



# Issue Note

The **FINANCE PROJECT**

## Developing and Supporting a Continuum of Child Welfare Services

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### Summary

The child welfare system is designed to provide a safety net for children who are experiencing or who are at risk of experiencing abuse and neglect. One of its main goals is to investigate reports of possible child abuse and neglect. The child welfare system aims to prevent unnecessary family breakups whenever possible, and to provide foster care for children who cannot safely remain at home. Another key goal is to facilitate the transition of children from foster care to more permanent living situations through a return to their home, an adoption, or a legal guardianship. These goals are articulated in federal legislation and regulations that provide a national framework for the child welfare system. Within this context, states have discretion to establish legal and administrative structures and programs within their jurisdictions. States vary in the way they have interpreted and implemented federal policy and, as a result, the scope and quality of services available to at-risk children and families differ considerably.

There are significant gaps in supports and services to children, families, and caregivers in the child welfare system. For example, it is known that substance abuse contributes to child abuse and neglect, but only 31 percent of at-risk children and families with substance abuse problems receive treatment (Banks and Boehm September 2001). Postpermanency services also are often lacking. Many kinship caregivers do not receive essential food, housing, or financial assistance. Only 36 percent of low-income kinship care families receive a living stipend in the form of a foster care payment or child-only Temporary Assistance for Needy Families (TANF) payment. Nearly 50 percent of these families do not know where their next meal is coming from; 40 percent live in overcrowded conditions and have trouble paying for housing (Ehrle and Geen June 2002).

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The gaps in prevention, early intervention, specialized treatment, and postpermanency services in the child welfare system can seriously undermine the well-being of children and families and contribute to more cases of preventable child abuse and neglect, unnecessary dissolution of families, and unstable placements after foster care.

For many years, policymakers, researchers, and practitioners have recognized the need to develop more comprehensive and coordinated services for these at-risk families. Most recently, the bipartisan Pew Commission on Children in Foster Care (May 2004) identified the development of a continuum of services for children and families as one of the most important reforms needed in the child welfare system. A continuum of care is a flexible and tailored set of supports and services for at-risk children and families. It is intended to focus not only on the immediate crisis needs of families, but also on early intervention, specialized treatment, and postpermanency services that can prevent child abuse and neglect as well as provide children with stable and loving homes once they leave foster care.

One of the most formidable challenges to developing this continuum of care is funding. States and localities often lack adequate funding to provide comprehensive services for these children and families. Most federal funding that is dedicated to child welfare can only be used to pay for the expenses of caring for children in foster care. By contrast, funding to provide services that would help families stay together or support permanent living situations for children exiting foster care is very limited. At the national level, additional and more flexible federal funding could help shore up the gaps in child welfare services. Barring significant additional child welfare funding, however, states and localities can tap into other funding sources to develop and sustain more comprehensive child welfare services.

This *Issue Note* identifies strategies for coordinating child welfare funding and services with the funding and services of other key state agencies to develop and support a more coherent

and effective continuum of care for at-risk children and families.

## Components of a Continuum of Care

A continuum of care is a customized set of supports and services for at-risk children and families. These supports and services can help resolve problems before they escalate and decrease the need for foster care. They can also help ensure that reunified families, kinship caregivers, and legal guardians receive the assistance they need to provide a safe and loving home for children. Although the composition of a continuum of care will vary depending on client needs, preventive services, early intervention services, specialized services, and post-permanency services are typically key components.

- **Preventive Services.** At the earliest stage of intervention, services can be geared toward preventing child mistreatment and unnecessary dissolution of families. These services can include parenting classes, early childhood home visitation, domestic violence prevention services, mental health and substance abuse screening and outreach, and supports and services that promote healthy parent-child interactions.
- **Early Intervention Services.** More intensive supports and services can be provided to families where the risk of abuse or neglect is acute. These services can include casework and counseling, mental health and substance abuse treatment at home or in family-oriented residential settings, and home visits by professionals or paraprofessionals who offer support and skill-building assistance.
- **Specialized Services.** In cases where a child cannot be safely maintained at home and must be removed, services are essential to address the needs of the child and his or her family, caregiver, or legal guardian. These services

can include counseling, parenting classes, health and mental health treatment, substance abuse treatment, and other supports (e.g., housing, employment, financial, transportation, and child care assistance) that enable families to care for their children. Services to help families address the underlying causes of child abuse and neglect can also make reunification possible.

- **Postpermanency Services.** Various supports and services are essential to help establish and maintain a safe and nurturing home environment for children leaving foster care because of adoption, legal guardianship, or reunification with their caregivers. These services can include information, referrals, stipends for kinship caregivers or adoptive families, and ongoing specialized services for both children and their caregivers.

## Benefits of Providing a Continuum of Care

At-risk children and families are typically poor and face multiple challenges, such as substance abuse, mental illness, domestic violence, and inadequate housing (Hutson January 2003). Supports and services geared toward addressing these needs can help mitigate sources of stress and instability that may contribute to child abuse and neglect. By making a continuum of care available to at-risk children and families, states and localities can help prevent child abuse and neglect, maintain safe and loving home environments, and abbreviate foster care placements.

A continuum of care can also help reduce costs and improve child outcomes over the long term. Out-of-home placement is very expensive. Although costs vary by state and the types of services offered, a single foster care placement in New York City ranges from \$17,000 to \$58,000 per year (Public Advocate 2003). A 2003 study by the National Clearinghouse on Child Abuse and Neglect Information concluded that “while additional research and well-designed analysis is

needed within the prevention field—both to assess the effectiveness of prevention programs as well as its cost-effectiveness—current findings suggest that over the long term, prevention pays.”

Prolonged stays and frequent moves in foster care can also be detrimental to children’s well-being. Children in foster care are at greater risk for more compromised development and health problems, delayed cognitive development, lower academic functioning, higher rates of depression, poorer social skills, and more behavioral problems such as aggression and impulsiveness. Although it is difficult to distinguish between the negative impacts on child development stemming from maltreatment experienced before entering foster care and those stemming from foster care, children’s experiences while in foster care can influence their developmental outcomes. In particular, placement instability is associated with negative developmental outcomes for foster children (Harden January 2004). Achieving permanency more quickly can improve children’s well-being.

Finally, states and localities may want to expand the services they provide to children and families so they can better meet federal child welfare standards. In 1994 Congress required that child and family service reviews (CFSRs) be conducted to evaluate the performance of state child welfare agencies. States are assessed on multiple child and family outcome measures and systemic factors to determine how well they are meeting federal performance standards. Service array is one of the seven systemic factors against which state performance is measured. In addition, a continuum of care has the potential to improve several other CFSR outcome measures, such as the receipt of family supports, educational services, and physical and mental health services. All 50 states have completed the CFSR review process and none has met all of the federal requirements. Given that they might incur financial penalties if they do not demonstrate improvement within two years of failing their CFSR reviews, states have an incentive to explore strategies to improve compliance, including service expansion.

## Federal Funding Sources for Child Welfare-Related Services

Federal Funding Source	Typical Administering Agency	Amount Authorized in Fiscal Year 2004*	Range of Financial Assistance to States in Fiscal Year 2004*
Title IV-E Foster Care	Child Welfare	\$4.7 billion	\$2.6 million–\$1.4 billion
Title IV-B, Subpart 1 Child Welfare Services	Child Welfare	\$289 million	\$290,000–\$33.2 million
Title IV-B, Subpart 2 Promoting Safe and Stable Families	Child Welfare	\$391 million	\$170,000–\$33.2 million
Child Abuse and Neglect State Grants	Child Welfare	\$21.8 million	\$76,000–\$2.5 million
Medicaid	Health	\$177 billion	N/A
Temporary Assistance for Needy Families	Welfare	\$16.5 billion	\$21.8 million–\$3.7 billion
Social Services Block Grant	Local community development corporations or community action agencies	\$1.7 billion	\$56,000–\$207.3 million
Substance Abuse Prevention and Treatment Block Grant	Health	\$1.7 billion	\$61,000–\$177 million
Maternal and Child Health Services Block Grant	Health	\$588 million	\$161,000–\$44.5 million
Community Mental Health Services Block Grant	Health	\$49 million	\$200,000–\$3.5 million

\*Represents the total appropriations amount, not necessarily the funding that may be available for child welfare services. N/A: not available.

Source: Compiled by The Finance Project from U.S. General Services Administration, *Catalog of Federal Domestic Assistance* (Washington, D.C., August 2004) at <http://12.46.245.173/cfda.html>.

## Federal Funding Sources That Can Support a Continuum of Care

The federal government, states, and localities share responsibility for financing child welfare services. Total spending on child welfare services was approximately \$20 billion in 2000. Federal funding accounted for 49 percent (\$9.9 billion) of this total, state funding for 39 percent (\$7.9 billion), and local funding for 11 percent (\$2.2 billion) (Bess et al. 2002).

The main dedicated federal funding sources for child welfare are Title IV-E, Title IV-B, and Child Abuse and Neglect State Grants (see table on p. 4). Title IV-E, which provides federal support for certain at-risk children who must be removed from their homes and placed in foster care, accounts for the largest share of federal funding that flows to child welfare agencies. Consequently, even though child welfare agencies have a mandate to protect children and may want to achieve this goal by providing comprehensive home- and community-based supports that at-risk families need to stay together, federal funds can only be used to support certain services.

- **Title IV-E, Foster Care, and Adoption Assistance.** Title IV-E is an open-ended entitlement program that reimburses state and local child welfare agencies for a portion of their foster care and adoption-related expenses. Reimbursement is limited to cases that involve children who meet the former Aid to Families with Dependent Children (AFDC) program eligibility requirements. For these cases, the federal government reimburses states and localities for 50 percent to 83 percent of the costs of room-and-board payments made to licensed foster parents, group homes, and residential child care facilities, based on a formula that takes into account the state's per-capita income. Title IV-E also reimburses states and localities for a portion of the administrative and training costs associated with foster care and adoption services, for

adoption assistance payments on behalf of children with special needs, and for families' nonrecurring adoption expenses up to \$2,000.

- **Title IV-B, Subpart 1, Child Welfare Services.** Child Welfare Services is a discretionary matching grant that can be used for a variety of child welfare-related services. States can use the grant for costs associated with child protective services personnel; licensing and standard-setting for foster and adoptive parents as well for private child care agencies and institutions; homemaker services; the return of runaway children; and prevention and reunification services.
- **Title IV-B, Subpart 2, Promoting Safe and Stable Families.** Promoting Safe and Stable Families is a capped entitlement program. It can be used to fund different community-based services, including respite care, child maltreatment prevention services, infant safe-haven programs, time-limited reunification services, follow-up services after children exit foster care, services designed to improve parenting skills, and adoption promotion and support services.
- **Child Abuse and Neglect State Grants.** Congress appropriates funds for Child Abuse and Neglect State Grants on an annual basis, and each state receives a share based on a formula. The grant can be used to fund various child welfare services with a focus on the prevention and treatment of child abuse and neglect. These services include performing intakes, assessments, screenings, and investigations of reports of abuse and neglect. In addition, they include developing interagency protocols to enhance child maltreatment investigations and supporting case management, ongoing case monitoring, and delivery of services and treatment for children and their families. The allowable child welfare services also include developing child abuse risk assessment tools and protocols, improving information technology to track reports of child abuse and neglect, and recruiting and training staff who provide

services to children and families. The funds can also be used for developing public educational materials on the roles and responsibilities of the child protection system and on the reporting of suspected incidents of child abuse and neglect. Likewise, the funds can be used for enhancing collaboration among the child protection system, the juvenile justice system, the education system, public health agencies, and private community-based programs to provide child abuse prevention and treatment services.

In addition, child welfare agencies can use waivers and other federal funding sources to provide essential prevention, crisis intervention, family support, and permanency services (see table). Many children or families have needs that cut across programs or systems. Several federal funding sources are not explicitly dedicated to child welfare but can be used to support a continuum of care for vulnerable children and families.

- **Title IV-E Waivers.** In 1994 Congress granted the U.S. Department of Health and Human Services (HHS) the authority to approve a limited number of child welfare demonstration projects (commonly called waivers).<sup>\*</sup> These waivers allow states to use Title IV funds to test innovative strategies for meeting the needs of children and families in the child welfare system. To date, 17 states have implemented 25 child welfare demonstration projects through Title IV-E waiver agreements. (Some states have multiple waiver agreements.) States have used waivers to provide financial assistance for legal guardians or kinship caregivers, substance abuse services, intensive service options for children and families, and special needs adoption training and services (see “Mississippi: Using a Title IV-E Waiver to Fund Child Welfare Services”). For more information, visit <http://www.acf.hhs.gov/programs/cb/initiatives/cwwaiver.htm>.
- **Medicaid.** Medicaid provides routine health care for most children in the foster care system. The program can also be used to fund needs assessments; child abuse prevention services; family support services connected to medical care, such as transportation assistance; and counseling, substance abuse, mental health, and domestic violence services for eligible individuals (Hutson February 2004). In addition, some state child welfare agencies have used the targeted case management option under Medicaid. This option makes funding available for trained professionals to assess clients’ needs and coordinate services on their behalf as well as help them gain access to needed social, educational, and other services.
- **Temporary Assistance for Needy Families.** Within the TANF block grant, there is considerable flexibility for states to use funds for child welfare and postpermanency services. States have the discretion to use TANF funds to meet any of the program’s four broad policy goals, which include providing assistance to families so children may be cared for in their own homes. Child welfare services that can be funded through the TANF block grant include needs assessments; intensive in-home services; parenting classes; domestic violence, mental health, and substance abuse treatment; stipends for kinship caregivers or legal guardians; and a variety of family support services (e.g., employment, transportation, and child care assistance) (Hutson February 2004). Many states have used TANF to help fund intensive family preservation supports and services.
- **Social Services Block Grant.** The Social Services Block Grant (SSBG) is a capped state entitlement program that can be used to support social services to at-risk children and their families. States have broad discretion to determine both the types of services they

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<sup>\*</sup> HHS waiver approval authority was renewed as part of the Adoption and Safe Families Act of 1997, the Welfare Reform Extension Act of 2003, and subsequent extensions of the Temporary Assistance for Needy Families Program. Current legislative authority for approving new child welfare demonstration projects will expire March 31, 2005.

- provide with SSBG funds and the eligibility criteria for those services. States may use SSBG funds for needs assessment, permanency services, child abuse prevention services, and family support services (e.g., food, employment, transportation, and child care assistance) (Hutson February 2004).
- **Substance Abuse Prevention and Treatment Block Grant.** The Substance Abuse Prevention and Treatment (SAPT) Block Grant funds substance abuse prevention and treatment programs for people who abuse or who are at risk of abusing drugs and alcohol. States have flexibility to use SAPT funds for assessments, mental health and domestic violence services, child abuse prevention, family support services (e.g., food assistance, medical care, and employment, transportation, and child care assistance), and postpermanency services.
  - **Maternal and Child Health Services Block Grant.** States and localities have the discretion to use Maternal and Child Health Services (MCHS) Block Grant funds to provide wraparound services for uninsured, underinsured, and publicly insured families. States must earmark at least 30 percent of their appropriation for family-centered, community-based care systems for children with special health care needs. MCHS can be used to provide child welfare services that are connected with either mental health or substance abuse treatment. These services may include transportation, case

## Mississippi: Using a Title IV-E Waiver to Fund A Broader Array of Child Welfare Services

Through a Title IV-E waiver, Mississippi is conducting a demonstration project to provide intensive services to children and families in the child welfare system. The demonstration project aims to improve the assessment of family needs, individualize and broaden the array of services provided to children and families, and place a greater emphasis on home-based and preventive services. Staff in participating counties are expected to use family team conferences—including parents, relatives, school personnel, juvenile authorities, a Department of Children and Family Services (DCFS) social worker, and other service providers for the child or family—to develop wraparound plans that promote children’s safety and permanency. Children and families are offered, for example, counseling, job training, respite care, medical care, parental training, educational services, transportation assistance, child care assistance, support services for foster parents, and temporary financial or in-kind assistance (e.g., food, clothing, housing/boarding, and utility payments). Eligible clients include children involved in the child welfare system as well as their parents, siblings, foster parents or potential foster parents, custodial relatives or potential custodial relatives, and adoptive or potential adoptive parents.

The project began in April 2001, and it was gradually phased in to all eight participating counties. Prior to implementation, staff, supervisors, and social workers received training on family team conferencing, the national waiver program, and the elements of the demonstration project in Mississippi. Two regional waiver coordinators developed policy and procedural guidelines for service provision. The state also conducted a survey of experienced DCFS social workers to identify new services that would be needed by children assigned to the demonstration project.

According to the interim evaluation report released in January 2004, the demonstration project increased the likelihood that workers would request various types of services for children and their families other than payments for foster care. In addition, children received services more frequently under the waiver. Only part of this service increase was funded through the waiver, suggesting that the waiver had a leveraging effect on the utilization of services funded by other sources. The waiver is scheduled to end in April 2006. For more information, see *The Mississippi Title IV-E Child Welfare Waiver Demonstration Project, Interim Evaluation Report* at <http://www.iarstl.org/papers/MSInterimReport.pdf>.

management, health education, nutrition counseling, home visiting, respite care, and other family support services.

- **Community Mental Health Services Block Grant.** The Community Mental Health Services (CMHS) Block Grant seeks to enhance the capacity of states and localities to provide comprehensive, community-based systems of care for adults with mental illnesses and children suffering from emotional disorders. CMHS funds can be used to fund various child welfare services, including rehabilitation, health and mental health outreach and services, and family support services such as housing assistance, employment assistance, education assistance, and other individualized supports.

According to Urban Institute child welfare surveys in 1996, 1998, and 2000, state child welfare agencies have relied heavily on funds not dedicated to child welfare services to meet the needs of the children and families they serve. In 2000 states spent \$7.8 billion from federal funding sources on child welfare services. Title IV-E and IV-B dedicated child welfare funding accounted for 53 percent of states' total expenditure of federal funds; Title IV-E accounted for 48 percent; Title IV-B, Subpart 1 for 3 percent; and Title IV-B, Subpart 2 for 2 percent. Other funds accounted for the remaining 47 percent of states' total expenditure of federal funds; SSBG accounted for 17 percent, TANF for 15 percent, Medicaid for 10 percent, and other funds for 5 percent. States can and have benefited from tapping into multiple federal funding sources to finance child welfare services (Bess et al. 2002).

Accessing these various funds may require some administrative effort, because each funding stream has its own match rates, reporting requirements, allocation provisions, and cost allocation rules. States and localities that receive multiple funding streams for child welfare-related services will likely need to invest some resources in allocating, tracking, and reporting expenditures. In addition, because much of the funding that is available for broader child welfare purposes is administered by other state agencies, crafting effective strategies

for interagency coordination is critical to developing and sustaining a continuum of care.

## Interagency Coordination

The overlap in populations and needs served by the different programs and funding streams suggests that to implement a continuum of care, child welfare agencies need to coordinate with other state and local agencies that can support prevention, early intervention, specialized treatment, and postpermanency services. This includes health, welfare, education, mental health, and substance abuse agencies. States and localities can use various strategies to enhance coordination between their child welfare agencies and other agencies that serve vulnerable children and families. These strategies range from those that are relatively easy to implement to those that reflect more intensive levels of coordination. They include staff cross-training, shared information and tracking systems, common intake and assessment forms, coordinated case management, staff collocation, joint planning structures, integrated administration, and coordinated funding.

- **Staff Cross-Training.** Cross-training staff from multiple agencies can help address gaps in staff expertise, improve understanding of roles and responsibilities, overcome resistance to changes in service delivery approaches, and develop common intervention strategies. Idaho, Kentucky, North Dakota, Oregon, Wisconsin, and the District of Columbia cross-train staff from their welfare, child welfare, substance abuse, and mental health agencies (The Finance Project May 2004).
- **Shared Information and Tracking Systems.** Developing systems to share information and track clients can improve interagency coordination. Automated information and referral directories can also help staff serve clients with multiple needs. For example, in San Diego, California, a computerized system enables multiple agencies to monitor the well-being of children in foster care and determine

whether they are receiving needed health, education, and counseling services. However, agencies need to put in place appropriate safeguards to protect client confidentiality.

- **Common Intake and Assessment Forms.** By expanding the information available to various agencies, common intake and assessment forms can lead to better identification of the needs of children and families. This information can enable staff to connect children and families to needed supports and services as soon as possible. Early interventions can help resolve problems, such as substance abuse or unhealthy parenting behaviors, before they escalate.
- **Coordinated Case Management.** Coordinated case management means involving staff from various agencies in developing service plans for children and families. This approach can facilitate the drawing in of funding, expertise, and other resources from different agencies and can help ensure that clients receive more comprehensive and coordinated supports and services.
- **Staff Collocation.** Collocation involves placing offices or staff from various agencies at the same location. It can help ensure that clients receive a continuum of care by making various supports and services accessible in one place. Collocation can facilitate more comprehensive needs assessments, improve the information and resources available to child welfare case managers, and help link clients to needed health, financial, educational, substance abuse, and other assistance. Thirteen states collocate their welfare and child welfare agencies (David and Lucile Packard Foundation winter 2004).
- **Joint Planning Structures.** States and localities can develop joint planning structures, such as cabinet- or management-level committees to consider how separate agencies can work together. These bodies can be composed of directors or other senior officials from welfare, child welfare, and other agencies. Such joint planning groups can provide leadership for their agencies to work across systems to share information, coordinate efforts, collaborate on common issues, and recommend policy and practice changes to improve services to children and families.
- **Integrated Administration.** Integrated administration involves making several agencies accountable to the same governing agency. It is a more formal structural arrangement than co-location or joint planning and can help foster the development of common goals, procedures and performance measures across different agencies. In Idaho, Kentucky, and Oregon, the same agency administers welfare and child welfare programs. The Wisconsin Department of Health and Family Services oversees child welfare, mental health, and substance abuse services (The Finance Project May 2004).
- **Coordinated Funding.** Interagency coordination can also entail using separate funding streams in more synchronized and flexible ways. One of the most common financing strategies is to integrate categorical funding streams to support a continuum of care. Another strategy, typically used at the state and county levels, is to blend flexible sources of financing into one funding pool. Another state-level strategy is to make categorical funding streams more flexible by removing, reducing, or aligning requirements or regulations. Although states do not have the authority to alter most regulations attached to federal funding streams, many decisions regarding eligibility and the types of services offered are made by the state legislature or state agencies.

### Coordination with Welfare Agencies

There are natural linkages between the welfare and child welfare systems. More than half the children who enter the child welfare system come from families eligible for welfare. Poverty is strongly associated with an increased risk of child maltreatment. Children in families with annual incomes below \$15,000 are 22 times more likely than children in families with annual incomes above \$30,000 to be abused or neglected (Bess et al. 2002). Instability, higher levels of stress, and a lack of basic necessities can interfere with employment and parenting and lead to an increased risk of child maltreatment among low-income families. Even when families are not involved with both the welfare and child welfare systems, they often face similar challenges, such as poverty, unemployment, substance abuse, domestic violence, and mental health disorders.

Cross-training gives welfare and child welfare staff the tools to recognize potential cases of child

abuse or neglect and identify necessary supports. Coordination can also improve understanding about the need for child abuse outreach and prevention efforts as well as lead to innovative joint policies and programs between welfare and child welfare agencies. Other forms of coordination involve parenting classes, joint site visits, joint case planning, various wraparound services, common intake and assessment forms, supports and services that promote healthy parent-child interactions, intensive in-home services for families at risk of abuse or neglect, and supports and services for kinship caregivers or legal guardians.

Many states have efforts underway to promote coordination between welfare and child welfare agencies. At least 20 states have documented how information is shared across agencies, and 13 states have their TANF and child welfare agencies co-located. In addition, at least one state, Oregon, is moving toward integrating its welfare and child welfare agencies (David and Lucile Packard Foundation winter 2004). Similar efforts are underway at the county level (see “El Paso, Colorado: Integrating the Welfare and Child Welfare Agencies”).

### El Paso, Colorado: Integrating the Welfare and Child Welfare Agencies

El Paso County is integrating its child welfare and welfare agencies to provide more comprehensive and coordinated services to children and families. Interagency coordination has been promoted through new assessment processes, coordinated case planning, and cross-training of welfare and child welfare staff. The welfare agency has revised its assessment process to identify the needs of families on a case-by-case basis. Child welfare workers are involved in case planning to ensure that child safety concerns are addressed. TANF funds, which were made available because of declining cash assistance caseloads, are used to provide prevention and early intervention services for families that may be at risk of child mistreatment.

The integration of the welfare and child welfare agencies has led to new programs and service approaches. In 2001 the two agencies created Direct Link to provide intensive home-based services—including crisis intervention, emergency financial assistance, parenting and stress reduction education, and mental health and substance abuse treatment—to families with substance abuse problems. In addition, the agencies have expanded their community-based services. Child welfare workers have been assigned to four elementary schools in a neighborhood with high reports of child neglect. Together with other service providers, welfare and child welfare staff are also co-located in a community center in an isolated community in El Paso. A Linkages Committee, which was established by the human services department and is composed of supervisors, managers, and administrators, meets on a monthly basis and identifies strategies to promote interagency coordination. For more information, see [http://www.clasp.org/DMS/Documents/1065798025.07/El\\_Paso\\_report.pdf](http://www.clasp.org/DMS/Documents/1065798025.07/El_Paso_report.pdf).

## Coordination with Substance Abuse Agencies

Substance abuse is one of the most pervasive factors affecting child welfare. Compared with other children, children whose parents have alcohol and other drug problems are nearly three times as likely to be abused and more than four times as likely to be neglected. It is estimated that between 40 percent and 80 percent of children who come to the attention of the child welfare system each year live in families with alcohol or substance abuse problems (Banks and Boehm September 2001).

Many substance abuse problems among child welfare families go untreated because of gaps in services. A 2001 study found that child welfare agencies were able to provide substance abuse treatment for only 31 percent of the families that needed treatment. Further exacerbating the problem, in most states, parents had to wait up to 12 months to get treatment even when it was available (Banks and Boehm September 2001).

Coordination between child welfare and substance abuse agencies can help improve access to treatment for vulnerable children and families (see “Delaware: Providing Substance Abuse Services to Child Welfare Families”). Staff from these agencies would benefit from cross-training, so they can recognize symptoms of child abuse and substance abuse problems. Child welfare and substance abuse agencies can also work together to develop innovative policies and programs to address the needs of dual-system families. For example, several states and localities have developed family care residential programs—in which mothers remain with their children, receive treatment, and learn new approaches to parenting, budgeting, and other tasks—to address both substance and child abuse problems (Banks and Boehm September 2001). Other coordination strategies include substance abuse prevention efforts, joint screening and assessment tools, aftercare support for recovering families, and supports and services that promote healthy parent-child interactions.

### Delaware: Providing Substance Abuse Services to Child Welfare Families

Through a Title IV-E waiver, Delaware provided services in all three of the state’s counties to caregivers who are substance-involved. Multidisciplinary treatment teams, composed of a substance abuse counselor co-located with child protective services (CPS) workers, were formed to help children who were in foster care or at risk of entering foster care because of parental substance abuse. Substance abuse counselors accompanied CPS workers on initial home visits, and together they assessed the substance abuse problem and its effect on parenting. Counselors made referrals for treatment and stayed connected with the family throughout treatment. Between July 1996 and February 2002, the program served and referred 530 families to substance abuse services. According to the final evaluation report in March 2002, the program cut the average length of time that children of drug- and alcohol-abusing parents spent in foster care by one third; on average, children in the experimental group spent 204 days in foster care, compared with 294 days for children in the comparison group). In addition, families that participated in the program had 7 percent fewer foster care placements than those who did not participate in the program. For more information, see <http://www.aphsa.org/Policy/Doc/sawaiverreport.pdf> or contact Candace Charkow, Department of Family Services, Delaware Department of Health and Social Services, at 302.633.2601.

### Coordination with Mental Health Agencies

Children in the child welfare system suffer from high rates of emotional and mental health problems. Approximately 60 percent of children in out-of-home placements have moderate to severe mental health problems (Children's Defense Fund 2004). Some children have serious psychological problems that require residential placement. Factors contributing to emotional and mental health problems among these children include child abuse, family violence, drug use or exposure to drugs, untreated mental health problems in their families, and children's experiences in foster care.

Although Medicaid provides comprehensive health coverage for low-income children, less than one third of children in the child welfare system receive essential mental health services (Children's

Defense Fund 2004). When left untreated, mental health problems can diminish a child's chance for healthy development, undermine families' ability to care for their children, and destabilize adoption or kinship placements.

Coordination between child welfare and mental health providers can help vulnerable children and families obtain needed care (see "Milwaukee, Wisconsin: Providing Mental Health and Other Wraparound Services to Child Welfare Families"). Child welfare agencies can work with mental health providers to develop preventive and ongoing intervention services in the least restrictive settings possible, such as home-based services, outpatient therapy, or day treatment programs. Other forms of coordination include cross-training or co-locating staff from mental health and child welfare agencies, providing mental health screening for child welfare clients, and developing crisis

### Milwaukee, Wisconsin: Providing Mental Health and Other Wraparound Services to Child Welfare Families

Wraparound Milwaukee is a publicly administered health maintenance organization (HMO) designed to provide community-based treatment alternatives for children and adolescents (up to age 18) with emotional, behavioral, and mental health needs. The Milwaukee County Mental Health Services Division operates Wraparound Milwaukee in collaboration with child welfare, mental health, and juvenile justice agencies. Through the program, clients are enrolled in a benefit plan that offers 85 types of social, support, and mental health services, including tutoring, housing assistance, employment assistance, transportation assistance, alcohol/substance abuse treatment, mental health treatment, and child care and respite care. Care coordinators assess clients, assemble teams of specialists to work with clients to develop a plan of care, arrange needed services, and provide ongoing follow-up.

Wraparound Milwaukee has managed fee-for-service contracts with more than 240 providers. The plan also allows for "natural support" providers, such as friends, neighbors, and family members, to be reimbursed for services. Youth are automatically enrolled in a 24-hour crisis intervention service provided by a Mobile Urgent Treatment Team consisting of psychologists and social workers trained in intervening in crisis situations. The overall cost of care per child is approximately \$3,300 per month.

Since 1995 Wraparound Milwaukee has decreased the use of residential treatment by 60 percent and inpatient psychiatric hospitalization by 80 percent and has significantly improved clinical outcomes for participating youth. Milwaukee County established the HMO in 1995 using a \$15-million federal grant from the Center for Mental Health Services. Wraparound Milwaukee is currently financed through pooled funding from Medicaid, Juvenile Justice and Delinquency Prevention Grants, and the State Children's Health Insurance Program. For more information, visit <http://www.milwaukeecounty.org/Service/serviceDetail.asp?id=1413> or contact Bruce J. Kamradt, director of Wraparound Milwaukee, at 414.257.7639 or [bkamrad@wrapmilw.org](mailto:bkamrad@wrapmilw.org).

outreach services and respite care programs for vulnerable children and families.

## Coordination with Education Agencies

Children in the child welfare system face unique challenges in getting their educational needs met. This is especially true for children in foster care who experience numerous changes in home placements that also require school transfers. School disruptions often result in lost credits, delayed academic progress, grade repetition, and delays in student enrollment and record transfer (Christian December 2003).

Children in foster care with special needs can have a particularly difficult time accessing appropriate educational supports and services. Of the more than 500,000 children in foster care, more than 35 percent are in special education; in contrast, only 10 percent of the general student population receives special education services. However, because of gaps or delays in educational services, some children languish for years with unrecognized disabilities or insufficient services to help them succeed in school.

Coordination between child welfare and state and local education agencies can help improve educational services for foster children (see “Connecticut: Providing Educational Services to

Children in the Child Welfare System”). Child welfare and education agencies would benefit from sharing information about foster care student enrollments and academic progress. They would also benefit from identifying staff members who can serve as liaisons between the two. The agencies can work together to ensure that children in the child welfare system are screened for special education needs. Finally, there is a need for education and child welfare agencies to ensure that children’s education and special needs are addressed in the case planning process.

State and local lawmakers can play a key role in promoting collaboration among state and local education and child welfare agencies. States and localities can enact legislation to enhance educational stability and continuity for children in foster care by allowing them to remain in their preplacement school. They can also enact legislation to expedite school transfers by establishing procedures and deadlines for enrollment and record sharing, so children who need to change schools can do so in a timely way.

## Print and Electronic Resources

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## Connecticut: Providing Educational Services To Children in the Child Welfare System

The Connecticut Department of Children and Families (DCF) contracts with consultants to coordinate educational services on behalf of children in the child welfare system. DCF has six educational consultants, each of whom covers a different region of the state. All of the consultants are former teachers, administrators, or school psychologists.

The consultants deal with children in foster care as well as “no nexus” children (i.e., those in safeaway houses, halfway houses, and preadoption facilities). They are responsible for reviewing children’s educational records; conducting educational testing and evaluation; consulting with caseworkers and foster parents on children’s educational needs; advocating for appropriate services at schools; and acting as a liaison between DCF and the educational community. For more information, see <http://www.state.ct.us/dcf/Policy/RRG’s38/38-16-3.htm> or contact the Connecticut Department of Children and Families, Office of Foster and Adoptive Services, Educational Division, at 860.550.6436.

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## Resource Contacts

Casey Family Services  
<http://www.caseyfamilyservices.org>

*Catalog of Federal Domestic Assistance*  
<http://12.46.245.173/cfda/cfda.html>

Children's Defense Fund  
<http://www.childrensdefense.org>

Child Welfare League of America  
<http://www.cwla.org>

Cornerstone Consulting Group  
Waiver Watch Project  
<http://www.aphsa.org/cornerstone/default.asp>

The Finance Project, Welfare Information Network  
<http://www.financeprojectinfo.org/WIN/childwelf.asp>

National Center on Substance Abuse  
and Child Welfare  
<http://www.ncsacw.samhsa.gov>

National Clearinghouse on Child  
Abuse and Neglect Information  
<http://nccanch.acf.hhs.gov>

The Pew Commission on Children in Foster Care  
<http://www.pewfostercare.org>

The Urban Institute, publications on child welfare  
<http://www.urban.org/Template.cfm?Section=ByTopic&NavMenuID=62&TopicID=12&TopicName=Child%20Welfare>

U.S. Department of Health and Human Services,  
Administration for Children and Families  
<http://www.acf.dhhs.gov>

U.S. Department of Health and Human Services,  
Administration for Children and Families,  
Children's Bureau  
<http://www.acf.dhhs.gov/programs/cb>

U.S. Department of Health and Human Services,  
Substance Abuse and Mental Health Services  
Administration  
<http://www.samhsa.org>

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