



# **Cost-Effective Approaches to Improving Conditions for Maltreated Children and Accelerating Permanency Planning<sup>1</sup>**

**- A Review of Proven and Promising Programs for Reducing the Number of Children in Foster Care and a Rationale for their Expansion -**

## ***Executive Summary for Legislators and Other Policy-makers***

### **Prompt Action is Needed**

While the United States saw its athletes bring home more medals than any other country in the summer Olympics of 2008, our country performs less well than other industrialized countries with respect to infant mortality, family poverty, academic achievement and other areas of child well-being.<sup>1</sup> In fact, the United Nations ranked the U.S. 20<sup>th</sup> out of 21 countries on various outcome indicators for children.<sup>2</sup> Economic experts and business leaders are now saying that if we do not make a greater investment in the health and education of the youngest generation, we will not be able to compete with other countries or assume that future generations will be better off than previous ones.<sup>3</sup>

There is strong evidence that children need a minimum of five key experiences to succeed: (1) Caring adults in their lives; (2) Safe places to live; (3) A healthy start; (4) Effective education; and (5) Opportunities to help others. Developmental and economic science has linked these five experiences to better adult outcomes such as improved health status, less dependency on government, and higher wages.<sup>4</sup> To succeed in the new world economy America needs a strong workforce made possible by strong families living in supportive communities. Through quality prevention efforts in our communities, every child can be part of a safe, loving family. To achieve that result child welfare and allied services must prevent and treat child maltreatment by addressing key risk and protective factors.

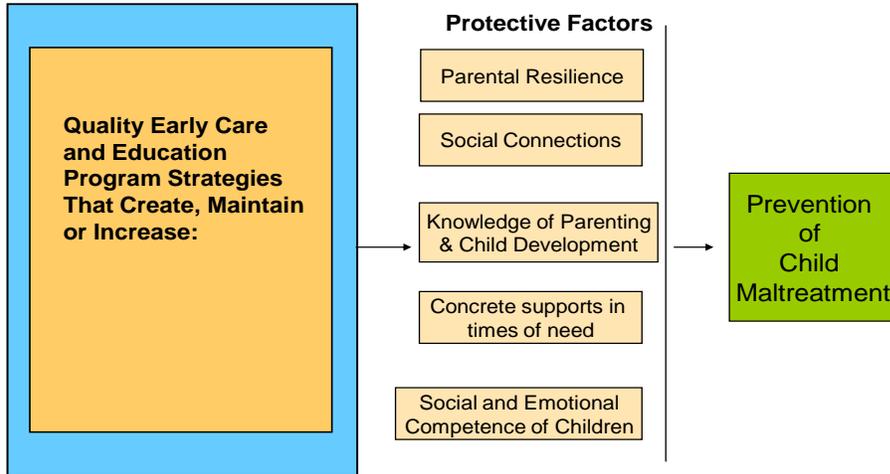
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<sup>1</sup>**DRAFT:** Revised: 9-22-09 (Public version V3) Compiled by Peter J. Pecora, JooYeun Chang, Dave Danielson, Cari DeSantis, Antoinette Malveaux, David Sanders, Regina Schofield, Joan Smith, Susan Smith, Rob Wakeling, and Susan Weiss, Casey Family Programs, 1300 Dexter Ave. North, Floor 3, Seattle, WA 98109.

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Research is available that shows there are five evidence-based protective factors that can prevent child abuse and neglect. A comprehensive literature review completed by the Center for the Study of Social Policy highlights how these protective factors can reduce child abuse and neglect when programs, particularly early care and education programs, build certain capacities with families in the areas listed in Figure 1:<sup>5</sup>

**Figure 1. How Early Childhood Programs Contribute to Prevention of Child Abuse and Neglect**



### Context For Reform

Every year in the United States about 794,000 children are confirmed as victims of child maltreatment, and on any given day nearly 500,000 children are living in foster care. Most children are placed due to some form of parental neglect, while others have been physically, sexually or emotionally abused. Some children, however, have been placed due to their severe emotional or behavioral conditions that require specialized treatment. While many families have benefited from their involvement in child welfare, some practice approaches and well-intended but faulty policies have failed countless children and families over the years in terms of preventing the occurrence and reoccurrence of child maltreatment. Some experts have argued that too many children have been placed in foster care where child outcomes are often negative:<sup>6</sup>

- More than 270,000 prisoners in America today were once children in foster care.
- One-quarter of the children who “age-out” of the foster care system at 18 will experience homelessness.
- Children who have experienced foster care suffer from post-traumatic stress disorder at a rate similar to U.S. war veterans of Vietnam and Iraq.

Fortunately, things are changing. Across the country, some child welfare leaders, partners and policymakers are acknowledging shortcomings of the past and are committing themselves to improved policies and practices. Former assumptions are being challenged, child welfare

organizations are collaborating with new and traditional partners to improve services. And in some states, more evidence-informed intervention approaches are being implemented. Meanwhile, the child welfare field is becoming more scientific, using better tools for caseworkers, judges, mental health providers and families to serve vulnerable children. As a result, child welfare agencies are finding answers that help more children live in safe, nurturing and permanent family homes.

Many public and private child welfare programs across the country, including Casey Family Programs, support policies and practices that will ensure the most effective services for every child and every family. A primary goal of Casey Family Programs is to ensure that every child in America has a safe, stable and loving family that they can forever call their own. Retaining children safely in their family home and community eliminates additional challenges children face when they are removed from their home of origin.<sup>7</sup>

### **State and County Child Welfare Agencies Have Reduced the Use of Foster Care Safely**

A total of 20 states (out of 52 total jurisdictions that include Washington D.C. and Puerto Rico) that have reduced foster care entries by 15% or more during 2005-2008. These include **Hawaii, Florida, Georgia, Montana, Oregon**, California, Maryland, **Missouri**, DC, **North Carolina**, Michigan, Pennsylvania, Nebraska, Oklahoma, Idaho, **Delaware, Texas**, Virginia, **Iowa**, and Utah. That is 20 of 52 jurisdictions. The states in bold are those with a greater than 20% decrease in entries over that time period.<sup>8</sup> In addition, New York City and Los Angeles have also made huge strides in reducing the use of foster care placement.

### **The Need for More Evidence-Informed Practice Strategies**

The United States needs more research on family strengthening and child placement prevention strategies that will be cost-effective, replicable, and culturally and linguistically appropriate. Public-private collaborations need to work with non-partisan groups such as the Center for Evidence-based Policy, the Society for Cost-Benefit Analysis, and the MacArthur Foundation to evaluate policy, program and research initiatives to help ensure that cost-benefit and other economic analyses are conducted.

Practice, administrative, policy and other system reform strategies do exist that can improve conditions for maltreated children and accelerate permanency planning, thereby safely reducing the number of children in foster care. Especially in times of fiscal constraints, programs are needed to achieve these goals so that placement cost savings can be reinvested in higher quality services for the children who absolutely need out-of-home care. This executive summary of a Casey working paper begins by summarizing the following interventions that will help parents improve their child-rearing abilities in ways that will help them avoid child placement and which have evidence of cost-effectiveness (see Table E.1):

- Chicago Child Parent Centers
- Home-Visiting: *Nurse Family Partnership* for Low Income Families
- Intensive Family Preservation Services (Homebuilders<sup>®</sup> model)
- Intensive Family Reunification Services (Homebuilders<sup>®</sup> model)

- *Parent Child Interaction Therapy*
- *TripleP--Positive Parenting Program*

**Table E.1. Program Costs and Benefits**

<b>Program</b>	<b>Total Benefit-to-Cost Ratio</b> (dollars in benefits for every one dollar of program cost per participant)	<b>Total Benefits Minus Costs</b> (per participant)
<b>PROGRAMS THAT DIRECTLY REDUCE FOSTER CARE</b>		
<b>Intensive Family Preservation Service Programs (Homebuilders® model) <sup>a,c</sup></b>	\$2.54	\$4,775
<b>Parent-Child Interaction Therapy (Oklahoma)<sup>a</sup></b>	\$5.93	\$4,962
<b>TripleP--Positive Parenting Program<sup>d</sup></b>	\$4.09 (1 year of benefit)	Not applicable
<b>OTHER PREVENTION PROGRAMS</b>		
<b>Chicago Child Parent Centers <sup>a</sup></b>	\$4.82	\$31,036
<b>Nurse Family Partnership for Low-Income Families <sup>a,b</sup></b>	\$3.02	\$18,054

<sup>a</sup> Washington State Institute for Public Policy estimates as of May 2008. Final report is available at <http://www.wsipp.wa.gov/rptfiles/08-07-3901.pdf>

<sup>b</sup> The Nurse-Family Partnership and home-visiting meta-analysis data are from Lee et al. (2008). The program cost data are net present value, 2007 dollars compared to the cost of alternative. The program benefit data are net present value, 2007 dollars. The RAND Corporation has independently estimated that the return for each dollar invested in Nurse-Family Partnership was \$5.70 for the higher-risk population served and \$2.88 for the entire population served (in \$2003). Their estimate does not include cost savings attributable to reductions in subsequent pregnancies or preterm births. Actual cost savings are likely to be larger given the significant expenses associated with these conditions. (See L.A. Karoly, M.R. Kilburn, J.S. Cannon. (2005). *Early Childhood Interventions: Proven Results, Future Promise*. RAND Corporation, Santa Monica, CA: MG-341-PNC, 2005 <http://www.rand.org/pubs/monographs/MG341>.)

<sup>c</sup> WSIPP presented a single benefit-cost analysis for Homebuilders®-style Intensive Family Preservation Service Programs here. In a meta-analytic table, they presented effect size estimates in three ways: (1) for IFPS programs focused on reunification of children already placed out of home, (2) for programs focused on preventing children from being removed from home, and (3) for all IFPS programs. The benefit-cost estimates were nearly identical for the reunification and prevention programs, so they combined them.<sup>9</sup>

<sup>d</sup> Also see the Triple-P websites: [www.triplep.net](http://www.triplep.net) and [http://www.paxis.org/triplep/PPP\\_flash.aspx](http://www.paxis.org/triplep/PPP_flash.aspx).

***Note that while the Casey working paper highlights foster care reduction strategies with evidence of effectiveness, many large-scale county and state child welfare reforms experiencing success have implemented groups of strategies, such as alternative response/differential response, structured safety and risk assessment approaches, aggressive and repeated searches for relatives, family group conferences and family team decision-making, concrete help for families, and community-based supports to strengthen families, in addition to specific public policy reforms and intervention strategies.***

## **Current Challenges**

Many frontiers for further development remain to be addressed, including permanency planning for older adolescents and post-permanency services. We believe that there is no single solution to the complex challenge of reducing rates of foster care. And as described in the paper, the levels of research evidence do vary and some strategies have much more of an empirical basis than others. (See Table E.2.)

In addition, using economic data can be complex. For example, cost effectiveness is usually best seen relative from one strategy or investment to another. We must recognize that a decision to invest has alternatives, especially recognizing a jurisdiction's existing infrastructure. Furthermore, we should be clear what presumed level of service is provided for a particular cost-effective approach as compared to another strategy. Are we comparing interventions with comparable parameters? For example, does one family-serving program accept only families with minimum needs or does the program use aggressive recruitment methods to provide services for all families regardless of family need or risk levels?

Despite the complexities of economic analysis, a compelling fiscal case can be made. Consider this example based in large part on actual Los Angeles data:

The average timeframe for family reunification in Los Angeles was reduced from 33 months in calendar year 2000 to about 26 months currently, a reduction of 7 months. There were also about 6500 family reunifications in Los Angeles County in 2008. We could ask our Finance/Budget section to determine the average cost of having a child in care for each month. Hypothetically, if the cost is \$500 per child per month, then you could calculate that LA County would have saved about \$22.75 million in 2008 (7 months multiplied by 6500 cases, multiplied by \$500). This figure could be adjusted to describe the costs per group home child, the cost per foster family child, etc. Arguably, we could then reinvest nearly \$23 million in our children depending on services, resources and other factors.<sup>10</sup>

Also, program implementation has varied substantially across some foster care reduction and related prevention programs due to such factors as inadequate planning, variation from the core model parameters, jurisdiction or context uniqueness. Program administrators and evaluators need

to monitor fidelity to the program model, and should employ randomized control groups or other kinds of rigorous research designs to determine program impact. Concerns have been raised about the scaling up of innovative services and implementation of them without ensuring fidelity. These are becoming core principles in the development of evidence-based and evidence-informed interventions for child welfare services.

Finally, funding streams that do not require inordinate agency “braiding” of different funding sources are essential to sustain and grow the best of these foster care reduction programs. The Casey working paper provides a rationale for those investments and describes a range of cost-effective practice, administrative, policy and other system reform strategies that should be considered to safely reduce the number of children in foster care.

### **Implications for Legislators**

The strategies and programs described in this Casey working paper and Table E.2 demonstrate that there are proven and promising practices that improve the conditions for maltreated children and help parents safely avoid child placement. Note that there is much less evidence that some of these programs will prevent foster care or shorten a child’s length of stay in foster care. Thus many of these strategies need to be more fully replicated with rigorous evaluation designs to confirm their effectiveness. Some of these practices address the need to increase investments in prevention, early intervention and increased permanency options that benefit all children in care but may have the additional effect of reducing racial disparities.

The following state and federal policies should be implemented that support states to improve outcomes for all children who are or at risk of entering the child welfare system:

- 1. State agency use of research-informed practice approaches:** Legislators and agency leaders need to demand that the services provided directly by public agencies or purchased by them use evidence-informed practices whenever possible.
- 2. State fiscal support:** The Fostering Connections to Success and Improving Adoptions Act that passed unanimously in both the House and Senate last year will help improve outcomes for many vulnerable children and families, as well as reduce racial disparities in child welfare. In particular, the option for states to use federal funding to support subsidized guardianships will enable more children from all racial groups find safe, stable and permanent homes outside of foster care.
- 3. Federal finance reforms:** As Congress considers ways to continue child welfare reform policies they must reform the financing structure so that states receive flexible funds that they can use to reduce the need for foster care whenever possible, increase investments in prevention and early intervention, and provide supports that ensure that every child in America has a safe, permanent family and the security of someone to rely upon for love, protection, and guidance. States should have the flexibility to use federal funds to provide the supports necessary to ensure that these families remain permanent. Supports should follow the child to ensure that families have what they need to ensure the healthy development of children and reduce the likelihood that they will re-enter care.

## **Conclusions**

The Casey working paper shows that it would be worth investing community and agency resources in these practice strategies. If implemented carefully, these strategies should result in stronger families and improved child safety, while inappropriate use of foster care is decreased. The recommendations listed above are steps necessary to reach our policy goals of collective accountability for the safety, permanence and well-being of all of our nation's children. As such, these recommendations represent a fundamental and essential process of on-going quality improvement for the child welfare system.

The field is beginning to recognize that there are certain program essentials that must be in place to help ensure strong families and safe child-rearing environments, thereby minimizing the use of foster care. These include objective but culturally competent safety and risk assessment methods, highly trained CPS intake staff, strong networks of alternative/differential response agencies, and an array of effective family support services.

Every agency also needs to analyze their pattern of referrals and placements to identify types of family situations or other aspects that need special attention. States, counties and tribes will benefit from scaling up foster care reduction strategies with a strong evidence base, while large-scale trials are launched for those promising and affordable strategies with less evidence of effectiveness. Strong, consistent agency leadership is essential, along with a clear and compelling rationale for why this approach is so vital to meeting the needs of children and their families. This executive summary closes with a table of promising foster care reduction strategies.

**Table E.2. Strategies to Consider for Reducing Foster Care Placement Rates and Duration**

Strategies	Strategies Appropriate for Key Paths to Foster Care Reduction		
	Decrease Entries and/or Re-Entries	Decrease Time in Care	Increase Exits from Care
<b>COST-EFFECTIVE PROGRAMS</b>			
• Chicago Child Parent Centers	<b>X</b>		
• <i>Nurse Family Partnership</i> for low income women	<b>X</b>		
• Intensive family preservation and family reunification services using the <i>Homebuilder's</i> ® Model	<b>X</b>	<b>X</b>	<b>X</b>
• <i>Parent Child Interaction Therapy</i>	<b>X</b>		
• <i>Triple-P Positive Parent Partnership</i>	<b>X</b>		
<b>EFFECTIVE PLACEMENT REDUCTION PROGRAMS WHICH LACK COST-BENEFIT DATA</b>			
• Casey Family Services Family Reunification Program		<b>X</b>	<b>X</b>
• <i>Family Connections</i>	<b>X</b>		
• Kinship Care	<b>X</b>	<b>X</b>	<b>X</b>
• <i>Multi-Dimensional Treatment Foster Care</i>	<b>X</b>		
• <i>Parents as Teachers - Born to Learn</i>	<b>X</b>		
• Parent Training Using the <i>Incredible Years</i>	<b>X</b>		
• <i>Project Connect</i> for substance-involved parents	<b>X</b>	<b>X</b>	<b>X</b>
• Subsidized Guardianship	<b>X</b>	<b>X</b>	<b>X</b>
<b>PROMISING PLACEMENT REDUCTION PROGRAMS WITH LESS EVIDENCE OF EFFECTIVENESS</b>			
• Casey Family Programs family foster care		<b>X</b>	<b>X</b>
• Dialectical behavior therapy for substance abuse treatment (DBT)	<b>X</b>	<b>X</b>	<b>X</b>
• Differential response and alternative response services for child protective services, including <i>Point of Engagement</i>	<b>X</b>	<b>X</b>	<b>X</b>
• Family-based community substance abuse treatment programs	<b>X</b>	<b>X</b>	<b>X</b>
• Family/dependency drug courts	<b>X</b>	<b>X</b>	<b>X</b>
• Family engagement strategies	<b>X</b>	<b>X</b>	<b>X</b>
• <i>Family Finding</i>	<b>X</b>	<b>X</b>	<b>X</b>
• Family group conferences	<b>X</b>	<b>X</b>	<b>X</b>

	<b>Strategies Appropriate for Key Paths to Foster Care Reduction</b>		
<b>Strategies</b>	<b>Decrease Entries and/or Re-Entries</b>	<b>Decrease Time in Care</b>	<b>Increase Exits from Care</b>
• <i>Functional Family Therapy</i>	<b>X</b>		
• <i>Healthy Families America</i>	<b>X</b>		
• <i>Multi-Systemic Therapy</i> for families involved in child welfare	<b>X</b>		
• Parent training using the <i>Nurturing Program</i>	<b>X</b>		
• <i>Project SafeCare</i>	<b>X</b>		
• <i>Structured Decision-Making</i> and other forms of safety and risk assessment	<b>X</b>	<b>X</b>	<b>X</b>
• Wraparound Services	<b>X</b>	<b>X</b>	<b>X</b>
<b>REFORMS OF ADMINISTRATIVE PROCESSES AND SERVICE SYSTEMS TO REDUCE FOSTER CARE</b>			
<b><i>Intake and Outreach Strategies</i></b>			
1. Placement of the most expert and energized staff at the intake and crisis units so those with the most skill in those areas help assess accurately and divert families from the system whenever possible.	<b>X</b>		
2. Child protective services referral and service patterns are closely scrutinized – these are time-mapped and geo-mapped to understand which children are most vulnerable to placement (e.g., who is referred, when and from where are they referred).	<b>X</b>		
3. Public assistance (TANF) and child welfare service units are more closely integrated. <sup>11</sup>	<b>X</b>		
<b><i>Family Support, Family Reunification and Permanency Planning:</i></b>			
4. <i>Family to Family</i> foster care services reform	<b>X</b>	<b>X</b>	<b>X</b>
5. Juvenile court judges hold more frequent hearings, hold hearings in local child welfare offices, and use other methods to reduce court review backlogs.		<b>X</b>	<b>X</b>
6. Family court systems are reformed to better involve parents and extended families, including <i>mandatory</i> family-group conferencing/decision-making.	<b>X</b>	<b>X</b>	<b>X</b>
7. Practice experts team with policy specialists and parent representatives to review the cases of children stuck in the system.		<b>X</b>	<b>X</b>

	<b>Strategies Appropriate for Key Paths to Foster Care Reduction</b>		
<b>Strategies</b>	<b>Decrease Entries and/or Re-Entries</b>	<b>Decrease Time in Care</b>	<b>Increase Exits from Care</b>
8. Domestic violence services improvement (increase access and integration).	<b>X</b>	<b>X</b>	<b>X</b>
9. Substance abuse treatment (increase access and integration).	<b>X</b>	<b>X</b>	<b>X</b>
10. Mental health treatment for parents and youth (increase access and integration).	<b>X</b>	<b>X</b>	<b>X</b>
11. Parenting courses are improved (better targeting of who needs what and use of high quality curricula).	<b>X</b>	<b>X</b>	<b>X</b>
12. Fathers and their relatives are more actively engaged through special outreach efforts.	<b>X</b>	<b>X</b>	<b>X</b>
13. Kinship Navigator program	<b>X</b>	<b>X</b>	<b>X</b>
14. Cultural practice consultants are made more readily available to staff.	<b>X</b>	<b>X</b>	<b>X</b>
15. Improved respite care and skills training for foster parents (so placements are more healthy and stable to help children achieve permanency)		<b>X</b>	<b>X</b>
16. Services funding and performance expectations for contract agencies are changed to reinforce placement prevention and shortened length of stay through timely achievement of permanency. (This often requires buy-in and support of the Governor and key judicial personnel.)	<b>X</b>	<b>X</b>	<b>X</b>
17. Specialized groups of skilled CW agency veteran retirees are brought in to help children with long-term lengths of stay		<b>X</b>	<b>X</b>
<b>Facilitation of Adoptions and Guardianships:</b>			
18. Practice disincentives are removed (e.g., adoption and guardianship payments are optimized to encourage sound permanency practices).		<b>X</b>	<b>X</b>
19. Specialized or supplemental groups of staff focus on helping children who are free and placed for adoption finalize those adoptions.		<b>X</b>	<b>X</b>
20. Local private law firms donate time to speed up adoptions for children through <i>pro bono</i> services.		<b>X</b>	<b>X</b>

Strategies	Strategies Appropriate for Key Paths to Foster Care Reduction		
	Decrease Entries and/or Re-Entries	Decrease Time in Care	Increase Exits from Care
21. Specialized media support, pro bono professional photographer services and other strategies are used to help children and older youth be adopted (e.g., <i>Heart Gallery of America</i> , <i>One-Church One Child</i> , <i>You Gotta Believe</i> cable TV show in NYC, <i>Wednesday's Child</i> )		X	X
22. Legal and fiscal experts streamline and improve the process and incentives for subsidized and non-subsidized guardianship.	X	X	X

**Note:** A strategy might be appropriate for a particular reduction path but evidence is not yet available, so the path is not marked with an X.

## Reference Notes

- <sup>1</sup> Alliance for Excellent Education as cited in Lesley, B. (2008). Big ideas: Opening the door of opportunity for all children. In First Focus. (2008). *Big Ideas for children: Investing in our nation's future*, Washington, D.C.: First Focus, p. 2.
- <sup>2</sup> United Nations Children's Fund (UNICEF). (2007). *Child poverty in perspective: An overview of child well-being in rich countries: Innocenti Report Card 7, 2007*. Florence, Italy: United Nations Children's Fund, Innocenti Research Centre.
- <sup>3</sup> Sawhill, I. (2008). Paying for investments in children. In First Focus. (2008). *Big Ideas for children: Investing in our nation's future*, Washington, D.C.: First Focus, p. 31.
- <sup>4</sup> Cunha, F. & Heckman, J.J. (2006). Investing in our young people. Alexandria, VA: America's Promise Alliance. Most high school dropouts see the result of their decision to leave school most clearly in the slimness of their wallets. The average annual income for a high school dropout in 2005 was \$17,299, compared to \$26,933 for a high school graduate, a difference of \$9,634 (U.S. Bureau of the Census, 2006). The impact on the country's economy is less visible, but it is nevertheless staggering. If the nation's secondary schools improved sufficiently to graduate all of their students, rather than the 70 percent of students who are currently graduated annually (Editorial Projects in Education, 2008), the payoff would be significant. **For instance, if the students who dropped out of the Class of 2008 had graduated, the nation's economy would have benefited from an additional \$319 billion in income over their lifetimes.** [Emphasis in original.] (Alliance for Excellent Education, 2008, p.1). (For the impact on crime reduction and earnings, see Alliance for Excellent Education, 2006). See:  
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- <sup>5</sup> Parts of this section are adapted from Torres, D. (2008). *Empirical Evidence to Support Investments in Prevention of Child Abuse and Neglect*. Washington, D.C. Center for the Study of Social Policy. (Mimeograph). Figure 1 is adapted from Langford, J. (Undated). *Strengthening families through early child care and education*. PowerPoint presentation developed by the Center for the Study of Social Policy with funding from the Doris Duke Charitable Foundation.
- <sup>6</sup> See for example, documents by The Pew Commission on foster care ([www.pewfostercare.org](http://www.pewfostercare.org)), Grossman, A. Ross, C. & Foster, W. (2009). Youth Villages. (Harvard Business School case study no. 9-309-007). Boston: Harvard Business School Publishing; Schorr, E. & Marchand, V. (2007). *Pathway to Prevention of Child Abuse and Neglect*. California Department of Social Services, Children and Family Services Division Office of Child Abuse Prevention. The Pathways Mapping Initiative is also supported by the Annie E. Casey Foundation and the W.K. Kellogg Foundation. Retrieved February 10, 2008 from: [www.PathwaysToOutcomes.org](http://www.PathwaysToOutcomes.org).

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- <sup>7</sup> Berrick, J. D., Needell, B. Barth. R. B. & Johnson- Reid, M. (1998). *The tender years: Toward developmentally sensitive child welfare services for very young children*. New York: Oxford University Press. U.S. Government Accountability Office. (2007). *African American children in foster care - Additional HHS assistance needed to help states reduce the proportion in care*. (GAO 07-816) Washington, DC: Author. Retrieved September 14, 2008 from <http://www.gao.gov/new.items/d081064t.pdf>; U.S. General Accounting Office. (1995). *Foster care: health needs of many young children are unknown and unmet*. Washington, D.C: Author, (GAO/HEHS-95-114); Wulczyn, F., Barth, R.P., Yuan, Y.Y., Jones-Harden, B. & Landsverk, J. (2005). *Beyond common sense: Child welfare, child well-being, and the evidence for policy reform*. Somerset, NJ: Transaction Aldine. See for example, Rubin D.M., Alessandrini , E.A., Feudtner, C., Localio, A.R. & Hadley, and T. (2004a). Placement changes and emergency department visits in the first year of foster care. *Pediatrics*, 114(3): e354-e360. Rubin, D. M., Alessandrini, E. A., Feudtner, C., Mandell, D.S., Localio, A. R. & Hadley, T. (2004b). Placement stability and mental health costs for children in foster care, *Pediatrics*, 113: 1336-1341. Pecora, P.J. & Huston, D. (2008). Why should child welfare and schools focus on minimizing placement change as part of permanency planning for children? *Social Work Now*, 19-27. (A practice journal for New Zealand).
- <sup>8</sup> Personal Communication, Susan Smith of Casey Family Programs, August 6, 2009.
- <sup>9</sup> Lee, S., Aos, S. & Miller, M. (2008). *Evidence-based programs to prevent children from entering and remaining in the child welfare system: Interim report*. Olympia: Washington State Institute for Public Policy, Document No. 08-05-3902. Retrieved August 28, 2008 from [washingtonhttp://www.wsipp.wa.gov/pub](http://www.wsipp.wa.gov/pub).
- <sup>10</sup> Personal communication, LA DCFS administrator.
- <sup>11</sup> See Berns, D. (2009). *TANF and Child Welfare Service Integration*. Seattle: Casey Family Programs. (Powerpoint presentation for the Child Welfare Strategy Group)