

PREVENTION REPORT

Summer 1982

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Family Based Services and the Native American

Nowhere has the failure to recognize and appreciate the importance of culture and the power of family and clan relationships been more clearly demonstrated than in the experience of the Native American. The trauma which results from separating children from family, culture, and community places the Indian child in triple jeopardy and removes a major motivating force in the lives of parents. For most of this century, a well-intentioned but culturally insensitive and biased service system has aided in the systematic disruption of Indian family life.

Association on American Indian Affairs surveys indicate that 25 percent of all Indian children are separated from family and tribe. Eighty-five percent of the children placed outside their communities are in non-Indian foster or adoptive homes or

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PREVENTION: AT WHAT COST?

More than five years ago, Mike Wald, Stanford law professor and family advocate, observed that agencies with a willingness to make substantive program changes should be able to develop successful alternative-to-foster-care programs if only a portion of the money spent on foster care could be channeled into innovative service approaches. (Wald, 1976) Wald's observations have been repeated in succeeding years as prevention programs for at-risk families have been developed and refined. Data from a variety of innovative prevention programs have been analyzed and cited as evidence that alternative-to-foster-care services are cost effective and efficient.

Most prevention programs compare the actual costs per family for alternative services with the potential cost if all of the children referred for service had been placed. Estimated cost savings are computed based on weighted averages for actual placements occurring in the same jurisdiction, or on the basis of the "best professional judgment" of the referring worker as to where the child would have been placed had the family not received prevention services.

Several prevention programs report success rates of 80 percent or better, with costs for services per family ranging from \$1,000 to \$10,829. The wide variation in costs is attributed to the duration of services (from six weeks to thirteen months), the wage differential among staff providing services, and the intensity in terms of hours expended per family. (See Figure 1.)

The primary differences between the costs related to home based prevention services and foster placement services are the degree of labor intensity per child and the placement maintenance costs. Prevention services are more labor intensive per capita than foster home services. Therefore, it would appear that per capita expenditures for prevention services would be higher than foster care services expenditures even when monthly maintenance costs are included.

However, when the average length of per capita time in foster care is computed at present value--PV(FC)--prevention services appear to be more cost efficient. For example, the present value of foster care can be compared with the present value of family based services using the following computations:

Worker Cost (W) = monthly salary + benefits x 2 (indirect and administrative costs) ÷ caseload ratio

Supervisor Cost (S) = monthly salary + benefits x 2 ÷ caseload

Foster Care Maintenance (M) = monthly board rate including clothing allowance and incidental expenses per child

Children in Substitute Care (C) = number of children coming into care at any given time

Discount Factor (D) = annual rate of discount over average length of time of service

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alter 3.4m/2 yrs foster 7 mt. J.H. J.B. Services

**PREVENTION:
AT WHAT COST?**
(continued from page 1)

If the foster care worker caseload ratio is 1:50 and the supervisor ratio is 1:500 (assuming supervision of 10 workers each), then:

$$PV(FC) = (W+S+M)12 \times C \times D \times M.C.$$

$$PV(FC) = (\$56 + \$7 + \$161)12 \times 1000 \times 2.487$$

$$PV(FC) = \$6,685,056$$

If the family based services worker caseload ratio is 1:12 and the supervisor ratio is 1:60 (assuming supervision of 5 workers each):

$$PV(FBS) = (W+S)12 \times C \times D$$

$$PV(FBS) = (\$234 + \$61)12 \times 1000 \times .909$$

$$PV(FBS) = \$3,217,860$$

Based on these computations, the present value per child of foster care is \$6,685, 72 percent of which is expended on maintenance. The present value per family for family based services is \$3,218.

These computations are not sufficient, however, to base a decision to provide family based prevention services. Although the present value of family based services, as shown in our example, is less costly than the present value of foster care, the worker to client ratio is considerably smaller for family based services. To provide intensive services, an agency must make, at minimum, investments in training and staff development and in smaller caseloads--which, for some, may mean hiring additional staff. However, the agency's initial investment in skilled workers should be offset by the reduction in the number of families entering the system. As fewer enter the system, fewer workers will be needed to serve them over time.

As skilled workers gain experience in family based services, they become more proficient at diagnosing family needs (focusing on essential areas)

and more discriminating in their use of resources (hours and ancillary services). As they gain experience, their proficiency at diagnosing problems results in fewer families entering the system and, for those entering the system, a reduction in service time. The worker's capacity for handling larger caseloads, in relative terms, also increases over time.

An analysis of the gains and trade-offs resulting from implementation of family based services must also take into account both the sources of revenues and the percentages of matching funds required for federal financial participation (FFP). Child foster care, including group home and institutional care, is funded by Title IV-B, Title IV-E/A, Title XIX and the Social Services Block Grant (SSBG, Title XX), and by state and local revenues.

Foster care maintenance and administrative costs for AFDC-eligible children are financed under Title IV-E/A, with state and local matches. Services (personnel) costs are financed with Title IV-B and SSBG revenues. FFP requires a state contribution; however, the formula varies among the Titles. In the case of Title IV-B and SSBG, the federal share is 75 percent; the state's is 25 percent. Under Title IV-E/A, the federal share is closer to equal that of the state's share, excepting certain training expenditures which are shared 75/25.

Title IV-E/A permits limited transfer of funds to Title IV-B. The new block grants permit transfer up to 10 percent. Funds transferred into SSBG must not exceed the ceiling formulated for each state by the federal government. Given these constraints, it is possible for states to use Title IV-A to train existing foster care and protective service workers in family based service skills, and Title IV-B and SSBG to hire additional workers, if needed. It may also be possible to transfer projected savings in IV-E/A maintenance expenditures into IV-B to pay skilled family based services

workers with protected caseloads, or to purchase intensive family based services from the voluntary sector.

If states are expending funds from general revenues on maintenance of non-AFDC eligible children, projected savings from the diversion of new children coming into care can be used to match local expenditures for family based services, thus providing an incentive to local agencies to develop prevention programs.

In addition to tangible cost savings in foster home maintenance expenditures, we propose that there are several less tangible benefits that result from family based services. For example:

- Family based services programs include the entire family in service planning. Thus, an average of five persons receive services.
- Frequently in abusive and neglectful families, another child is identified for help when the originally referred child is removed. By focusing on full-family dynamics and family and community systems there is the potential to prevent the costs of additional placements from the same family.
- Reduced administrative and service costs to other service providers can be expected as a direct result of improved case management and coordination of services to multiproblem families.
- Family based service providers offer help with all problems presented by the family. For example, "getting off of welfare" is often one of the goals expressed by family members. It is not unusual for adults and adolescents in a family to learn how to gain and maintain employment with the assistance of their family based worker.

Family based prevention services attempt to catalyze therapeutic changes in and among family and community systems so that isolated individuals are not left, following service, to combat the same forces and circumstances that caused their original problems. The long-term gains resulting from family based services on current and succeeding generations, with respect to neglect, substance abuse, delinquency, crime and mental illness, are virtually unexplored dimensions of the cost effectiveness and efficiency potential of the family-focused approach to prevention.



\$ Follow the Client

Illustration courtesy of Artist Dave Phipps

SERVICE AND COST RESULTS: INTENSIVE FAMILY BASED PROGRAMS

	Average Duration of Service	Average Cost/Family	Success (maintaining intact family)
FAMILIES of West Branch West Branch, IA	5 months	\$ 4,000	91% (FC) 71% (Inst.)
Home & Community Treatment, Madison, WI	13 months	\$10,829	90%
Homebuilders, Tacoma, WA	6-8 weeks	\$ 1,769	92%
Intensive Family Support Hillside Children's Center, Rochester, NY	7 months	\$ 1,887	89%
Oregon Intensive Family Support	90 days	\$ 1,000	92%

Figure 1.

**FAMILY BASED SERVICES
AND THE NATIVE AMERICAN**
(continued from page 1)

institutions. Boarding schools alone house in excess of 29,000. William Byler describes the separation of Indian children from their families as "perhaps the most tragic and destructive aspect of American Indian life today."

It has been considered economically expedient to force a grossly restricted, contrived and alien environment and life-style upon the conquered Indian people. It is ironic that the same system then set about to "rescue" or save the young from that environment. It is unfortunate that the relevance of ethnicity, biological ties, and the family and kinship relational systems have become secondary to the mission and value judgments of the culture as represented by the formal "service system" which was established.

The problems generated by policy are complex and some must be addressed at the policy level, e.g., absence of opportunities, irrelevance of services, and lack of resources. Just as front-line troops cannot be held accountable for a war and the battle plan, social workers cannot justly be held accountable for policy in relation to Native Americans. However, they can be expected to understand and respect Indian cultural values and social norms and their intrinsic merit and inviolability. Protection of the Indian child includes the preservation and accessibility of the child's biological kinship system and culture.

Home based family centered service provided by Indians is an alternative to placement for many Indian families. Cultural bias and misunderstandings often influence the decision to place. Material and spiritual values differ. Theories regarding poverty and abuse and neglect in the general population are not appropriately superimposed upon the Indian. The home based worker is in a position to better interpret the subjective nature of complaints and reduce the potential for over-reaction to what may be perceived by non-Indians as neglect or abuse. Tribal customs, religious practices and beliefs, traditions of social interaction, discipline, eating patterns, etc., are all susceptible to misunderstanding by the uninformed worker. Often Indian families are threatened with separation when conditions are temporary or remedial in character and not demonstrably harmful. The indigenous family based worker can clarify these factors when public officials or their representatives are insensitive, uninformed, or react negatively toward the Indian family. The worker can contribute to the educational process and combat the problem, when necessary, with an advocacy approach.

The home based family centered approach draws heavily on family strengths/kinship ties as resources in

the course of treatment. The Indian family's kinship system has been under-used or ignored in traditional child welfare casework. Every effort should be made to train Native American professional and paraprofessional personnel to provide family services for the following reasons:

1. Cultural barriers are minimized
2. Personal acceptance and empathy with families is more readily established
3. Hope and motivation is strengthened by assisting family members to see that they, like the worker, can successfully manage their lives (modeling effect)
4. Credibility of service efforts and trust are enhanced
5. Culturally determined behaviors, values, and norms can be sensitively interpreted to other staff and to community representatives
6. Successful mobilization of local resources is more readily accomplished

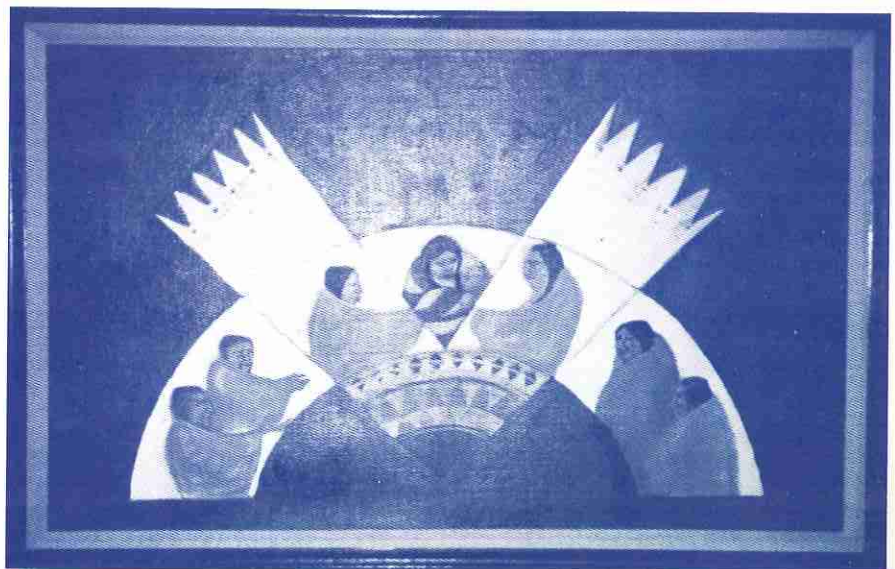
The home based model of service delivery stresses prevention in the most general use of the term. It provides a framework for the development and extension of effective, efficient and humane child/family services for Native Americans. Evelyn Blanchard, in her response to Fischler (*Social Work*, September 1980), underlines the vital position of family and culture for the American Indian in a manner that underscores the relevance of the family based approach:

An American Indian child has a right to grow up in and belong to

a world of meaning that requires the participation and companionship of family and community members. The child is more than just a child; he or she is a tribal person. Tribal membership is based on a mutual and interlocking relationship between individuals that is distinct from the non-Indian view of relationships. . . . the concept of children as property is foreign. A child has a right by virtue of birth to develop within the context of his or her culture and with the companionship of people through which the strongest definition of self can be formed. An American Indian child is born into two relational systems, a biological family and a kinship network, such as a clan or band. The child has the immediate benefit of a broad supportive network of relatives. . . . the birth of a child represents new support to the group.

The family based service philosophy and approach are compatible with the intent of the Indian Child Welfare Act and the desire of Native Americans to preserve the integrity of Indian family life and traditions. The family based approach is less costly to implement than traditional foster care models since it optimizes the use of trained paraprofessionals as service providers and minimizes the need for costly out-of-home maintenance.

The approach appears to have particular relevance for its adaptability to the numerous and varied cultural traditions represented among Native Americans. It only remains to be done.



This painting demonstrates the necessity of the place of extended family relationships in work involving Indian families and children. The painting is reproduced courtesy of Evelyn Blanchard, who commissioned the painting, and the artist, Susan Sheoships, Cayuse/Walla Walla Tribes of Oregon.

PREVENTION AND THE SOCIAL SECURITY ACT

Cecelia Sudia*

The Law

The Adoption Assistance and Child Welfare Act (PL 96-272) enacted June 17, 1980, provides among other things that in order to be eligible for payments under Title IV-E, Section 470, of the Social Security Act, States must submit, and have approved by the Secretary, a "State Plan for Foster Care and Adoption Assistance." In addition to establishing adoption assistance and foster care maintenance programs, the Act requires that the program at the local level be coordinated with Title XX, and that the State shall provide for periodic review of foster care standards and shall establish goals as to the maximum number of children who will remain in foster care for more than 24 months and describe the plan to achieve these goals.

Effective October 1, 1982, the law also requires that in each case:

* . . . reasonable efforts will be made (A) prior to the placement of a child in foster care, to prevent or eliminate the need for removal of a child from his home, and (B) to make it possible for the child to return to his home;

Title IV-E further provides for a case plan and a periodic case review for children receiving foster care maintenance payment under the State plan. It does not mandate a case plan for children receiving preventive or reunification services who are not in foster care. However, a State will not be eligible for funding under Title IV-E if by October 1, 1983, reasonable efforts are not made in each case to prevent placement and to return foster children to their homes. To be effective, these efforts should be guided by case planning and review.

The Adoption Assistance and Child Welfare Act took more than five years to adopt, during which time Congress received overwhelming documentation of the problems in the child welfare system, including the increasing numbers of children who were in long-term substitute care, growing up in a succession of impermanent living arrangements, and of state agencies unable to provide information on the number, characteristics, or status of children under their care.

From 1961 to 1977, the numbers of children in care increased from 177,000 to 503,000, while the total number of children in the United States had decreased by one million. In addition to the human waste, there was also a tremendous public cost involved in this vast, unorganized system.

Interrelationships with Title XX and Other Federal Programs

The Act specifies that the state shall assure that programs at the local level under IV-E will be coordinated with the programs at the state or local level assisted under IV-A and IV-B of this title and under Title XX of the Social Security Act as amended, and under any other appropriate provision of Federal law. Thus, states are required to develop administrative plans to insure that all appropriate federal funds are used in a planful, coordinated way to achieve appropriate services for children and their families.

In addition, Public Law 96-272 amended Title IV-B to promote fiscal incentives to states to improve their child welfare system by including, among other things, service programs for reunification of foster children with their families and preplacement prevention activities to help children remain with their families.

State Strategies

States currently appear to be following one of two approaches in the development of prevention programs. One approach is legislative remedy. New York, California, Washington, Ohio, and Colorado have developed prevention programs using this method.

Another approach is administrative policy decisions. State laws have been changed little, if at all, but the agencies have developed programs and arranged for services within existing frameworks. In terms of establishing effective programs, the second approach may be more efficient, but it depends on the convictions and leadership capacity of agency administrators. By contrast, in the first approach the new programming is dependent on outside advocacy and may face internal opposition, unless strong coordinating efforts are made to achieve mutually developed goals.

While it is of interest to debate the merits of either approach, one fact stands out--there has been a significant decline in foster care placements and in the number of children in care in the states and counties mentioned. For example, Oregon recently followed a sample of 126 children, all of whom were certified for placement. Intensive family support services were offered as an alternative to placement. Over a period of 14 months, the agency was 89% successful in eliminating the need for long-term placement. The children placed averaged only 7.6 months in out-of-home care. The Oregon program is very tightly structured; Intensive Family Therapy is limited to

90 days; cost effectiveness is clearly demonstrated.

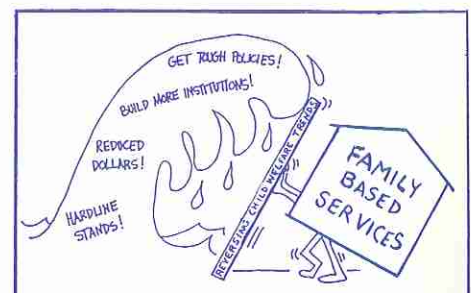
Other programs (in Milwaukee; St. Louis, Brown and other counties in Minnesota; in San Mateo and Shasta counties in California; Parents and Children Together in Detroit; and FAMILIES in Iowa) consistently demonstrate the ability to prevent family breakup and child placement for at least 80% of the families served.

A number of these programs have data on service and cost effectiveness. The Oregon follow-up cited above indicates a savings of 711 months of foster family care and 668 months of group care over a fourteen-month period. The projected savings in substitute care for the coming twelve-month period is \$1,249,092, plus \$148,231 in staff costs. The treatment cost of alternative to foster care services is \$264,193, resulting in a net savings to the State of \$1,133,130.

One Department of Social Services district in Iowa, the first to implement Intensive Family Services, realized a savings of \$1,354,000 in an alternative to foster care program serving 115 families over a three-year period. The average cost of treating a family was \$5,460.

The Homebuilders Program in Tacoma, Washington, finds that their treatment costs run from 10 percent to 22 percent of the combined costs of foster care and institutionalization, while a Milwaukee program serving only adolescent status offenders avoided the placement of 201 out of 233 adolescents, at a net savings of \$362,883.

Given the impressive results achieved by these programs in behalf of children and their families, state-level decision makers may be encouraged to risk freeing up foster care or other funds to train workers and to establish preventive services. In doing so, it is essential that they make the case for preventive services to the state director, the governor, and the legislature. Fortunately, the welfare of families and the cost effectiveness of such programs are positively related, making these tasks both relatively easy and rewarding. This may explain why, in a year of decreasing revenues and cutbacks in many programs, funding for family based programs is being maintained by state legislatures and county officials.



Reversing Child Welfare Trends

Illustration courtesy of Artist Dave Phipps

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COMPUTING THE COST-EFFECTIVENESS OF ALTERNATIVE-TO-FOSTER-CARE PROGRAMS

A review of statistical information on several of the family based service programs that have been operating for two years or more indicates that (1) programs are generally exceeding expectations in the prevention of family break-up and that (2) estimates of savings in foster care costs appear to be significant. However, comparative analyses among family based programs, and between family based programs and foster care, are hindered by a lack of uniformity in the manner in which cost data are collected and by the wide variation in service definitions used to describe program components.

Mere conviction that family based services programs are affordable is not enough. In our current "cut-back" fiscal environment, policy makers and program planners want demonstrable proof. Thus, serious ongoing efforts to collect and analyze data on the costs and benefits of family based services must be made by both public and voluntary agencies.

The time to address the issues of service definitions, costs, and benefits is during program design and development. If these issues are dealt with now, it will be possible in the next few years to demonstrate with greater authority the economy of family based services.

Therefore, it is appropriate to review briefly two approaches that can be used to facilitate analysis of cost information in family based services. They are unit costing and cost benefit analysis.

UNIT COSTING is an accountancy-based method of assessing program costs and evaluating outcomes. A unit costing system permits the quantification, in dollar terms, of the level of effort and resources expended in a given program area and simplifies comparison between and among programs that have similar service goals.

Because social services are labor intensive (i.e., depend on people not things, to get the job done), the unit of services generally used is hours expended by function. Examples of units of service by functional areas in a family based services program might include the following:

Direct Units of Service

In-home family counseling
Life skills education
School coordination

Indirect Units of Service

Administration
Staff Development
Transportation

Use of unit costing or similar cost analysis methodologies can facilitate cost comparisons among programs with similar functions; however, analysis is incomplete without qualitative information on program characteristics

and performance, such as the training and experience of staff, and percentages of children predisposed to foster care who remain at home.

Considerable developments in cost analysis for social services have occurred in recent years, including implementation of unit cost systems in statewide public agencies. A review of cost analysis and service unit research and application appears in a report prepared for the State of New York by O'Hara and Leschen (1977) entitled "Social Services Unit Cost System," and is available through Welfare Research, 112 State Street, Albany, New York 12207. A pragmatic guide to implementing a unit costing system was written by Robert Elkin (1980) entitled "A Human Service Manager's Guide to Developing Unit Costs," and is available through the Institute for Information Studies, 200 Little Falls Street, Falls Church, Virginia 22406.

Unit costing in social services is not without its problems. Defining units of service is particularly difficult when common service language does not exist, especially across public and private agencies. A discussion of this and other problems related to unit costing is presented in research done by Bowers and Bowers entitled "The Elusive Unit of Service," (Project SHARE, Human Service Monograph Series, No. 1, September, 1976).

However, the problems associated with unit costing and cost analysis are not insurmountable. With guidance, readily available through technical assistance manuals and expert consultation, the family based service manager can develop a cost system that satisfies the planning and decision-making needs of his or her organization.

COST-BENEFIT ANALYSIS is used to determine whether the intended effects of a program justify the costs. By this methodology, overall, long-term benefits of service are assessed by the application of the economist's techniques. The greatest benefit derived from family based service is the survival of an intact family--clearly a difficult outcome to price. However, calculations can be made for the costs of the services provided by a single agency or group of agencies for family services over time. By objectifying a program outcome and assigning numerical values to objectives that reflect the degree of perceived achievement, it is possible to quantify the relative benefits of a program.

Clearly, the benefits of family based services is one of the concept's most salable features. The need to present benefit information in quantifiable terms is important to the program's acceptance by decision-makers as a practical alternative to foster care. For example, time-limited samples of cost data on intensive family based service programs sometimes appear to exceed foster care costs for the same time period when reported in gross program costs. The advantage of alternative programs over foster care becomes obvious by calculating the reduction or elimina-

tion of long-term placement costs.

An early discussion of the use of cost-benefit analysis in social services was treated in an article by Abraham Levine entitled "Cost Benefit Analysis and Social Welfare Evaluation" (The Social Service Review 42:2 1968). In his article, Levine argued for making the distinction between measuring program outputs and the more difficult task of assessing program "outcomes" or benefits. Program outputs are the "products" of a family based service program, e.g., a family that has progressed through a period of treatment and has been terminated from the program. The program outcome is measured in terms of whether or not the family continues to function in a rehabilitated state for a specific period of time--perhaps six months or a year--after formal treatment was terminated. Clearly, measures of outcome performance are important in presenting the concept of family based services as a viable foster care alternative.

A more recent article entitled "Benefit-Cost Analysis and the Social Service Agency: A Model for Decision-Making" written by Morris and Ozawa (Administration in Social Work 2:3 1978) presents a five-step cost-benefit analysis model with a value weighted mechanism for benefit determination. The five steps are:

- Clear Statement of Objectives
Insofar as possible, objectives should be specified and operationalized
- Determination of Costs
All known or anticipated costs are to be included (expressed in dollar values)
- Determination of Benefits
Based on given criteria, a value weight on a 10-point scale (with 10 as the highest value) is assigned to correspond to each objective
- Data Analysis
The average (mean) of all value scores for a given program is divided by the cost per unit of service in that program. This yields a rate of return for a program which can then be compared to similar scores for other alternatives.
- Decision
Information from the cost-benefit analysis is combined with other relevant data and a plan of action is selected

Although cost-benefit analysis is considered a decision-making tool for the educated selection of alternative solutions to a problem, the technique can also be used in defense of a given alternative solution, such as family based services, to the problem of preventing unnecessary foster care placements.

In conclusion, family based services are being considered by both public and voluntary agencies as an alternative to unnecessary out-of-home placement for children. However, public administrators legitimately wish to avoid basing their decision to reprogram existing services or to develop new services on

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THE ALTERNATIVE-TO-FOSTER-CARE PROJECT STATES

MINNESOTA IN PROFILE

The State of Minnesota has long been considered a leader in innovative child welfare practices, looked to in the field as an example of state-of-the-art services delivery. True to form, Minnesota is taking the initiative in encouraging implementation of family based in-home services in its 87 locally administered public welfare agencies. Thus far, 20 counties have developed some form of in-home services. The Brown County program is described in this issue (See Program Profile).

Family based services are not new to Minnesota. The first family based project in the state was the St. Paul Family Centered Project (FCP) begun in 1949 to develop and test a design based on a set of non-traditional principles for helping severely dysfunctional multiproblem families that were not responding to traditional social services. Some of the techniques developed by FCP became standard social welfare practice and others have re-emerged among the principles of family based care (See Prevention Report, Spring 1982).

The impetus for the development of in-home services emerged again (in 1979) when the Social Services Division of the Department of Welfare applied for and received technical assistance from a Children's Bureau contractor, the Child Welfare Resource Information Exchange. Exchange consultants shared with state and local administrators and program specialists the philosophical base and conceptual framework for designing and establishing in-home services.

It was recommended that the state develop a strong state policy supporting in-home services and strengthen the existing legal base. The Minnesota State Legislature appropriated grant funds for selected agencies experimenting in the treatment of families at risk of neglect. One of the grant recipients was the Brown County in-home services program. At the same time, two additional counties (Freeborn and St. Louis) received outside funding for in-home services programs. Three additional programs were granted state funds in 1982.

However, several of Minnesota's county-run family based programs are funded all or in part by county dollars. For example, Dakota County Commissioners set aside \$204,000 of county foster care funds for developing an experimental service delivery system to support an in-home program for families and children involved in abuse and neglect.

In 1982 the Minnesota, Department of Public Welfare, commenced working with the National Resource Center on Family Based Services. As a part of this technical assistance effort, a task force of interdisciplinary participants representing state, local, and voluntary agency interests is currently addressing issues related to statewide acceptance of the in-home services philosophy and practices, including issues related to the policy and statutory recommendations mentioned above.

Resource Center project involvement in Minnesota will culminate in a statewide in-home services conference planned for July 8-9, 1982. Participants will include state and county public welfare administrators and others whose understanding and support are crucial to the in-home services effort, including state legislators, and representatives from voluntary agencies, the juvenile justice system, and developmental disabilities. The conference will focus on the diversion of scarce resources to prevention of foster care through in-home services and highlight the progress made thus far by counties with an established track record in family based programming.

COMMISSIONER SUPPORTS IN-HOME SERVICES

(The following letter, reprinted by permission of Arthur E. Noot, Commissioner of the Minnesota Department of Public Welfare, was sent to the County Boards of Commissioners.)

February 8, 1982

County Board of Commissioners
Attention: Chairperson

Dear Chairperson:

You are in a unique position as an elected official in these troubled economic times, having both the decision burden and the opportunity to help create a better social climate in your community.

My purpose in this letter is to urge you to use extreme caution in cutting local public or private sector family-help programs that can keep children in their own homes and out of foster care. Programs like counseling, money management, homemaking, respite care, support groups--to name only a few--have good track records in healing troubled families. Without them, I'm afraid we would see needless placements of children in foster care or institutions, increased child abuse and neglect among children who remain in troubled homes, and even more delinquency. As you know, these services are also used by families with children already in foster care in order to get the family back together again as soon as possible.

Our resources for these programs are already slim, whether publicly or privately financed.

Many counties and private organizations have developed good family-help

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Photograph courtesy of Barbara Derhalli, Portland, Oregon, Area Indian Health Service

PROGRAM PROFILES

INTENSIVE IN-HOME SERVICES PROGRAM OF BROWN COUNTY, MINNESOTA

The Brown County Family Service Center initiated an intensive in-home service program in 1980. The project's purpose was to provide in-home social services to families exhibiting a significant degree of individual and family dysfunction and where there was a likelihood that, without intensive services, out-of-home placement would occur. Families served represented a wide variety of presenting problems--abuse and neglect, adolescents in conflict, emotional disturbance and developmental disabilities.

Cases directed to the Family Service Center were screened by the County's multidisciplinary child abuse and neglect team. Tom Henderson, the Director of the Brown County program, described the role of the team as critical to the success of the program, providing ongoing consultation and serving as a professional support group for the in-home staff.

The Brown County pilot program used a team composed of professional social workers. Families received up to twenty hours a week of intensive service in their homes, including family counseling, home and financial management, parenting and discipline, health and hygiene, and personal advocacy. The average duration of services to a family was six months.

The eighteen-month experimental portion of the program concluded on June 30, 1981. Despite the fact that only one of the families served by the project was placed, the County Board of Supervisors elected not to assume the State's role in funding the project and intensive in-home services were discontinued.

Within six months foster care placements had risen by 33%. Henderson describes agency morale at that time:

There was a backlog of referrals and families needing help just like before the initiation of in-home services! Workers were plac-

ing children in foster care from the sheer frustration of having no other way to go--knowing that they were placing kids from families with the strengths to remain intact if only we could provide the in-home service they needed.

All the workers' time was spent in handling crises with no time left to work with the new referrals. Thus, new referrals were neglected until they, too, became crises--truly a round robin, never ending placement circle.

At this point, the County Board was persuaded to reinstate the service with several modifications. The professional team has been modified to include carefully chosen family aides who are the primary family based workers. This alteration in service design has decreased average costs per family from \$3,500.00 to \$2,800.00.

A cost analysis of the original eighteen-month experimental project indicates that the overall costs of out-of-home placement for the control group (approximately 50% of whom experienced placement) were slightly less than the costs of intensive family based services for the experimental group during the same period. However, while foster care services and maintenance expenditures continue for children in the control group, the costs of intensive, in-home services to project families ceases after the period of treatment. According to Henderson, placement expenditures for the project group were limited to short-term and an occasional referral.

A significant addition to the program is a family based component for children from Brown County who enter residential treatment in the Hoffman Center, St. Peter, Minnesota. In this component, a family based worker provides in-home service to the family and the family is involved in sessions with the child at the Center.

A comment offered by the Director sums up Brown County's experience with family based services:

Often it is easier on workers, administrators, and Boards to place children from highly problematic families in out-of-home care, but if you do family based right, it works; preserving families makes it all worth it!

Brown County in-home services funds come from Title XX and the State's Community Social Services Act (50%) and from County appropriations (50%). Eighty percent of the families served are low-income (under \$10,000).

For more information on the Brown County in-home services programs contact:

Tom Henderson, Director
Brown County Family Service Center
114 N. State Street
New Ulm, MN 56073

SISSETON-WAHPETON SIOUX TRIBE OF THE LAKE TRAVERSE RESERVATION

The Sisseton-Wahpeton Sioux Tribe of the Lake Traverse Reservation in South Dakota successfully utilizes a family based service program for protective service families. The program is funded by contract with the South Dakota Department of Social Services and is staffed by Indian social workers.

A family based worker is available seven days a week and is often in the home daily during the early phase of service. Major areas of service focus include poverty related problems, family skills and cultural/tribal identity issues.

During a visit to the National Resource Center and in subsequent conversations, Vince Two Eagles, Director of the program, emphasized the importance of workers being sensitive to where the family is on the continuum from "most traditional to most acculturated." He noted that family sessions often include more than a dozen family participants in recognition of the extended family's role and power in the Indian culture.

A strong interest in family based services was manifested during work by the National Resource Center staff on other reservations in South Dakota. Forest Flint, Program Manager with the State Department of Social Services, reports that other tribes in South Dakota are interested in programs similar to the Sisseton-Wahpeton.

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LEGISLATIVE UPDATE

The Indian Child Welfare Act: PL 95-608

In no other area of child and family welfare practice is the analysis of policy more complex than Indian Child Welfare, owing largely to confusion over the rights and responsibilities of federal, state, and tribal governments to govern the affairs of Native Americans.

Congressional hearings in 1974 pointed out the failure of federal and state policies to support the integrity of Indian cultures and the Indian family. It was noted that competing demands of federal, state, and tribal governments over the allocation and use of resources have been a major factor in determining the fate of countless Indian children. Who will provide needed services? How will services be funded? How can needed services be obtained where no services exist? Who has the right to place a child in foster care or in an institution? What rights do parents have in determining the future of their children? These questions were asked in Congressional hearings in 1974. They were addressed by Indian tribal representatives, social workers, and advocates in the hearings and were articulated in PL 95-608, the Indian Child Welfare Act, which was enacted in November 1978.

An explanation of the provisions of PL 95-608, published by the Office of the Secretary, DHEW, in April 1979, states that "The Indian Child Welfare Act of 1978 establishes nationwide procedures for the handling of Indian child placements and authorizes the establishment of Indian child and family service programs . . . (It) contains evidentiary standards and notice and consent requirements for State courts adjudicating Indian child custody proceedings . . . (It) extends to the public acts, records, and judicial proceedings in child custody proceedings of any Indian tribe the same full faith and credit as a State

receives . . . (It) sets standards of evidence that a State court has to find before placing an Indian child outside of the home." In addition, the Act gives certain rights to the parents of Indian children over the determination of their child's disposition within the system . . . rights that have been accorded by law to non-Indian parents.

The Act also provides for family supports that were previously not mandated, including homemaker services and in-home counseling, day care, after-school care, employment services, recreational activities and respite care, counseling and treatment for Indian families and Indian foster and adoptive children, legal counsel to families in child custody proceedings, and provision for regulating and supporting Indian foster and adoptive homes.

Despite enactment of these protections and provisions for services, the success with which it has been implemented among tribal organizations varies considerably. Implementation depends largely on the availability of financial resources and the tribal organization's willingness to expend limited resources on child welfare. For those tribes with few resources and the absence of an organizational infrastructure for service delivery, implementation of the Act is particularly problematic.

Title II of the Act provides that grants be made available to tribes and Indian organizations to help them develop social service programs. According to sources at the Association of American Indian and Alaska Native Social Workers, Inc., an estimated 150 grants were funded out of a \$5.5 million appropriation for FY 1980. In FY 1981 an additional 180 grants were made and the funding level was increased to \$9.3 million. However, the \$10 million designated for FY 1982 was decreased to \$9.6 million. The FY 1983 projections will eliminate the \$1.9 million for critical urban programs which must serve large numbers of non-reservation Indians. By FY 1984, all grant funds under Title II will be eliminated if the current administration's recommendations are accepted.

COMMISSIONER SUPPORTS IN-HOME SERVICES (continued from page 6)

programs and not only find them successful but, once established, economical even in the short run. Preliminary data seems to show that it is cheaper to provide such in-home programs than to pay for foster care.

As a specific example, after a halt in Brown County's "in-home" program last year, there was an increase in family break-ups and no savings in welfare costs. Money saved by discontinuing the program was eaten up by increased foster care costs, so the County Board acted to reinstate the program. Brown County reports that in the five years its program has been in effect, the number of children in foster care has been cut by half!

You should be aware that I have established a statewide task force to work on solutions to the problems of "foster care drift" and am seeking a \$1.25 million private foundation grant for an experimental program to document the savings that come from using family-help programs as an alternative to foster care.

I ask that you do what you can to encourage local family-help programs.

Thank you.

Sincerely,

(signed) Arthur E. Noot
ARTHUR E. NOOT
Commissioner

AEN:rmv

COMPUTING THE COST EFFECTIVENESS OF ALTERNATIVE-TO- FOSTER-CARE PROGRAMS (continued from page 5)

incomplete or nonvalidated cost information. The National Resource Center encourages the application of unit costing and cost-benefit analysis as a possible means to solving this problem. The Center continues to collect information on cost analysis methodologies for family based services programs and invites agencies to share their cost analysis experience with us.



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