foster care licensed to receive a subsidy similar to the foster care payment.
- A 2008 policy change in the Economic Services Administration allows both parents and relative caregivers to receive concurrent TANF benefits.
- Kinship Navigators are available throughout the state to support relative caregivers in understanding the child welfare system and in accessing services.
- Catholic Charities of Yakima received a 3-year; $900,000 Fostering Connections grant that will increase the number of Navigators and provide Family Team Decision Making meetings.
- The 2009 legislature continued the Kinship Care Oversight Committee through 2011.
- The internal DSHS Kinship Workgroup is being revived to facilitate collaboration between Children's Administration, Economic Services Administration, Aging and Disability Services Administration, and Health and Recovery Services Administration.
- Relative Support funds were increased for FY10 in the Children's Administration.

- The Kinship Care Support Program, for relatives not involved with the child welfare system continues in FY10.

Timeline:

This recommendation is to schedule work plan development in the last quarter of the 2010 calendar year.

Recommendation D: Compliance with Indian Child Welfare Act

DSHS should comply with the federal Indian Child Welfare Act. The Indian Child Welfare Case Review Model developed in collaboration with Tribal partners and the Indian Policy Advisory Committee (IPAC) should be the anchor for an enhanced quality improvement/compliance system.

Summary of Remediation Plan Rationale:

Jones (1995) writes, "Before 1978, as many as 25 to 35 percent of Indian children in certain states were removed from their homes and placed in non-Indian homes by state courts, welfare agencies, and private adoption agencies" (p. 18). Outcomes of the Indian Child Welfare Act have been widely reviewed in child welfare literature. Findings show that following key provisions of the ICWA results in reduced disproportionality for Indian children. Limb, Chance and Brown (2004) found that compliance with the ICWA led to better outcomes for children.

MacEachron, Gustavsson, Cross, and Lewis (1996) evaluated outcomes of the ICWA using available data. Prior to passage of ICWA in 1975, the Washington State American Indian foster care placement rate was 34.92 per 1,000 children. After passage of the ICWA, the rate decreased to 18.24 per 1,000 children in 1986. The rate for adoptions of American Indian children was 3.0 per 1,000 in 1975, this decreased to 0.11 per 1,000 in 1986.

Status:

Research shows that when states follow key provisions of ICWA there is a reduction in disproportionality and improvement in outcomes for Native American children (Fox, K.A., Child Welfare, 82(6) 707-726, Government Accountability Office (GAO). April 2005.)

The Children's Administration has implemented several activities to ensure compliance with the ICWA, to include:

- Review of all ICW training curriculum (a matrix is attached).
- Work is underway to include Indian Child Welfare training in Social Worker and Supervisor academies.
- Review of 4-day mandatory ICW training curriculum with the National Indian Child Welfare Association (NICWA) resulting in curriculum changes to include practice model approaches.
- Add additional staff and supervisors to ICW units to reduce caseloads and provide better supervision.
- Family search and tribal notification staff hired in some regional offices.

Timeline:

The second ICW case review occurred from September through November 2009. Regional and statewide results will be available January 2010. This case review process will recur each biennium and will be conducted by tribal and state teams.

Recommendation E: Enactment of a Washington State Indian Child Welfare Act

DSHS should study the impact that state-level Indian Child Welfare Acts have had in states such as Iowa, which have implemented state ICW legislation. If the study finds that implementation of state-level legislation increases compliance with the core tenets of ICW and reduces racial disproportionality, DSHS should support enactment of a Washington State ICWA.

Summary of Remediation Plan Rationale:

Notwithstanding the fact that the Indian Child Welfare Act (ICWA) was passed in 1978, full compliance with the Act remains elusive. As a consequence several states have enacted state-level ICW legislation to clarify and reinforce responsibilities to Indian children and families and to ensure that commitments to ICW are honored.

Research and communication with other states will assist in the assessment of state-level ICW legislation as a strategy for the reduction of disproportionality of American Indian children in the child welfare system.

Status:

A literature review found no articles or research on the impact of state ICW legislation on the disproportionality of Indian children in the child welfare systems. Follow-up phone calls to American Indian Child Welfare managers in Iowa and Nebraska indicated that they did not have internal processes to track and analyze data related to disproportionality. The Native American Rights Fund and National Indian Child Welfare Association were also unaware of any formal or informal research or studies, outside of Washington State, regarding strategies to reduce disproportionality of Indian children in child welfare systems. Washington State has a more comprehensive approach to Indian Child Welfare practice and compliance than most states and is often regarded as a leader in Indian Child Welfare practice.

A number of interested groups and individuals continue to work with the concept of a statewide ICW act and drafts are in development.

Recommendation F: Cultural Competence and Anti-Racism Training

On-going anti-racism training should be mandatory for all case-carrying Children's Administration and Child Placing Agency workers , all service provider staff, all Court Appointed Special Advocates (CASA), all Guardian ad Litem (GAL), all individuals who represent children and birth parents in dependency proceedings, and all individuals who serve on public committees, boards, and other groups that are charged with providing guidance, oversight, or advice regarding the operation and management of the Washington child welfare system. This training should focus on increasing the trainees' level of cultural competency and understanding of race and racism. The training should include Indian Child Welfare standards, government-to-government relations, local agreements, and the operation of the Indian Policy Advisory Council. The training should also include a self assessment of cultural competency using a tool similar to the Cultural Competency Continuum (Refer to Appendix Section, page 89).

Summary of Remediation Plan Rationale:

Child welfare workers often work with children and families from a wide range of cultures other than their own. Inherent assumptions within the child welfare system are grounded in Anglo-Saxon values and cultural norms about child rearing and family. Child welfare legislation and policies often follow European standards of culture and White middle class family values are the standard through which ethnically diverse parents and children are compared. As such, children and families exhibiting alternative values may be seen as deviant by the system. These conflicts in attitudes…may contribute to ineffective or harmful child welfare practices (Miller & Gaston, 2003).

Status:

A Cultural Competency and Anti-Racism Training (CCART) workgroup was put together in April, 2009. Members include representatives from Children's Administration and community partners. The workgroup is developing a short term and long term plan for providing cultural competency/anti-racism training to all CA staff.

Short term planning includes providing "Knowing Who You Are" training, by CASEY Family Programs, to CA staff and developing trainers to sustain this training in the future. Other classes and workshops are being identified and assessed for compatibility with the needs including the "Building Bridges" one day workshop conducted by the National Coalition Building Institute headquartered in Washington, D.C.

A long-term training plan will be developed following the results of the National Association of Public Child Welfare Administrators Disproportionality Diagnostic Tool, which will help identify gaps in knowledge and training needs.

As stated in Recommendation D: Compliance with Indian Child Welfare Act under Status, work has begun to address training around ICWA. Please refer to page 15 for details.

Timeline:

Training planned for 2010. Children's Administration staff will review various models including "Undoing Racism," "Knowing Who You Are." And "Building Bridges,"

Recommendation G: Caseloads (Council on Accreditation Standards)

Caseloads (Council on Accreditation Standards): Children's Administration caseloads should be reduced to meet COA standards. Caseloads for CPS Workers should not exceed 10 and caseloads for Child Welfare Workers should not exceed 18.

Summary of Remediation Plan Rationale:

Child welfare literature is clear that caseload sizes must be smaller. If communities are encouraged and supported to provide supportive environments for children and Evidence Based Practice services are added, the results may be better services to children and families and decreased disproportionality (Blome & Steib, 2004).

Status

Children's Administration has employed a number of strategies to help reduce caseload sizes. These include increasing adoptions, working with the courts, and increasing the stability of children.

Timeline

Children's Administration continues to work on permanency and other efforts to reduce caseload.

Recommendation H: Mandated Reporter Training

The training for mandated reporters should be revised. One of the major goals of this revised training is to increase awareness of racial disproportionality in the child welfare system, familiarize mandated reporters with the data regarding referral, and the impact of race and racism on their reporting decisions.

We recommend an evaluation of training in all mandated reporter work settings external to DSHS to determine if this training has a cultural competency component that is designed to facilitate an understanding of race and racism and how these factors impact their reporting decisions. Further research is warranted regarding mandated reporters and their decisions to report.

Status:

The Children, Youth, and Family Services Advisory Committee will work with Children's Administration to identify outreach opportunities and develop training for mandated reporters.

The Children's Administration Mandated Reporter Guide has been updated to include disproportionality language and a self-directed training PowerPoint is in the early stages of planning and development. A more comprehensive look at the mandated reporter information and training will be developed.

Timeline:

Planning and development will occur throughout 2010.

Recommendation I: Assessment of Children's Administration

Children's Administration, its service providers, and child placing agencies should assess their organizational cultural competency and commitment to the elimination of racial disproportionality for children of color. The National Association of Public Child Welfare Administrators (NAPCWA) Disproportionality Diagnostic Tool should be used to conduct the assessments. This tool is used to evaluate social, systemic, and individual factors that may be contributing to disparate treatment of children of color in the child welfare system.

Status:

The Administration has completed the first and begun the second phase of assessment implementation. Members of the CA leadership team completed the tool in August and September 2009. The divisional and regional leadership teams, the Washington State Racial Disproportionality Advisory Committee and Children Youth and Family Services Advisory Committee will complete the tool during December 2009 and January 2010.

The results of both phases will be compiled and analyzed by the Administration and NAPCWA. The National Association will provide written guidance to help Children's Administration understand what the results mean and where infrastructure and service improvements may be made. The written guidance will include questions that the agency, with the help of the WSRDAC and other community partners, can consider as we develop plans to address the gaps and make improvements in our agency and the child welfare system.

Timeline:

This assessment will be implemented in phases:

- **Phase one**: The Children's Administration Leadership Team -completed in August/September 2009.
- **Phase two**: Division and Regional Leadership Teams and critical advisory committees - December 2009 through January 2010.
- **Phase three**: Children's Administration staff, other DSHS administrations and community partners - beginning in 2010.

Recommendation J: Implement Racial Equity Impact Tool

DSHS, the Office of Superintendent of Public Instruction, relevant legislative committees and staff, relevant judicial committees and staff should use this tool to review all policies and practices. The policy staff of legislative, judicial, and executive branch agencies, including DSHS, should be trained in the use of a tool that assesses the racial disproportionality impact of legislation, administrative policies, practices and procedures. These agencies should be required to apply the tool. The Applied Research Center has developed an analysis tool that is currently used in the child welfare system in Ramsey County, Minnesota.

Status:

Children's Administration completed research on several racial equity tools in Summer, 2009. The Administration contacted the Applied Research Center and Casey Alliance for Racial Equity (CARE), and researched other states' disproportionality efforts, including Minnesota and Texas. The Administration also added a cultural considerations section for all new policies and procedures, starting October 31, 2009.

Children's Administration is developing a Racial Equity tool based on the Race Matters Tool Kit and consultation with the Applied Research Center. A draft tool will be reviewed by the Washington State Racial Disproportionality Advisory Committee, CA leadership team, staff, and community partners. Members of the Regional Disproportionality groups and their local community partners will test the questions and tool.

The WSRDAC will work with CA on policy review protocols. The WSRDAC will begin review of current and prospective CA policy, per legislation, for their effect on racial disproportionality and disparity beginning in 2010.

Timeline:

CA is developing a racial equity tool and a plan to test and implement the tool in 2010. A plan is being developed for the WSRDAC to begin review of current and prospective CA policy in 2010.

Recommendation K: In-Home Community Based Services

This recommendation is scheduled for phased-in activity beginning in 2012.

Conclusion

To address the understanding that children of color enter and remain in the child welfare system at rates greater than their proportions in the population, the 2007 Legislature passed SHB 1472. This bill created the Washington State Racial Disproportionality Advisory Committee (WSRDAC) to find out if disparity exists in Washington State and if so, develop recommendations and submit a remediation plan to end racial disproportionality.

WSRDAC, with the technical assistance of the Washington State Institute on Public Policy (WSIPP), consolidated and analyzed Children's Administration data from 2004 and the two years following regarding the cumulative racial and ethnic disparity which was found to exist in Washington State. WSRDAC's remediation recommendations were submitted to the legislature and, beginning January 2010, the Secretary of DSHS will address the charge of the Legislature to report back on the implementation of the remediation plan and progress being made toward that goal.

This report is the result of the work initiated by SHB 1472 and is an ongoing testament to the commitment of Children's Administration to address racial disproportionality and continue improving on the lives of the children in our care.

Although 2009 is the first year since the initial report and recommendations were submitted, it has been a year filled with many activities surrounding disproportionality. Significant changes are not expected because the current data represent baseline numbers of performance towards the goal that we are ultimately trying to achieve. As the different phases of the remediation plan begin to influence services in the child welfare system, DSHS will track these changes by monitoring the progress and efforts of regional and area leads, as well as the effectiveness of the plan's application through:

- The use of diagnostic and racial equity impact tools. Implementation of kinship care programs, training and education as well as the use of Structured Decision Making (SDM®) and Family Team Decision Making (FTDM) models that take into account the bonds and connections within an extended family network that is the core of Native American and African American family structure.
- Continuing efforts to engage in cultural and racial conversations and challenge perspectives that may influence service delivery and understanding of disproportionality when it comes to families of color, through comprehensive short-term and long-term training in the field.

Ultimately the sum efforts of the different aspects involved in the child welfare system will work together to definitively impact and eliminate racial disproportionality in the state of Washington. We strive to provide equity and

permanence not only for children of color in care, but continue ongoing work towards achieving a safe, productive and healthy future for all children.

Appendices

Appendix A: Racial Disproportionality Tracking Report, David B. Marshal, September 2009

Racial Disproportionality Tracking Report

David B. Marshall, Ph.D. September 2009
Children's Administration Executive Staff

Executive Summary

This report describes the rates and trends in racial disproportionality in the child welfare system for the years 2004-2008. The report expands upon an extensive study conducted by the Washington State Institute for Public Policy (WSIPP) in 2008. The information provided in this report will serve as the baseline for tracking progress on the "Racial Disproportionality and Disparity in Washington State Child Welfare - Remediation Plan".

- Overall referral and placement rates have declined for children of all races between 2004 -2008.

- Counts and disproportionality indices for CY 2004 were lower using updated data and analyses, but the overall picture remains the same as that found by WSIPP.

    - Disproportionately higher numbers of Native American and Black children are in the Child welfare system compared to white children.
    - This disproportionality increases in later stages of involvement.
    - Asian children are underrepresented in the system.
    - Hispanic children are represented at similar levels to White children.
    - Multiracial children show higher levels of disproportionality, similar to levels for Black children.
    - This overall picture generally applies throughout 2005-2008

- Disproportionality in placement has been decreasing for Native American children throughout 2005-2008.

- Regression models that adjusted for extrinsic factors, such as poverty, family structure and geography, revealed increasing disproportionality in accepted referrals for Black, Multiracial, and Hispanic children.

- Regression adjustments show decreasing disproportionality rates in placements each year for Native American children and higher disproportionality rates each year for Black, Asian, Multiracial and Hispanic children. However, Black and Native American children in the system continue to have the highest disproportionality rates, and this remains the most severe for children in longer-term care

- These general patterns also hold for children in placement over 60 days and over two years.

- Further regression analyses of the overall time in care show that the rate of exit from long-term care is highest for Black children. Native American children exited from care at the second highest rate in 2005, but at a rate indistinguishable from White children in 2006.

Introduction

This report describes the rates and trends in racial disproportionality in the child welfare system for the years 2004-2008. It is provided to the Statewide Racial Disproportionality Advisory Committee as tracking data for the State of Washington Department of Social & Health Services 'Racial Disproportionality and Disparity in Washington State Child Welfare Remediation Plan.'

The report expands upon an extensive study conducted by the Washington State Institute for Public Policy (WSIPP) in 2008[5]. The WSIPP report measured racial disproportionality at various stages of involvement of children in the child welfare system, from initial referral to long-term stays in foster care, for children referred to Child Protective Services in 2004.

This report examines key elements of the disproportionality measures and analyses that the WSIPP study used in order to use these measures and analyses to track changes in disproportionality over time as the Children's Administration implements the activities listed in the December 2, 2008 remediation plan. Baseline data are reported for measures recalculated from 2004 data, as well as data on children who were referred to CPS in 2005, 2006, 2007 and 2008. Trends are reported for children in each major race category at principal stages of involvement in the system.

Recalculation of CY 2004 Data

The WSIPP report describes and analyzes racial disproportionality among children referred for child welfare services in 2004. Their calculations were based on data extracted by the Children's Administration (CA) in November, 2007. CA has verified that the data matching, selection, and child unduplication[6] procedures used in this report are nearly identical to those used in the original WSIPP report. The differences between this report and the original WSIPP report are related to changes in the raw CAMIS data.

Within the last year, data in the CA Case and Management Information System (CAMIS) have undergone very extensive review and revision for consistency and clean-up, in preparation for transition to the new FAMLINK data system. Anecdotal reports from the

[5] Marna Miller (2008) Racial Disproportionality in Washington State's Child Welfare System, Olympia: Washington State Institute for Public Policy, Document No. 08-06-3901.

[6] We determine unduplicated counts of children in each cohort year – that is, the same children are counted only once in any given cohort year, but may be included in more than one cohort year if referred multiple times in different years.

clean-up efforts indicate that the major sources of error in CAMIS were duplication of referrals (with the same families and children listed in multiple referrals with different ID's), especially for unaccepted and information-only referrals, and a number of placement episodes of children in care for long periods who actually achieved permanency but whose cases were never properly closed in CAMIS.

This has changed the total numbers of referrals, child victims of referrals, and children in longer-term placements for 2004 and all subsequent years. This large change requires a re-baselining of all 2004 disproportionality data. The numbers below demonstrate the magnitude of these revisions for children identified as victims:

- 58,005 calculated by WSIPP from 2004 data extract, provided to WSIPP in November, 2007
- 58,029 calculated by CA from the same 2004 data extract
- 46,474 calculated by CA from 2004 data extracted and provided to WSIPP in February, 2009

In addition to these changes we re-defined the racial categories used by WSIPP to include a multiracial category. General population estimates are published by the Office of Financial Management (OFM) for years in between the major census years. In order to use these estimates CA needed to align with the racial categories used by OFM. This includes the calculation of a multiracial category. WSIPP used data from the year 2000 census to construct a single-race, mutually exclusive hierarchy that assigned multiracial respondents into single-race categories. WSIPP also coded persons indicating Hispanic origin as being of Hispanic race if they indicated White (Caucasian) as their sole race.

CA is using a hybrid strategy to categorize races in this report. Children are assigned to racial categories that align with the OFM estimates. Hispanic origin is categorized using the same technique as WSIPP. White Hispanics are categorized as 'Hispanic', Black Hispanics are included in the 'Black' category, etc., and multiracial Hispanics included in the 'Multiracial' category. This allows us to use the OFM general population estimates for 2004, 2006 and 2008 and use linear interpolations to determine general population estimates for the years 2005 and 2007.

Measure Definitions

We use the same definitions of measures of racial disproportionality as used by WSIPP:

Rate of Occurrence (Rate per Thousand):

$$\frac{\text{Children at a decision point}}{\text{Children in the general population}} \times 1000$$

Disproportionality Index (DI):

$$\frac{\text{Rate of Occurrence (minority)}}{\text{Rate of Occurrence (whites)}}$$

For these measures a rate of 1.0 shows that a minority group is represented at the same rate as White children. A rate greater than 1.0 shows that the minority group is represented at a rate higher than White children. A rate less than 1.0 shows that the minority group is represented at a rate lower than White children.

Disproportionality Index After Referral (DIAR):

$$\frac{\text{DI at a later decision point}}{\text{DI at Referral}}$$

For these measures a rate of 1.0 shows that a minority group is represented at the same rate as White children. A rate greater than 1.0 shows that the minority group is represented at a rate higher than White children. A rate less than 1.0 shows that the minority group is represented at a rate lower than white children.

Comparisons with WSIPP Report for 2004 Cohort

Tables 1-4 show the new baseline values for the 2004 cohort. These baseline data use updated CAMIS data, OFM racial category definitions, and the OFM 2004 population estimates to calculate rates of occurrence. The original values reported by WSIPP are shown in parentheses.

Table 1: Counts of Children Referred to CPS, 2004 Cohort
(WSIPP Values in parentheses, from WSIPP Report Exhibit 2)

		Native American	Black	Asian	Hispanic	Multi-Racial	White
Year 2004 Population Estimates		**33,520**	**65,319**	**94,929**	**185,561**	**89,065**	**1,054,058**
Year 2000 Census Population		**(55,872)**	**(86,861)**	**(122,406)**	**(159,828)**		**(1,086,865)**
Total	Referrals	2,366	2,911	948	5,532	3,743	25,749
		(5,612)	(5,642)	(2,011)	(7,377)	(n/a)	(37,363)
	Accepted Referrals	2,153	2,649	812	4,533	3,317	22,456
		(4,283)	(4,412)	(1,563)	(5,768)	(n/a)	(27,332)
	Initial High Risk	2,031	2,436	744	4,212	3,069	20,066
		(3,756)	(3,834)	(1,242)	(4,589)	(n/a)	(22,072)
	Removed From Home	414	359	87	599	483	2,792
		(658)	(513)	(154)	(610)	(n/a)	(2,809)
	Placements Over 60 days	296	243	55	400	306	1,900
		(481)	(337)	(86)	(402)	(n/a)	(1,887)
	Placements Over Two Years	150	115	26	156	150	774
		(266)	(183)	(38)	(165)	(n/a)	(823)

Table 2: Rates of Occurrence for Children Referred to CPS, 2004 Cohort

(WSIPP Values in parentheses, from WSIPP Report Exhibit 2)

		Native American	Black	Asian	Hispanic	Multi-Racial	White
Rate per 1,000 Population	Referrals	70.6	44.6	10.0	29.8	42.0	24.4
		(100.4)	(65.0)	(16.4)	(46.2)	(n/a)	(34.4)
	Accepted Referrals	64.2	40.6	8.6	24.4	37.2	21.3
		(76.7)	(50.8)	(12.8)	(36.1)	(n/a)	(25.1)
	Initial High Risk	60.6	37.3	7.8	22.7	34.5	19.0
		(67.2)	(44.1)	(10.1)	(28.7)	(n/a)	(20.3)
	Removed From Home	12.4	5.5	0.9	3.2	5.4	2.6
		(11.8)	(5.9)	(1.3)	(3.8)	(n/a)	(2.6)
	Placements Over 60 days	8.8	3.7	0.6	2.2	3.4	1.8
		(8.6)	(3.9)	(0.7)	(2.5)	(n/a)	(1.7)
	Placements Over Two Years	4.5	1.8	0.3	0.8	1.7	0.7
		(4.8)	(2.1)	(0.3)	(1.0)	(n/a)	(0.8)

Table 3: Racial Disproportionality Index (DI) at Selected Decision Points, 2004 Cohort

(WSIPP Values in parentheses, from WSIPP Report Exhibit 3)

		Native American	Black	Asian	Hispanic	Multi-Racial
Disproportionality Index (Rate Compared With Whites)	Referrals	2.89	1.82	0.41	1.22	1.72
		(2.92)	(1.89)	(0.48)	(1.34)	(n/a)
	Accepted Referrals	3.01	1.90	0.40	1.15	1.75
		(3.05)	(2.02)	(0.51)	(1.44)	(n/a)
	Initial High Risk	3.18	1.96	0.41	1.19	1.81
		(3.31)	(2.17)	(0.50)	(1.41)	(n/a)
	Removed From Home	4.66	2.07	0.35	1.22	2.05
		(4.56)	(2.29)	(0.49)	(1.48)	(n/a)
	Placements Over 60 days	4.90	2.06	0.32	1.20	1.91
		(4.96)	(2.24)	(0.41)	(1.45)	(n/a)
	Placements Over Two Years	6.09	2.40	0.37	1.14	2.29
		(6.29)	(2.79)	(0.41)	(1.37)	(n/a)

Table 4: Racial Disproportionality Index After Referral (DIAR) at Selected Decision Points, 2004 Cohort

(WSIPP Values in parentheses, from WSIPP Report Exhibit 4)

		Native American	Black	Asian	Hispanic	Multi-Racial
Disproportionality Index After Referral (DIAR)	Referrals	1.00	1.00	1.00	1.00	1.00
	Accepted Referrals	1.04	1.04	0.98	0.94	1.02
		(1.04)	(1.07)	(1.06)	(1.07)	(n/a)
	Initial High Risk	1.10	1.07	1.01	0.98	1.05
		(1.13)	(1.15)	(1.05)	(1.05)	(n/a)
	Removed From Home	1.61	1.14	0.85	1.00	1.19
		(1.56)	(1.21)	(1.02)	(1.03)	(n/a)
	Placements Over 60 days	1.70	1.13	0.79	0.98	1.11
		(1.70)	(1.18)	(0.85)	(1.03)	(n/a)
	Placements Over Two Years	2.11	1.31	0.91	0.94	1.33
		(2.15)	(1.48)	(0.86)	(0.92)	(n/a)

In general, although the counts and measures have decreased upon recalculation, the overall picture remains the same. Disproportionately higher numbers of Black and Native American children are represented in the child welfare system, and this disproportionality increases at later stages of involvement. Asian children tend to be underrepresented compared to White children. Hispanic children are represented at levels similar to or slightly higher than White children. Children in the Multiracial category are overrepresented, usually at levels similar to Black children.

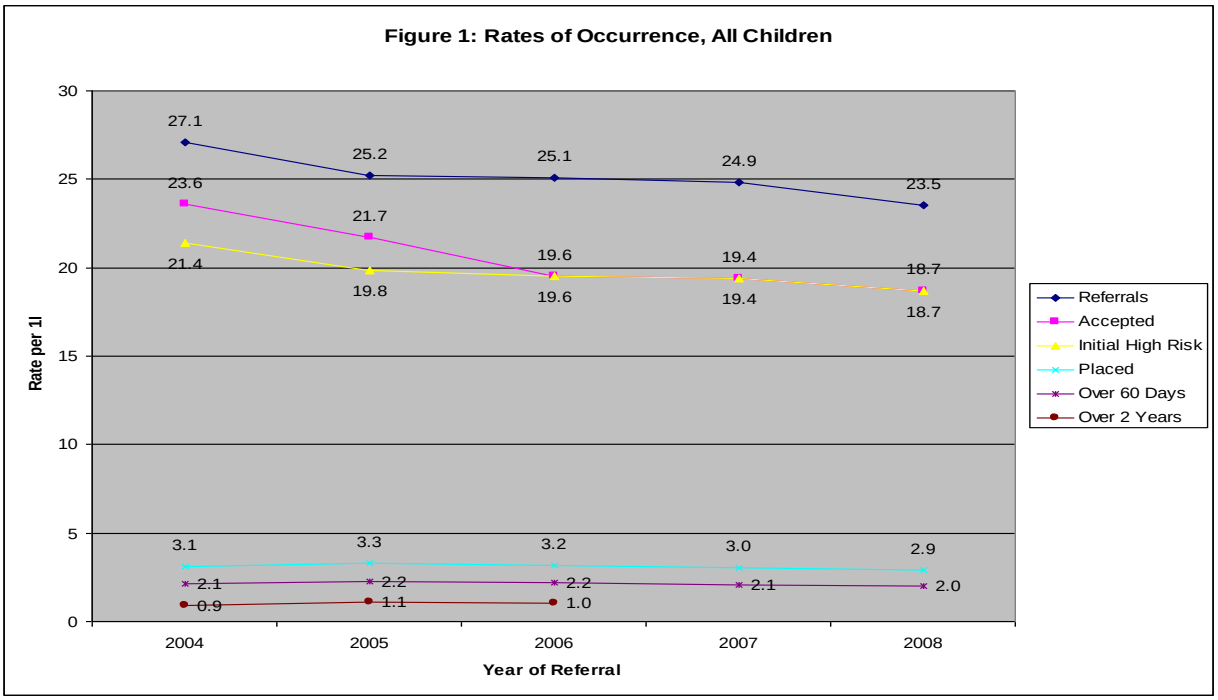
Date Adjustments for CY 2006, 2007 and 2008

Rates of Occurrence, Disproportionality Index (DI), and Disproportionality Index After Referral (DIAR) values were also calculated for referrals in the years of 2005, 2006, 2007 and 2008. OFM population estimates were used for 2004, 2006 and 2008, and linear interpolations of those estimates were calculated for 2005 and 2007. CAMIS data extends through January 29, 2009. In order to report preliminary estimates of all placement measures for the 2006, 2007 and 2008 referral cohorts appropriate date cutoffs were used for each cohort. For example, for placement within 90 days of referral, only referrals received through October 29, 2008 (92 days before the end of CAMIS) were included in the 2008 cohort counts for that measure [7]. Population counts used to determine the rates were also decreased by the fraction of the total year represented by data (e.g. January 1, 2008 - October 29, 2008; 303 of 366 days in 2008).

[7] We expect to have fully integrated FamLink data into our calculations by the time of the next annual tracking report, and will be able to determine disproportionality measures for entire cohort years.

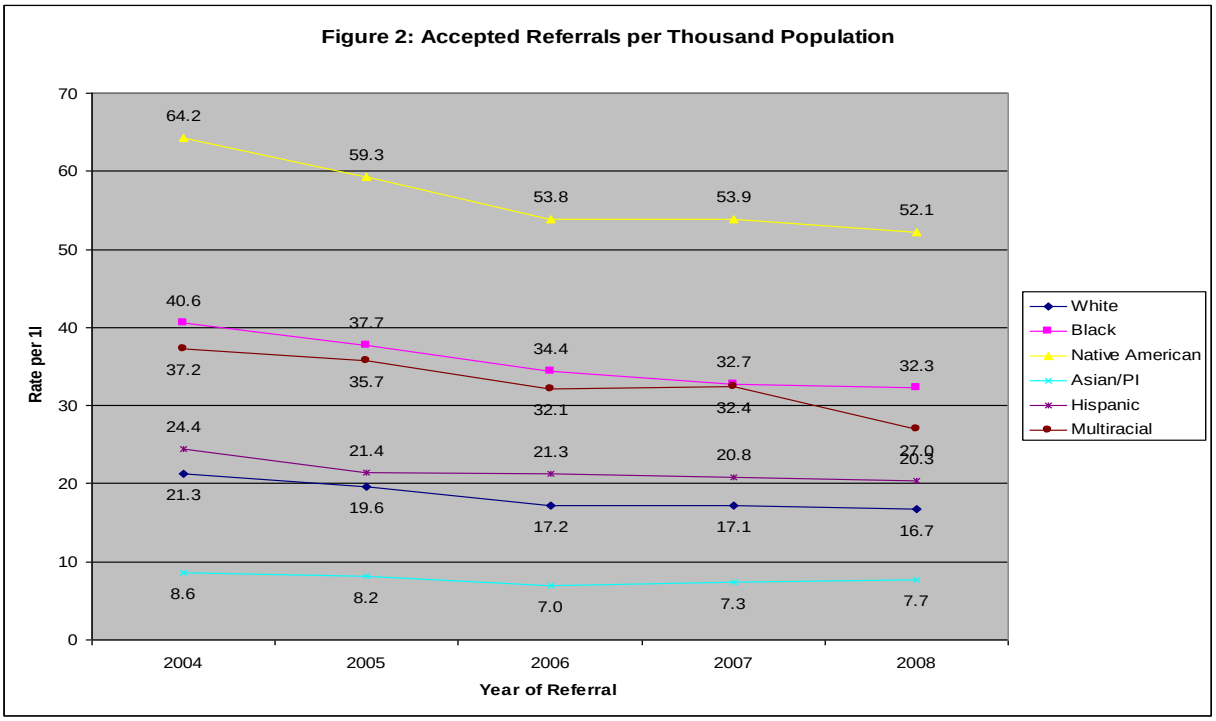
Trends in Disproportionality

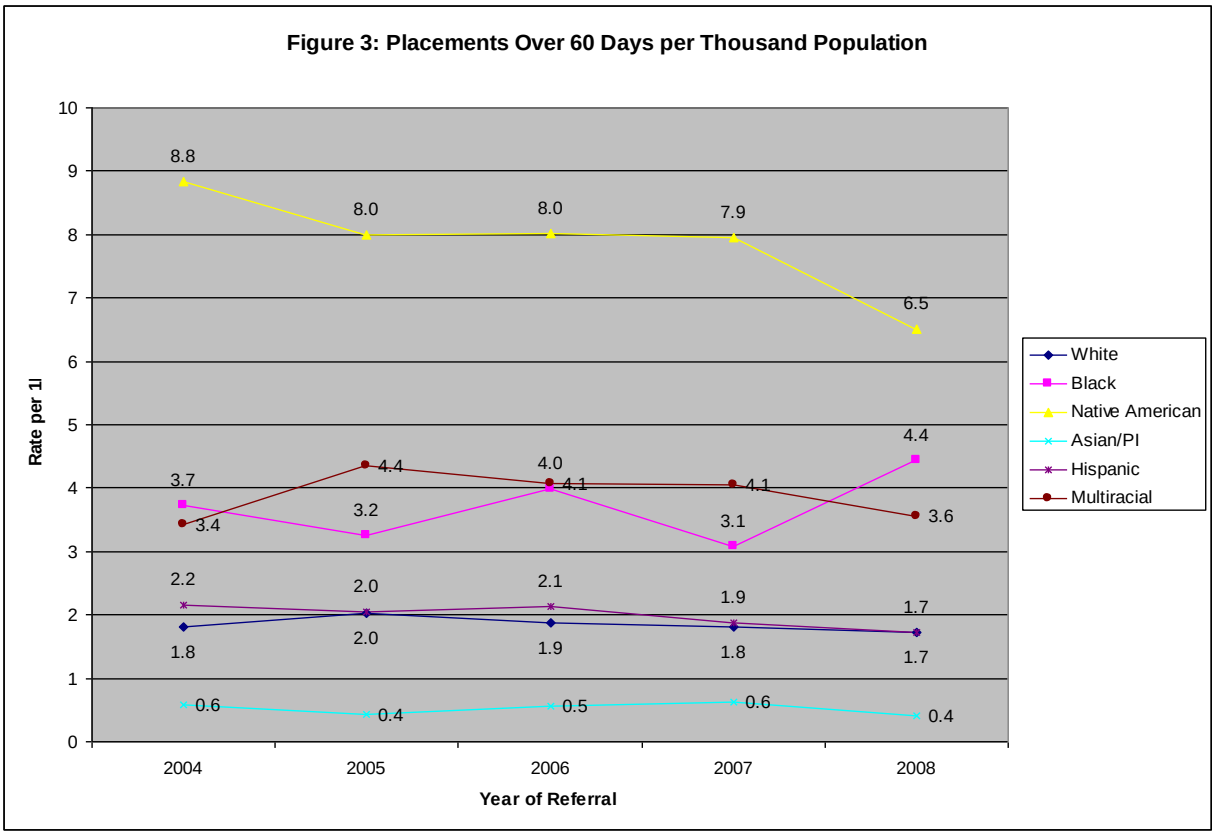
We now present key trends in measures of disproportionality over the years 2004-2008. Figure 1 shows that the rates of occurrence at each decision point[8] have declined or remained roughly steady over the period 2004-2008 for all children combined.



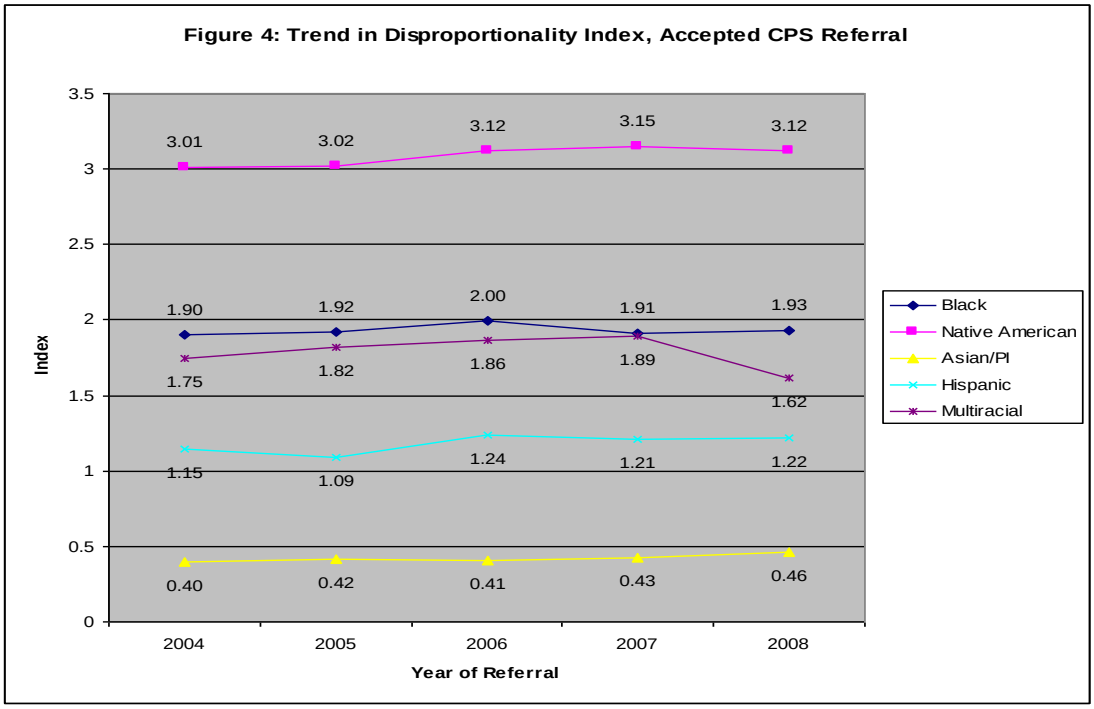
[8] Note that rates of occurrence, DI, and DIAR values become identical for accepted referrals and initial high risk referrals after 2005. This is because acceptance of CPS referrals became automatic for high initial risk (risktag 3-5) referrals from 2006 onwards. For this reason, Initial High Risk no longer represents a unique decision point, and is not included in most of the charts that follow.

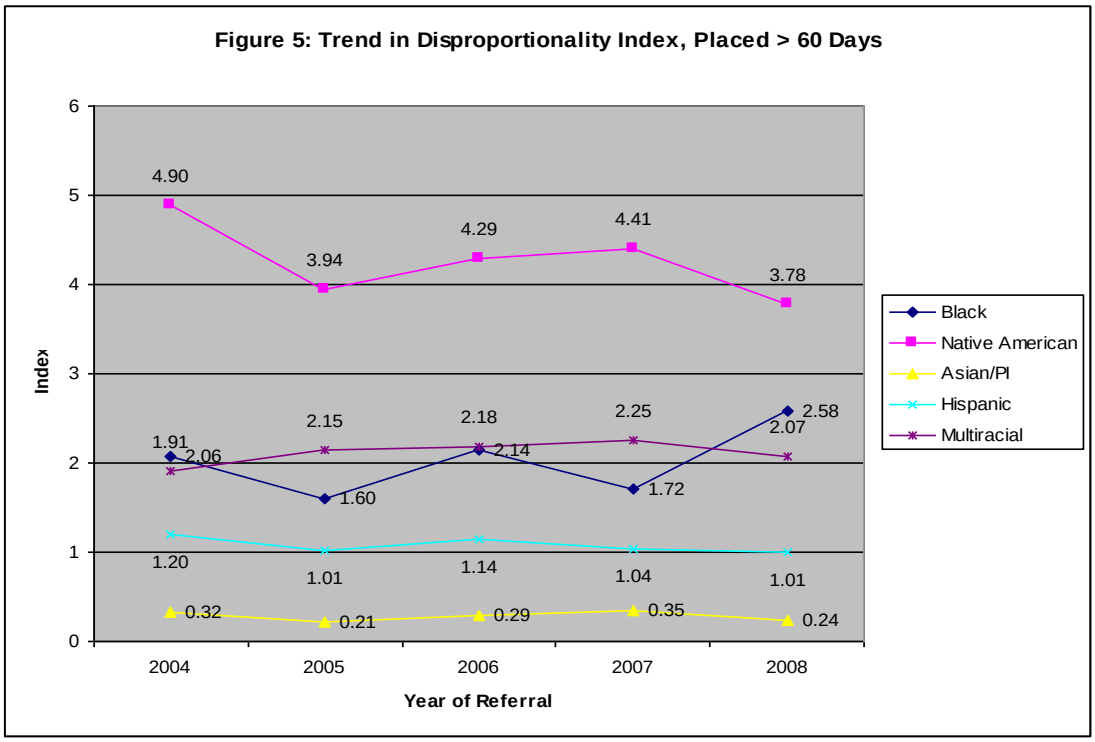
The trend is similar for all racial groups, as illustrated by Figures 2 and 3. Trends for the other referral and placement measures are similar.





Figures 4 and 5 show trends in Disproportionality Index (DI) at the same referral and placement decision points. Note that while the rate of occurrence for Native American referrals has declined (Figure 2), their overrepresentation relative to Whites has slightly increased (Figure 4).

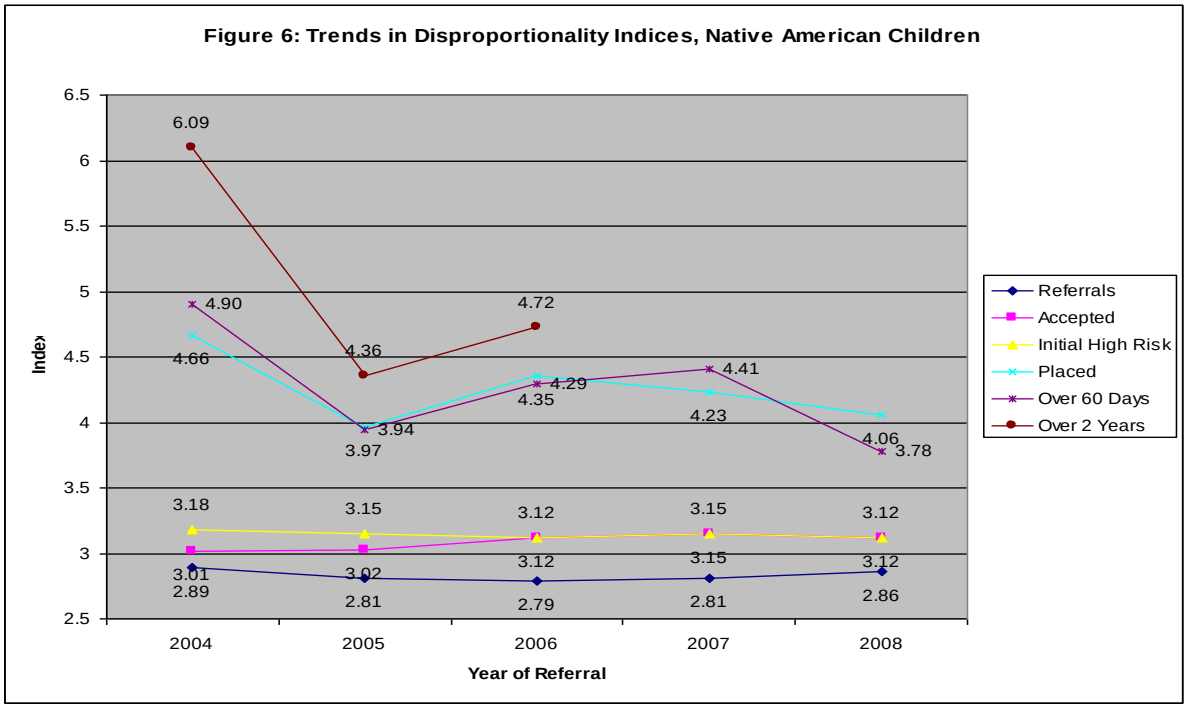


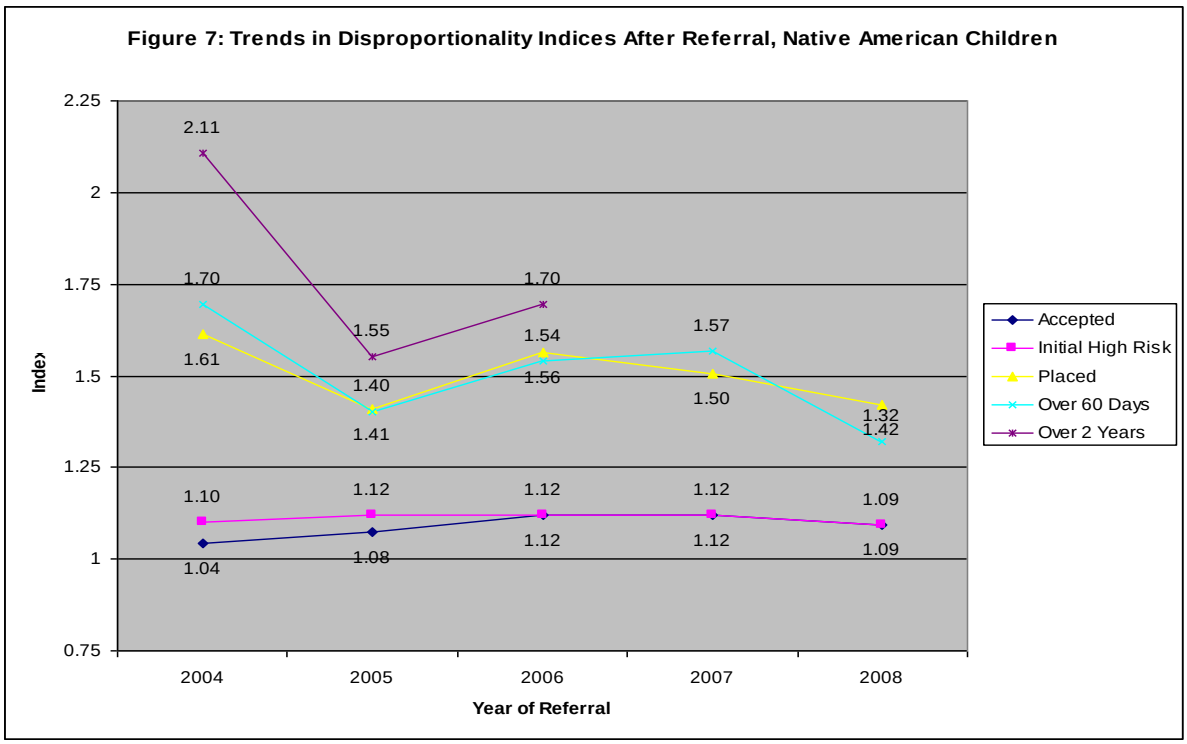


Trends for Each Minority Group

Figures 6-15 give a complete set of DI and DIAR trends for each minority race at each decision point or stage of involvement.

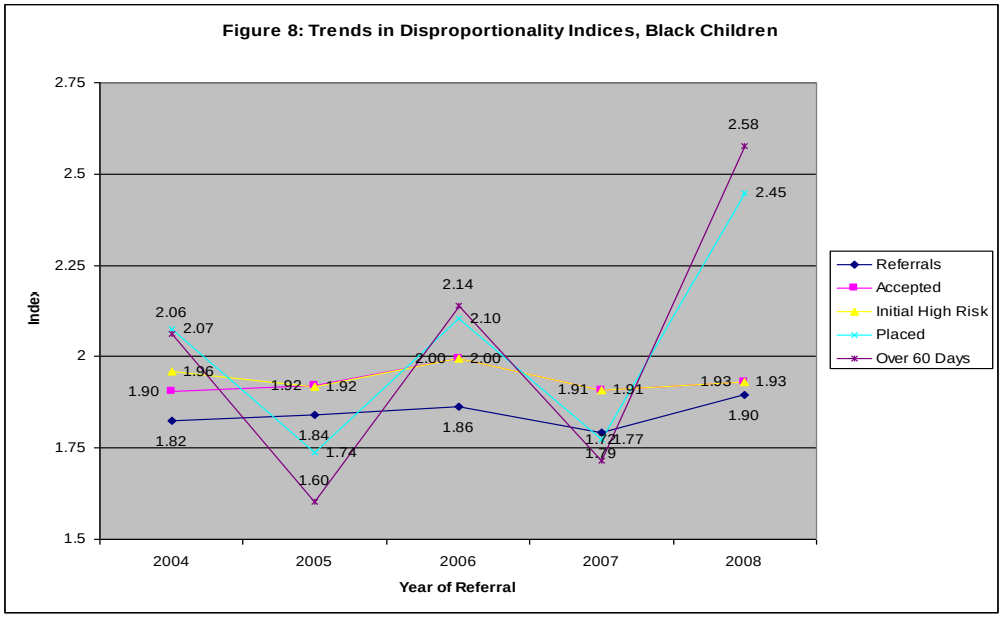
Native American Children

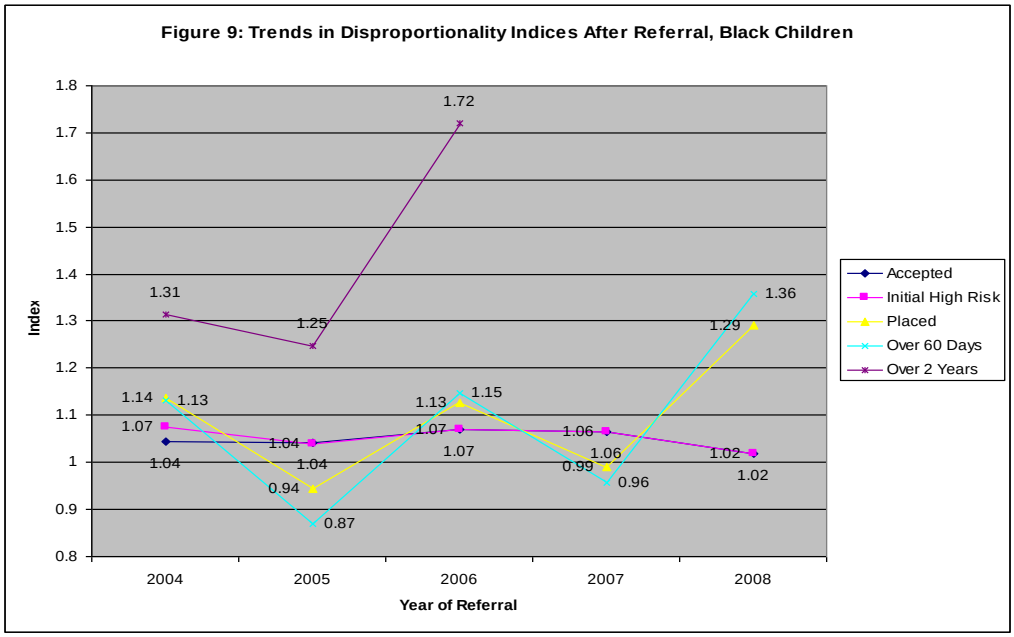




Rates of overrepresentation of Native American children have remained roughly steady for referral stages and have declined for placement stages. However, Native American children continue to be disproportionally represented in the child welfare system at high rates.

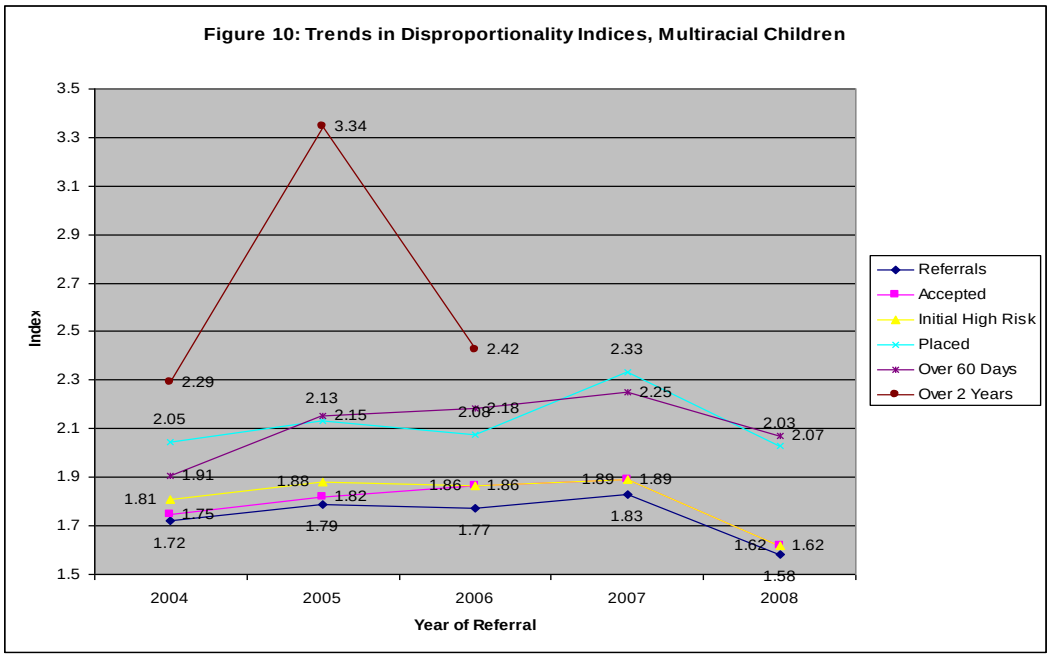
Black Children

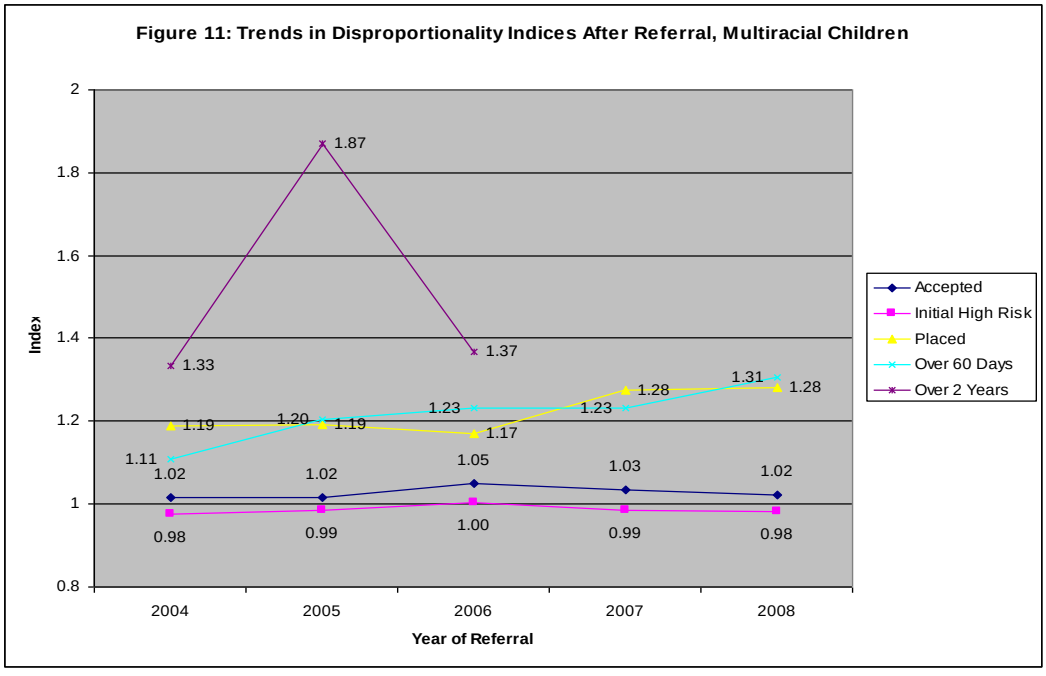




Overrepresentation in placement has oscillated for Black children, increasing in 2004, 2006 and 2008, and decreasing in 2005 and 2007. Overrepresentation after referral has declined slightly.

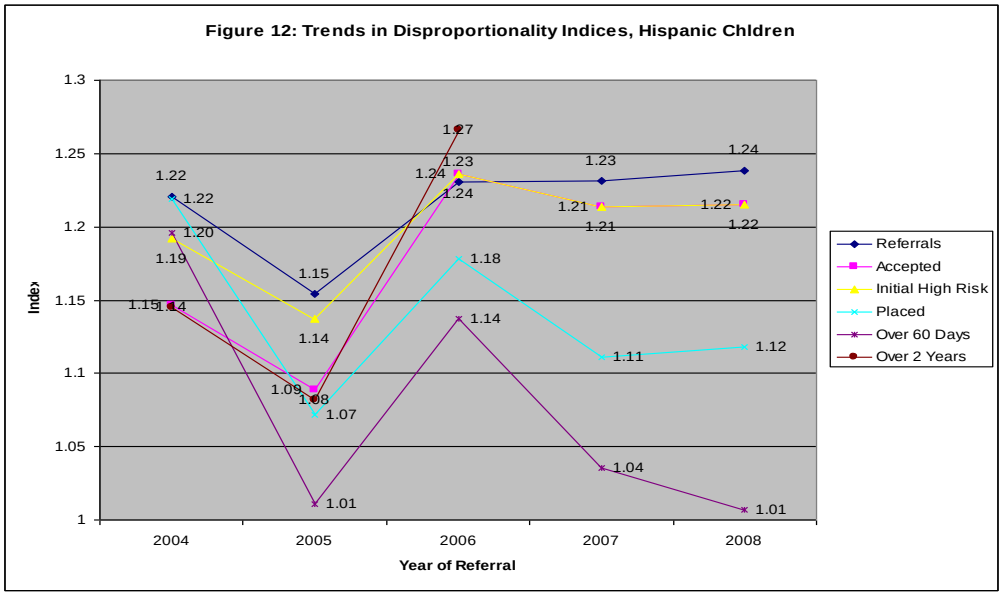
Multiracial Children

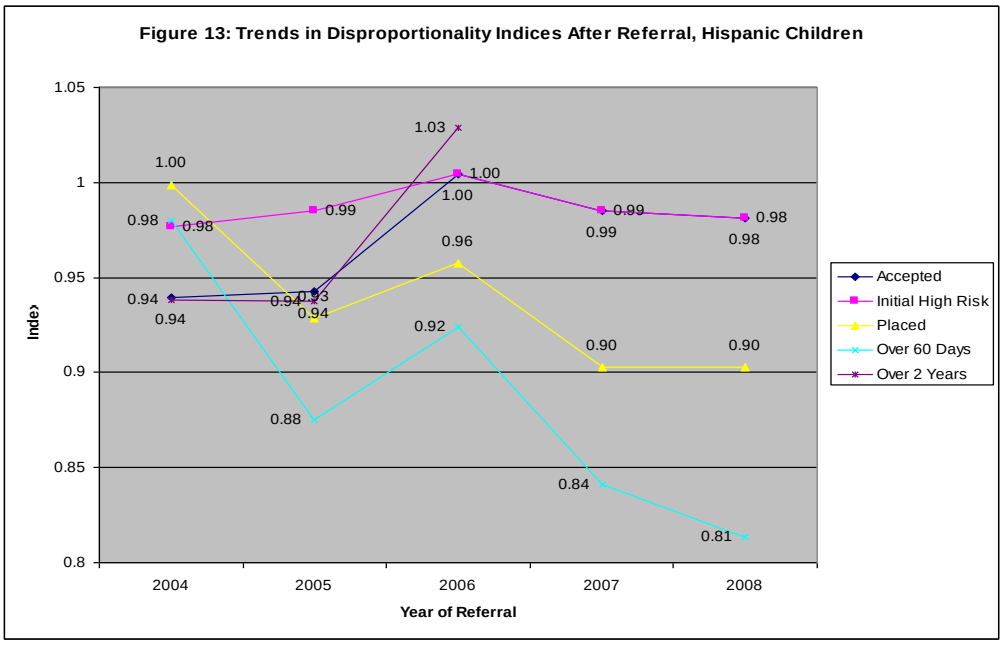




Rates of overrepresentation of multiracial children in referral have declined. Overrepresentation in placement returned to 2004 levels. However, after adjusting for the decline in referrals, multiracial children show a slight increase in the rates of overrepresentation in placement (see placement DIAR trends in Figure 11).

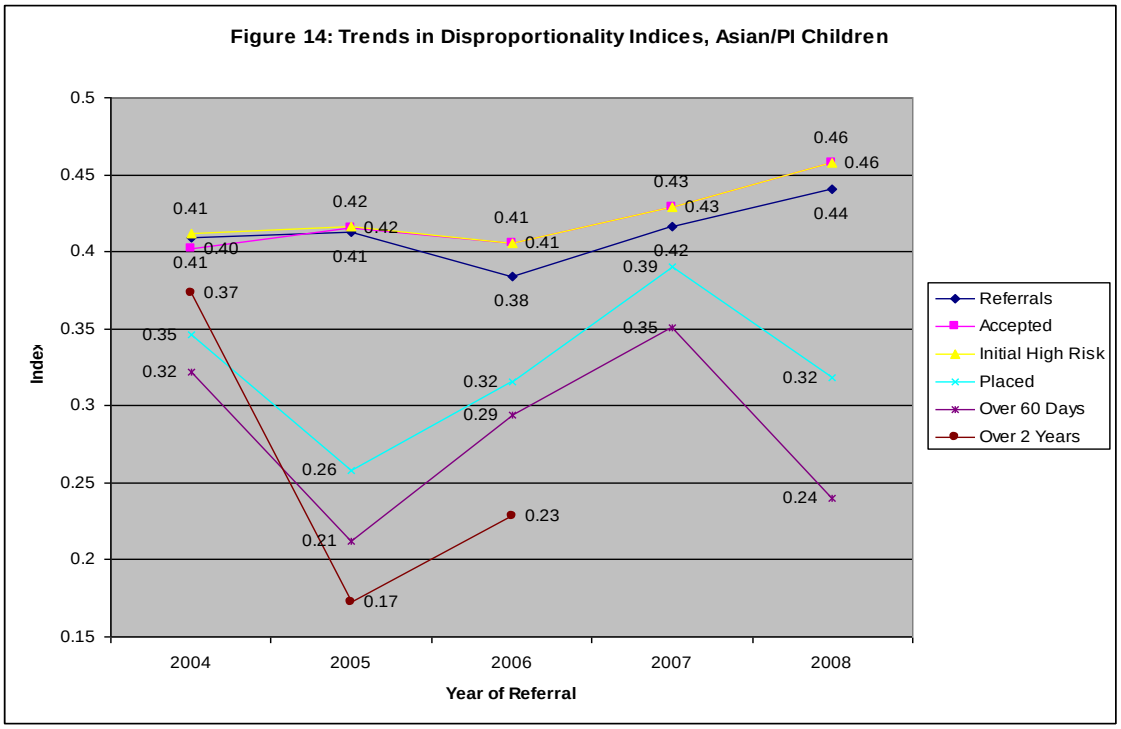
Hispanic Children

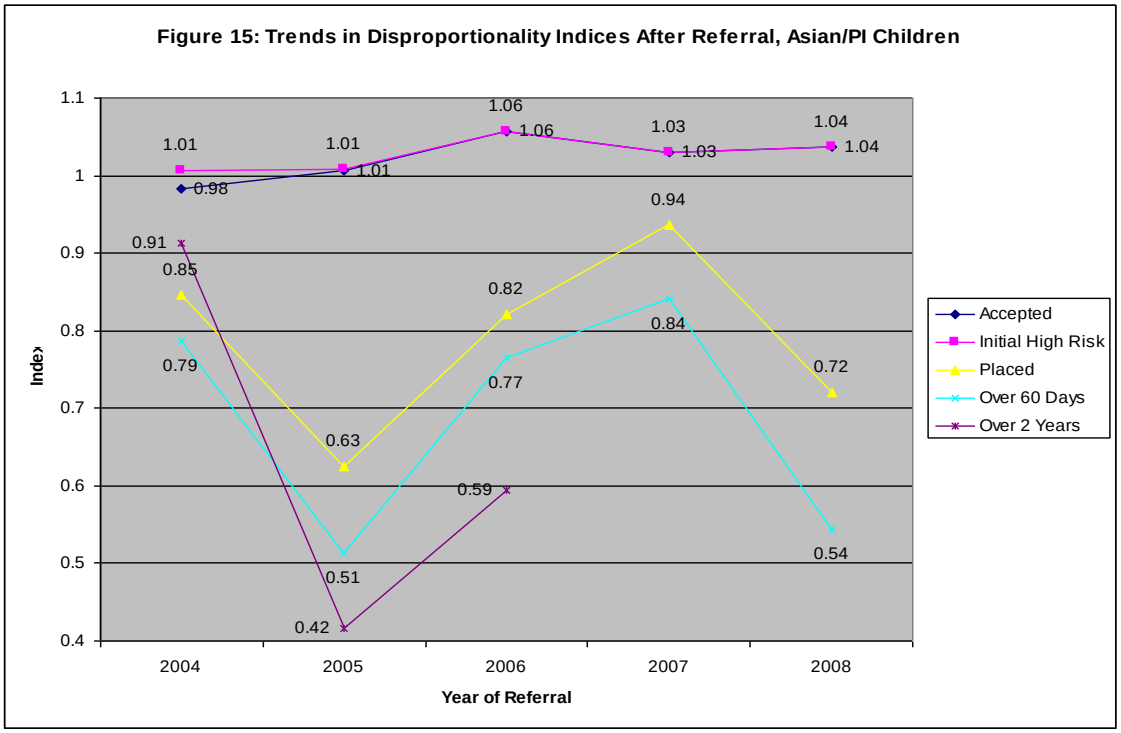




Hispanics continue to be represented in the system at proportions comparable to or slightly higher than Whites.

Asian/Pacific Islander Children

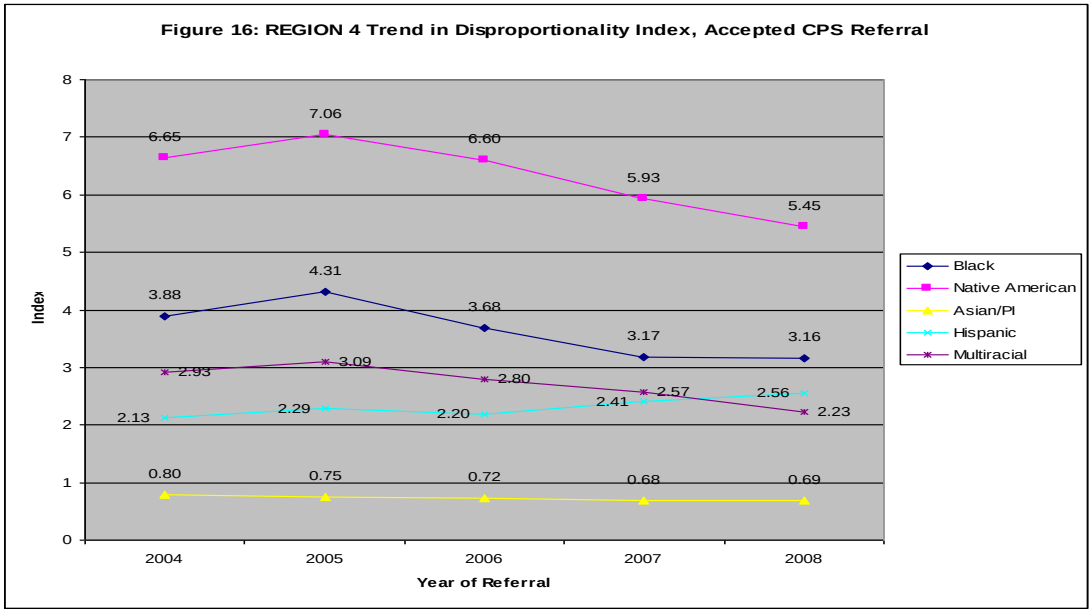


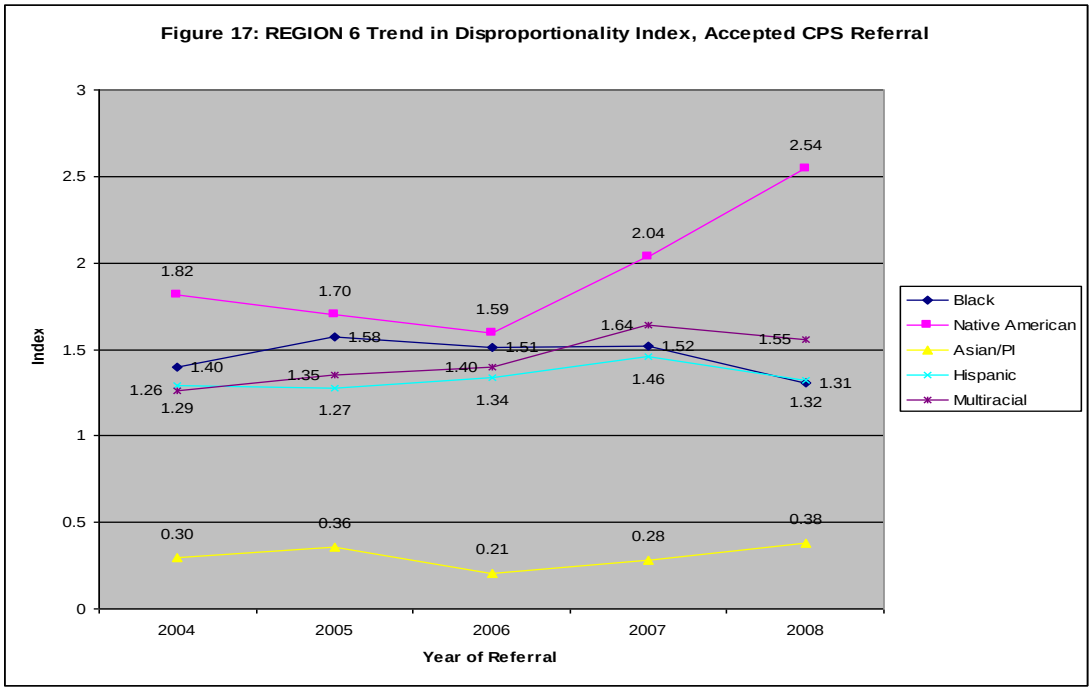


Asian/Pacific Islander children are underrepresented in the system compared to White children. However, calculation of the DIAR (Figure 15) shows representation at levels similar to White children. Asian children stay in the system at rates close to those of White children.

Regional Differences

It is also interesting to consider regional differences in racial disparity. For example, while the statewide disproportionality in rates of referral for Native Americans has remained constant (Figures 2, 6 and 7), Regions 4 shows a decline and Region 6 an increase (Figures 16 and 17).





Regression Models - Adjusted Disparity Indices

In this section, we report on analyses that recalculate the WSIPP logistic regression models for the placement stages using current data, use the results to compute regression-adjusted disproportionality indices, and present the results of survival analysis/Cox regression statistical models exploring racial disproportionality in time in care/exit to permanency rates.

Multivariate statistical modeling allows us to control for the influence of extrinsic factors such as age and gender of child or poverty of family that might influence rates of disproportionality in the child welfare system. The intention is to provide a more realistic and accurate picture of agency-systemic factors and to better reveal the intrinsic agency contribution to racial disparities in the Washington State child welfare system.

Attempts to replicate the logistic regression models reported by WSIPP[9] met with mixed success. The regression models for referrals, accepted referrals, and initial high risk referrals were statistically unstable and resulted in very poor classification results. CA has observed these types of result in past efforts to model the probability of decisions at the stage of referral intake[10].

CA's conclusion from past research efforts has been that the information available in CAMIS on referrals at the intake is too sparse for reliable statistical modeling, especially for referrals that were not accepted nor diverted to the Alternative Response System (ARS).[11] It is likely that many non-accepted referrals are not entered into CAMIS, or are missing child demographic and other key information. However, while the absolute magnitude of the regression-adjusted Disproportionality Indices for the referral stages may be subject to error, changes in the DIs over time are still useful indicators of the success or failure of agency efforts to reduce systemic disproportionality.

Because information on children in placement has always been much more extensive and complete than information at the referral stage, analyses looking at placement and duration of placement are more robust. Here, CA was able to reproduce the WSIPP logistic regression models for placement, placement over 60 days, and placement over two years.

Trends in Regression-Adjusted Disproportionality

Figures 18 through 25 illustrate trends in the raw and regression-adjusted disproportionality indices from 2004 through 2008 for each minority group.

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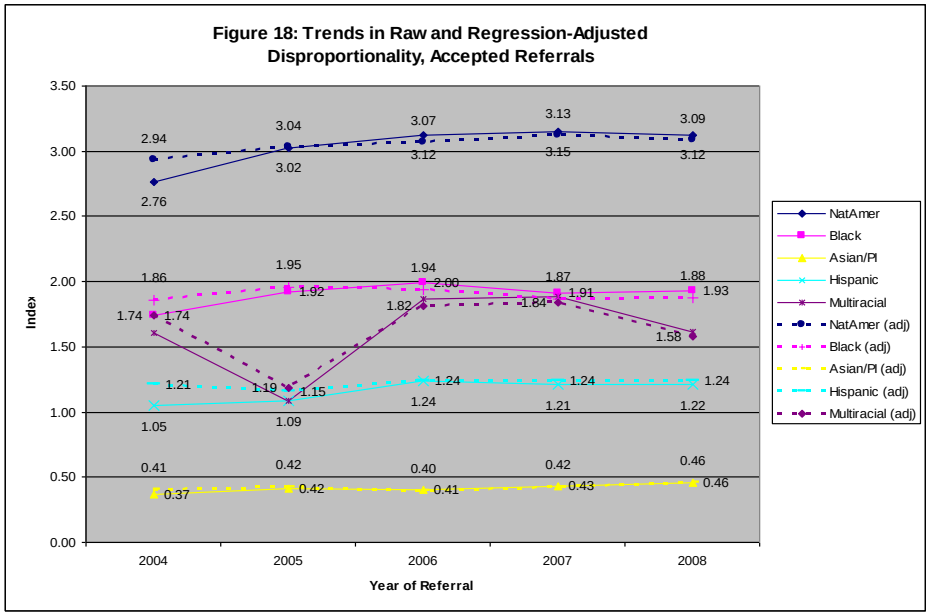
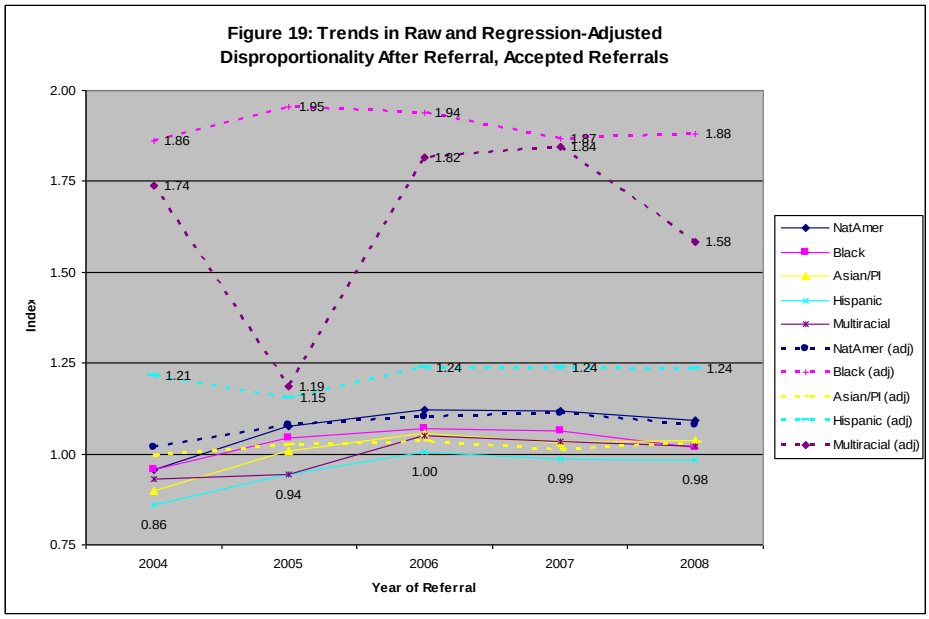
[9] Please refer to the WSIPP report: Marna Miller (2008) Racial Disproportionality in Washington State's Child Welfare System, Olympia: Washington State Institute for Public Policy, Document No. 08-06-3901, for details concerning the definition of logistic regression models and definitions of explanatory variables.

[10] cf. Marshall, D.B.; English, D.J. (2000). "Neural Network Modeling of Risk Assessment in Child Protective Services", Psychological Methods 5(1), 102-124; and English, D.J.; Marshall, D.B.; Brummel, S. and Orme, M. (1999). "Characteristics of Repeated Referrals to Child Protective Services in Washington State", Child Maltreatment 4(4), 297-307.

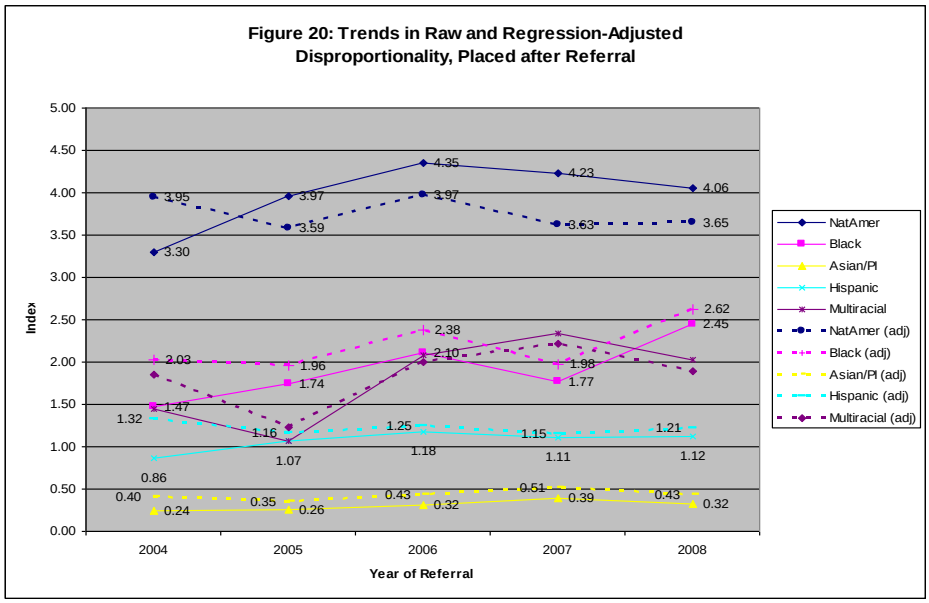
[11] We are hopeful that the new FamLink data system will provide more complete information on non-accepted referrals, and that modeling of decisions early in the referral process will become more feasible.

Adjusting for extrinsic factors causes little change in the disproportionality of accepted referrals for any of the minorities (Figure 18). In contrast, calculating the DIAR and adjusting for extrinsic factors reveals an increased disproportionality in accepted referrals for Black, Multiracial, and Hispanic children (Figure 19).





Regression adjustment results in a lower disproportionality rates in placement at each year for Native American children and higher disproportionality for Black, Asian, Multiracial and Hispanic children, though Native American and Black children still show the highest disproportionality rates (Figures 20 and 21). These general patterns hold for children in placement over 60 days and over two years (Figures 22-25).



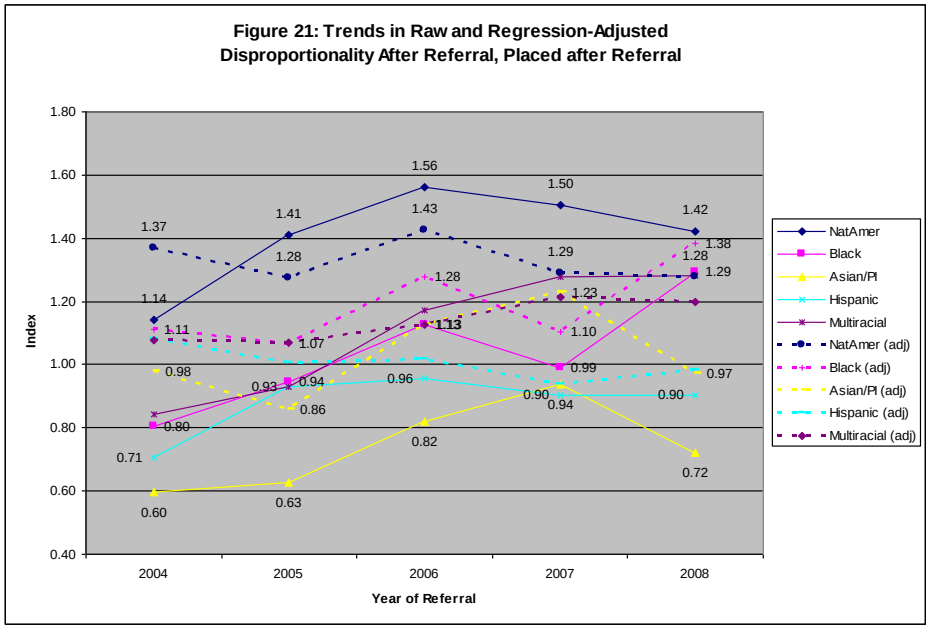


Figure 22: Trends in Raw and Regression-Adjusted Disproportionality, Placed Over 60 Days

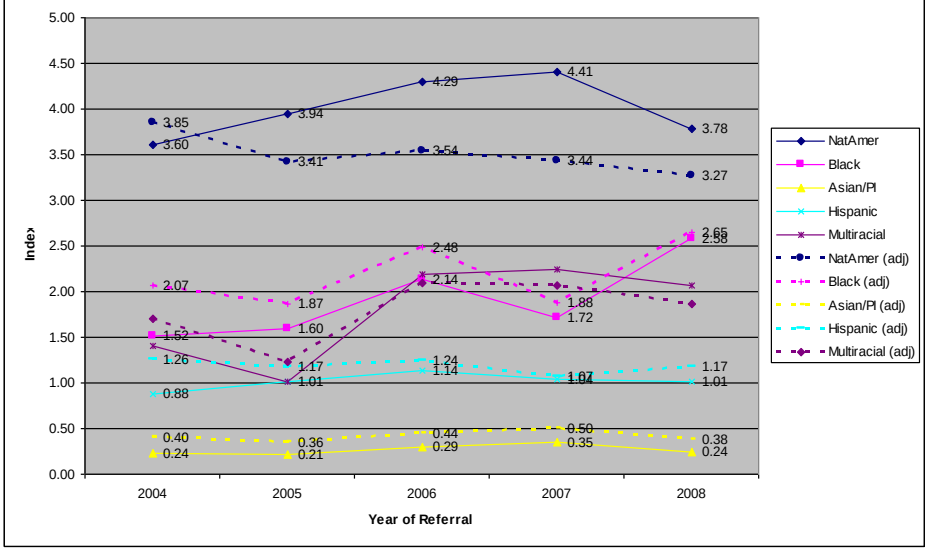
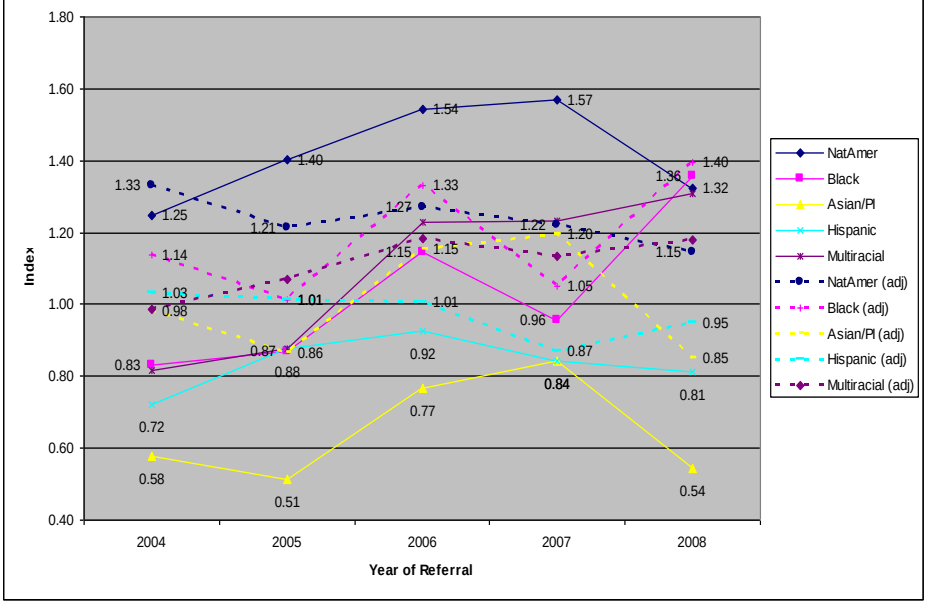
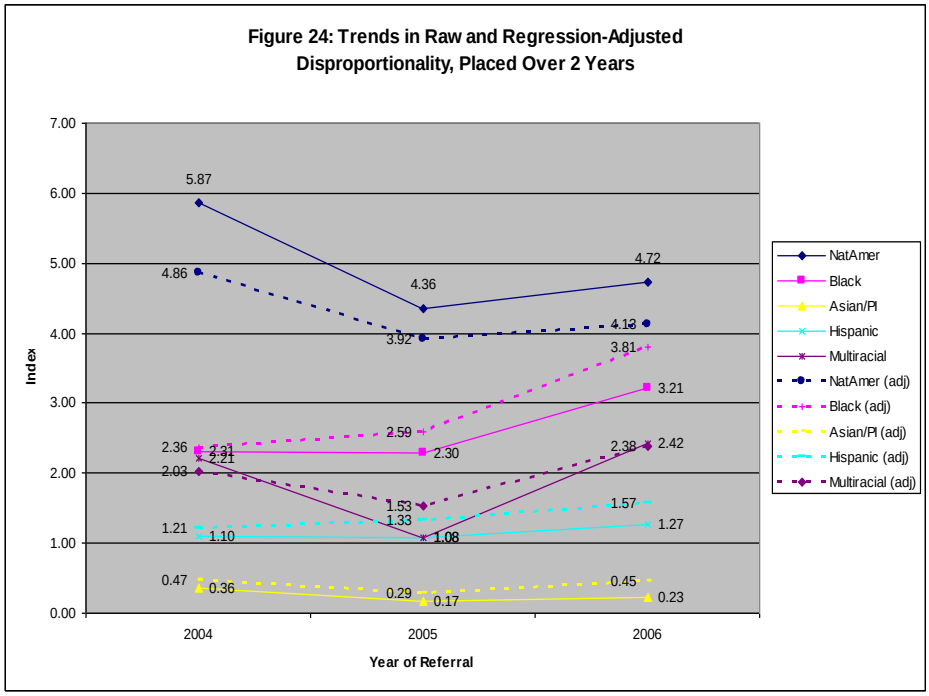
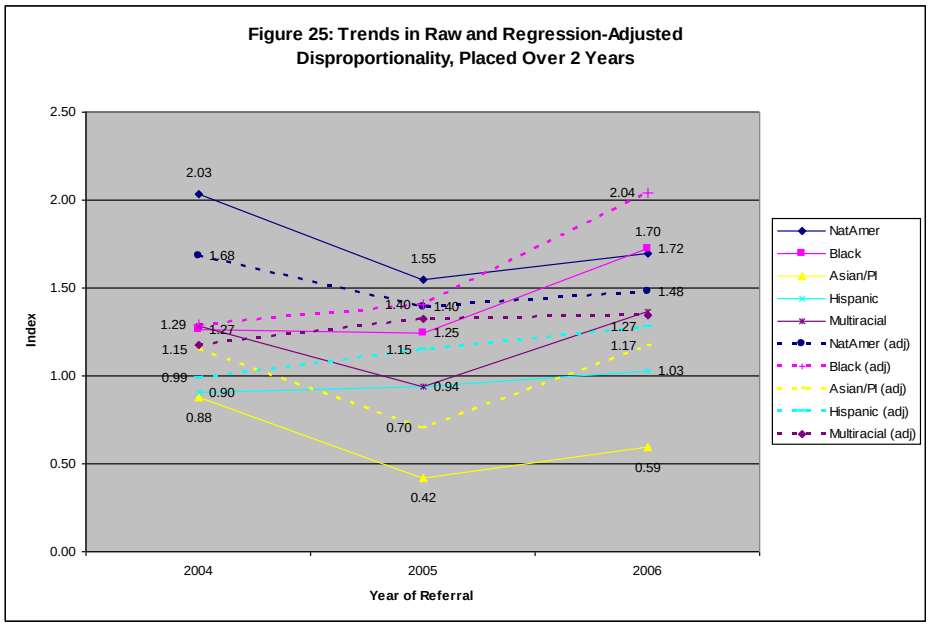


Figure 23: Trends in Raw and Regression-Adjusted Disproportionality After Referral, Placed Over 60 Days







As mentioned above, Native American and Black children consistently show the largest rate of disproportionality, both before and after regression adjustment for other factors (Figures 26 - 29). The disproportionality rates are most severe for children who remain in care over two years.

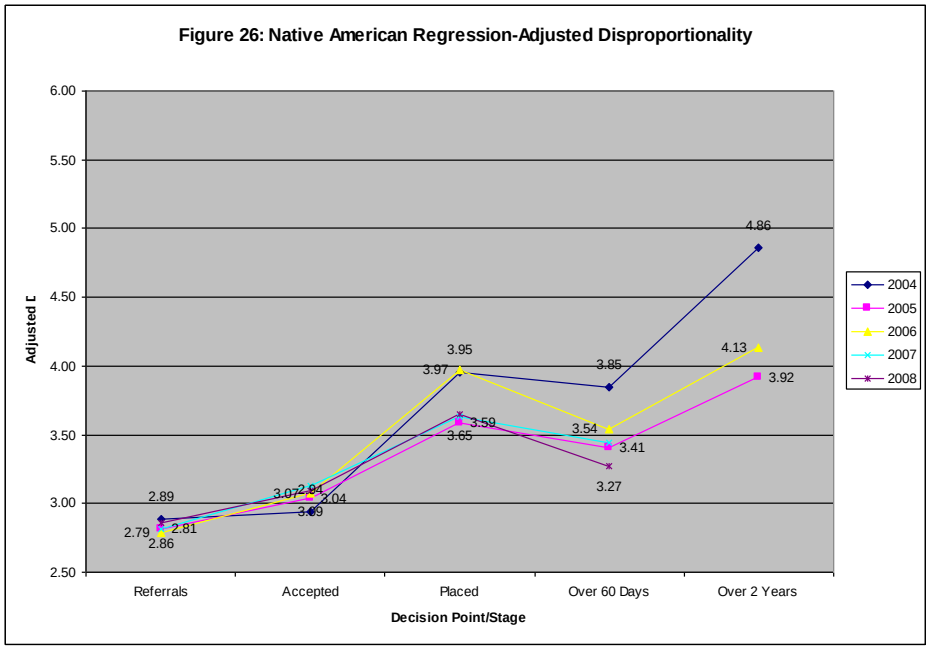


Figure 26: Native American Regression-Adjusted Disproportionality
6.00
5.50
5.00
4.50
4.00
3.50
3.00
2.50
Adjusted L
Referrals
Accepted
Placed
Over 60 Days
Over 2 Years
Decision Point/Stage
2004
2005
2006
2007
2008
4.86
3.95
3.97
3.85
4.13
3.92
3.59
3.65
3.54
3.41
3.27
2.89
3.07
2.94
3.04
3.09
2.79
2.81
2.86

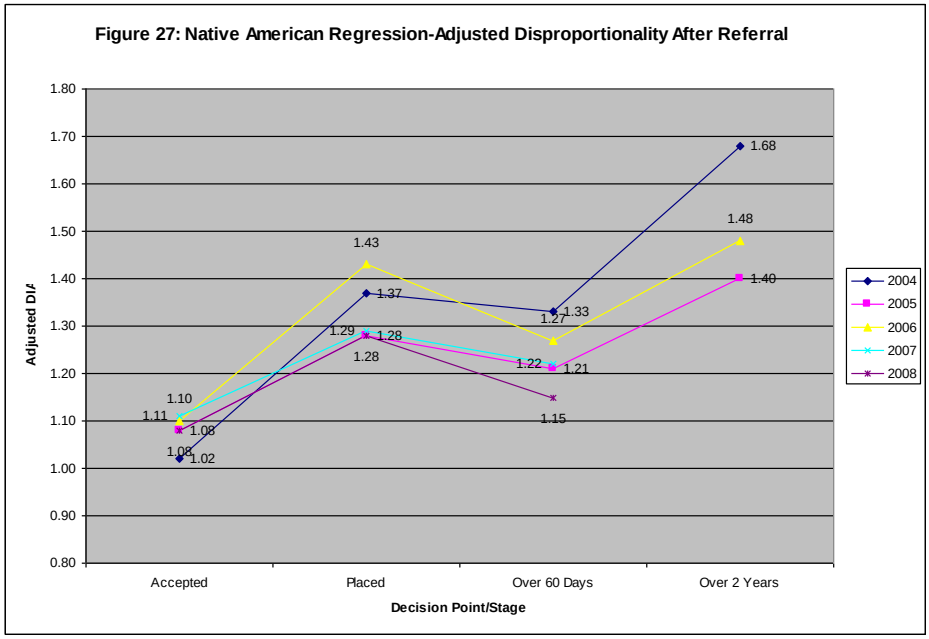


Figure 27: Native American Regression-Adjusted Disproportionality After Referral
1.80
1.70
1.60
1.50
1.40
1.30
1.20
1.10
1.00
0.90
0.80
Adjusted Dis
Accepted
Placed
Over 60 Days
Over 2 Years
Decision Point/Stage
2004
2005
2006
2007
2008
1.68
1.43
1.48
1.37
1.33
1.27
1.40
1.29
1.28
1.28
1.22
1.21
1.10
1.11
1.08
1.08
1.02
1.15

Figure 28: Black Regression-Adjusted Disproportionality

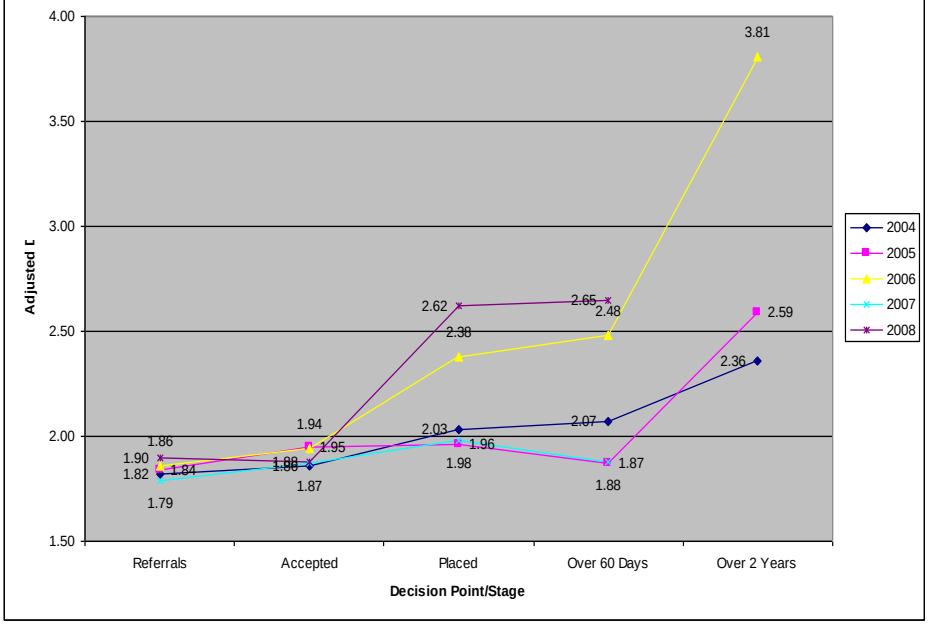
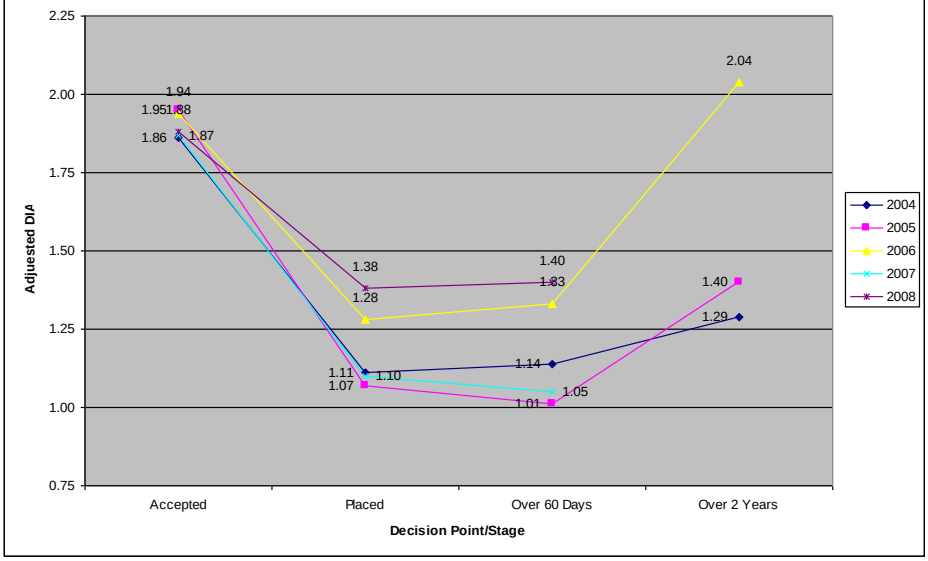


Figure 29: Black Regression-Adjusted Disproportionality After Referral

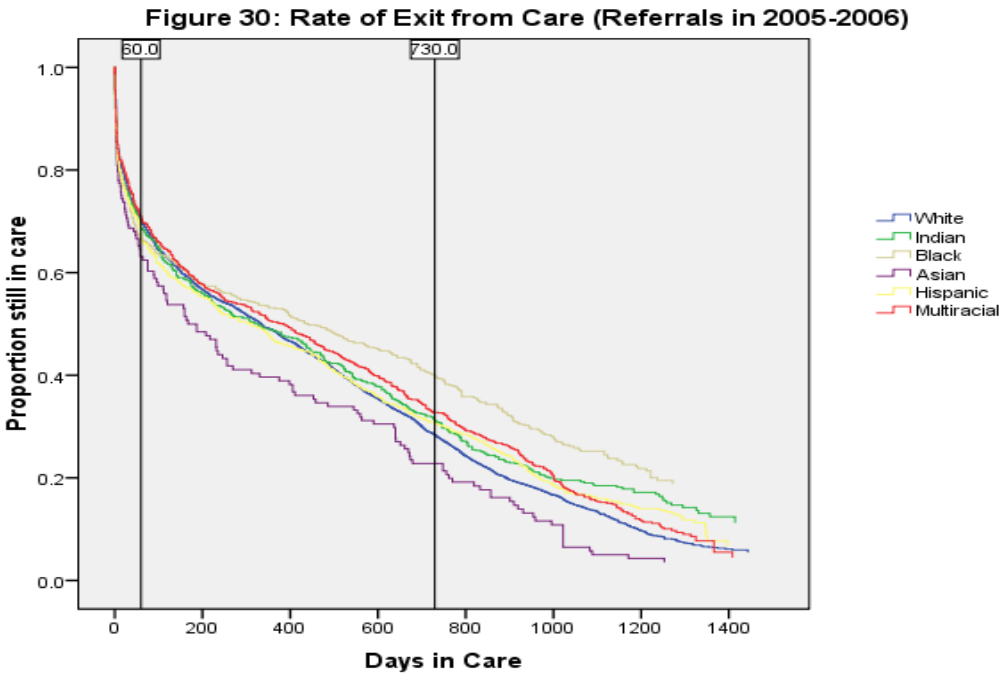


Survival Analysis of Time to Permanency

Survival analysis provides an alternative view of racial disproportionality. Here multivariate Cox regression is used to apply the same sort of regression adjustment, but instead of using cut-offs such as 60 days or two years in care, we display racial differences throughout the entire length of time in care.

The Cox regression models differ from the WSIPP logistic regression models in several of the explanatory variables; type of abuse from investigation, relative care (defined as at least 85% of total time in care spent with relatives[12]), and substantiation status (founded, inconclusive or unfounded referral) at investigation [13].The remaining explanatory variables in the Cox models are identical to those used by WSIPP in their corresponding logistic regression models (poverty, family structure, and geography).

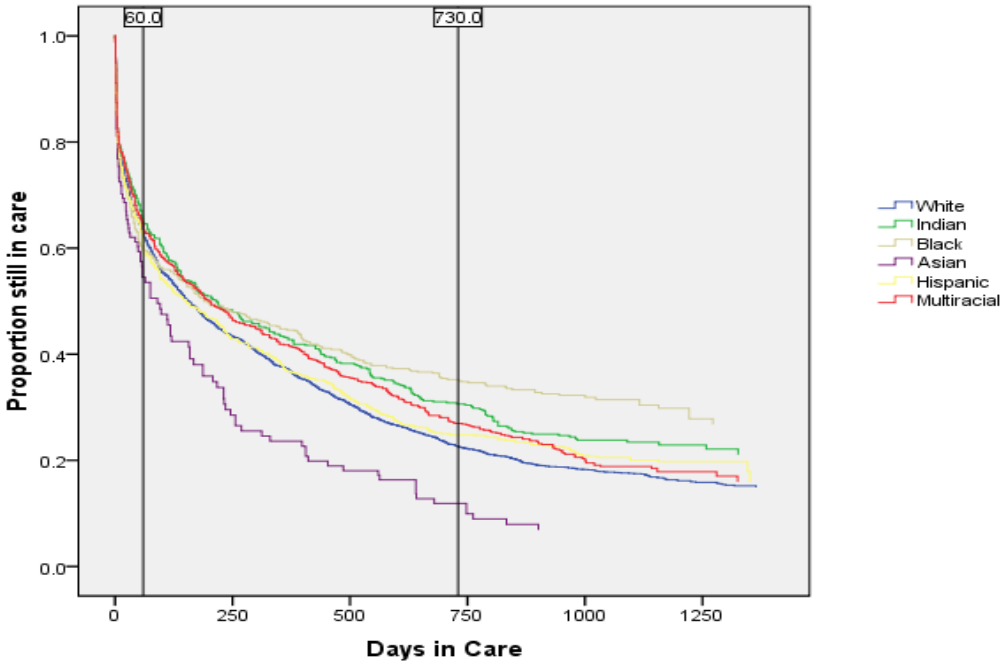
The following survival curves show the actual rates of exit from care for each race. Figure 30 shows exits from care to any permanent outcome (adoption, guardianship or reunification) and Figure 31 shows rates of reunification. Both charts exclude children aging out of care or transferring to tribal or other state agencies.



[12] Many children in foster care unfortunately live in multiple homes during a single legal spell of time in care. A common pattern is an initial placement with a non-relative followed by a longer period of time living with a relative. However, those children initially placed with relatives and then moved to non-relative homes can experience increased placement instability and time in care.

[13] English, D.J.; Marshall, D.B.; Coghlan, L; Brummel, S. and Orme, M. (2002) "Causes and Consequences of the Substantiation Decision in Washington State Child Protective Services", Children & Youth Services Review, 24 (11), 817-851.

Figure 31: Rate of Reunification (Referrals in 2005-2006)



These analyses show some interesting complexities compared to measurements at just a single point in care. For example, the exit rate for Black children is actually higher than any other race except Asian up until about 90 days in care, but then slows relative to other races, becoming the lowest rate from about the 250th day in care onwards. The rate of exit to any permanent outcome for Native American children is comparable to White children until about the 400th day in care. When considering exit to reunification the rate for Native Americans is slower than Whites throughout the entire range of days in care. Hispanic children generally reach permanency at rates similar to White children. However, they lag behind White children after about two years in care.

The multivariate Cox regression model can also be used to adjust for the influence of extrinsic factors on disproportionality. Figures 32 and 33 show the effects of this regression adjustment on the rate of exit for each race. The rate for White children is shown by the blue dotted line in each figure (statistically identical to and difficult to distinguish from the rates for Hispanic and Native American children in 2006). Hispanic and multiracial children had statistically indistinguishable rates in 2005.

Figures 32 and 33 indicate that the overall time in care for Blacks in this model is the highest of all minorities, and that this gap has widened for the 2006 referral cohort. Native American children exited from care at the second highest overall rate in 2005, but at a rate statistically indistinguishable from Whites in 2006.

Figure 32: Average Regression-Adjusted Disproportionality in Rates of Exit from Care for Referrals in 2005

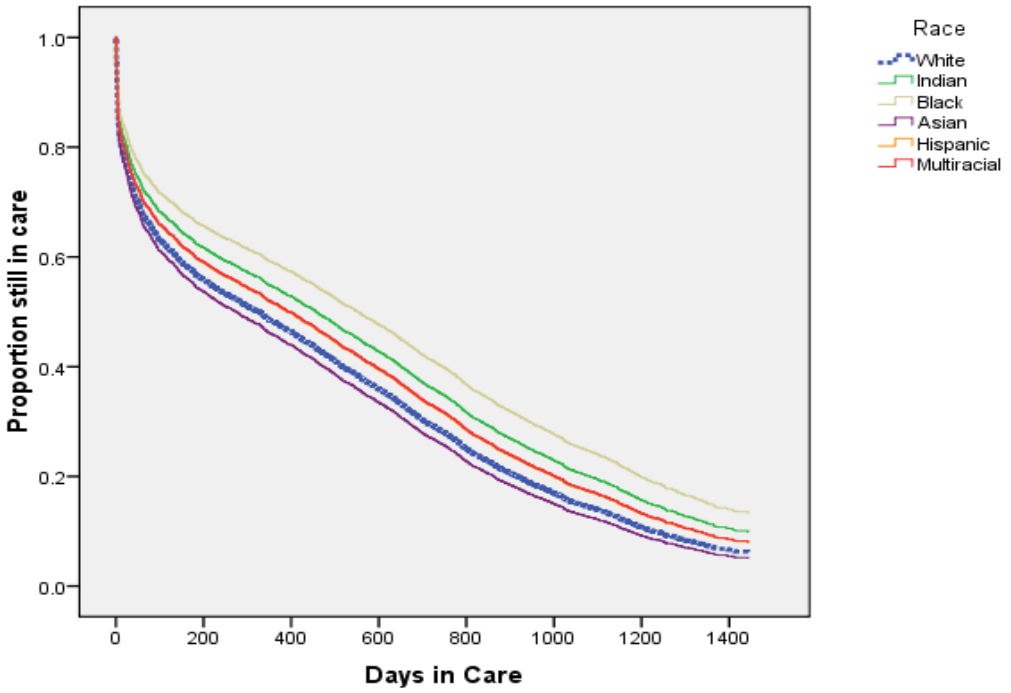
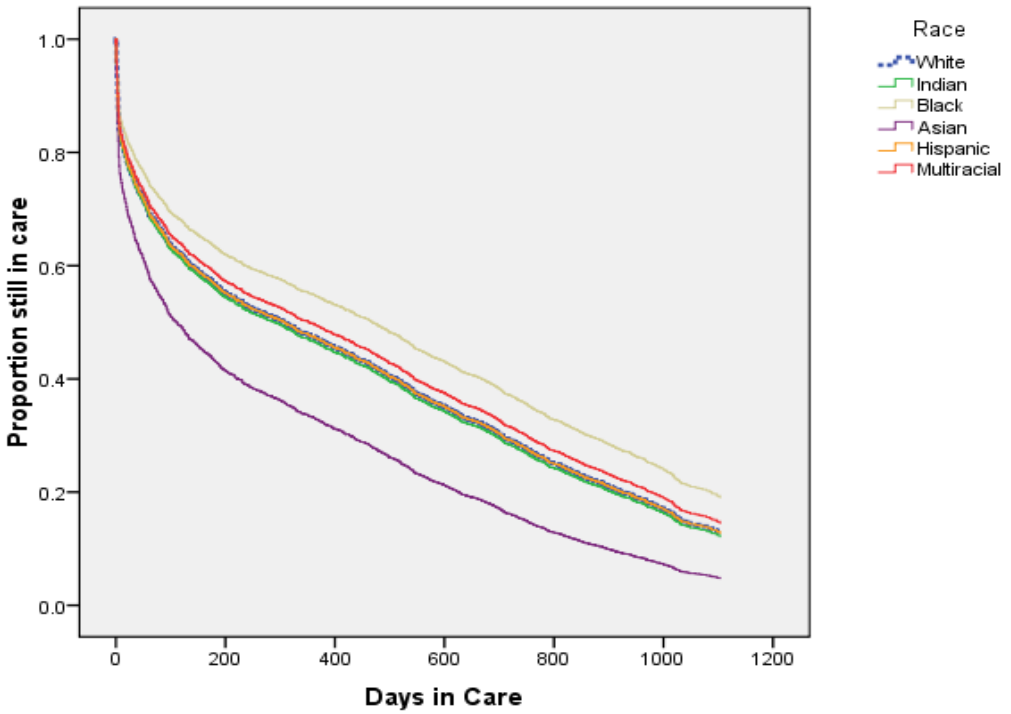


Figure 33: Average Regression-Adjusted Disproportionality in Rates of Exit from Care for Referrals in 2006



Acknowledgments

The author is grateful to Marna Miller of WSIPP for providing a spreadsheet formula for calculation of adjusted disproportionality indices, which saved much labor in the calculations, and to Kathryn Beall at the DSHS Research and Data Analysis Division, who kindly provided the food stamp data needed to include family poverty in the multivariate statistical models.

Appendix B: Washington State Racial Disproportionality Advisory Committee List of chairpersons and committee members.

The Honorable Judge Patricia Clark, Co-chair
The Honorable Liz Mueller, Vice Chair of the Jamestown S'Klallam Tribe, Co-chair
Marian S. Harris, Ph.D., ACSW, LICSW, Co-chair
Susan N. Dreyfus, Secretary, Department of Social and Health Services Secretary
Tom Crofoot, Associate Professor of Social Work at Eastern Washington University.
Bonnie J. Glenn, Deputy Chief of Staff with the King County Prosecutor's Office.
Reverend Jimmie James, Pastor of Greater Things Ministries in Kent, WA.
Toni Lodge, Executive Director of NATIVE Project/NATIVE Health Clinic in Spokane, WA.
Kimberly Mays, parent formerly involved in the child welfare system.
Paola Maranan, Executive Director of the Children's Alliance.
Ron Murphy, Senior Director - Strategic Consulting, Casey Family Programs.
Mary O'Brien, Clinical Services Manager for Yakima Valley Farm Workers Clinic-Behavioral Health Services (BHS). Committee
Chereese Phillips, Foster Care Advocate
Deborah J. Purce, Executive Staff Director, Division of Quality Assurance and
Kip Tokuda, Policy Director, City of Seattle's Human Services Department.

Statewide Racial Disproportionality Advisory Committee

Racial Disproportionality and Disparity in Washington State Child Welfare - Remediation Plan

Committee Recommendations to DSHS Secretary Robin Arnold-Williams

December 2, 2008

Washington State
Department of Social
& Health Services

Statewide Racial Disproportionality Advisory Committee

Chairs

The Honorable Patricia H. Clark
The Honorable Liz Mueller
Dr. Marian S. Harris

Members

Thomas L. Crofoot
Bonnie Glenn
Reverend Jimmie James
Toni Lodge
Paola Maranan
Kimberly Mays
Ron Murphy
Mary O'Brien
Chereese Phillips
Deborah J. Purce
Kip Tokuda

THE PRIMARY GOAL: **The elimination of racial disproportionality and racial disparities in the state child welfare system without compromising child safety or lowering the quality of services.** ***Key indicators are listed below.***

- Race will not be a predictor of how children will fare in the child welfare system.
- Race will not be a factor when decisions are made about children by the child welfare system.
- All children will have equitable access to culturally appropriate services and supports delivered by culturally competent and sensitive staff and service providers.

SPECIAL ACKNOWLEDGEMENTS

The Committee acknowledges the individuals, agencies, organizations, DSHS staff members, and tribal representatives that have contributed to all facets of their work including the June 2008 Report and this initial Remediation Plan. The Committee appreciates their continued advocacy on behalf of children of color and their dedication to the goal of eradicating racial disproportionality and disparities in the child welfare system.

I. INTRODUCTION

In response to the charge in SHB 1472, the Washington State Racial Disproportionality Advisory Committee (WSRDAC) established a multi-year approach to its work and identified indicators for its goal of eliminating racial disproportionality and racial disparities. The committee understands an approach to reduce disproportionality must be holistic and include key political and community leaders as well as constituents. This approach creates 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 growth, well-being and achievement of maximum potential.

The remediation planning process adopted by the committee is developed around annual remediation proposals. These proposals contain recommended actions designed to reduce disproportionality and improve outcomes for children of color at the three points in the child welfare system identified as most critical in the June 2008 WSRDAC report: Referral to CPS, the Removal from Home, and Length of Stay Over Two Years. Members of WSRDAC and participants in the community engagement process indicated that more culturally appropriate services delivered by culturally competent providers are needed in order to reduce racial disproportionality at each of these decisions points.

The annual remediation recommendations may include legislative proposals (recommended policy, budget requests), administrative action (recommended changes in practice, program or service provision), as well as recommendations for further research and analysis. In 2009, goals and bench-marks will be recommended by the WSRDAC that will help measure progress in reducing disproportionality at the three key decision points and disparities in service design, delivery and availability.

II. THE LEGISLATIVE MANDATE FOR REMEDIATION

Substitute House Bill 1472 was sponsored by Representative Eric Pettigrew and 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.

Section five of the legislation includes the specific charge for development of the initial plan for remedying disproportionality and disparity:

> 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. The

remediation plan shall include: (a) recommendations for administrative and legislative actions related to appropriate programs and services to reduce and eliminate disparities in the system and improve the long-term outcomes for children of color who are served by the system; and (b) performance measures for implementing the remediation plan. To the extent possible and appropriate, the remediation plan shall be developed to integrate the recommendations required in this subsection with the department's existing compliance plans, training efforts, and other practice improvement and reform initiatives in progress. The advisory committee shall be responsible for ongoing evaluation of current and prospective policies and procedures for their contribution to or effect on racial disproportionality and disparity.

III. FINDINGS OF THE JUNE 2008 REPORT ON DISPROPORTIONALITY IN WASHINGTON STATE

The results of the analysis conducted by the Advisory Committee and Washington State Institute on Public Policy (WSIPP) found that disproportionality exists for Black, American Indian and Hispanic children in the child welfare system. The greatest disproportionality for children of color occurs at three points: 1) when the decision is made to refer a child to CPS; 2) when the decision is made to remove a child from home; and 3) when a child is in placement for over two years. The following are the key findings of the 2008 Report:

- American Indian, Black and Hispanic children are referred into our child welfare system at disproportionate rates. This means that even before a case is accepted disproportionality exists.

- For American Indian and Black children the cumulative disproportionality, (which is the combined risk of each event) increases as children progress through the system.

- While American Indian children are three times as likely as White children to be referred to CPS, they are over six times as likely to be in an out-of-home placement for over two years.

- Black children are almost twice as likely as White children to be referred to CPS, but they are nearly three times as likely to be in out-home placements for over two years.

- Hispanic children have a 34 percent greater likelihood of referral than White children and are seven percent more likely to have an accepted referral and 15 percent more likely to be placed in out-of-home care.

- Asian American children enter the child welfare system at lower rates than White children. From accepted referral to placement, Asian American children are not as likely to be in the Washington State child welfare system.

- Children from low income families are more likely to be in the Washington State Child Welfare system than children from affluent backgrounds. Children of single-parent families are more likely to be in the Washington State Child Welfare System than children from two-parent households.

- When income and family structure are considered as factors influencing disproportionality at different key decision points in the child welfare process, race still emerges as the primary factor in disproportionality.

Recommendations from the 2008 Report to be Implemented in 2009

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.

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.

Public Awareness and Engagement Activities

At its first meeting in the fall of 2007, the WSRDAC decided that increasing public awareness of racial disproportionality in child welfare was a key component of its responsibilities. Likewise, very early in its operation the Committee concluded that it could not develop meaningful recommendation for remediation without input and feedback from stakeholders and Indian Tribes. After the Committee received the preliminary research findings from WSIPP it began its official remediation outreach and education activities. The most notable of those activities are summarized here.

- In June 2008, DSHS Children's Administration staff met with the Governor and elected Tribal Leaders at the Centennial Accord to discuss the work of WSRDAC as well as the preliminary research findings.

- The Committee presented its Report to DSHS Secretary Robin Arnold Williams in June of 2008. The Secretary and the Committee Chairs (Honorable Patricia Clark, Dr. Marian S. Harris & Honorable Liz Mueller) participated in press conferences and met with editorial boards during the month of June.

- The Secretary wrote to each Indian tribe and each Recognized Indian Organization and shared the findings of the Advisory Committee's Report. A copy of the Report was included with each letter and the Secretary offered to

meet with each tribal leader to discuss the Report, upon request. A copy of the Secretary's letter to tribal leaders is included in the appendix.

- Members of the Advisory Committee participated in the first Washington State Disproportionality Advisory Symposium on June 26th & 27th at the University of Washington. The Symposium was co-sponsored by the King County Disproportionality Coalition, DSHS Children's Administration and Casey Family Programs. An integral part of the symposium was breakout groups for the six DSHS Regions. The breakout groups were facilitated by a representative from each region and a data expert. Information about the regional breakout groups is included in the appendix.

- Throughout the summer and fall of 2008, the WSRDAC chairpersons and members, Dr. Marna Miller (WSIPP), and staff of DSHS delivered presentations and facilitated engagement and outreach activities.

- WSRDAC Chairperson Dr. Marian S. Harris was invited by Congressmen Jim McDermott (D-WA) in July 2008 to go to Washington, DC to testify regarding the committee's report. Dr. Harris testified before the U.S. House Committee on Ways and Means, Subcommittee on Income and Employment Security on July 31, 2008.

- Presentations to a Joint Meeting of the House Early Learning & Child Welfare Committee and the Senate Human Services & Corrections Committee were given in October 2008.

- Presentations to the Indian Policy Advisory Committee, Children Services Sub-committee and the general meeting of the Indian Policy Advisory Committee were given in September 2008.

- At the September 17 and 18, 2008 WSRDAC meeting, disproportionality representatives from the six DSHS Regions presented information regarding steps that were being taken in the regions to address the problem of disproportionality and their recommendations regarding the remediation plan.

IV. SUMMARY OF THE LITERATURE REVIEW ON RACIAL DISPROPORTIONALITY

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. Children of color have been disproportionately represented in the child welfare system for many decades. Current research clearly demonstrates that disproportionality of children of color in the child welfare system is now a national concern. The percentage of Black and American Indian children who enter the child welfare system and remain in the system is greater than their proportion of the national child population. For example, Black children make up 15 percent of the national child population and 41 percent of the foster care

population; American Indian children make up one percent of the national child population and two percent of the foster care population (Perez, O'Neil, & Gesiriech, 2000). Studies have examined the outcomes for children of color at each decision point in the child welfare system and found disproportionate outcome for these children. (Bowser & Jones, 2004; Caliber-Associates, 2003; Harris & Hackett, 2008; Harris & Skyles, 2004; Hill, 2001; Hines, Lemon, & Wyatt, 2004).

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).

There is no simple explanation for why children of color continue to be disproportionately represented at each decision point in the child welfare system. For example, 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 Black children who have received child abuse reports in the past. In some cases, the standards set for a family by the investigating worker lack cultural competence and are culturally insensitive to the population he/she is serving.

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). National studies show that different racial and ethnic groups have differences in poverty rates and family structure (Johnson, Clark, Donald, Pedersen, & Pichotta, 2007).

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 Black or American Indian families. Rodenbery (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).

Addressing and reducing disproportionality and disparities in the child welfare system are on the national as well as state agendas. 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 Black 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).

Theories of Disproportionate Representation of Children of Color In the Child Welfare System

In order to develop effective solutions to a problem of racial disproportionality and disparities in the child welfare system, it is imperative to have knowledge regarding dominant theories that offer possible explanations for the over-representation of children of color in the child welfare system. The Committee believes that it is important to use the dominant theories as prerequisite to the development of effective recommendations for the remediation plan. Dominant theories are explored in this section of the report.

There are a number of theories that seek to explain racial disproportionality in the child welfare system. Generally theories about causation have been classified into three types of factors:(a) parent and family risk factors; (b) community risk factors; (c) and organizational and systemic factors (McRoy, Ayers-Lopez, & Green, 2006; National Association of Public Child Welfare Administrators, 2006; USACF, 2003). It is important to note that these theories are not mutually exclusive.

According to theories about parent and family risk factors, children of color are overrepresented in the child welfare system because they have disproportionate needs. Children and families of color are more likely to be at-risk for unemployment, teen parenthood, poverty, substance abuse, incarceration, domestic violence, and mental illness; these factors place children in these families at high-risk for child maltreatment (Barth, 2004; Chaffin, Keller, & Hollenber 1996; Walker, Zangrillo, & Smith, 1994; Wells & Tracey, 1996).

Proponents of community risk factors assert that overrepresentation of children of color in the child welfare system has less to do with race or class and more to do with residing in neighborhoods and communities that have many risk factors, such as high levels of poverty, welfare assistance, unemployment, homelessness, single-parent families, and crime and street violence; these factors make residents of these communities more visible to surveillance from public authorities (Coulton & Pandey, 1992; Drake & Pandey, 1996; Garbarino & Sherman, 1980).

Organizational and systemic theories contend that overrepresentation of children of color results from the decision-making processes of child protective service agencies, the cultural insensitivity and biases of workers, governmental policies, and institutional or structural racism (Bent-Goodley, 2003; Everett, Chipungu, & Leashore, 2004; McRoy, 2004; Morton, 1999; Roberts, 2002). Structural racism emphasizes the powerful impact of inter-institutional dynamics, institutional resource inequities and historical legacies on racial inequalities in the child welfare system today.

Critical Race Theory (CRT) can also be used to explain the disproportionate number of children of color in the child welfare system. Proponents of CRT (Derrick Bell and Alan Freeman, 1970) state that race lies at the very nexus of American life. Racial ideology is normal and not an aberrant component of American society. From a CRT perspective racist assumptions are encoded in our everyday lives and are an integral part of the child welfare system. However, social reality is constructed based on the narratives, storytelling, parables, family histories, etc. of children and families in the child welfare system and used to help analyze the oppressive myths and presuppositions that are endemic to the child welfare system in work with children and families of color.

Finally, the theory of "interest-convergence" is useful in explaining overrepresentation of children of color in the child welfare system. The major tenet of this theory is that in many cases advances for minorities occur only when they also promote the interest of the dominant culture. This theory suggests that sustainable remediation plans must promote the interest of all children and families, not just children and families of color.

V. ESTABLISHMENT OF A SYSTEM TO MEASURE PROGRESS

Substitute House Bill 1472 (2007) provides that beginning January 1, 2010, the Secretary of DSHS shall report annually to the appropriate committees of the legislature 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. DSHS should establish a performance management system that includes specific performance measures, benchmarks, and implementation plans to monitor the impact of each recommendation on reducing racial disproportionality and disparity within the Washington child welfare system. The highest priority should be given to monitoring the impact of existing practices and programs on reducing disproportionality within Washington's child welfare system. This includes monitoring Structured Decision Making (SDM®), Family Team Decision Making (FTDM), Kinship Care and compliance with the Indian Child Welfare Act.

WSRDAC strongly recommends that the Washington State Institute for Public Policy (WSIPP), in collaboration with the WSRDAC Research subcommittee, conduct the studies and research called for under this Remediation Plan.

VI. RECOMMENDATIONS FOR REMEDIATION

These initial recommendations are made after extensive review and discussion of recommendations from a wide range of sources, including CA regional disproportionality groups, Indian tribes and organizations, foster parents, kinship care providers, services providers, birth parents, government commissions, state and local advisory committees, and community leaders. In developing these recommendations the committee also considered disproportionality initiatives in other states, current CA initiatives, and the likely impact on reducing disproportionality.

These remediation recommendations focused on the following three areas or decision points: (a) Referral to CPS; (b) Removal from Home; and (c) Length of Stay Over Two Years. These areas were selected based on findings from the June 2008 Report. The Advisory Committee also utilized a "framework" in developing this Remediation Plan (Please See Appendix Section).

A. Structured Decision Making (SDM®): Structured Decision Making (SDM®) should be studied to determine its impact on reducing disproportionality for Black, American Indian and Hispanic Children referred to the Washington Child Welfare System.

Applicable Decision Point: Removal from Home

Initiative(s) in Other States

→ SDM® is widely used in the California Child Welfare System which is county based.

Current Children's Administration Initiative(s)

→ SDM® was implemented by the Children's Administration in 2007.

Rationale for Selection

Structured Decision Making (SDM®) is a case management model developed by the Children's Research Center (CRC) in Madison, Wisconsin. Washington State has implemented this comprehensive risk assessment system, which is designed to assist Child Protective Services (CPS) workers to make decisions regarding child safety and the risk associated with a child remaining in a home (California Department of Social Services, 2007).

SDM® is an actuarial risk assessment tool that is intended to estimate the likelihood that maltreatment will reoccur. Research in health care and social services suggest that actuarial tools work better than clinical assessments, and the preliminary research suggests that use of actuarial tools provides a better risk assessment in CPS (Shlonsky & Wagner, 2005). SDM® classifies families according to their likelihood of continuing to abuse or neglect their children. CRC (n. d.) reports the primary goal of SDM® is to 1) bring a greater degree

of consistency, objectivity, and validity to child welfare case decisions and 2) help CPS agencies focus their limited resources on cases at the highest levels of risk and need.

Shlonsky and Wagner (2005) take care to indicate that SDM® is a promising practice that has not received the extensive evaluation and peer review to be classified as evidence based practice. SDM® needs further research to demonstrate cultural competence, and SDM® must be considered in the context of the child welfare system. While actuarial decisions may occur at intake using SDM®, clinical decision models follow and the integration of SDM® with clinical decision making in child welfare has not been demonstrated (Shlonsky & Wagner, 2005). Although the use of actuarial risk assessment tools may represent a useful practice in the reduction of racial disproportionality, the tool's ability to accurately predict case outcomes has been criticized. In summary, more research is needed on the overall impact of the SDM® risk assessment tool for ability to reduce racial disproportionality (Lemon, Andrade, Austin, 2005).

B. The Family Team Decision Making (FTDM): The Family Team Decision Making (FTDM) model should be assessed to determine its impact on disproportionality for American Indian, Black, and Hispanic Children. Specifically, it should be determined if the model reduces disproportionality in the placement and length of stay for American Indian, Black, and Hispanic children in the Washington child welfare system.

Applicable Decision Points: Removal from Home and Length of Stay Over Two Years

Initiative(s) in Other States

→ In Texas resources were secured to hire CPS disproportionality specialists to assist with Family Group Decision Making Conferences. In Texas local community members are trained to conduct Family Group Decision Making Conferences for children at risk of being removed from the care and custody of their birth parents.

Current Children's Administration Initiative(s)

→ Children's Administration implemented Family to Family and Family Team Decision Making in all six (6) regions several years ago.

Rationale for Selection

Family Team Decision Making (TDM) is one of four "core strategies" within the Family to Family (F2F) initiative that has been implemented in approximately 60 urban child welfare agencies in 17 states including Washington State (Crea, Usher & Wildfire, in press). Children's

Administration currently has Family Team Decision Making (FTDM) available in all of its offices, although there are not enough resources in each office for all children that need an FTDM to get one. Family group conferences, also referred to as family group decision-making, are designed to bring together family members, relatives, and other support systems to make decisions about a case (Crea, Usher & Wildfire, in press). The family group conference is intended to identify the family's strengths and resources; to develop a plan to ensure child safety and improve family functioning; and to foster cooperation, collaboration and communication between families and professionals (American Humane Association, 2003: Pennell, & Buford, 2000). These methods are based on the principle that families themselves possess the most information about what decisions should be made; the approach is intended to be family centered, strength based, and takes into consideration issues of culture and community (American Humane Association, 2003).

Crampton and Jackson (2007) report a study in Kent County, Michigan where 61 (24%) of 257 cases involving children of color, were diverted from foster care placement through Family Group Decision Meetings (FGDM). Cases served by the FGDM program compared favorably with cases served through regular foster care services. Most of the children placed with relatives or guardianships through FGDM remained outside of the child welfare system (Crampton & Jackson, 2007). Other studies have not shown equally positive results, and Team Decision Meetings and Family Group Conferencing need further review. Berzin (2006) cites a Center for Social Services Research (2004) study using California Title IV-E demonstration data that showed neutral outcomes comparing children receiving FGDM and those receiving traditional services. Berzin (2006) compared siblings receiving and not receiving FGDM. Children in families participating in FGDM tended to have higher rates of maltreatment, more placement moves, and higher rates of service refusal, but none of these results were statistically significant. The impact of FGDM on maltreatment rates may have been the result of hyper vigilance by the social worker, or greater involvement and higher rates of reporting by other family members (Berzin, 2006).

C. Kinship Care: Policies should be implemented to ensure equitable services and supports for children and families in kinship care.

Applicable Decision Points: Removal from Home and Length of Stay over Two years.

Initiatives in Other States

→ Navigator Programs have been implemented in several states. Casey Family Services, Seattle, WA developed and implemented a pilot Navigator Program several years ago. In Cleveland, Ohio the Fairhill Center worked with other service providers to implement a Kinship Care

Resource Center, and an accompanying Kinship Care Village. The Kinship Care Village was established to address the housing needs of a fraction of Cleveland's kinship care families. The Illinois Department on Aging developed a guide for grandparents raising grandchildren with information and services for grandparent caregivers (Starting Points for Grandparents Raising Grandchildren). There is also an Extended Family Support Program in Illinois.

→ In Washington State, more than 35,000 children are being raised by their grandparents or other relatives (without their parents present) .

Kinship care is widely recognized as preferable to other placement options, and extends the cultural traditions of Latino, American Indian and Alaskan Native, and African American children who are disproportionately represented in the child welfare system.

In 2001, the state legislature directed the Washington State Institute for Public Policy to study the needs of kinship caregivers. The subsequent report indicated that Kinship Caregivers reported considerable difficulties, including:

- Navigating the social service system and accessing support services, and
- Finding information about services, policies, and laws related to kinship care.

In 2003, Substitute House Bill 1233 authorized the development of two Kinship Navigator pilot projects to help kinship care families with information and referral, advocacy and support services. Two pilot sites were established in collaboration with the Washington State Kinship Oversight Committee and one of its community partners, Casey Family Programs, which provided funding for both the pilot project, as well as the evaluation component. The pilot sites were located in the Seattle and Yakima Casey Family Programs Field Offices. The Kinship Navigator pilot project sites were established in July 2004 and continued until December 2005.

In July 2005, the State Legislature appropriated $200,000 for the 2005-2007 biennium to continue the program. Aging and Disability Services Administration allocated the state funding to Aging and Disability Services-Seattle King County and Southeast Washington Aging and Long Term Care (which serves an eight county region). These two Area Agencies on Aging (AAAs) contracted the service to two reputable community agencies; in Seattle, Senior Services of Seattle King County and in Yakima, Catholic Family and Child Services.

In fiscal year 2007, the two Kinship Navigator Program sites served 728 grandparents and other relatives who were caring for 1901 children with a total of 2083 navigation/assistance services. Seventy-two percent of those served were grandparents and also over sixty years or older. Forty-two percent

of the relatives served were Black/African American, 49% were White and 9% were Native American. Eighteen percent of those served were of Hispanic/Latino ethnic origin.

The Kinship Navigators connected families with community resources, such as health, financial and legal services, support groups, and emergency funds. They helped kinship caregivers locate appropriate housing, find work, and explained how to apply for benefits, advocated on their behalf and helped acquire beds, clothes, and food for their children.

The 2007 legislature appropriated additional funding, $400,000, for the creation of four new Kinship Navigator Program sites, as well as increased funds to allow for full-time positions in both the Yakima and Seattle-King County regions. In September 2007, four sites were chosen based on the results of a Request for Proposal competitive process which had been distributed to the 13 Area Agencies on Aging. A total of six Kinship Navigator program sites; three which serve Eastern Washington and three which serve Western Washington now provide services for Kinship Caregivers living in 24 counties.

Additional resources available to kinship caregivers in Washington State include the following: Grandparents as Parents-Rainier Family Center, Grandparents and Relatives Re-parenting- Casey Family Programs, Grandparents and Kinship Caregivers in Action-Atlantic Street Center, Kinship Caregivers Support Group-Southeast Youth and Family Services, UJIMA Kinship Supports, Renton Area Youth and Family Services Kinship Support Group, Relatives as Parents Project-Kent Youth and Family Services, Encompass Kinship Care Support Group, and Mamas & Papas Support Group Kindering Center in Bellevue

Rationale for Selection

"Since the 1980s, kinship care has been the most rapidly growing component of the substitute care system," (Harris & Skyles, 2008, p. 1019). Native American and African American families thrive on the bonds and connections within the extended family network. Beyond the mainstream nuclear family structure, it is important to understand that families of color heavily rely on extended family connections. Currently, in the State of Washington a substantial percentage of children of color are placed in kinship care. (Rockymore, 2006). The practice of including the family is best practice and family-centered case practice (Rockymore, 2006).

Black children continue to make up the majority of children in public kinship care (Harris & Skyles, 2008). Current child welfare policies and practice are in direct conflict with efforts to reunify Black children in kinship care with their birth parents. Given that kinship care placements are continuing to increase rather than decrease, it is imperative for child welfare practitioners to

focus on service delivery that will facilitate positive family functioning and to employ the best child welfare practice when providing services and supports to Black children and their kinship caregivers. These practices should be culturally sensitive and include all members of the family system in developing and implementing the permanency plan. The relationship between growing children and parents is the major point of development, and family preservation or family reunification when children are placed in kinship care should be the primary permanency goal. (Harris & Skyles, 2008, p. 1024)

D. Compliance with Indian Child Welfare Act (ICWA): DSHS should continue to implement the Indian Child Welfare Case Review Model developed in 2005 in collaboration with Tribal partners and the Indian Policy Advisory Committee (IPAC). The review should be conducted on a biannual basis and the results used for ongoing statewide and regional quality improvement.

Applicable Decision Points: Removal from Home and Length of Stay Over Two years

Rationale for Selection

The state of Washington recognizes the unique cultural and legal status of Native Americans granted in the U.S. Constitution's Supremacy and Indian Commerce Clause. State law, enacted in 1987 and codified in Chapters 13.34, 26.33, 74.13, and 74.15 RCW, brings state procedures regarding voluntary foster care placements, relinquishments, and adoptions into compliance with ICWA. State law also recognizes that Indian Tribes have the authority to license child placing agencies or facilities on or near their reservation boundaries.

In addition to federal and state laws, the state of Washington entered into a Tribal-State Indian Child Welfare Agreement (referred to as the Tribal-State Agreement) with Washington Tribes that sets standards for notification, social work practice, equal access to services, and cooperative case planning in cases involving all Indian children.

A statewide Indian Child Welfare (ICW) Case Review began in the summer of 2007. The goal of the ICW case review is 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 and the Washington Tribal/State Agreement. A random sample of Children's Administration cases serving Indian children and families was reviewed in each region. The results of the review indicated that increased efforts to comply with ICWA are needed, especially early identification of Indian children.

It is important to note that on-going assessment of compliance with the mandates of ICWA by the state of Washington is appropriate. Historically

there has been little guidance from the Administration for Children and Families (ACF) relative to states compliance with ICWA. The United States Government Accountability Office (GAO, 2005) commented on the lack of effective federal oversight of the ICWA as follows:

ACF does not have explicit oversight responsibility for states' implementation of ICWA and the information the agency obtains through its general oversight of state child welfare systems sometimes provides little meaningful information to assess states' efforts. For example, the ICWA information states provided in their 2004 progress reports varied widely in scope and content and many states did not report on the effect of their implementation efforts. Further; while limited information from ACF's reviews of states' overall child welfare systems indicate some ICWA implementation concerns, the process does not ensure that ICWA issues will be addressed in states' program improvement plans. GAO-05-290

Jones (1995) provides the basic reason for the passage of the ICWA, "Before 1978, as many as 25 percent to 35 percent of the Indian children in certain states were removed from their homes and placed in non-Indian homes by state courts, welfare agencies, and private adoption agencies" (p. 18). Practice and policy outcomes of the Indian Child Welfare Act have been extensively reviewed in the child welfare literature. The consensus has been that following key provisions of the ICWA results in reduced disproportionality for Indian children. Limb, Chance and Brown (2004) found that compliance with the ICWA led to better outcomes for children through reunification of children with families. They urge state child protection systems to follow the lead of American Indian agencies and tribes to further emphasize cultural and familial ties for children. To improve outcomes for Indian children, states should increase on-going training for child welfare workers regarding all of ICWA's mandates, increase emphasis on use of the Bureau of Indian Affairs (BIA) Guidelines and "best practices" for implementing ICWA, and work collaboratively with tribes to provide culturally competent efforts (Limb, et al., 2004, p. 1288).

MacEachron, Gustavsson, Cross and Lewis (1996) evaluated the outcomes of the Indian Child Welfare Act using available data. Specifically for Washington State, in 1975 prior to the passage of the ICWA, the American Indian Children foster care placement rate was 34.92 per 1,000 children. After the passage of the ICWA, the state foster care rate decreased to 18.24 per 1,000 children in 1986, a 48 percent reduction. The rate for adoptions of American Indian children was 3.0 per 1,000 in 1975, this decreased to 0.11 per 1,000 in 1986 (MacEachron, et al., 1996). Clearly, the ICWA reduced disproportionate rates in foster care for Indian children.

E. Enactment of a Washington State Indian Child Welfare Act: DSHS should study the impact that state-level Indian Child Welfare Acts have had in states, such as Iowa, that have implemented state ICW legislation. If the study

finds that implementation of state-level legislation increases compliance with the core tenets of ICW and reduces racial disproportionality, DSHS should support enactment of a Washington State ICWA.

Applicable Decision Points:

Removal from Home, and Length of Stay Over Two Years

Rationale for selection

Notwithstanding the fact that the Indian Child Welfare Act (ICWA) was passed in 1978, full compliance with the Act remains elusive. As a consequence several states have enacted state-level ICW legislation to clarify and reinforce responsibilities to Indian children and families and to ensure that commitments to ICW are honored. .

Research and communication with other states will assist in the assessment of state-level ICW legislation as a strategy for the reduction of Disproportionality of Indian children in the child welfare system.

F. Cultural Competency and Anti-Racism Training: (1) On-going anti-racism training should be mandatory for all case carrying Children Administration and Child Placing Agency workers , all service provider staff, all Court Appointed Special Advocates (CASA), all Guardian ad Litem (GAL),all individuals who represent children and birth parents in dependency proceedings, and all individuals who serve on public committees, boards, and other groups that are charged with providing guidance, oversight, or advice regarding the operation and management of the Washington child welfare system. This training should focus on increasing the trainees level of cultural competency and understanding of race and racism. The training should include ICW standards, government to government relations, local agreements, and the operation of the Indian Policy Advisory Council. The training should also include a self assessment of cultural competency using a tool similar to the Cultural Competency Continuum (Refer to Appendix Section).

Applicable Decision Points: Referral to CPS, Removal from Home, and Length of Stay Over 2 years

Initiative(s) in other States

→ Ramsey County, Minnesota assesses the level of cultural competency of service providers to determine if contracts will be awarded or renewed. The level of cultural competency is also assessed for individuals who apply for positions as CPS Workers. In Texas the Casey Family Programs racial/cultural identity model “Knowing Who You Are” has been implemented. The Undoing Racism Training has been conducted at every

Level of employment and contact within the child welfare system in Texas and Ramsey County, Minnesota.

Current Children's Administration Initiative

→ Cultural competency awareness is included in mandatory training for workers as part of their initial training at the Children's Administration Academy. Leadership team members from the six regions and headquarters participated in the Undoing Racism Training for Children's Administration leadership. DSHS Executive Leadership also participated in a two day session of Undoing Racism Training.

Rationale for Selection

Child welfare workers often work with children and families from a wide range of cultures other than their own. Many practitioners and researchers have noted that effective child welfare practices are those that acknowledge and incorporate the importance of culture in the delivery of services (Miller & Gaston, 2003). Indeed, Miller and Gaston (2003) note that inherent assumptions within the child welfare system are grounded in Anglo-Saxon values and cultural norms about child rearing and family. Child welfare legislation and policies often follow European standards of culture and White, middle class, family values are the standard through which ethnically diverse parents and children are compared. As such, children and families exhibiting alternative values may be seen as deviant by the system. These conflicts in attitudes regarding acceptable parenting behavior may contribute to ineffective or harmful child welfare practices (Miller & Gatson, 2003).

In an effort to combat ethnocentrism in the child welfare system, many agencies have placed increasing importance on ensuring that workers, programs, policies and practices are "culturally competent." In general, the term cultural competence refers to an ability to recognize and respect similarities and differences in beliefs, interpersonal styles, values, norms, and behaviors of various ethnic and cultural groups (Roberts, 1990, as cited in Schriver, 1998).

G. Caseloads (Council on Accreditation Standards): Children's Administration caseloads should be reduced to meet COA standards. Caseloads for CPS Workers should not exceed ten (10) and caseloads for Child Welfare Workers should not exceed eighteen (18).

Decision Points: Referral, Removal from Home and Length of Stay Over Two Years

Rationale for Selection

"The child welfare field faces a dilemma-it is not that professionals do not know what works, it is that what works requires organizational assessment and change, systemic commitment, and continuous monitoring and evaluation" (Blome & Steib, 2004, p. 613). The child welfare literature is quite clear. Caseload sizes must be smaller. Most states are beginning to realize the value of small caseloads and are struggling to make smaller caseloads a reality in their child welfare systems. Communities must be encouraged and supported to provide supportive environments for children. If and only if these fundamentals are achieved, adding Evidence Based Practice (EBP) services may provide better services to children and families and decrease disproportionality (Blome & Steib, 2004).

H. Mandated reporter training: The training for mandated reporters should be revised. One of the major goals of this revised training is to increase awareness of racial disproportionality in the child welfare system, familiarize mandated reporters with the data regarding Referral and the impact of race and racism on their reporting decisions. We recommend an evaluation of training in all mandated reporter work settings external to DSHS to determine if this training has a cultural competency component that is designed to facilitate an understanding of race and racism and how these factors impact their reporting decisions. Further research is warranted regarding mandated reporters and their decisions to report.

Applicable Decision Point: Referral

I. Assessment of Children's Administration: CA, its service providers, and child placing agencies should assess their organizational cultural competency and commitment to the elimination of racial disproportionality for children of color. The National Association of Public Child Welfare Administrators (NAPCWA) Disproportionality Diagnostic Tool should be used to conduct the assessments. This tool is used to evaluate social, systemic, and individual factors that may be contributing to disparate treatment of children of color in the child welfare system.

(Please See Appendix)

Applicable Decision Points: Referral, Removal from Home, and Length of Stay Over Two Years

J. Implement a Racial Equity Impact Analysis Tool: DSHS, Office of Superintendent of Public Instruction (OSPI), relevant legislative committees and staff, relevant judicial committee and staff should use this tool to review all policies and practices. The policy staff of legislative, judicial, and executive branch agencies, including DSHS, should be trained in the use of a tool that assesses the racial disproportionality impact of legislation,

administrative policies, practices and procedures. These agencies should be required to apply the tool. The Applied Research Center has developed an analysis tool that is currently used in the child welfare system in Ramsey County, Minnesota.

K. Explore Implementation of in-home, community-based services that will keep children safe and reduce the need for out-of-home care.

Decision Point: Removal from Home

Rationale for Selection: Based upon input from a number of stakeholders, the WSRDAC recommends that DSHS study the impact that in-home services and community based services have had on reducing racial disproportionality and disparity in other states. Further, if the study shows that availability and access to these services resulted in a reduction in racial disproportionality and disparity in other states, WSRDAC recommends that DSHS increase the availability and access to those services.

A PLAN FOR REMEDYING RACIAL DISPROPORTIONALITY AND DISPARITY IN WASHINGTON STATE

APPENDIX

Research References

Remediation Plan Framework

Disproportionality Symposium Regional Meetings Guidelines

September 12, 2008 Letter to IPAC Delegates & Tribal Leaders

Cultural Competency Continuum

NAPCWA Diagnostic Tool: Description

NAPCWA Agency Diagnostic Tool

Prepared for:
Secretary Robin Arnold-Williams and
The Washington State Legislature

Prepared by:
The Statewide Racial Disproportionality Advisory Committee

November 2008

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Remediation Plan Framework

Proposed Framework for Remediation Plan to Address Racial Disproportionality in the Child Welfare System

GOAL:
Eliminate racial disproportionality and racial disparities in the state child welfare system without compromising child safety or lowering the quality of services.

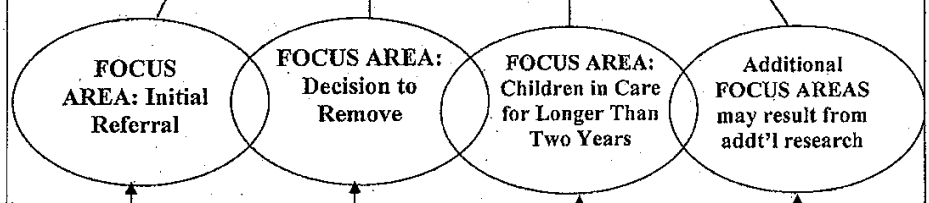
As indicated by:

- Race not being a predictor of how a child will fare in Washington's child welfare system.
- Race will note be a factor when decisions are made about children by the child welfare system.
- All children will have equitable access to culturally appropriate services and supports delivered by culturally competent and sensitive staff and service providers.

The Washington State Racial Disproportionality Advisory Committee believes that this goal cannot be achieved without a fundamental paradigm shift that reflects both an understanding of the role that institutional racism played in the building of this system and a commitment to undoing racism in our child welfare policies, programs and practice.

The Washington State Racial Disproportionality Advisory Committee's June 2008 "Racial Disproportionality in Washington State" report indicated that these points in the system are significantly driving disproportionality. Additional areas may be identified as a result of further research.

Establish final (FY13) numerical goals for each of the focus areas. Identify annual metrics that would mark progress toward each of the numerical goals.



In all Focus Areas, meaningful access to culturally-competent services must be assessed and addressed if deficient.

Undergo PARADIGM SHIFTS and effectively implement changes in POLICIES, PROGRAMS, PRACTICES that can reduce racial disproportionality in the focus areas

Remediation Plan—Year One (FY10)	**Legislative Action** (e.g. policy, budget requests)	**Administrative Action** (e.g. practice, program development, service provision)	**Further Research and Analysis**
Remediation Plan—Years Two through Five *(established annually)*	**Legislative Action** (e.g. policy, budget requests)	**Administrative Action** (e.g. practice, program development, service provision)	**Further Research and Analysis**

Disproportionality Symposium
Regional Meetings Guidelines

June 26 – 27 Disproportionality Symposium
Regional Meetings
Leader Guidelines

Region	Regional Lead	Data Expert
1	Connie Lambert-Eckel LAMC300@dshs.wa.gov	Tom Crofoot Drtomcewu@teleport.com
2	Elisa Powell ELPO300@dshs.wa.gov	Peter Pecora Ppecora@Casey.org
3	Janice Banning Baja300@dshs.wa.gov	Robert Hill Roberthill@westat.com
4	Joseph Connor conj300@dshs.wa.gov	Dennette Derezotes Dderezotes@aol.com
5	Laneta Able ABLA300@dshs.wa.gov	Marian Harris mh24@u.washington.edu
6	Donna Burkhart dobu300@dshs.wa.gov	Lorraine Brave lbrave@consultant.com

Regional Meeting Leadership – Each meeting will have a regional lead to facilitate the discussion and a data expert to promote understanding and interpretation of the regional data. We understand that the regional participants will be affiliated with various organizations; however, it is important for the regional lead to encourage a community driven process. The goal is to help the group think through the data to provide considerations for the Advisory Committee.

Several highly facilitators have offered their support to this process. If you are a Regional Lead and would like facilitation support, please contact one of the people listed below to request her assistance.

Elena Lamont - Elamont@casey.org
Sandy Hart - HASA300@dshs.wa.gov
Deanna Grace - grad300@dshs.wa.gov

Purposes of Regional Meetings

- Review regional data.
- Begin to foster a movement that focuses on racial disproportionality among children and families in Washington State's Child Welfare System, at local, regional and statewide levels.
- Provide input into the Washington State Disproportionality Advisory Committee regarding recommendations for what you would like them to consider in a plan to remediate racial disproportionality and disparity.

(NOTE – At the same time as the regional meetings on June 26, Marna Miller and Lee Doran will meet with HQ staff, legislators, out-of-state participants – and others who do may not specifically affiliate themselves with a particular region.)

Regional Meeting Agendas

June 26 - 12:30 - 1:45

- Group members introduce themselves.
- Discuss purpose of the meetings (as noted above).
- Share regional data, focusing particularly on the entry point and permanency data in each region.
- Ask participants to consider the information they have received as they dialogue with others over the course of the symposium

June 27 - 3:00 - 4:15

Reflect on the following questions:

- What inspired you attend this symposium?
- What is your vision for what could be different in your region?
- What would you like the Washington State Disproportionality Advisory Committee to consider in the development of its remediation plan?
- What are the next 2 - 3 conversations that need to take place over the summer with regard to this issue?
- Who else in your region needs to be a part of these conversations?

Record responses to these questions on the computer in your meeting room. Responses from all regions will be compiled and made available to all Symposium participants and to all members of the Washington State Disproportionality Advisory Committee (WSDAC).

September 12, 2008 Letter to IPAC
Delegates & Tribal Leaders

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington 98504-5000

September 12, 2008

Letter to IPAC Delegates & Tribal Leaders Individually:

In June of 2008 you received a copy of the Washington State Racial Disproportionality Advisory Committee Report on Racial Disproportionality.

This report concluded the first phase of the legislative requirements of Washington State Substitute House Bill 1472 establishing that racial disproportionality does exist in the child welfare system of Washington State. It identifies Indian children and African American children as more likely to enter the child welfare system and that they are more likely to remain in care for over two years as compared to white children.

The second phase of the legislative requirements, to create a remediation plan, is due to the legislature by December 1, 2008. The plan will include recommendations for administrative and legislative actions to reduce and eliminate disparities and improve long-term outcomes for children of color.

This is the beginning of a multi-year process. Your participation is critical to the development of a remediation plan. Tribes and Recognized American Indian Organizations are encouraged to share input and recommendations during the Indian Policy Advisory Committee (IPAC), Indian Child Welfare (ICW) Sub-committee meetings. Racial Disproportionality has been a standing item of discussion on the past three IPAC - ICW sub-committee meeting agendas.

Assistant Secretary for Children's Administration, Cheryl Stephani, will be present at the October 9, 2008 IPAC meeting to discuss the disproportionality remediation plans with the Tribes and Recognized American Indian Organizations. The location of this meeting is:

Department of Social and Health Services
Office Building 2
1115 Washington Street, SE
Olympia, WA, 98504

8:30 a.m. to 5:00 p.m.
Lookout Conference Room, Fourth Floor

Cultural Competency Continuum

Cultural Competency Continuum[1]

Cultural Destructiveness[2]	Cultural Incapacity[3]	Cultural Blindness[4]	Culturally Open[5]	Culturally Competent[6]	Cultural Proficiency[7]
CD	CI	CB	CO	CC	CP

[1]From: Cross et al. (1989).

[2]**Cultural Destructiveness:** Represents a set of attitudes, practices, and/or policies that is designed to promote the superiority of the dominant culture and that purposefully attempts to eradicate the 'lesser' or 'inferior' culture because it is viewed as 'different' or 'distasteful'.

[3]**Cultural Incapacity:** Refers to a set of attitudes, practices and/or policies that, while not explicitly promoting the superiority of the dominant culture, adheres, either explicitly or implicitly, to the traditional idea of 'separate but equal' treatment. This naturally breeds segregation and discrimination and eventually institutionalizes such practices. Organizations thus predisposed are therefore incapable of helping ethnic/racial clients or communities.

[4]**Cultural Blindness:** Refers to a set of attitudes, practices, and/or policies that adheres to the traditional philosophy of being unbiased. Under this paradigm, culture and people are basically all alike, and what works with one culture should therefore work as well with another. The eventual consequence of this belief is to 'make services so ethnocentric as to render them virtually useless to all but the most assimilated people of color' (Cross, 1989).

[5]**Culturally Open:** This organization adheres to attitudes, practices, and/or policies that are geared toward the learning and receptivity of new ideas and solutions to improve services rendered to one's particular target group. The initiating processes of cultural diversity may begin with the hiring practices of one's staff, staff training in cultural sensitivity, minority representations in the board membership, and so on.

[6]**Culturally Competent:** These agencies are characterized by a set of attitudes, practices, and/or policies that respects, rather than merely shows receptivity to, different cultures and people. In the process of enhancing their quality of services, such agencies actively seek advice and consultation from ethnic/racial communities and actively incorporate such practices into the organization with a sense of commitment.

[7]**Cultural Proficiency:** A set of attitudes, practices, and/or policies that holds cultural differences and diversity in the highest esteem. Culturally proficient organizations hold a 'proactive' posture regarding cultural differences; their aim is to improve the existing quality of services through active research into cultural issues in preventive and therapeutic approaches that affect the service outcome. They not only engage in the dissemination of such research findings, but also promote improved cultural relations among diverse groups in society through public education and awareness campaigns.

"Cultural"_____: AWARENESS. . . . .SENSITIVITY. . . . .COMPETENCE. . . . .APPROPRIATENESS. . . . .RELEVANCE. . . .DIVERSITY. . . .CONGRUITY. . . Multi-cultural. . . . Culturological

NAPCWA Diagnostic Tool: Description

NAPCWA

National Association of Public
Child Welfare Administrators

an affiliate of the American Public Human Services Association

Disproportionality Diagnostic Tool: Description

Background

The National Association of Public Child Welfare Administrators (NAPCWA) has made the issue of disproportionate representation of children of color in the child welfare system one of its highest priorities. We recognize and acknowledge that disproportionate representation and the disparate treatment of certain cohorts of children exist in child welfare agencies across the country. The over-representation of these cohorts negatively impacts child and family outcomes. We recognize that helping agencies address such an issue deeply embedded in their organizations would not only reduce disproportionate representation over time, but improve outcomes for all children as critical practices of child welfare are assessed and improved.

When an agency is faced with the reality of disproportionality and disparity in its system, it can be difficult to know where to start interventions. Agencies need specific, accurate data and data trends on children involved in the system at all decision points. Agencies also need to examine their own strengths and weaknesses in their performance of service delivery to children and families. As a result, NAPCWA has focused on developing materials and tools to help members assess their current performance and that of their communities under a more systematic and systemic approach. Our most recent effort is the development of the Disproportionality Diagnostic Tool created to help you examine disproportionality in your child welfare agency's jurisdiction.

Purpose of Diagnostic

The Disproportionality Diagnostic Tool helps users examine societal, system, and individual factors that may be contributing to disparate treatment of certain groups of children (e.g. African American or Native American Indian children). It provides a preliminary broad assessment from which a user can consider a more robust analysis of the root causes of disparate treatment that children of color tend to face. The tool will be followed by written guidance to help users understand what their assessment results mean and will include reflective questions that child welfare agency personnel can consider as they develop a plan of change and move to take corrective action within their agencies.

Keep in mind that the tool is meant to contribute to the understanding of baseline data about the existence of disproportionality in a particular jurisdiction and related directly to disproportionate representation—it is not a general agency diagnostic.

Disproportionality Diagnostic Tool: Instructions

Limitations of the Diagnostic
The Disproportionality Diagnostic Tool was designed to be a thoughtful, initial approach to examining the pervasive issue of disproportionality in child welfare systems in communities. With this in mind it is important to note that the tool is not designed to gather all the information needed to understand all the nuances of disproportionality in an agency. Rather it helps agencies identify gaps in their systems, get ideas about where improvements may be needed, and also highlight agency strengths that could mitigate against disproportionate representation. Please also keep in mind that the tool is being presented at this time in a 1.0 version and will be periodically improved.

Diagnostic Model: DAPIM
A committee of NAPCWA members and subject matter experts devoted significant time and energy to designing the diagnostic instrument as a necessary starting point in this continuous improvement effort. The diagnostic tool parallels DAPIM, a proven model used by APHSA in its consulting practice. Under the DAPIM model, an agency **D**efines what the issue is; **A**ssesses its current and desired state; **P**lans both rapid and long-term improvements; **I**mplements those plans in detail; and **M**onitors plan progress and impact for ongoing adjustment. The diagnostic tool addresses the first two elements of the DAPIM model: **D**efining the issue and **A**ssessing the current state of your agency and community.

Design of the Diagnostic Tool
The tool is designed as a two-dimensional matrix. The first dimension consists of 11 identified domains:

1) Strategy
2) Culture
3) Policy
4) Legal System
5) Training and Education
6) Communication
7) Resources
8) Practices
9) Economic Issues
10) Data Collection
11) Personnel and Community

Each domain was chosen because of its significant point of leverage within a system. Designers of the tool hypothesized that choices child welfare agencies make in the context of these domains could be contributing to disproportionate representation and equally that positive changes in these same areas could materially impact disproportionate representation. A definition of each of the 11 domains can be found at the beginning of each section in the diagnostic.

The second dimension has been labeled **Spheres of Influence** to examine the interconnected layers directly influencing child welfare service delivery: **Society, System, and Individual.** In fact, child welfare agencies exist within a society of individuals that struggle with institutional and systemic racism. For instance, caseworkers, supervisors, and administrators come into child welfare agencies with their own outlooks, approaches, and stereotypes. It is important then to understand how the

11 domains operate at the three levels of influence on service delivery as a whole. Looking at the 11 domains as they relate to each sphere of influence can help agency personnel identify what is clearly in the realm of the child welfare system and where the agency can play a role. The three spheres of influence are defined below:

Society - includes community agencies; local, state and federal government; major institutions such as education, churches, and banking; and the culture and values of society. It is important to recognize that disproportionality in the child welfare system reflects institutional and systemic racism at the societal level. While child welfare agencies cannot expect to single-handedly overcome bias in society, it *can* be expected to play an active role in reducing disparities through an equitable service delivery approach for families. To positively impact society, child welfare agencies can weigh in on public policies, participate in community collaborations, raise awareness of issues, and coordinate preventive resources for families at risk of being separated.

Example: *A child welfare agency can work with universities and colleges to provide input on cultural competence curriculum for students enrolled in social work programs.*

System - is the child welfare agency itself. Though policies and practices in child welfare are unlikely to be explicitly biased, there is reason to examine and revisit long-standing approaches to service. Child welfare agencies have the ability to reduce disparities by implementing culturally sensitive standards, policies, regulations, training, and supervision.

Example: *The agency adds culturally relevant intake questions, specific to a large number of minority children in the community, to its foster care placement procedures and monitors whether the addition has improved equity for children entering foster care.*

Individual - can be a caseworker, supervisor, or administrator that works in the child welfare system and enters with his or her own outlooks and approaches, reflective of his or her family, community, and society at large. The role of the child welfare agency is to reduce the impact of any potential individual bias by concentrating on enhancing and improving individual skills, knowledge, and competencies.

Example: *The agency includes a "cultural competence" component to agency-wide trainings and also evaluates this component on individual performance reviews.*

Completing the Diagnostic: User Instructions

The tool is designed to be flexible to the needs of your agency. The number of options showing how to complete the tool is outlined below. Keep in mind that the more inclusive your input is, the richer your results and feedback.

Option 1: You may initially decide as an agency lead to make the first attempt at addressing the issue by completing the diagnostic on your own.

Option 2: To obtain a more collective assessment, you may instead start the diagnostic process by seeking the input of other agency personnel, including professionals from senior and middle management, as well as child welfare workers at the frontline.

Option 3: You may also complete the tool by seeking the input of other agency personnel and also relevant, external stakeholders in the community (e.g. a pediatrician or school teacher for input as mandated reporters).

Each section has a series of questions on each of the 11 domains. You will be required to respond with one of following answers: **Y, S, N,** or **UK** for **Yes, Sometimes, No,** or **Unknown,** respectively. Use the following guide to select an answer:

Y = if the question asked *occurs* in your community, agency or among individuals
S = if the question asked *sometimes occurs* or is somewhat true in your community, agency, or among individuals
N = if the question asked *does not occur* in your community, agency, or among individuals
UK=if *you do not know whether the question asked does or does not occur* in your community, agency, or among individuals

Mark the appropriate box to the right of the question by filling in the box. For instance:

		Y	S	N	UK
Do you have monies being applied to addressing disproportionate representation in your agency?		X			
If yes, in what areas?					

Please also answer any corresponding open-ended, follow-up question in italics that may apply to your agency (i.e. questions beginning with *"If yes"* or *If no"*). There is an unlimited amount of room to respond to the italicized question by typing the answer in the provided box. In answering the follow-up question, you may be required to retrieve information from your own data reports or synthesize agency information, e.g. your SACWIS system. If you respond to the primary question with **No, Sometimes,** or **Unknown**, the italicized follow-up question may not be applicable to you but afterwards can be used to help guide your thinking about concrete steps your agency can take to address disparities.

Follow-Up Guidance

Guidance on how to make sense of your agency's data will follow after completing the entire diagnostic and will include reflective questions that your agency can use to guide a continuous improvement process. This process will address the last three elements of the DAPIM model: Planning for improvements, Implementing the plan, and Monitoring the plan's progress.

NAPCWA Agency Diagnostic Tool

NAPCWA Disproportionate Representation: Agency Diagnostic

AGENCY STRATEGY

Strategy: *Strategy refers to specific, thoughtful efforts focused on addressing disproportionate representation. Strategy carries out the vision, values, goals, and priorities that guide the work of the community's governing agency.*

SOCIETY LEVEL STRATEGY					
Does your agency's governing body address the issue of disproportionality in a strategic plan?		Y ☐		N ☐	UK ☐
If yes, in what ways; e.g. listed in values?					
SYSTEM LEVEL STRATEGY					
Does your agency's strategic plan address issues of diversity in the values, mission, and goals?		Y ☐		N ☐	UK ☐
If yes, in what ways; e.g. listed in values?					
Is disproportionality addressed explicitly in documents other than your strategic plan?		Y ☐	S ☐	N ☐	UK ☐
If yes, in what documents; e.g. policy manual?					
Do you have stated outcomes or goals that address the specific needs of ethnic and racial minorities (e.g. reduce the length of stay for African-American children in care)?		Y ☐		N ☐	UK ☐
If yes, identify those outcomes.					
Do you have a plan for achieving specific stated outcomes or goals for racial and ethnic minorities?		Y ☐		N ☐	UK ☐
Have you gathered data to determine the specific ethnic and racial populations in your jurisdiction (e.g.: demographic patterns, rates of poverty, educational levels, infant mortality)?		Y ☐		N ☐	UK ☐
If yes, what were the data sources and/or tools used?					
Have you gathered data on the ethnic and racial breakdown of children being referred by specific groups of mandated reporters, including teachers, medical professionals, and others?		Y ☐	S ☐	N ☐	UK ☐

If yes, what were the data sources and/or tools used?					
If yes, what actions were taken as the result of the data gathered?					
INDIVIDUAL LEVEL STRATEGY					
Does your staff demonstrate that they have internalized the values, mission, and goals related to diversity and disproportionality?		Y ☐	S ☐	N ☐	UK ☐
If yes, identify the evidence of this internalization. (e.g.; in actions, behaviors, and/or decisions)					
Is cultural competency explicitly addressed in individual staff evaluations?		Y ☐		N ☐	UK ☐
If yes, how is cultural competency measured?					

NAPCWA Disproportionate Representation: Agency Diagnostic

AGENCY CULTURE

Culture: *Culture refers to the attitudes, values, experiences, and beliefs of both the organization and the community it is in.*

SOCIETY LEVEL STRATEGY					
Are you aware of key events in your community's history related to ethnic and racial disparity (e.g., redlining, riots, and high profile court cases)?		Y ☐	S ☐	N ☐	UK ☐
If yes, what are they?					
Has the community actively addressed these issues?		Y ☐		N ☐	UK ☐
If yes, what were the outcomes?					
Has the community conducted studies or polls related to racial and ethnic relations?		Y ☐	S ☐	N ☐	UK ☐
If yes, what were the major findings?					
SYSTEM LEVEL STRATEGY					
Do you have a diversity committee or other kinds of purposeful forums to discuss issue of fairness and equity regarding practice and policy?		Y ☐	S ☐	N ☐	UK ☐
If yes, does your diversity committee have a clear and articulated vision, mission, and goals?					
If yes, which of the committee's goals have been achieved?					
Does the agency have staff that represents the community being served?		Y ☐	S ☐	N ☐	UK ☐
If not, why? What steps have been taken to recruit a more representative staff?					
Are agency policies, protocols, and practices developed with input from staff of diverse backgrounds?		Y ☐	S ☐	N ☐	UK ☐
If yes, how do staff participate?					
Has the system developed mechanisms to gather feedback from staff regarding their concerns about bias in policy as well as behaviors and/or decisions of colleagues?		Y ☐	S ☐	N ☐	UK ☐

If yes, what actions have been taken based on this feedback?					
INDIVIDUAL LEVEL STRATEGY					
Do most staff communicate with one another during formal and informal conversations using culturally sensitive language?		Y ☐	S ☐	N ☐	UK ☐
Do most staff encourage one another to be culturally sensitive?		Y ☐	S ☐	N ☐	UK ☐
If yes, in what ways does staff do this? (e.g.; do staff actively discourage culturally insensitive language?)					

NAPCWA Disproportionate Representation: Agency Diagnostic	AGENCY POLICY				
Policy: *Policy refers to both legislation and agency policy and regulations on child welfare, ranging from federal policy, to office memos on particular issues.*					
SOCIETY LEVEL STRATEGY					
Are there specific references to disproportionality or other racial and ethnic issues in state human services policy?		Y ☐	S ☐	N ☐	UK ☐
If yes, in what policy?					
Are there specific references to disproportionality or other racial and ethnic issues in other local or state agency policy? (e.g., education, juvenile justice)		Y ☐	S ☐	N ☐	UK ☐
If yes, in which agency's policy?					
Do other agency's policies affect your reports of maltreatment, acceptance of referrals, investigations, substantiations, placements, exits and re-entries?		Y ☐	S ☐	N ☐	UK ☐
If yes, which decision points have been affected?					
SYSTEM LEVEL STRATEGY					
Have you evaluated agency specific policies vis-à-vis their effect on outcomes for families and children of diverse ethnic and racial backgrounds? (e.g., placement rates)		Y ☐	S ☐	N ☐	UK ☐
If yes, what policies were changed?					
Are staff made aware of MEPA and ICWA requirements?		Y ☐	S ☐	N ☐	UK ☐
If yes, what is the mechanism and frequency of making staff aware of MEPA and ICWA requirements?					
INDIVIDUAL LEVEL STRATEGY					
Does staff consistently apply policies related to disproportionality?		Y ☐	S ☐	N ☐	UK ☐
If yes, in what ways?					
If yes, how do you track that staff are consistently applying these policies?					

NAPCWA Disproportionate Representation: Agency Diagnostic

AGENCY WORK WITHIN LEGAL SYSTEM

Legal System: *The legal system includes courts, law enforcement, attorneys, and other people associated directly with enforcing the law. This includes child welfare workers interaction with and understanding of the legal system.*

SOCIETY LEVEL STRATEGY					
Has law enforcement made any public effort to address disproportionality in their system?		Y ☐	S ☐	N ☐	UK ☐
If yes, how has law enforcement done this?					
Have the courts made any public effort to address disproportionality in their system?		Y ☐	S ☐	N ☐	UK ☐
If yes, how have the courts done this?					
Do judges, court appointed attorneys and/or law enforcement officials receive training related to effectively working with ethnic and racial minorities (e.g. training to examine individual biases and stereotypes and how these may affect their decision-making)?		Y ☐	S ☐	N ☐	UK ☐
If yes, what training is provided?					
Are there efforts to ensure that judges, court appointed attorneys, and law enforcement professionals reflect the ethnic and racial composition of the communities in which they work?		Y ☐	S ☐	N ☐	UK ☐
If yes, what are those efforts?					
SYSTEM LEVEL STRATEGY					
Do families of all ethnicities and races have access to legal representation?		Y ☐	S ☐	N ☐	UK ☐
Do families of all ethnicities and races have culturally sensitive and culturally competent legal representation?		Y ☐	S ☐	N ☐	UK ☐
If yes, please describe how families receive culturally competent legal representation.					
INDIVIDUAL LEVEL STRATEGY					
Is there a mechanism in place to ensure that staff can staff articulate the legal process to their families in a culturally competent manner?		Y ☐	S ☐	N ☐	UK ☐

If yes, please describe these mechanisms.					
Does the language used in court reports and other written documents reflect cultural competence and sensitivity?		Y ☐	S ☐	N ☐	UK ☐

AGENCY TRAINING AND EDUCATION

Training and Education: *Training and education are the formal activities used to engage and instruct anyone associated with child welfare. This could include activities ranging from formal, required child welfare training, to mandated reporter training, to informal, voluntary community education programs, or even "teachable moments" such as newspaper interviews.*

SOCIETY LEVEL STRATEGY					
Do mandated reporters receive training on working with families of various racial/ethnic backgrounds?		Y ☐	S ☐	N ☐	UK ☐
If yes, what kinds of training are available?					
Is the issue of disproportionality included in community education programs?		Y ☐	S ☐	N ☐	UK ☐
If yes, how is it specifically included?					
SYSTEM LEVEL STRATEGY					
Is cultural competency training included in the agency's strategic plan?		Y ☐	S ☐	N ☐	UK ☐
Are the trainers aware of the issue and extent of disproportionate representation?		Y ☐	S ☐	N ☐	UK ☐
Does the agency include the broader system (courts, attorneys, CASAs, etc) in its trainings on cultural competency?		Y ☐	S ☐	N ☐	UK ☐
If yes, how does the agency do this?					
Is cultural competence training provided to staff at all levels of the organization?		Y ☐	S ☐	N ☐	UK ☐
INDIVIDUAL LEVEL STRATEGY					
Does staff receive information about disproportionality issues of the organization?		Y ☐	S ☐	N ☐	UK ☐
Have you evaluated whether practice related to disproportionality outcomes is impacted by the training staff receive?		Y ☐	S ☐	N ☐	UK ☐
If yes, what were the findings?					

Communication: *Communication is the formal or informal discussion around disproportionality. This exchange of ideas can involve agency interaction with mass media and the community all the way down to a worker's ability to interact with other staff and people outside of the agency.*

SOCIETY LEVEL STRATEGY					
Has any mass media outlet covered issues related to disproportionality in the community?		Y ☐	S ☐	N ☐	UK ☐
If yes, how has the public responded to the media coverage?					
Have you communicated with key community stakeholders (faith based groups, schools, etc) about disproportionality?		Y ☐	S ☐	N ☐	UK ☐
If yes, what were their responses?					
SYSTEM LEVEL STRATEGY					
Do you have a communication plan to create value for your work on disproportionality?		Y ☐	S ☐	N ☐	UK ☐
Do you have a specific strategy to communicate with key community stakeholders and agency staff?		Y ☐	S ☐	N ☐	UK ☐
If yes, what are the principal components of the communication plan?					
Does agency staff demonstrate a clear understanding of disproportionality?		Y ☐	S ☐	N ☐	UK ☐
If yes, what evidence do you have of this understanding?					
Do you regularly communicate with your staff about disproportionality?		Y ☐	S ☐	N ☐	UK ☐
If yes, what is the response of the staff to this communication?					
INDIVIDUAL LEVEL STRATEGY					
Is staff encouraged to communicate about the agency's goals related to disproportionality to people outside the agency?		Y ☐	S ☐	N ☐	UK ☐

If yes, in what ways are they encouraged?		

NAPCWA Disproportionate Representation: Agency Diagnostic

AGENCY RESOURCES

Resources: *Resources are the facilities, services, and supports available to clients. In addition to general availability, there are many factors that can limit families' access to important resources crucial to their success.*

SOCIETY LEVEL STRATEGY					
Do clients know the physical location of community services (including social services, mental health services, physical health services, and child care)?		Y ☐	S ☐	N ☐	UK ☐
Are human services readily available to communities of diverse ethnic and racial populations (including social services, mental health services, physical health services, and child care)?		Y ☐	S ☐	N ☐	UK ☐
Is public transportation available in all neighborhoods including areas of high racial or ethnic minority concentration?		Y ☐	S ☐	N ☐	UK ☐
Does public transportation go to the places families in need must get to (including social services, mental health facilities, physical health services, etc)?		Y ☐	S ☐	N ☐	UK ☐
Are adequate emergency services, hospitals, schools, faith based institutions and other necessary or beneficial services available to communities of diverse ethnic and racial populations?		Y ☐	S ☐	N ☐	UK ☐
SYSTEM LEVEL STRATEGY					
Do you have a comprehensive plan (e.g., foreign language services, assistance with reading comprehension, etc.) to ensure that parents of all races and ethnicities have access to necessary resources?		Y ☐	S ☐	N ☐	UK ☐
If yes, will this plan enable parents to complete a treatment plan?					
Has your agency worked to develop needed services in communities where children are at risk of being removed or have been removed?		Y ☐	S ☐	N ☐	UK ☐
Has your agency developed a resource directory for staff and families that assists in locating providers who are culturally competent, geographically diverse, etc.?		Y ☐	S ☐	N ☐	UK ☐

INDIVIDUAL LEVEL STRATEGY					
Does staff use available community resources (e.g., mentoring programs)?		Y ☐	S ☐	N ☐	UK ☐
Does staff assess the adequacy of available resources?		Y ☐	S ☐	N ☐	UK ☐
If yes, how is this assessment used to improve resources?					

NAPCWA Disproportionate Representation: Agency Diagnostic

AGENCY PRACTICES

Practice: *Practices are any of the deliberate ways of interacting with families involved with the child welfare agency.*

SOCIETY LEVEL STRATEGY					
Are community organizations aware of agency practices and/or protocols that impact disproportionality?		Y ☐	S ☐	N ☐	UK ☐
Are there community partnerships that support agency practices and/or protocols that impact disproportionality?		Y ☐	S ☐	N ☐	UK ☐
If yes, who are these partners?					
Do community organizations understand how their practices and/or protocols impact disproportionality?		Y ☐	S ☐	N ☐	UK ☐
If yes, how is this demonstrated in their work with children and families?					
SYSTEM LEVEL STRATEGY					
Do you evaluate whether and to what extent agency practices impact disproportionality?		Y ☐	S ☐	N ☐	UK ☐
If yes, what were your major findings (e.g., foster care is used before placement with relatives)?					
Do you have a plan for introducing new practices specific to outcomes with minority families?		Y ☐	S ☐	N ☐	UK ☐
If yes, how are new practices determined?					
Do you have families involved in decision making (e.g., Family Group Decision Making or Team-decision making)?		Y ☐	S ☐	N ☐	UK ☐
Are resource families from diverse backgrounds and neighborhoods actively recruited?		Y ☐	S ☐	N ☐	UK ☐
If yes, how have your community partners been engaged in these efforts?					
Have you evaluated the success of resource family recruitment and retention efforts?		Y ☐	S ☐	N ☐	UK ☐
If yes, what were your major findings?					

Are agency practices equitably administered, particularly among ethnic and racial minority populations?		Y ☐ S ☐ N ☐ UK ☐
If yes, what evidence supports this?		
Do you monitor consequences imposed on racially and ethnically diverse families for non-compliance with their case plans?		Y ☐ S ☐ N ☐ UK ☐
If yes, what are the major findings? (e.g., minority and ethnic populations are frequently in non-compliance)		
INDIVIDUAL LEVEL STRATEGY		
Does staff employ the practice orientation of your agency (e.g., strengths based assessments)?		Y ☐ S ☐ N ☐ UK ☐
If yes, how are you assured of this?		
Can staff describe their decision making processes in a culturally competent manner?		Y ☐ S ☐ N ☐ UK ☐
Does staff consistently ask families for their ethnic or racial identity?		Y ☐ S ☐ N ☐ UK ☐
If yes, how is this documented?		
Does staff engage racially and ethnically diverse fathers (both absent and involved fathers) in cases involving their children?		Y ☐ S ☐ N ☐ UK ☐
If yes, what evidence supports this?		

NAPCWA Disproportionate Representation: Agency Diagnostic

AGENCY and ECONOMIC ISSUES

Economic Issues: *Economic issues are those matters directly affecting the finances of families in your jurisdiction. The issues may be an ongoing condition or a one-time event. Economic issues can include anything from bank practices such as redlining to child welfare worker coordination with economic service workers.*

SOCIETY LEVEL STRATEGY					
Has money been made available to the community to address disproportionality in any system (education, social services, juvenile justice, etc)?		Y ☐	S ☐	N ☐	UK ☐
If yes, by whom and for what purpose?					
Are there financial resources, traditional and non-traditional, available to diverse community populations for specific outreach programs such as foster care recruitment and retention or translation services?		Y ☐	S ☐	N ☐	UK ☐
Are there any measures by the community or state to discourage discriminatory financial practices (e.g. redlining)?		Y ☐	S ☐	N ☐	UK ☐
If yes, what are they and how they been addressed?					
SYSTEM LEVEL STRATEGY					
Do you know the socio-economic make up of all the communities in your jurisdiction?		Y ☐	S ☐	N ☐	UK ☐
Do you have specific monies being applied to address disproportionate representation in your agency?		Y ☐	S ☐	N ☐	UK ☐
If yes, in what areas?					
Have you identified additional funding streams that have the potential to be used in this area?		Y ☐	S ☐	N ☐	UK ☐
If yes, what are they?					
Does the agency have collaborations with other departments such as Community Development, Housing Authority, or Workforce Development that could influence economic development in at-risk communities?		Y ☐	S ☐	N ☐	UK ☐

If yes, what is the nature if the collaboration?		
Has the agency promoted Earned Income Tax Credit (EITC) to assist clients economically?		Y ☐ S ☐ N ☐ UK ☐
Does the agency link child welfare and managed case plans and case management?		Y ☐ S ☐ N ☐ UK ☐
INDIVIDUAL LEVEL STRATEGY		
Are positive attitudes towards different socio-economic classes reflected in practice (placement decisions, worker visits)?		Y ☐ S ☐ N ☐ UK ☐
If yes, how do you track this information?		
Are workers coordinating case plans with TANF/Workforce service workers?		Y ☐ S ☐ N ☐ UK ☐
If yes, how do you coordinate?		

NAPCWA Disproportionate Representation: Agency Diagnostic

AGENCY and DATA COLLECTION

Data Collection: *Data Collection refers specifically to computerized data collection methods and how the data entered is used.*

SOCIETY LEVEL STRATEGY					
Is community level data available (demographics, key issues) and easily accessible?		Y ☐	S ☐	N ☐	UK ☐
If yes, what is the source of this data?					
What would improve the accessibility of the data?					
SYSTEM LEVEL STRATEGY					
Do you have the appropriate technology for staff to enter the data needed by the organization?		Y ☐	S ☐	N ☐	UK ☐
Do you have practices and/or protocols in place to collect and analyze data to ensure that outcomes related to disproportionality are met?		Y ☐	S ☐	N ☐	UK ☐
INDIVIDUAL LEVEL STRATEGY					
Does staff enter valid data?		Y ☐	S ☐	N ☐	UK ☐
If yes, what practices and/or protocols do you have in place to monitor this?					
Does staff enter timely data?		Y ☐	S ☐	N ☐	UK ☐
If yes, what practices and/or protocols do you have in place to monitor this?					
Does staff have access to summary data about their own performance (i.e., can they see a racial and ethnic breakdown of decisions they have made across decision points)?		Y ☐	S ☐	N ☐	UK ☐
If yes, how do they use this information to improve performance?					

NAPCWA Disproportionate Representation: Agency Diagnostic
AGENCY PERSONNEL and the COMMUNITY

Personnel: Personnel refers to child welfare staff with knowledge about agency services, policies, practices, protocols. Personnel has intimate knowledge of the community it serves and engages leaders of the community.

SOCIETY LEVEL STRATEGY					
Have you identified specific people or agencies in the community who can be used as resources?		Y ☐	S ☐	N ☐	UK ☐
If yes, list the specific people or agencies in the community who can be used as resources.					
SYSTEM LEVEL STRATEGY					
Do you know the demographics of your staff? (e.g., ethnic, racial, religious, geographic, socio-economic breakdown)		Y ☐	S ☐	N ☐	UK ☐
If yes, what are they?					
Does your agency have specific policies on the recruitment and retention of diverse staff?		Y ☐	S ☐	N ☐	UK ☐
If yes, what are they?					
Have you identified specific, relevant skills that would make your staff and organization more culturally competent?		Y ☐	S ☐	N ☐	UK ☐
If yes, what are they?					
Is staff at all levels in your agency held accountable for providing culturally competent services?		Y ☐	S ☐	N ☐	UK ☐
If yes, describe how all staff is held accountable.					
INDIVIDUAL LEVEL STRATEGY					
Are there staff who are "champions" and "influencers" that can be models for culturally competent casework?		Y ☐	S ☐	N ☐	UK ☐

Appendix D: Indian Child Academy training Matrix

ICW Training Occurring within Children's Administration
Academy / Post-Academy as of November 2009

	MODULE	METHOD	TRAINER(S)	TIME FRAME
Orientation				
New Employee Orientation	◆Government Structure Agencies with Oversight Responsibilities - Government to Government Accord and Consultation	Discussion	HRD	5 Mins
Academy				
Introduction to Indian Child Welfare	◆Identification of Indian Children ◆Family Ancestry Chart ◆Definition of Indian Child ◆Active Efforts ◆Placement Preferences ◆Tribal Involvement with Case Planning ◆Exercise on Implementing ICW Policy ◆Cultural Factors Affecting Practice	Lecture & PowerPoint Scenario	Betsy Tulee	120 Mins (14 times per year)
Supervisors Academy	Formulation of curriculum is in development to parallel SW Academy.			
Post-Academy Mandatory Training				
Child Abuse Investigation & Interviewing	Cultural courtesies and customs	Group Exercises Group Discussions	Harborview - Laura Merchant	1 Hour (6 x annually)
Indian Child Welfare Manual	◆River of Culture ◆Examining the Features of ICWA ◆Tribal-State Agreement Provisions ◆State & Tribal Performance Paths - What it takes to Implement the ICWA and the Tribal-State Agreement ◆Using the Manual in Practice ◆The Adoption and Safe Families Act ◆Impact on Tribes & ICWA	Videos Scenarios Group Exercises Group Discussions	NICWA - Gary Peterson and Melissa Clyde	16 Hours (6 x annually)
Indian Child Welfare Cross-Cultural	◆Child Welfare Framework ◆Federal Indian Policy ◆Framework for Understanding Tribal Communities ◆Relational World View Model ◆Cultural Competence in Human Service Settings ◆Working with Substance Abusing Parents ◆Historical Context for Building Relationships	Videos Scenarios Group Exercises Group Discussions	NICWA - Gary Peterson and Melissa Clyde	16 Hours (6 x annually)
Permanency Planning	Briefly discusses the policy context of ASFA, mentioning 96-272 and ICW.	Lecture & PowerPoint	UW - Karin Gunderson	10 Mins (12 x annually)
Understanding Neglect	Touches on the relationship of chronic neglect to deep poverty, i.e., long term, severe and/or concentrated poverty Native American families and other minority families have frequently experienced this kind of poverty. Discusses resiliency factors including a strong sense of identity and cultural identity in protecting adults from demoralization in extremely adverse circumstances, during the introduction to the training (first 75 mins).	Lecture	UW - Dee Wilson	10 Mins (12 x annually)
Adoption Specialized Track Week	◆Ethics in Adoption ◆Assessments ◆Legal Issues in Adoption	Case Scenario Documentation to Tribes Enrolled & Member Status	Pam Kramer, Brandy Otto Sheila Huber - AAG	75 Mins (3 x annually)
Intake Specialized Track Week	◆Taking a Referral ◆Computer Skills in CAMIS/GUI/ACES	Ask question N/A status	Colette McCully Ken Breiter	20 Mins (3 x annually)
Licensing Specialized Track Week	◆Assessments	Case Scenario	Darcey Hancock	15 Mins (2 x annually)
DLR/CPS Specialized Track Week	◆Investigating a Referral	Documenting Native American Status	Paul Smith	15 Mins (2 x annually)

Appendix E: Washington State Regional and Tribal Map