

THE PREVENTION REPORT

The National Resource Center for Family Centered Practice 2007 #1

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News from the Center

by: Miriam J. Landsman, Ph.D., M.S.W., Executive Director

In this 2007 edition of *The Prevention Report*, the National Resource Center for Family Centered Practice focuses on the theme of *transitions*. Working from a definition of transition as “a process or period in which something undergoes a change and passes from one state, stage, form, or activity to another” (Encarta Dictionary, 2007), we examine a variety of such changes in the work of the NRCFCP and collaborating partners. Some of these transitions are about individual life transitions, such as the challenges faced by older youth in out of home care as they approach adulthood. Other transitions involve needed systems change, as in the case of increasing efforts and using evidenced-based practices to reduce the overrepresentation of minority children and youth in the child welfare and juvenile justice systems. Still other transitions involve expanding our perspectives, such as thinking about outcome measures as tools for consumers, or examining the contributions of growing Latino/a populations in the U.S.’s rural communities. In this issue we are pleased to feature:

- ♦ Transforming the juvenile justice field to support evidenced-based practice involving multiple systems
- ♦ A personal story of transitions written by Julia Charles, a former foster youth and currently a college student, writer and speaker
- ♦ Family centered practice and transitions of the Race Matters Consortium, a discussion of the evolving focus of a group of concerned child welfare experts on issues of racial disproportionality in child welfare
- ♦ Expanding the NRC’s research and evaluation division to include a focus on community and behavioral health
- ♦ Transforming the use outcome measures in family support programs as tools for consumer empowerment
- ♦ Changes underway in rural communities in light of the growing Latino/a population
- ♦ Transitions from foster care to adulthood for youth in out-of-home care, and current efforts underway in Iowa to improve outcomes for youth through statewide training for child welfare supervisors, caseworkers, and community partners
- ♦ Changing efforts of the Disproportionate Minority Contact/Confinement Resource Center to reduce the overrepresentation of minority children, youth and families in the juvenile justice and child welfare systems

We are also pleased to announce our upcoming conference on family-centered practice celebrating the NRCFCP’s 30th anniversary. The conference will be held April 16-18, 2008, at the Hotel Vetro in Iowa City, Iowa. This conference will provide a unique opportunity to reflect on what the field of child and family services has learned over thirty years and to shape future directions for family centered practice. We include a call for proposals at the back of this issue and invite you to submit your proposal to present on critical issues for the future of family centered practice.

The NRCFCP website will soon have a new look—as well as new tools and information to assist you in your work. You can visit our website at <http://www.uiowa.edu/~nrcfcp>.

In this issue...

- ♦ **Incorporating Family Centered Practice in Youth Serving Systems: Building a More Effective Juvenile Justice Field**
- ♦ **Surviving the Storm**
- ♦ **Family Centered Practice and Transitions of the Race Matters Consortium**
- ♦ **Transition in Research and Evaluation Division in 2006 Adds Community and Behavioral Health Evaluation Focus**
- ♦ **Family Support Agencies Are Getting Good Outcomes**
- ♦ **Transitions/*Transiciones***
- ♦ **Improving Outcomes for Youth in Transition from Foster Care**
- ♦ **Transitions of the DMC Resource Center**
- ♦ **Family-Centered Practice: A Conference and 30th Anniversary Celebration**
- ♦ **6th Annual DMC Resource Center Conference**



Incorporating Family Centered Practice in Youth Service Systems: Building a More Effective Juvenile Justice Field

by: Shay Bilchik, Center for Juvenile Justice Reform and Systems Integration, Georgetown University

It is a headline found all too frequently in one of our major newspapers or on the news wire: “*Juveniles Alleged to be Mistreated While in Care of Youth Authorities.*” Most recently we heard this news about the Texas Youth Commission where it is alleged that officials charged with the rehabilitation of delinquent youth in their care, instead were involved in their abuse. In Florida it was a youth dying in custody while in a Boot Camp. Los Angeles County is working hard to comply with a memorandum of agreement with the U.S. Department of Justice that addresses problems in its facilities housing delinquent youth, including inadequate supervision, education services, and behavioral health treatment. As examples of a broader range of issues related to juvenile delinquency, the suburbs outside of the District of Columbia are dealing with increasing levels of gang violence, and communities across the country are grappling with the over representation of children of color in their juvenile justice systems. What every one of these situations has in common is that they were preventable—we have the knowledge about effective policy and practice to achieve much better outcomes.

Indeed, the research on what works to prevent delinquency and to intervene effectively when it does occur has developed into a rich and robust body of knowledge. This is true both for how to reduce gang violence and more effectively care for delinquent youth. So why do so many communities struggle with these issues? Why aren't we doing better? The path we have followed in recent years provides an insight into the answer to those questions—it is one we follow all too frequently in relation to juvenile delinquency and other important societal issues.

A dramatic increase in juvenile crime from the mid 1980's through the early 1990's drew increased public attention and a demand that public officials do something to address the problem. There was a fear of what pundits called the generation of the “juvenile super predator.” This fear, although not founded

on any credible research identifying whether there had been a fundamental change in the characteristics of this generation of young people, led to the advancing of more punitive/accountability based measures. Fortunately, national leadership emerged calling for a balanced approach to attack the problems of juvenile delinquency. This approach gave a higher priority to preventive efforts and promoted the use of less restrictive and more community based rehabilitative practices. It also embraced a multi-systems strategy proven by research to be effective when implemented across systems involved in providing health, education, child welfare, housing, family strengthening, and social and youth development services. The result was the beginning of a “sea change” in juvenile justice practice and a dramatic downturn in juvenile crime.

As most readers of this article know, however, it was at this time when our tendency to lose focus and move on to the other pressing issues of the day took hold. Despite experiencing a large decrease in juvenile delinquency in the late 1990's, continuing into the first few years of the new decade, the nation's leadership “drifted” from these core principles, reducing investments in proven strategies. The federal government in particular receded from its strong leadership role, with a drastic reduction in funding support for its leadership office on these issues: the Office of Juvenile Justice and Delinquency Prevention in the U.S. Department of Justice. The resulting lack of a strong, consistent voice on best practices in juvenile justice has in part led to this “drift.” The result has been, at least in part, a recent spike of juvenile delinquency as reported by local law enforcement agencies. We need to, and can correct this drift.

As I have watched us divert our attention over the last several years, I have become convinced that there is an opportunity to refocus our efforts and capitalize on the knowledge now in hand to produce better outcomes for our most challenged and

challenging children and youth. It is where I have decided to place all of my energy and effort in the years to come. Preparing to leave my position as President of the Child Welfare League of America this past February, I made the decision to tackle these issues through the creation of a Center for Juvenile Justice Reform and Systems Integration at Georgetown University. Working with my colleagues at the Georgetown Public Policy Institute, we will provide strong and sustained national leadership in focusing on what research and practice tells us works best to reduce delinquency. The Center will accomplish this through a variety of activities; primarily a groundbreaking new program of intensive study designed for local and state public agency leaders—and multi-disciplinary teams of those leaders—responsible for policy and practice development and implementation across the three branches of government in their jurisdictions. Along with the release of a series of “white papers” and sponsorship of symposia on issues of critical importance, the Center will utilize cutting edge technology to build on its program of intensive study to continually lift the field to higher levels of performance.

The new Center is in a unique position to achieve this goal. It is being housed in one of the most prestigious universities in the country and will have access to the country's most influential voices in the juvenile justice arena from across the country. The Center will focus the nation's juvenile justice and related systems of care on the key principles embodied in an evidence-based juvenile justice reform agenda, utilizing a multi-systems approach. These include:

- an effective balance of prevention and intervention services;
- an individualized system of justice for youth;
- implementation of proven and effective practices;



- strong linkages to the community; and
- significant public engagement and building of public and political will.

Beyond providing information on these key principles, the Center will also provide ongoing and detailed guidance and instruction on how to implement this reform agenda through the adoption of sound policy

and practice. Outreach to the field has confirmed a strong need and demand for this new resource and the stronger leaders in the juvenile justice field the Center will help develop. The challenge taken on by the Center is significant, but the upside associated with its creation is also great—a stronger field with a resource available to it that will never lose its focus, or its leadership commitment to the children and youth served by the juvenile justice and related systems of

care. The result: lower rates of delinquency; healthier children, youth, and families; and more equitable and fair systems of justice in this nation’s communities.

For more information on the Center for Juvenile Justice Reform and Systems Integration at Georgetown University, contact its Director, Shay Bilchik, at scb45@georgetown.edu

About the Author

Shay Bilchik, J.D. is Director of the Center for Juvenile Justice Reform and Systems Integration at Georgetown University. His transition to this position comes after serving as President and CEO of the Child Welfare League of America from 2000-2007, and prior to serving as Administrator of the Office of Juvenile Justice and Delinquency Prevention (OJJDP) in the U.S. Department of Justice. During these transitions Mr. Bilchik has been involved in drafting key juvenile justice and child abuse legislative proposals, as well as authoring many articles and opinion pieces on children’s issues. One of the basic tenets of his work has been the need for a multi-systems approach in supporting our most vulnerable children, youth and families. Mr. Bilchik has received numerous awards for his advocacy and always carries the message that children must be made a priority in our society.

Surviving the Storm

by: Julia Charles

Who would have thought that the skinny kid from Virginia would turn out this way? I guess it all started in the Lincoln Park Housing Projects in Portsmouth, Virginia. Life was great. I had my two older brothers and my older sister there. I was the baby and my grandmother and grandfather never let the rest of the family forget it.

It was a fairly warm day, and I was outside honing my skills on my new found hobby: basketball. When I had defeated a little girl in the neighborhood, she was angry about it. She told me, “That’s why your Grandmother is going to die. I saw the ambulance in front of your house.” I thought surely she was just angry. Besides I didn’t hear an ambulance, but I figured I’d better check just in case. As I rounded the corner I could hear a big commotion. I saw my grandmother being lifted into the ambulance. My face grew hot with tears. I thought my heart was going to leap out of my chest. Was it true? Is Grandma going to die?

Have you ever had the feeling that something bad was going to happen and then it does? I was young, but I can recall thinking that life

was going to be different from now on. Have you ever been in a place where you felt so alone and helpless? Well, if you are like me you have. If you are like me, you understand what it is like to go from a time of complete peace in your life to having it tossed about, seemingly with no regard for the detriment that it leaves. That is what I call a storm.

Storms can occur suddenly without sufficient warning so you don’t have time to brace yourself. Webster’s New World Dictionary defines a storm as a sudden strong attack on a fortified place. If you are reading this book and you are like me, having grown up in the custody of the Department of Social Services (DSS), then you should know you are in that fortified place. Please understand that I am a work in progress. I am not at all where I would like to be. But I am certainly no where near where I used to be. Have you ever noticed that before a big storm hits the air is usually still? I could even call it a state of peace. That’s pretty common. At least it was the case for me. Life could not have been better for me.

I lived in a home that was jammed packed with relatives. My grandparents, my three

older siblings, my aunt and her three children, my uncle, my three cousins and I all lived in the one house in the Lincoln Park projects. It never seemed as crowded as it should have considering the number of people that lived there. We had so much fun. I can remember all us children playing in the neighborhood with other kids until the street lights came on. The Saturday night parties were the best. It was just like you see on TV. My aunts and older cousins would have all their friends over playing cards and listening to music. We children would be in the back room playing games. Sometimes I could hear my aunt yelling for her son to come and dance for her company.

Sunday dinners were the pinnacle of family gatherings. My grandmother would start dinner before church on Sunday morning, and it would cook the entire time we were at church. This in itself was amazing because we were often in church from nine in the morning until three in the afternoon. Yes, that is a long time! Fried chicken, black-eyed peas, macaroni and cheese, collard greens, yeast rolls, you name it, it would be on the dinner table on Sunday. For that matter, sometimes during the week!



There was never enough room for all of us at the dinner table, but we could always make do.

The best part of life in Virginia was being my grandmother's baby. It was awesome to be able to get up early and run into her bedroom and kiss her soft cheeks. It seemed to me that she never slept. She was beautiful and even as a kid I could see that. I remember thinking that people like Grandma are too good to be true. When our family argued with one another she would always make sure that we reconciled. She was so forgiving that sometimes it would make me angry. When you have someone that you love as much as I loved her, you don't want to see them hurt, sad or even frustrated. I would always remember the person that raised their voice when speaking to her or rolled their eyes, because they were so few and far between. She was the only person that I knew that was loved by most everyone. I could not wait to see her everyday.

It must have been around two in the morning when there was a knock on the door. It was my older brother. He was about fourteen. He had been gone all summer. My grandmother had told me earlier that day that he had been in North Carolina spending the summer with our mother and that he would be coming back that night. So I decided to wait up for him. He walked in very happy to see my grandmother and the rest of the family. I guess he really missed her considering that she had raised him for many years prior to him leaving for the summer. He grabbed her and gave her a hug. While everyone moved about welcoming him home, I noticed a fairly sizeable woman walking into the room. She was no taller than 4' 11", but what she lacked in height she made up in width. She took her place on the couch and talked about all the things that my brother had done this summer. She made it sound as if he had gone to the happiest place on earth. She told us how he had gotten a job shining shoes at the furniture market in High Point, North Carolina. My brother finally told me who she was. This was my mother.

Sometimes I'd try and imagine what she looked like. I tried to imagine a face to go along with the voice that I had occasionally heard over the phone. There were even times

when I would look up at an airplane and wave as if she were on board. I can even recall being bullied once in kindergarten and crying desperately for my mother. I always had my grandmother and I would not trade her for anything in the world, but there is a certain sadness about a child that does not have her mother; about this child that didn't have her mother. My heart needed her. I needed to hear that she loved me. I needed to hear that I was special to her. I didn't even care at this point why she was not in my life. There was a little anxiety in the pit of my stomach when I realized that she was my mother. If my grandmother was the world's greatest grandmother then certainly my mother would be the world's greatest mother, right?

How could my mother and grandmother be so different? I remember my mother saying that we were the reason that Grandma died. That comment hurt much more than any beating that I ever experienced. Whoever said "sticks and stones may break my bones, but words will never hurt me" must have been super human not to have been affected by what people say. I'd rather be beaten to death than to be told that I was the reason Grandma died. I was constantly told that I was ugly or stupid or I caused my Grandmother's death and eventually I believed it. When someone continually speaks words of disapproval to you, especially someone that matters to you, those words begin to become real in your life. That is how life was for me. I was always called black, ugly, stupid, and so on for many years, so years later I would resent anyone who would say I was opposite of what had taken root in me.

I can recall the day as I lay there on the kitchen floor recovering from that whipping thinking, "why did she hate me so much." She was at least humane to the others. "What did I do to make her feel this way?" I even thought of how I could change so she would love me. I cried at the thought of her revulsion toward me. Only this time when I cried it was different. It hurt a little more. I wept from my soul. I wept from a place that I had never tapped into before, not even when Grandma passed. It was almost like a reserve of tears. As the tears came down my face, almost voluntarily at this point, I began to pray for the first time ever in my life. "God, I quit," I

said, deeply hurt that God had not yet even come to my aid. My Grandma always said "He's an on time God." I took that to mean that I when I needed Him, He'd be there in the nick-of-time. He wasn't there. "I give up, I don't want to do this anymore," I said and resolved that, as stupid and as juvenile as it may sound, I would take my last breath. I closed my eyes and begged, "God take me!"

It wasn't worth it for me anymore, but just as I uttered those words, my older brother came into the kitchen and said "If you get up from here I promise I will get you out of here. I promise." The look in his eyes offered me hope that I had long thought was lost. He meant what he said, but I still thought he was too late. I looked him over once more and saw he wanted me to live. He wanted me to survive. I looked at him and saw he loved me. His love for me went the distance that day. I longed for this since the day I met my mother. I thought that to have her love me was just a strong yearning, but I was wrong. It was a need. Having my brother fill that nothingness in my heart with those few words was enough that day.

I wish I could convey what the next few weeks felt like. Hell didn't seem quite as hot after that. Everyday offered a new optimism. Each morning sunrise suggested to me that life was not yet over for me. It seemed to announce that I was one step closer to liberation from my personal prison.

A few weeks after my brother made me that promise Child Protective Services (CPS) started an investigation. The CPS worker would come to school and ask us questions. At first I thought that this situation would just be reminiscent of when the social worker called on behalf of my older sister. How could I possibly tell the truth when my younger siblings were in the room listening? They would surely tell my mother everything that I had said to that CPS worker. So, I had to lie. I messed this up for my brothers who were not afraid to tell the truth, but I was terrified! If I got beat relentlessly for not arranging the cans properly in the cupboard, surely I would die if my mother found out that I was not on her side.



Eventually, I was able to talk to the CPS worker by myself. I sat in that office and sang like a canary. I told her everything. I felt excited about all that I was able to get off of my chest. I was still afraid because she was writing as I was talking. Was she going to show my mother this report? I could not wait to get home so that I could tell my big brother that I was able to tell the truth.

I walked into the house and before I could say anything my brother told me that someone was coming to get us that day. He told me to make sure that I came and got him when they got there. A few hours after that there was a knock at the door. I looked out the window and saw two police cars and a county car. I ran to the bathroom where my brother was so that I could warn him that all hell was about to break loose. By the time he came out of the bathroom the worker was already in the living room handing my mother a stack of papers. She was enraged. She started yelling at me about the things that she read in the report. One police officer took me by the hand and asked me where my bedroom was and I showed him. He instructed me to grab some clothes. When I did that I could hear my mother telling me what not to take. The worker told my mother that if she was willing to go through counseling we could be “reunified” in a minimal amount of time. Well, my mother was not having that. She said, “if y’ all think you can do better take ‘em and I don’t want ‘em back.” I was hurt and relieved all at the same time. I knew that once I left I was never coming back, and I didn’t care if she did everything they told her to do. I would die before I came back here.

That same night as we sat in the office of the High Point Department of Social Services, I looked at my brothers and no longer felt peace. The office was so stark and unwelcoming. I was worried as I listened to the social worker try to locate a family for three children—two of which were teenagers. Even I knew that no one was going to take teenagers. The social worker looked at me and assured me that we would be placed together, yet my heart was no longer calm. I wondered if I would ever see them again beyond that night. I took in all of their features just in case I would have to find them later in life. They have been such a major part of me.

I had already lost my best friend in my Grandmother. I lost my big sister. And I knew that I was about to lose my brothers too. I have never experienced a good-bye that hurt so much. When my grandmother passed away, she was no longer here at all so I was sure that was a permanent good-bye. This good-bye was just a bit more painful because my big brothers were alive. I just couldn’t have them. I was almost angry with God because while it is true that He rescued me, He cut off my lifelines by having me live separate from my siblings. I was in complete turmoil as I waited for a family to become available. We were there until late that night when the social worker tried to break the news to me that I was not going to live with them anymore.

I sat in the back of the county car on the way to a foster home, completely livid and almost lifeless. Who was going to protect me now? I was only eleven and now I had to take care of myself all by myself. Who was I going to call when life got hard? When I couldn’t sleep, whose bed would I climb into now? My life was completely and utterly destroyed. I thought of all the things that I had been through over the past couple of years; losing Grandma, being abused and now this. I thought of all those things and right away I was tired. What was going to happen next? My mind was overwhelmed with what was about to happen. I immediately plummeted into the abyss of depression.

About the Author

Julia Charles is a twenty-three year old student at Bennett College in Greensboro, North Carolina and frequent speaker for the DMC Resource Center at its conferences. Julia tells of a happy childhood until her Grandmother and primary caregiver passed away. Julia then moved to her biological mother’s home and was subsequently removed two years later after suffering abuse and neglect. She and her siblings were separated by foster care placements and contend that they experienced a more painful existence in the system than living with their abusive mother. However, Julia is very resilient and ten years, ten foster homes, several group homes and numerous social workers later, Julia is happy and whole. She has worked through her anger at the foster care system and although her transitions into foster care were not ideal, she is grateful to the few people who believed in her. Julia now wishes to offer a message of hope to young people in foster care. Julia tells young people that “While the race may be a challenge, it is not given to the swift, nor is any battle given to the strong, but rather to those who will endure.” Her goal is to finish school, travel the world, and become a published author providing a viewpoint on how to survive foster care. The excerpt you have just read is from her book “Surviving the Storm” which will soon be published by SAYSO, Inc., Raleigh, North Carolina. For more information about SAYSO, visit www.sayso.inc. Questions regarding the book and release information can be addressed to Nancy Carter at 1-800-820-0001. Julia will also be attending and speaking at this year’s annual DMC Conference in Des Moines, Iowa on November 29th and 30th, 2007.



From Idea to Book to National Consortium: Transition of the Race Matters Consortium

by: Dennette Derezotes, MSW, LCSW

The Race Matters Consortium is a diverse group of child welfare experts representing research, policy, administration, practice, and advocacy, whose beginnings trace back to the late 1990's. At that time several entities were simultaneously raising awareness about issues of racial disproportionality and disparities that were being seen throughout the country in child welfare. Originally, the charge of its members was to systematically examine disproportional representation of children of different races and ethnicities, and share what was found throughout the country. Today, the Consortium has expanded to not only examine the disproportional representation, but to gain a better understanding of the policies and practices that best address the needs of children of color. More effective practices and better collaboration with others who understand the need for greater attention to the issues are important elements in the effort to influence change at the national, state and local levels. The work and the course the Consortium has taken has transitioned over its history to focus on the most pressing current issues in order to and meet the needs of the times.

The Consortium began as a result of conversation and collaboration between Westat and the Children and Family Research Center, School of Social Work, University of Illinois (CFRC). Westat's interest grew out of the findings of the National Incidence Studies¹ which found that African American children are not abused or neglected at higher rates than White children, although their entrance into the child welfare system throughout the country has been at significantly higher rates. CFRC, with the charge of examining child welfare outcomes in Illinois as the result of the BH Consent Decree², also found much higher rates of representation of African American children in the Illinois' child welfare system compared to White and other racial groups and wanted to better understand this phenomenon.

The original focus of the group was to

gather as much information as possible on the subject and bring together a diverse group of experts to talk about the implications of the findings. Modifying a model developed by researchers in Juvenile Justice (Feyerham et. al³), the group began to organize the information they found by decision points or stages in the decision making process in child welfare. A cursory look revealed two important findings that helped to shape the Consortium's next steps: 1) the overrepresentation of African American children in child welfare throughout the system was indisputable, and 2) much more research on African American children and families was available than for any other racial or ethnic group.

Recognizing that issues related to the topic were probably much broader than for those relating to African American children, but wanting to start by examining what was known, the group convened its first meeting in January of 2001. Twenty-five child welfare professionals with interest and expertise in the area of racial disproportionality and disparities of African American children gathered in Chevy Chase, Maryland, to begin examination of the overrepresentation of African American children in the child welfare system phenomenon. Hosted by CFRC and Westat, the meeting was very powerful and productive. It resulted in the development of many questions, theories, and a great deal of energy related to the issues. This first meeting resulted in the development of a book, *Race Matters in Child Welfare: The Overrepresentation of African Americans in the Child Welfare System*, published by the Child Welfare League of America⁴. The book's purpose is to share basic information on disproportionality through decision-making stages within a context developed to expand the investigation. (Derezotes, Poertner and Testa, 2005).

The desire to learn more about related issues, expand the conversation to other racial and ethnic groups, and to continue to raise the awareness throughout the country maintained the momentum of the group. In March 2002, with added support

by our newest partner the Casey Family Programs (CFP), a second meeting was held. The conversation was expanded to include both participants and presentations by representatives of various cultures impacted by the child welfare system. The energy level was high as all 68 participants representing research, practice, policy, cultural communities and philanthropy were learning new information about various aspects of this work. This second meeting which was sponsored by CFP, CFRC, and Westat, resulted in the creation of ongoing volunteer work groups that took on individual charges for examining more closely policy, practice, and research issues that impact disproportionality. The goal of the Consortium at this time was the acquisition, development and dissemination of information that would heighten awareness and inform people in various positions throughout the country about racial disproportionality and disparities in the child welfare system. Through the development of papers, presentations (national, state and local) and the creation of a website, the Consortium spread the word throughout the country.

Simultaneously, CFP was also working together with the other Casey foundations to create an Alliance on Racial Equity. The Race Matters Consortium @ Westat became a member of the Casey/Center for the Study of Social Policy (CSSP) Alliance on Racial Equity (the Alliance⁵). The work of the Alliance includes a Theory of Change to address issues of disproportionality and disparities in child welfare as well as related racial equity issues.⁶ As Executive Director of the Race Matters Consortium, I serve on the Alliance Management team at CSSP, and work as a member of site teams with Alliance Promising Practices sites to ensure that data are compiled which provide valid measures of change among newly created interventions.

The Alliance has made significant contributions to the field of child welfare in its short existence, with the development of scientific and practice papers as well as



efforts that contributed to the development of the recent GAO Report on the Overrepresentation of African Americans in the Child Welfare System.

Members of the Race Matters Consortium are elated with the progress made to date, but recognize them as process and continue to work toward changes in the racial disproportionality and disparities that we continue to observe. Our preliminary efforts have established a foundation for change including closer examination of promising practices, federal, state, and local policies, and the impetus to make change in child welfare jurisdictions throughout the country.

Today, the Race Matters Consortium continues to provide information at the local, state and national levels to raise awareness and further the development of knowledge of the issues related to racial and ethnic disproportionality and disparities. At the same time, we have also taken on a much wider scope, to expand our efforts to not only inform, but also support and provide expertise to efforts intended to make change. We remain committed to the continued development of awareness of these issues throughout the country, and ultimately, the development of racially and ethnically equitable services, treatment and outcomes in the child welfare system.

(Endnotes)

- ¹ A.J. Sedlak & D.D. Broadhurst, (1996). Executive summary of the Third National Incidence Study of Child Abuse and Neglect. Retrieved June 16, 2006, from www.childwelfare.gov/pubs/statsinfo/nis3.cfm
- ² The BH Consent Decree is a consent decree dated December 20, 1991 between the Illinois Department of Children and Family Services and the American civil Liberties Union in response to a civil rights class action suit brought on behalf of all children who are or will be in the custody of the Illinois Department of Children and Family Services (DCFS). The complaint charged DCFS with failure to provide services to the children in its care, and with violations of the Constitution and Title IV-E of the Social Security Act.
- ³ C.E. Pope & W. Feyerham (1992). Minorities and the Juvenile Justice System.(OJJDP Grant No. 87-JN-CX0014). Washington, DC: U.s. Department of Justice.
- ⁴ D M Derezotes, J Poertner, & M F Testa, eds. Race Matters in Child Welfare: The Overrepresentation of African Americans in the Child Welfare System.Washington DC: CWLA Press.
- ⁵ The Alliance was originally created by the Annie E. Casey Foundation, Casey Family Programs, Casey Family Services, the Jim Casey Youth Opportunities Initiative, the Margerite Casey Foundation, and the Center for the Study of Social Policy. Today the Alliance includes the Race matters Consortium and the Black Administrators in Child Welfare.
- ⁶ More information about the Alliance can be found at http://www.cssp.org/major_initiatives/racialEquity.html.

About the Author

Dennette Derezotes, MSW, LCSW , is the Executive Director, Race Matters Consortium @ Westat. She has over 20 years of child welfare experience focusing on family-centered child welfare services to children and families. Her work includes therapeutic services; administration; training; program development and evaluation; community advocacy and collaboration; agency consultation; research, evaluation and data-based decision-making.



Transition in Research and Evaluation Division in 2006 Adds Community and Behavioral Health Evaluation Focus

by: Kellee Thorburn McCrory, MPH

In July 2006 the Iowa Center for Evaluation Research (ICER) joined the National Research Center for Family Centered Practice (NRC) as part of the research and evaluation division. ICER was formerly located within the Department of Community and Behavioral Health in the University of Iowa College of Public Health. ICER adds to the range of issues in which the research and evaluation division has developed depth of knowledge and expertise. The added staff with public health experience enables the NRC the ability to serve programs with a public health focus providing evaluation and technical assistance for community and behavioral health programs and contributing to the DMC Resource Center adding an emphasis in health disparities.

The transition began with four projects, one has since been added, and more are under development. ICER has served as evaluator for the Iowa Consortium for Comprehensive Cancer Control (ICCCC), the Heartland Center for Occupational Health and Safety, Iowa Medical Homes Initiative, the Holden Comprehensive Cancer Center's Cancer Information Services office at The University of Iowa Hospitals and Clinics and recently we have begun work with the Iowa Department of Public Health's BASICS program for Nutrition and Physical Activity in Schools.

The ICCCC was formed in 2001 to coordinate the efforts of those fighting cancer (c.f. State Plan, 2006). The ICCCC is a collaborative effort of over 100 people representing approximately 50 entities, including researchers, legislators, insurance companies, health care providers, genetics, faith-based organizations, hospice, pharmaceutical companies, cancer centers, cancer survivors, health systems, voluntary health organizations, state and local public health agencies, schools, and others with interest in cancer control.

Evaluation data provided to the Consortium have been used for improving bylaws regarding membership, branding of organiza-

tional materials and for identifying an especially salient speaker at the annual meeting to address media relations and branding. The evaluation has also facilitated membership development through a membership audit, improved recruitment and retention efforts, provided evaluation training to members involved in the implementation and provided other evaluation activities to examine the impact of the Consortium. The evaluation has facilitated additional funding through the Lance Armstrong Foundation. Evaluation techniques and tools developed by the evaluation team, such as the Partner Profile survey tool, activity monitoring tools, and the statewide cancer budget, are also being recognized and used by other states funded by the CDC for comprehensive cancer control. Techniques and tools used in Iowa appeared in *Cancer Causes and Control Journal* (16 suppl. 1: 69-78, 2005).

NRC's ICER recently completed evaluation work with The Iowa Medical Home Initiative (IMHI), a statewide collaborative to improve the health and quality of life for individuals with special healthcare needs or chronic conditions by promoting the medical home model as a practice standard (www.iowamedicalhome.org, 2007). The IMHI project is a federally sponsored project by the U.S. Department of Health and Human Services, Health Resources & Services Administration. Evaluation data have assisted the project in providing information to the Maternal and Child Health Bureau, and were instrumental in reconfiguring the structure of the organization. Evaluation data have been collected through surveys of pediatricians and family practitioners across the state assessing practice characteristics, quality improvement issues, and care coordination. The Iowa Medical Home Initiative has been instrumental in demonstrating the effectiveness and importance for families with a medical home to provide continuation of care for patients with special needs.

ICER also recently completed the "Cancer Matters" evaluation project for Cancer Information Services (CIS) at the Holden Comprehensive Cancer Center. The Cancer Information Service is an education service providing patients, their family members and friends, health care providers and the general public with the latest information about cancer. The evaluation of a pilot project looking at the effectiveness of the "Cancer Matters" education binder for cancer patients was the first evaluation of its kind at cancer centers in the United States. Based on evaluation results, CIS patient computers are bookmarked with evidence-based websites for patient research, new materials are being developed for care givers and patients and the new CIS offices will be open to the waiting area so that patients have better access to materials and meet with CIS staff while still being available at their appointment time.

The Heartland Center for Occupational Health and Safety provides graduate training, continuing education and outreach in the area of occupational health and safety. Operated through the University of Iowa's College of Public Health, the Heartland Center is funded by the National Institute for Occupational Safety and Health (NIOSH) to serve four states: Iowa, Kansas, Missouri and Nebraska. Evaluation technical assistance to the Heartland Center has helped with follow-up data on training programs, obtaining better outcome data related to graduating students for use in recruitment of new graduate students and in preparing grant applications for sustainability.

A recent addition to the growing list of ICER projects is the "Pick a Better Snack" evaluation for the Building and Strengthening Iowa Community Support for Nutrition and Physical Activity (BASICS) program of the Iowa Department of Public Health. The BASICS program provides federal funding for community coalitions to expand nutrition and physical activity education programs serving food stamp recipients and food-stamp-eligible populations. "Pick a Better Snack" focuses on increasing fruit and vegetable



consumption among school-aged children. The evaluation is designed to collect information from participants in classroom-based teaching and tasting. The evaluation tests the hypothesis that through exposure to fruits and vegetables, increased self-efficacy and knowledge, fruit and vegetable consumption will increase toward the goal of five fruits and vegetables per day.

As a unit of the NRC Research and Evaluation Division, ICER works extensively with state and local agencies to design evaluations, identify outcome measures, and conduct evaluations of innovative family-centered programs and other health and human services related programs and projects. Kellee Thorburn McCrory, MPH is ICER Coordinator. Ms. McCrory received her MPH at the University of Iowa with concentration in community and behavioral health and earned her undergraduate degree from California State University - Fullerton in human services. Her research and evaluation areas of expertise include public health practice, cancer control, school nutrition, mental health, and substance abuse issues. Ms. McCrory guest lectures on qualitative methods including interviewing techniques and logic models for the College of Public Health. Ms. McCrory has been an invited speaker on evaluation issues at ICCCC meetings, the Midwest Rural Agricultural Safety and Health Conference, The University of Iowa Hospital and Clinics Department of Obstetrics and Gynecology Medical Resident Program, and the Institute for Public Health Practice at the University of Iowa.

For more information about the Iowa Center for Evaluation Research or the NRC Research Division, contact Brad Richardson, Ph.D., NRC Research Director at brad-richardson@uiowa.edu (phone 319-335-4924) or Kellee Thorburn McCrory, MPH, ICER Coordinator at kellee-mccrory@uiowa.edu (319-335-4931).

Family Support Agencies Are Getting Good Outcomes

by: Jerry Endres, M.S.W.

What Are Outcomes?

Outcomes are end results of efforts made in family-centered practice. Outcomes represent a change in status from a baseline assessment for individuals, families, groups, neighborhoods, or communities. Outcomes can be positive or negative and generally change over time.

Optimal Evaluation

An optimal evaluation is one in which the evaluator collects and analyzes data for knowledge and decision making. Outcome data helps both the family worker and the family to understand what is changing within a family situation.

It is important to determine both the extent of improvement in outcomes and how long it takes for a desired outcome to emerge. For example, a family's access to community resources and services often improves soon after meeting with the family worker. However, when the relationship with the family is extended, access to additional resources and services may be required and some outcome changes may require longer periods of time.

Systems for Good Outcomes

The best outcomes occur when Family Support Agencies (FSAs) take a systems view of family development, which places emphasis on the context of the environment in which the family functions. FSAs then assess children within the context of the family, and view the family within the context of the community in which it lives. One part of the system cannot be understood in isolation. Similarly, families progress by using their strengths when paying attention to areas of concern.

FSAs can use the following guidelines to achieve the best outcomes.

Family Well-Being and Safety

Families are involved in assessments of their needs for services, and need to become aware and focus on their strengths. Families have better outcomes when they use family strengths and community resources for achieving goals. Parents provide care and

support, and a healthy and safe environment; maintain high expectations for success; encourage children's participation in the family, school, and community; and are actively involved at home and in the community.

Equity

Families are assured of receiving access to the same level of quality services whenever and wherever they enter the services system. Family workers understand cultural competency so they can help build on the unique values, strengths, and cultural assets of children and families.

Service and Support Systems

Community programs reach out to families where they live. Programs understand the family's whole situation when providing services. Service supports are individualized to meet the needs of each child and family. Agencies provide services using an interagency approach and change services as each family's needs change.

Web based Outcomes

Through the Matrix Creator, our web based design and database, FSAs have access to hundreds of indicators for outcomes assessment and data collection. This process of assessment, includes a summary of data into strengths and areas of concern and family empowerment plans lets the FSA:

- Improve effectiveness in assessing family strengths and identification of areas for improvement
- Empower families to make decisions and create action plans based on the family's current situation
- Improve program services using data to analyze practices
- Enhance accountability and reporting methods based on outcomes
- Share outcome indicators across the county to communicate about client outcomes

Customizing the Family Development Model to meet a Family Support Agency's needs is a team building process. Members of a local



design team have to come together as one to select indicators, test for validity and reliability, create an assessment protocol, and agree on case planning practices. FSA staff and family/parent participation is essential to the process.

General Findings From Application of the Family Development Matrix Outcomes Model

We find most at-risk families are not connected to their community’s resources. 93% of families using FSAs and their community partners have shown improvement in their knowledge of community resources. Many programs have found that the majority of the families they serve are disengaged from their neighbors, schools, and communities before they receive services. FSAs have found that connecting a family with a family worker results in improvement in outcomes with neighbors, schools and communities. Short-and long-term assessments also show great improvement in outcomes addressing the social and emotional health, and substance abuse issues of parents.

Certain outcome categories show continued improvement. When families are using FSA support, family functioning continues to improve even under poor economic conditions. Outcome categories such as adult education, children’s education and development, childcare and safety, and family relations, including conflict resolution skills, continue to improve.

These results provide direct evidence of the value of FSA support services to at-risk families.

Examining Outcomes

Improvement in outcomes may well be related to the relationship building facilitated by the family worker. In the words of one family worker using the FDM, “We educate our families to seek out their own resources with our support. We discuss with them their need to be both confident and secure, to expand their perspective, and to utilize both their own strengths and the community resources available to them.” This empowering practice provides information and resources that can convert a crisis or an at-risk situation into a hopeful situation in which those involved can resolve their issues and

reach family stability and self sufficiency on their own terms and efforts.

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Transitions/Transiciones

by: Diane Finnerty, Raíces Co-Director

The National Resource Center's Institute for the Support of Latino Families and Communities has been engaged in a community partnership with the Main Street Project (Mpls) to coordinate the Raíces Project: a four state rural Latino capacity building project funded by the Northwest Area Foundation (www.nwaf.org). The Raíces Project works in specific rural communities in four states – Idaho, Iowa, Minnesota, and Oregon. The communities share many commonalities, including transitioning from being a predominantly white community to inclusive multicultural communities that welcome growing numbers of Latino neighbors. These changing demographics represent an amazing opportunity for revitalization of rural communities, but often first begins with transitional growing pains. amalia anderson of the Main Street Project (www.mainstreetproject.org), and co-director of the Raíces Project, describes the realities of the transition happening in so many rural communities below.

The Changing face of rural communities - Reprinted with Permission

Far from homogenous—the Latino population is instead a mix of citizens and non-citizens. We are immigrants, refugees, political asylees, permanent residents, First Nations, U.S born Latinos, as well as Latin Americans who have been naturalized. Some of us have crossed borders, others have had the border cross us. We are Indigena, Mestizo, Xicano, Asian and Afro-Latino. We are old and, increasingly young. We speak Spanish, English, both, or neither... instead communicating in many of the oldest languages of this Hemisphere like Tzotzil, Kekchi, Garifuna, Mam, P'urhepecha and more.

In 1900, there were only slightly more than 500,000 Latinos in the U.S. Today, the national Latino population numbers more than 35 million. As Texas A&M Professor Rogelio Saenz writes in *Latinos and the Changing Face of America*, “the most dramatic impact of the Latino population on

the demography of the nation has taken place over the last few decades. The number of Latinos in the United States more than doubled between 1980 and 2000, accounting for 40 percent of the growth in the country's population during that period.”

According to the Census Bureau, Latinos became the largest “minority” group in the United States in 2002 when the Latino population grew to 37.4 million. Today one of every eight residents of the United States is Latino. By 2050, the Census Bureau projects there will be nearly 100 million Latinos living in the United States—with the number of Latinos rising to 1 of every 3 people.

Currently, Latinos are the largest “minority” population in six of the ten largest cities in the United States such as New York, Los Angeles, Chicago and Philadelphia, not to mention Detroit, San Antonio and Dallas. As a community, Latinos are the fastest growing segment of the U.S. population—and this growth is especially striking in rural areas.

Unlike the often cited statistics about out-migration and declining populations in rural areas, the 2000 U.S. Census shows that Latinos account for 25 percent of all non-metro population growth during the 1990s. This increase is not going unnoticed in states like Nebraska, which experienced a 155% growth in its Latino population—or Minnesota with an increase of 166%. In fact, other than the Native American population—Latinos are responsible for most of the growth in otherwise declining rural communities.

As William Kandel and Emilio Parrado write in their article, “US Industrial Transformation and New Latino Migration”: “the total Latino population has actually expanded at a faster rate in rural areas than in urban areas. ... [And] half of all rural county Latinos now live outside the Southwest, where for centuries the largest concentrations of Latinos had settled.”

This change in Latino migration has affected and been most affected by the transformation

of the U.S. meat-processing industry. In the last few years, rural areas have witnessed, breathtaking changes in their racial and ethnic demographics. Far from random and haphazard, the movement of Latino peoples to rural communities has almost exclusively been based on “jobs” which have attracted new immigrant populations to areas of this country that have never seen these populations before. Meatpacking, poultry processing, corporate dairies, and traditional agricultural fieldwork are just a few of the types of employment to which this new population has been heavily recruited.

These population changes have been particularly dramatic in the Southeast and the Midwest. Today Latinos are no longer concentrated in “historic” Latino states such as Texas, California, New York and Florida. Instead, states such as Alabama, Arkansas, Kentucky, Minnesota and Nebraska are among the states that experienced the largest growth in Latinos from 1990-2000, while “New and Emerging” Latino populations are growing in Iowa, Kansas, Wisconsin and Missouri. Today, nearly half of all non-metro Latinos live outside the Historically Latino Southwest.

Between 1980 and 1992, the number of Latinos in 10 mid-western states - Ohio, Indiana, Illinois, Michigan, Wisconsin, Minnesota, Iowa, Missouri, Kansas and Nebraska - climbed from 1.2 million to 1.8 million. This growth has primarily been associated with the restructuring of the meat-processing industry and the expansion of low-wage jobs in the Midwest, primarily in non-metropolitan areas. States such as Missouri saw a 92% growth in their Latino population as of the 2000 census, while others such as Kansas, Iowa, and Nebraska realized a 100-155% increase.

Beyond the dynamic and vibrant cultural traditions that Latinos bring to rural communities, new and growing Latino communities also provide significant opportunities for economic development and rural revitalization. In the coming years



businesses will increasingly rely on Latinos as entrepreneurs, employees, investors, and consumers. Schools and other education systems will find that Latinos are future students, educators and administrators. Political institutions will find that Latinos will play an increasingly powerful role in the outcome of elections, as voters and political candidates. Health care systems will increasingly see Latinos as health care

recipients and providers. Finally, religious institutions will find Latinos as new membership, and as religious and lay leaders.

As the Latino populations in rural communities continues to grow, it's important for institutions, organizations, and individuals to recognize them as a valuable resource.

For more information about the Raíces Project, please see: www.raicesproject.org.

Improving Outcomes for Youth in Transition from Foster Care

by: Lisa D' Aunno, J.D., Director of Training & Miriam J. Landsman, Ph.D., M.S.W., Executive Director
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Over 24,000 young people “aged out” of the nation’s child welfare system in 2005 (Pew Charitable Trusts, 2007); this means they were discharged from out of home care because of their age without achieving legal permanency either through reunification with their family of origin or by adoption or guardianship. Youth who age out of foster care are disadvantaged economically, emotionally, and physically relative to their peers. Youth who age out are often financially destitute with limited human capital such as employment skills or education (Blome, 1996) and are often without safe or stable housing (Courtney et al., 2001). Because most of these youth do not have permanency they often lack positive support from family and peers, even though many return to their families-of-origin in which they experienced maltreatment. We also know that many older youth in care have been identified with special medical, emotional, behavioral, and developmental issues (Wattenberg et al., 2001). A higher proportion of youth from the foster care population compared to the general population become involved in the criminal justice system (Courtney et al., 2001) and are more likely to experience pregnancy and parenting at young ages (Nollan et al., 2000). Furthermore older youth in care are disproportionately members of racial and ethnic minorities (Adler, 2001; Kemp & Bodony, 2000; Davis, 1992; Curtis & Denby, 2004), and face additional problems due to discrimination in employment, housing, and other areas.

As part of the Chapin Hall Center for Children, University of Chicago’s Midwest Evaluation of the Adult Functioning of

Former Foster Youth, recent data are available on former foster youth in Iowa. The picture presented is a profile of youth who have experienced multiple types of child maltreatment, multiple placements and re-entries into care and histories of running away from placements (Chapin Hall Center for Children, 2006). This study also documents a higher rate of grade retention, suspension, and expulsion from school, involvement with the juvenile justice system, being a victim of violence, and needing mental health services among older youth in care. Yet interviews conducted with these youth suggest a remarkable level of satisfaction with their care, their relationships with family members, both foster and biological, and perceptions of strong levels of social support. Ninety-percent of former foster youth interviewed reported being optimistic about the future (Chapin Hall Center for Children, 2005).

The needs of older youth were recognized in the Foster Care Independence Act of 1999, and now long overdue efforts are underway at federal and state levels to address the unique needs of older youth in transition. These efforts include promoting best practice models, developing new assessments and services to teach youth skills for living without adult supervision, working collaboratively in communities to create a network of supports for youth during the transition to adulthood, and training professionals who work with older youth in care. The University of Iowa School of Social Work, National Resource Center for Family Centered Practice in partnership with the Iowa Department of Human Services, was

awarded one of six three-year federal grants to train public child welfare supervisors and to involve supervisors in training their workers to improve outcomes for older youth “aging out” of the child welfare system. Transitions of the project from development through implementation, as well as the challenges and opportunities in achieving the goals of the project, are described below.

Supervising child welfare workers in transition planning with older youth requires a unique set of skills. As coaches, teachers, and mentors for their staff, public child welfare supervisors must themselves understand the needs of youth in transition. They must know best practice — evidence-based interventions with older youth including successful strategies for engaging youth using a positive youth development framework. To be successful, supervisors must learn and model culturally competent practice as well as practice that involves collaboration with the multitude of individuals and community entities that work with older youth both formally and informally. What we have found to be most effective is supervisor training that presents these subjects in the context of a conceptual model of supervision, answering the questions “How do I supervise my workers to strengthen their practice?” and “How do I work effectively within the agency, with contract service providers, and with the larger community to achieve best practice for older youth in care?”

One of the ways in which Iowa’s approach is unique in the country is the scope of the project — we are training all of Iowa’s child



welfare supervisors (approximately 100) and their immediate supervisors. While Iowa's child welfare programs are state funded and administered rather than county-based, the supervisory challenges vary widely by geographic location. A major challenge we faced was implementing a statewide training that takes local practices into account. For example, some supervisors work in as many as seven rural counties and may be physically on-site with their county-based workers only once a week. Rural counties also frequently have fewer and more dispersed resources to draw on compared to more urban counties, and rural youth are more likely to be placed farther away from their home communities. Supervisors vary in their involvement in communities and in the extent to which they are involved in negotiating services and managing inter-agency relationships. Moreover, the Iowa DHS has itself been in a near constant state of transition. Efforts to implement best practices through a Model of Practice have involved reorganizing how services are contracted out, how payment is made and how the assessment and referral process takes place. The development of training has required that these changes are continually examined so that training is current and relevant, with time allocated for reflection and adaptation of the material presented to the supervisor's unique environment.

In order to develop a curriculum that is responsive to the needs of Iowa's child welfare supervisors, the first task was to conduct focus groups with DHS supervisors, caseworkers, and a small group of state workers designated as Transition Planning Specialists. In addition, we conducted focus groups with youth who had recently aged out of foster care, with Native American families, and with representatives of after-care provider agencies. We also conducted interviews with key informants representing the perspectives of foster parents, public health, DHS administration, advocacy organizations, and private youth servicing agencies including three agencies which primarily serve minority youth. The findings which emerged were used to develop a set of competencies for supervisors and workers around which to build the training. These competencies focus on improving practice with youth in transition by:

- a) promoting stronger youth involvement in case planning and decision-making;
- b) engaging a youth-centered team for strengthening the youth's permanent social or family-like connections and providing support for life skill development;
- c) approaching the youth's preparation for adulthood from a positive youth development perspective;
- d) understanding the youth's cultural heritage and incorporating this in transition planning;
- e) strengthening collaboration among the various entities involved in transition planning and support;
- and f) addressing the complex needs of youth.

The focus groups enabled us to better focus the content and approach of the training curriculum while attending to the original goal to address four substantive areas. For example, while we proposed a round of supervisor-to-worker trainings, the widespread concern about the need for better community collaboration led us to develop a regional approach and to include community partners in the second day of regional training. Another example of how the training was informed by the focus group research is the inclusion of youth voices throughout the curriculum. Two young adults, one who had aged out of foster care and another who was adopted as a teen, serve as curriculum advisors; one of these advisors attends each training session as a resource and co-facilitator. Youth panelists from the statewide foster care youth group called "Elevate" present their perspectives at the closing session of each training. Throughout the two day training, youth perspectives are presented through multi-media such as video, photography and quotes from the youth focus groups which appear on PowerPoint. Elevate staff and participants developed a music video for the section on permanent connections, presenting their songs and poetry about dislocation and multiple moves, fear of attaching to a new family, grief over the loss of sibling connections and hope for reconnection and success (Elevate, 2007).

To date, we have completed three of the four scheduled statewide supervisor trainings. The remainder of this article describes our approach to supervisory training, key concepts in the curriculum and how they are presented in the context of a supervision model.

Curriculum Development Approach

The supervisory curriculum provides theoretical foundation, concrete application, and emphasis on the improvement of client outcomes through enhanced organizational effectiveness. Material is presented in the context of a comprehensive model of child welfare supervision, acknowledging the various roles of the supervisor in the unit (administration, education, consultation, counseling and evaluation), the contextual factors influencing supervision (e.g., law, policy, economic conditions, and political realities), and the role of the supervisor in the organization (advocating for resources for staff and clients, negotiating relationships with community providers, and responding to client and community concerns).

Our approach to curriculum development is based on sound principles of adult learning, emphasizing practical application of useful concepts and best practices, using case-based applications and providing adequate time for collegial interaction. The training integrates measurable outcomes and learning objectives and supports Iowa DHS's practice model and redesign initiatives. Supervisors are provided tools for self-assessment of their own supervisory behaviors as well as detailed task analyses of worker competencies which can help them develop individual and unit plans with their staff "back at the job." We have also developed easy to use resources to share with staff and provide supplemental reference materials and web-based resources for use in direct on-the-job application.

Key Youth in Transition Curriculum Concepts for Supervisors

Start Early

Though Iowa law does not mandate transition planning until the youth's sixteenth birthday, youth participation in case planning should begin much earlier. Formal tools for assessing a young person's life skills, such as the Ansell-Casey Life Skills Assessment, can be used with youth beginning at age 14. Giving youth choices, treating them as resources for generating solutions to problems, assuring their attendance at court hearings, and informing youth about their family's progress are elements of youth participation which can be implemented for younger youth in care, and certainly for



preteens and teens. Youth who have had every important decision made for them by a government agency without their participation are ill-equipped to face the challenges of adulthood.

Incorporating Positive Youth Development into Supervision and Case Planning

Positive youth development (PYD) approaches focus on the *whole child* and highlight the achievement of developmental tasks, concentrating on interactions with family, school, neighborhood, societal, and cultural contexts (Catalano et al., 2002). PYD stems from positive psychology, which focuses on the development of positive qualities in youth such as competence, optimism, compassion, and other strengths. Positive psychology downplays the notion that youth misbehave because they are in some way damaged, or defective, and in need of repair, while focusing attention on responses to the absence of contentment, common sense, and other positive qualities of healthy child development (Kelley, 2003).

A core tenet in PYD is that young people are the primary agents in their own developmental process seeking ways to meet their basic physical, emotional, spiritual and social needs and to build competencies and connections they perceive as necessary for survival and success. (AED/Center for Youth Development and Policy Research, 1996) The PYD approach sees youth as resources rather than problems. All youth have talents, energies, strengths and constructive interests that can be used to facilitate their acquisition of competence and the capacity to contribute to the world (Damon, 2004).

The second tenet of PYD is that the role of youth helpers (e.g., other people, organizations, and institutions) is to promote positive development through providing opportunities and supports. The typical inclination of caregivers and educators is to do things “to” and “for” youth rather than “with” them. The insight of positive youth development (PYD) is that young people thrive when adults listen to them, respect them, and engage with them in meaningful investments in the community (Nicholson, Collins, and Holmer, 2004).

A significant challenge to incorporating the positive youth development approach in

public child welfare practice is transforming a traditionally problem-focused system into one that is built on recognizing and working from strengths. While “strength-based” language is now pervasive in child welfare, this approach is not always evident in practice. Child welfare workers are accustomed to viewing older youth in care as burdened with problems, whether a result of lengthy placement histories, years of maltreatment, behavioral and emotional problems, inability to be adopted or placement instability. A positive youth development approach requires a profound change in the way that older youth are viewed and in intervention strategies to help youth become successful.

In training, supervisors make the connection between the child welfare field’s focus of safety, permanency and well-being and the twelve desired outcomes in positive youth development :

- ◆ physical health,
- ◆ mental health,
- ◆ intellectual ability,
- ◆ employability,
- ◆ civic, social and cultural ability,
- ◆ safety,
- ◆ self worth,
- ◆ belonging/membership,
- ◆ responsibility/autonomy,
- ◆ mastery, and
- ◆ spirituality/self awareness.

(AED/Center for Youth Development and Policy Research, 1996)

Supervisors consider how they, with their workers, can help youth in care to access necessary opportunities for positive development – opportunities for expression and creativity, group membership, part-time paid employment, contribution and service and exploration, practice and reflection. Supervisors discuss how best to assure that youth in care have relationships with adults that will provide high expectations, standards and boundaries, nurturance and friendship, connections to important resources, and strategic support — assistance in planning and assessing their options, motivating, and coaching. The role of the caseworker is carefully considered – how the worker ap-

proaches interactions with the youth, using an adaptation of Lofquist and Miller’s (1989) Object/Recipient/Resource framework: what kinds of direct support workers can provide, and how workers can recruit others to engage with the youth. The opportunity to share perspectives with other supervisors has proven especially helpful. During one training session a supervisor stated that, “when making case transfers, I give top priority to maintaining older youths’ relationships with their worker.”

Culturally Responsive Practice with Older Youth in Care

In a two-day training it is impossible to adequately address all of the cultural issues for foster youth. We decided to frame the inquiry in terms of the adolescent’s development of social and cultural identity, with the added challenge that youth in out of home care must often undertake this task apart from their families, cultures and communities. To stimulate conversation, we view two videos, *Knowing Who You Are* (Casey Family Programs, 2005) and vignettes from *Breaking the Silence: LGBTQ Foster Youth Tell Their Stories* (National Center for Lesbian Rights, 2005). Supervisors draw lessons from the videos, primarily about the importance of their workers listening to and engaging youth in conversations about culture and identity. Supervisors discuss strategies for increasing their workers’ cultural competence and ways to find mentors and other cultural opportunities for youth of color. They consider ways to assure that LGBTQ youth feel safe to disclose to the agency their sexual orientation, gender identity and problems with victimization such as harassment or bullying at school. We also examine family-centered approaches to working with those who have rejected youth based on their sexual orientation or gender identity.

Permanent Connections

For older youth who are unable to be reunited with their own families and who have not achieved another permanent home through adoption or guardianship, child welfare has begun to expand its definition of permanency to include “relational” permanency, that is, helping youth establish “enduring family relationships that provide for physical, emotional, social, cognitive and spiritual



well-being” (Frey et al, 2005). “Permanent connections” are those with whom the youth has some emotional attachment — birth family, extended family, kin, foster family, mentors, etc. — and who can be expected to provide lifelong support. Establishing permanent connections is key to helping youth sustain support systems as they enter adulthood.

Best practice points to blending the goals of exploring permanency and helping the young person develop life skills using a youth-centered team. Where older youth are concerned, the youth-centered approach places the youth at the helm of planning for her/his future, with support from family, kin, and other individuals who play a key role in the youth’s life. For older youth who are approaching adulthood without having had permanency resolution, supporting their capacity for self-determination is critical for their successful transition. The youth-centered team composed of the youth, the worker, and the significant adults in the youth’s life, meets regularly to “explore and support the highest level of commitment that each adult can make as a permanent parent or extended family member” and to develop a comprehensive case plan that addresses the youth’s current needs and future hopes and plans (Frey et al., 2007).

Training activities around youth permanency include using materials to build “models” of permanency and the introduction of a variety of tools to assist workers in talking with youth about permanency and identifying potential permanent connections. Small group work with brief case scenarios give supervisors an opportunity to consider the potential utility of these tools in practice.

Youth permanency is a multifaceted construct which includes legal status, stability and appropriateness of the youth’s placement setting, connectedness to family and significant others, and the youth’s emotional wellbeing (Landsman et al, 1999). The curriculum presents research and best practice for maintaining placement stability, including providing more intensive support (e.g., worker visits, therapeutic support) for the youth and foster parents in the youth’s first six months of placement.

Community collaboration

The literature on interagency collaboration identifies a set of characteristic dimensions: stakeholder involvement, shared goals, responsibilities, rewards, resources, authority/decision-making, evaluation, structures, and vision/values (Austin, 1997; Urwin & Haynes, 1998; Walter & Petr, 2000; Richardson & Graf, 2004). Each of these dimensions serves to strengthen the structure and the common purpose behind it. Shared vision and values, in particular, are believed to be crucial to successful interagency collaboration (Bailey & Koney, 1996; Harbert, Finnegan & Tyler, 1997; Morgan, 1995). Walter and Petr (2000) describe shared values as the core of the interagency collaboration. These shared values become the guiding force for the collaborative and the basis for the activities that are undertaken. Our training involves guest panelists representing both the public child welfare agency and community-based agencies, in rural and urban settings. The panel presentation leads to a discussion among the supervisors about strategies for strengthening existing structures for collaboration, including legally mandated transition plan review teams and Iowa DHS community partnership initiatives. The supervisors work in small groups to share ideas on common challenges in their local collaborative efforts, such as building a shared vision and making their collaborations more culturally diverse.

Conclusion

Examining the issue of youth aging out of care solely from a problem-focused perspective is overwhelming. Though youth aging out of foster care face many hurdles (e.g., economic, social, emotional well-being), training of child welfare professionals based on a positive youth development approach helps them recognize the strengths and capacities of each youth in the context of cultural factors. By focusing as well on young people’s needs for building permanent connections and supports, our approach engages the larger community as collaborative partners and offers a path to a more promising future for older youth in care.

In its training with supervisors, NRCFCP has employed a developmental planning and support model (Finnerty & Hamilton, 2005) in which we have embedded Transition Training. The model is based on a

learning organization model (Faller et al, 2004) and focuses on process and relationships, strengths-based reflective supervision, integration of cultural competence, a contextual understanding of forces that affect supervision, and strategies for individualized supervision.

Training must be relevant and emulate parallel practice (Cohen, 2004). For example, we provide examples of reflective questions for use in supervision to foster worker initiative and enhance workers’ ability to integrate knowledge with practice. This reflective, strength-based approach to supervision parallels our model’s recommendations for the worker’s approach to youth, using language and strategies to promote youth participation and sharing of power in important decisions in the youth’s life.

Through our experience with training we have found that adult learning requires adaptation to the participants. The use of hands-on tools, discussion, a combination of general sessions and small groups (breakout sessions), and time to share knowledge and experience with each other are all critical elements for busy professionals seeking new knowledge through an intense and focused brief training curriculum.

Feedback from supervisors suggests that the NRCFCP’s model for supervising transition practice is timely and relevant. In the interim between curriculum development and training, Family Team Meetings have become more commonplace within public child welfare practice in Iowa. This has facilitated the acceptance of the recommendation for, and training on, using Youth Centered Teams to drive transition planning. Supervisors also report that workers are increasingly engaging families through home visits, rendering the ground fertile for implementing training recommendations for increasing meaningful youth participation in planning.

The National Resource Center for Family Centered Practice will complete its supervisor training and conduct eight two-day regional trainings for public child welfare workers and community providers during the next year. The curriculum and the results of the evaluation will be disseminated in several state and national forums



and many of the products will be available online.

For more information, please contact Lisa D'Aunno, Director of Training at the National Resource Center for Family-Centered Practice, University of Iowa School of Social Work; (319) 335-4932 or via email at: lisa-daunno@uiowa.edu

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Transitions of the DMC Resource Center

by: Brad Richardson, DMC Coordinator & Research Director

The DMC Resource Center was established in 2002 to serve statewide and community efforts to reduce disproportionality and over-representation of minority youth in the juvenile justice system. In 2004, as part of the child welfare redesign, the DMC Resource Center began a coordinated effort between the Iowa Department of Human Services – Minority Youth and Families Initiative (MYFI), Iowa Department of Human Rights, Division of Criminal and Juvenile Justice Planning and the University of Iowa School of Social Work, National Resource Center for Family Centered Practice to connect efforts to reduce disproportionality in the juvenile justice and child welfare systems. Since 2002 the DMC Resource Center has provided research and evaluation, training and technical assistance and to 11 Iowa counties on DMC and two counties under the MYFI initiative.

In 1988 the Coalition for Juvenile Justice (formerly National Coalition of State Juvenile Justice Advisory Group annual report to Congress, *A Delicate Balance*, brought Disproportionate Minority Confinement (DMC) to national attention. In the 1988 Amendments to the Juvenile Justice and Delinquency Prevention (JJDP) Act of 1974, Congress required that states address efforts to reduce DMC in their state plans if there was over-representation among youth detained or confined in secure detention facilities, secure correctional facilities, jails and lockups (Hsia circa 2003 at: <http://ojjdp.ncjrs.org/dmc/about/chronology.html>).

The transition from Disproportionate Minority Confinement to Disproportionate Minority Contact occurred with the JJDP Act of 2002 which broadened the focus to include contact at all decision points in the juvenile justice system (e.g., arrest, referral, detention, waiver to adult etc.). Further, intervention strategies were required including improvements in the juvenile justice system to ensure equal treatment of youth. It was at this point that the standard for calculating over-representation transitioned from the Disproportionate Representation Index (DRI) to the more accurate measure of disproportionality called the Relative Rate Index (RRI) (Feyerherm and Butts, 2002 at <http://www.uiowa.edu/~nrcfcp/dmrc/documents/dmc2003.ppt>).

The DMC Resource Center thus changed its focus from over-representation in confinement to examination of disproportionality at all decision points in the juvenile justice system. This transition also opened the door to the examination of the continuum or pathways to involvement in the juvenile justice system including disproportionality in the child welfare system, disparate educational outcomes such as suspensions, expulsions and the “achievement gap,” and health disparities.

In 2003 the Iowa state legislature adopted SF 354, Chap. 153 to clarify state policies and procedures regarding the Indian Child Welfare Act and to address concerns about over-representation and non-compliance with ICWA by the courts and child welfare officials. Among other things,

the law required notice to tribe and family at each stage in a child welfare proceeding for Native American children. The child welfare redesign, sometimes now referred to as Better Results for Kids (BR4K), was a response to the legislation in 2003. Further, the Department of Human Services was charged with redesigning the child welfare and juvenile justice system to be an outcome-based system for achieving safety, permanency, well-being, public safety, accountability and rehabilitation (National Conference of State Legislatures, 2006).

To address disproportionality, the child welfare redesign created two Children of Color Projects – a project in Des Moines (Polk County) focusing on reducing African American over-representation and a Native American project in Sioux City (Woodbury County). The DMC Resource Center was enlisted to provide technical assistance and evaluation of results for both projects through the University of Iowa School of Social Work National Resource Center for Family Centered Practice. Evaluation results to date are posted on the MYFI webpage at: <http://www.uiowa.edu/~nrcfcp/dmrc/myfi.shtml>

During the past 5 ½ years the DMC Resource Center has provided DMC technical assistance to 11 counties in Iowa and has come to be involved nationally with agencies such as the federal Office of Juvenile Justice and Delinquency Prevention, Coalition for Juvenile Justice and National Center for Juvenile Justice. Through the Minority Youth and Families Initiative the DMC Resource



Center works with the counties of Woodbury and Polk along with a host of national organizations including the Race Matters Consortium/Westat, Center for the Study of Social Policy and Casey Family Alliance, Child Welfare League of America, National Indian Child Welfare Association and Georgetown Public Policy Institute.

Through the expansion of focus the DMC Resource Center worked with the Des Moines Public Schools to provide training and technical assistance targeting the over-representation of minority youth suspended from school. Counselors and social workers were trained in culturally competent focus group facilitation by the DMC Resource Center and the DMCRC worked with DMPS to gather information and develop findings and recommendations contained in *Reducing Disproportionality in Suspensions at Des Moines Public Schools: Findings and Recommendations From Focus Groups With Students and Parents*.

In 2006 the College of Public Health's Iowa Center for Evaluation Research joined the NRC and the DMC Resource Center began a new transition, one which now includes a focus on health disparities. In 2007, Resource Center staff presented Conducting Culturally Competent Research and Evaluation in Rural Communities with Immigrant Population at the 3rd Annual AgriWellness Behavioral Health Conference: The Clock is Ticking for Rural America: A Behavioral Health and Safety Conference (February 12-14, 2007, Sioux Falls, SD) and Racial Disparities in Juvenile Justice, Child Welfare and Education for the University of Iowa College of Public Health. University of Iowa College of Public Health, Department of Community and Behavioral Health 2006-2007 Seminar Series.

Research and evaluation on DMC has also been in transition. Along with the change from looking just at over-representation in confinement to examining disproportionality at a variety of decision points in the system (e.g. arrest, diversion, referral, petition, waiver, confinement, etc.) has come change in the way in which disproportionality is calculated. Originally the disproportionate rate index (DRI) was used to compute over-

representation as a comparative percentage: the percentage of those in locked facilities who were minority youth divided by the percentage minority youth make up in the population. In Iowa minority youth make up about 10 percent of the youth population and 33 percent of those in locked facilities so the DRI would be 3.3.

The transition to the relative rate index represents a substantial improvement in our ability to identify disproportionality at specific decision points in the system and for specific racial and ethnic categories rather than aggregation into one minority class. The relative rate index uses the rate (usually the number per hundred or thousand) of a particular group compared to the rate of another group (usually the dominant group but with this method it is also possible to compare among racial and ethnic groups). For a more complete demonstration of the difference in the calculations see the DMCRC website for the PowerPoint by Feyerherm and Butts at: Method for Measuring Disproportionate Minority Contact .

The annual Iowa DMC and Minority Youth and Families Initiative Conference addresses many issues related to the disproportionality in juvenile justice, child welfare and disparities in the educational and health systems. The DMC Conference began in 2002 focusing specifically on the over-representation in confinement of minority youth. In 2004 the DMC and MYFI Conference began linking efforts to reduce over-representation of minorities in both the child welfare system and the juvenile justice system. More recently health and educational disparities have been added to the issues that are specifically addressed. The Conference provides attendees with information intended to help reduce the disparities we presently experience in each of those systems. The DMC and MYFI Resource Center Conference brings together judges, attorneys, juvenile court officers, social workers, police officers, case managers, educators, and community members to help inform and discuss solutions and successes impacting disproportionality. We are making progress on the issue and the conference has been instrumental in raising awareness which has paid great dividends in the work to impact racial disparities.

Recent publications and presentations of the DMC Resource Center:

Recent Presentations

Richardson, Brad

2007 Racial Disparities in Juvenile Justice, Child Welfare and Education. University of Iowa College of Public Health. University of Iowa College of Public Health, Department of Community and Behavioral Health 2006-2007 Seminar Series.

Richardson, Brad; Rembert, Julia; Penning, Pat; Jeri Gordon

2007 Iowa's Minority Youth and Families Initiative: Measuring Improved Outcomes for Children, Families and Communities. 25th Annual "Protecting Our Children" National American Indian Conference on Child Abuse and Neglect. April 15-18, 2007; Oklahoma City, OK.

Richardson, Brad; Rembert, Julia;

2007 Are We Making a Difference? Listening to Native American Families and Community Stakeholders. "Children 2007 – Raising Our Voices for Children," Child Welfare League of America National Conference. February 25 – February 28, 2007; Washington, D.C.

Richardson, Brad; McCrory, Kellee

2007 Conducting Culturally Competent Research and Evaluation in Rural Communities with Immigrant Populations. 3rd Annual AgriWellness Behavioral Health Conference: The Clock is Ticking for Rural America: A Behavioral Health and Safety Conference. February 12-14, 2007 Sioux Falls, SD.

Edwards, Belinda; Richardson, Brad

2006 Race Ethnicity Issues in Child Welfare Investigations. National Center for Adoption Law & Policy at Capital University Law School, "Striking the 'Rights' Balance: Respecting Parents While Protecting Children. October 4-5, 2006, Columbus, OH.



Richardson, Brad

2006 Reducing Disproportionality in the Child Welfare and Juvenile Justice Systems. Iowa Public Defenders Association Annual Conference. June 24-25, Iowa City, Iowa.

Richardson, Brad; Rembert, Julia; Penning, Pat, De Voss, Terry

2005 Reducing Over-Representation in Child Welfare and Juvenile Justice Systems. 24th Annual "Protecting Our Children" National American Indian Conference on Child Abuse and Neglect. April 2-5, 2006; San Diego, California.

Richardson, Brad; Rembert, Julia; Parker, Patricia, McFall-Jean, Nancy

2006 Reducing Disproportionality in the Child Welfare and Juvenile Justice Systems: Implications for Social Work Practice and Systems Change. "Children 2006 – Securing Brighter Futures," Child Welfare League of America National Conference. February 27 - March 1, 2006; Washington, D.C.

Richardson, Brad et al.

2005 Strength-Based Treatment: From Case Management to Family Therapy. 2005 Joint Meeting on Adolescent Treatment Effectiveness sponsored by SAMHSA CSAT, NIH, NIDA, NIAAA and SASATE CPDD. March 20-23, 2005, Washington, D.C.

Richardson, Brad; Finnerty, Diane and Parker, Patricia.

2005 Reducing Disproportionality in the Child Welfare and Juvenile Justice Systems. "Children 2005 – Crossing the Cultural Divide," Child Welfare League of America National Conference. March 9-11, 2005; Washington, D.C.

Richardson, Brad

2005 Measuring the Strengths of Collaborations to Improve Youth Substance Abuse Treatment in Communities. "Celebrating a Decade of SSWR" Institute for the Advancement of Social Work Research National Conference, January 13-16, 2005; Miami, FL.

Richardson, Brad and Parker, Patricia

2003 DMC Best Practices. Wisconsin DMC Urban Conference. November 9-10, 2004; Oconomowoc, Wisconsin.

Richardson, Brad with Hotopp, Denise; King, Ron; Hall, John; and facilitator Deborah Stafford.

2004 Setting the Stage for Action on DMC – State Efforts in Iowa and Tennessee. Coalition for Juvenile Justice (CJJ) Ethnic and Cultural Diversity Conference: *Creating Equal Justice for Youth: Solutions Beyond Statistics*, November 4 – 7, 2004; Los Angeles, California.

Richardson, Brad

2003 Sustaining and Reinvigorating Your DMC Project. Jersey City, NJ: Coalition for Juvenile Justice 10th Annual Ethnic and Cultural Diversity Conference - Disproportionate Minority Contact 10 Years Later – Progress Made, Progress Needed.

Recent Publications

Richardson, B.

2007 Comparative Analysis of Two Community-Based Efforts Designed to Impact Disproportionality. Forthcoming special issue: Racial Disproportionality in Child Welfare; Washington D.C.: Child Welfare League of America, *Child Welfare*.

Derezotes, D., Richardson, B., Rembert, J. & Pratt, B.

2007 Evaluating Multi-systemic Efforts to Impact Disproportionality through Key Decision Points. Racial Disproportionality in Child Welfare; Washington D.C.: Child Welfare League of America, *Child Welfare*.

Richardson, B., Graf, N., Clegg, R., & Knutsen, J.

2006 Collaborating across systems to build effective schools. *The Prevention Report 2006 #1*.

Richardson, B., Graf, N., & Loring, B.

2006 The Impact of community collaboration to improve early learning. *The Prevention Report 2006 #1*.

Richardson, Brad.

2005 Community Interventions: Reducing Over-Representation in Iowa's Juvenile Justice and Child Welfare Systems. Washington D.C.: Child Welfare League of America, *The Link, Vol. 4, No 2: 1-10*.

Richardson, Brad; McFall-Jean, Nancy.

2005 Eradicating Disparities: Iowa's Efforts to Eliminate Over-Representation in Juvenile Justice, Child Welfare and the Education Systems. Washington D.C.: National Association of Social Workers, *Intersections, (Fall): 8-14*.

Richardson, Brad and Graf, Nancy

2004 Measuring Strengths in Community Collaboration. University of Iowa School of Social Work, National Resource Center for Family Center Practice: Prevention Report, Vol. XX, No. 1.

Richardson, Brad; Theisen, Bill and Spears, Julie

2005 [Network Guide to Measuring Family Development Outcomes](#). Des Moines: Iowa Community Action Association and Iowa City: University of Iowa School of Social Work, National Resource Center for Family Center Practice; Department of Health and Human Services, Office of Community Services.



Richardson, Brad and Graf, Nancy
2003 Evaluation of the Polk County Wraparound Project for African-American Youth with Substance Abuse and Mental Illness. Iowa City, IA: National Resource Center for Family Centered Practice; Center for Substance Abuse Treatment (CSAT), Substance Abuse Mental Health Services Administration (SAMHSA).

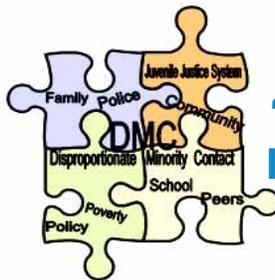
Richardson, Brad and Graf, Nancy
2003 Evaluation of the South Santa Clara County Wraparound Project for Latino Adolescents with Substance Abuse and Mental Illness. Monterey, CA: California State University, Monterey Bay; Washington, DC: Center for Mental Health Services (CMHS), Substance Abuse Mental Health Services Administration (SAMHSA).

Richardson, Brad and Graf, Nancy
2001 Evaluation of the Polk County Wraparound Project for Latino Youth and Adolescents with Substance Abuse and Mental Illness. Iowa City, IA: National Resource Center for Family Centered Practice; Center for Substance Abuse Treatment (CSAT), Substance Abuse Mental Health Services Administration (SAMHSA).

About the Author

Brad Richardson, Ph.D. is Research Director and Adjunct Associate Professor at the University of Iowa School of Social Work, National Resource Center for Family Centered Practice. Dr. Richardson and the staff of the Research Division have carried out many evaluation projects utilizing a wide range of approaches. Dr. Richardson has provided training and technical assistance on topics such as data management, outcome measures, applied research and evaluation including establishing reliability and validity of measurement tools, performance monitoring of work with families and how to utilize the results of evaluations to improve, demonstrate effectiveness and promote programs and practice strategies. In addition to conducting research on disproportionality, Dr. Richardson recently served as an evaluator for SAMHSA’s Strengthening Communities – Youth program, evaluator for two federally funded University-IDHS partnerships on *Recruitment and Retention in Child Welfare* and *Youth in Transition from Foster Care* and has provided technical assistance on a variety of projects focused on improving educational achievement levels and reducing over-representation in areas such as suspensions, expulsions, achievement gap and involvement in government run systems such as child welfare and juvenile justice. Dr. Richardson serves as the State of Iowa’s DMC Coordinator and directs the DMC Resource Center. He is also the conference coordinator for Iowa’s annual DMC Resource Center Conference held each year in Des Moines. Contact information: brad-richardson@uiowa.edu.

**November 29 & 30, 2007
Des Moines, Iowa**



**“Investing In Iowa’s Youth,
Investing In Iowa’s Future”**

**Sixth Annual
DMC Resource Center &
Minority Youth & Families Initiative Conference**

The 6th Annual DMCRC conference will bring together judges, attorneys, juvenile court officers, social workers, police officers, case managers, educators, and community members to discuss common solutions and successes that will impact disproportionality in Iowa. Participants will increase their knowledge about working with youth and their families, diversity and cultural competence, policy, and best practices. People working with youth in and around the juvenile court system will acquire tools for developing effective risk assessment and alternatives to confinement. Speakers with national reputations and local researchers will provide expert information. The program and registration materials are on the following pages.

For more information, please visit the DMC Resource Center website at: <http://www.uiowa.edu/%7Enrcfcp/dmrc> or call Brad Richardson at the National Resource Center for Family Centered Practice at (319) 335-4965 or email brad-richardson@uiowa.edu.

Make sure you are notified of the next DMC Resource Center conference! Sign up for the DMCRC information list serve by sending an email to listserv@list.uiowa.edu. In the body write: subscribe_dmcrc_your-name@your-email-address.com.

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**6TH ANNUAL DMC RESOURCE CENTER &
MINORITY YOUTH AND FAMILIES INITIATIVE CONFERENCE**
“INVESTING IN IOWA’S YOUTH, INVESTING IN IOWA’S FUTURE”
**CHAPTER 6: LINKING CHILD WELFARE, JUVENILE JUSTICE, EDUCATION
& HEALTH TO REDUCE RACIAL DISPARITIES**

DOWNTOWN HOLIDAY INN, DES MOINES, IOWA NOVEMBER 28-30, 2007

Training Institute—Wednesday, November 28, 2007 9:00 am - 5:00 pm

- Patricia Parker, DMC Resource Center—Strengths Based DMC Curriculum
- Dr. Douglas C. Smith, Univ. of Iowa, College of Medicine—Global Appraisal of Individual Needs
- Karl Dennis, Kaleidoscope, Michigan City, IN—Wraparound, "Everything is Normal..."

Conference—Thursday, November 29, 2007 8:00 am - 7:00 pm

- | | |
|--------------------|---|
| 7:00 am - 8:30 am | Registration Open |
| 8:45 am - 12:00 pm | Opening Plenary
Brad Richardson, Ph.D., University of Iowa, DMC Resource Center
Salome Raheim, Ph.D., University of Iowa School of Social Work |
| 12:00 pm - 1:30 pm | Lunch (on your own) |
| 1:30 pm - 2:45 pm | Concurrent Sessions I |
| 2:45 pm - 3:00 pm | Break |
| 3:00 pm - 3:50 pm | Keynote Address
Jeremy Kohomban, The Children's Village, Dobbs Ferry, NY
Dixie Jordan, PACER, Minneapolis, MN |
| 4:00 pm - 4:45 pm | Plenary and Reception
Mary Nelson, Iowa Department of Human Services (Child Welfare)
Judy Jeffrey, Iowa Department of Education (Positive Behavioral Supports/Sp. Ed.)
Allen Parks, Iowa Department of Human Services (Mental Health)
Walter Reed, Chair, Governor's Task Force; Dir., Dept Human Rights (Juv. Just.) |

Conference—Friday, November 30, 2007 8:00 am - 3:00 pm

- | | |
|--------------------|---|
| 8:00 am - 11:00 am | Registration Open |
| 8:30 am - 9:40 am | Concurrent Sessions II |
| 9:50 am - 12:00 pm | Karega Rausch, Office of the Mayor, Indianapolis, IN
Gary Blau, Chief, SAMHSA, Child Adolescent and Family Branch
Julia Charles, SAYSO, Inc., Durham, NC
Dare to Dream and Elevate Youth Groups, Toledo & Des Moines, IA
Connie Burgess, C. Burgess & Associates, San Leandro, CA |
| | Special Presentation by the Isiserettes, Des Moines, Iowa |
| 12:00 pm - 3:00 pm | Closing Session
Iowa Governor, Chet Culver, Syeta Glanton, Bart Lubow (Invited)
Ed Saunders, Ph.D., Director, University of Iowa School of Social Work |

**6th Annual DMC Resource Center
& Minority Youth & Families Initiative Conference**
"Investing in Iowa's Youth, Investing in Iowa's Future"
*Chapter 6: Linking Child Welfare, Juvenile Justice, Education
and Health to Reduce Racial Disparities*
 November 29th & 30th, 2007 with the Training Institute
 on November 28, 2007
 Downtown Des Moines Holiday Inn

Name _____
Organization/Company _____
Mailing Address _____
City _____ **State** _____ **Zip** _____
Phone (____) _____ **Ext** _____ **Fax** (____) _____
E-mail address _____
Special Requests (meals, special needs) _____

<p>Registration Fees: Pre-Conference Institute—November 28, 2007 (7 Ceu's) \$79 _____ Conference—November 29 & 30, 2007 (~20 Ceu's) \$79 _____ Student Registration Fee \$25 _____ Continuing Education Units \$15 _____ Total Fee \$ _____</p> <p>In order to process your registration, one of the following must be checked: <input type="checkbox"/> Please invoice my agency (purchase order) PO # _____ <input type="checkbox"/> My check or money order is enclosed</p> <p>Please mail completed registration and payment to: National Resource Center/FCP University of Iowa 100 Oakdale Campus, W206 OH Iowa City, IA 52242-5000 OR, you may fax it to (319) 335-4964 For more information, please call (319) 335-4965</p>	<p align="center">Pre-Conference Institute</p> <input type="checkbox"/> Patricia Parker, DMC Resource Center: <u>Strengths Based DMC Curriculum</u> (9-5 pm) <input type="checkbox"/> Dr. Douglas C. Smith, Univ. of Iowa, College of Medicine: <u>Global Appraisal of Individual Need (GAIN)</u> (9-5 pm) <input type="checkbox"/> Karl Dennis, Michigan City, IN: <u>Wraparound: "Everything is Normal Until Proven Otherwise"</u> (1-5 pm)
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Thursday	Friday
Concurrent Session I	Concurrent Session II
<input type="checkbox"/> Factors in Juv. Justice Decision Making, <u>M. Lieber</u> <input type="checkbox"/> Reducing Disparities: A Practice Perspective, <u>C. Burgess</u> <input type="checkbox"/> Minority Youth & Families Init.; <u>R. Gould/W. Rickman</u> <input type="checkbox"/> Judicial Perspectives on DMC, <u>J. Smith/T. Hensley</u> <input type="checkbox"/> Parents as Partners Please check <i>one</i> of the boxes above	<input type="checkbox"/> Functional Family Assessment/Nat. Am. Families, <u>D. Jordan</u> <input type="checkbox"/> Youth in Transition to Adulthood; <u>L. D'Aunno/M. Landsman</u> <input type="checkbox"/> Youth Panel, Elevate/Dare to Dream <input type="checkbox"/> Positive Behavior Supports & Zero Tolerance, <u>M.A. Rausch</u> <input type="checkbox"/> National Evaluation of Iowa Sites; <u>Nellis</u> Please check <i>one</i> of the boxes above

The National Resource Center for Family Centered Practice reserves the right to change workshop topics and schedules. Cancellation policy: cancellations received in writing by November 10th 2007 are subject to a \$15 processing fee. After this date, no refunds will be given.

April 16-18, 2008

SAVE

THE

DATES



FAMILY-CENTERED PRACTICE: A CONFERENCE AND 30TH ANNIVERSARY CELEBRATION

Please join us for a unique conference on family-centered practice, policy, and the evidence base from a systems perspective. At this 30th anniversary event of the National Resource Center for Family Centered Practice, we will look retrospectively at what the field has learned and prospectively to shape future directions for family-centered practice.

Where: The Hotel Vetro, Iowa City, Iowa

Preliminary schedule

Wed., April 16 – evening banquet and discussion
Thurs., April 17 – full conference day, evening reception
Fri., April 18 – morning conference/afternoon working sessions

Questions?

Please contact miriam-landsman@uiowa.edu
National Resource Center for Family Centered Practice,
University of Iowa School of Social Work



CALL FOR PROPOSALS

**Family Centered Practice:
A Conference and 30th Anniversary Celebration**

**The Hotel Vetro, April 16-18, 2008
University of Iowa School of Social Work
National Resource Center for Family Centered Practice
Iowa City, Iowa**

Proposals are requested for presentations at a unique conference on family-centered practice. This conference, to be held in downtown Iowa City, marks the 30th anniversary of the National Resource Center for Family Centered Practice at The University of Iowa School of Social Work. We will examine family-centered practice from a systems perspective, looking retrospectively at what the child and family services field has learned over 30 years and prospectively to shape future directions for family-centered practice.

We are inviting proposals that address critical questions for family-centered practice, policy, or research, and that appreciate the lessons of the past while focusing on advancing the field forward. We particularly encourage proposals that demonstrate an evidence base, that include issues of diversity, and that involve consumers as partners. A variety of formats are welcome, including individual presentations/papers, skill-building workshops, panels of up to three papers/presentations with a common focus, and posters.

The preliminary conference schedule is as follows:

Wed., April 16 – evening banquet and discussion

Thurs, April 17 – full conference morning, lunch, and afternoon, evening reception

Fri., April 18 – morning conference/lunch on your own/afternoon post-conference institute: crafting the future of family-centered practice

To submit your proposal, please complete pages 1-3 below: by email to miriam-landsman@uiowa.edu; by FAX to 319/335-4964; or by mail to NRCFCP, 100 Oakdale Campus, W206 OH, Iowa City, IA 52242-5000

**Deadline for proposal submission is October 15, 2007;
notification by early January, 2008**



Proposal (page 1)

Title of presentation: _____

Lead Presenter

Name: _____ email: _____

Position: _____ Affiliation: _____

Address: _____

Phone: () work _____ () cell _____ () home: _____

2nd presenter (if applicable)

Lead Presenter

Name: _____ email: _____

Position: _____ Affiliation: _____

Address: _____

Phone: () work _____ () cell _____ () home: _____

3rd presenter (if applicable)

Lead Presenter

Name: _____ email: _____

Position: _____ Affiliation: _____

Address: _____

Phone: () work _____ () cell _____ () home: _____

Formats: Please select your preference for one of the following:

- individual paper/presentation (1 hour and 15 minutes)
- skill-building workshop (1 hour and 15 minutes)
- skill-building workshop (2 hours and 30 minutes)
- panel presentation on selected topic (up to 3 presenters) (1 hour and 15 minutes)
- poster presentation

Track: Please indicate the track applicable to your proposal

- practice
- policy
- research

Intended audiences (please check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> practitioners | <input type="checkbox"/> supervisors | <input type="checkbox"/> administrators |
| <input type="checkbox"/> policymakers | <input type="checkbox"/> consumers | <input type="checkbox"/> researchers |
| <input type="checkbox"/> educators | <input type="checkbox"/> other : (_____) | |



Proposal (page 2)

Brief description of presentation (up to 50 words) suitable for conference brochure:

Biographical sketch- for each presenter (up to 50 words each)

Lead presenter:

2nd presenter:

3rd presenter:

Abstract: (please insert your abstract on the following page or submit a separate page with only the title of the presentation – abstracts will be blind-reviewed)

250 -500 words describing the objectives of the session, a summary of the content to be presented, and its relevance to family centered practice, policy, or research.



Abstract (page 3)

[use this page or type on a separate page with only the title and abstract]

Title: _____