

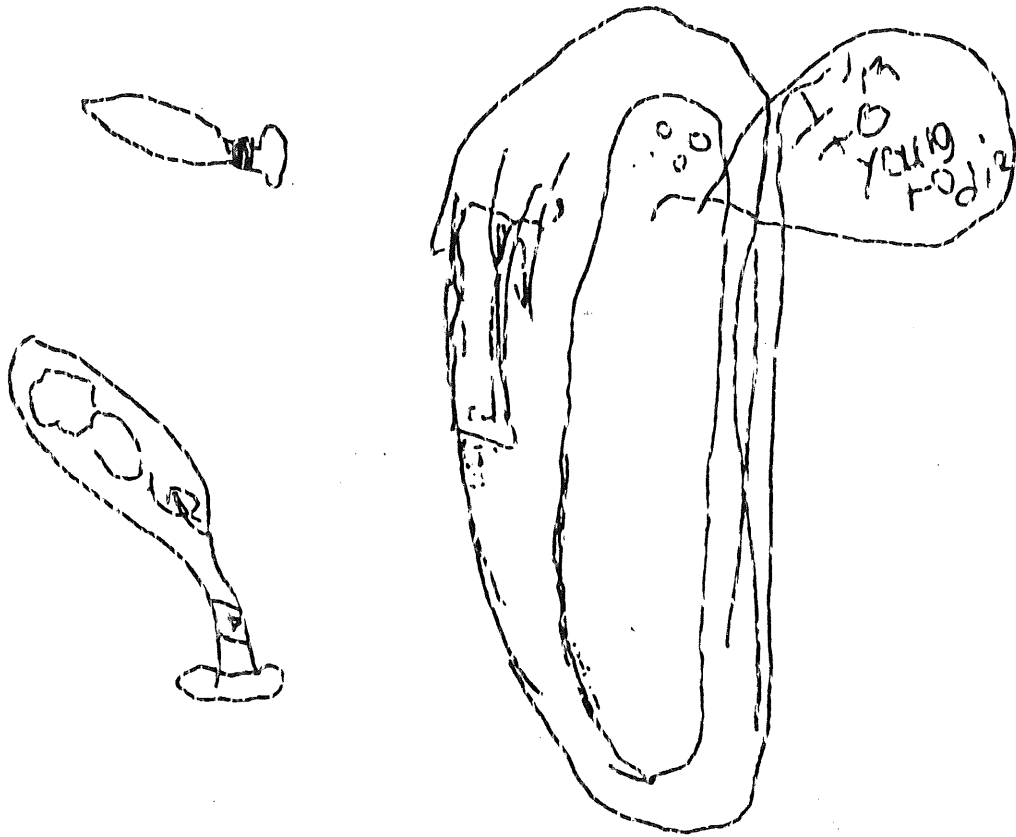


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Final Report

Child Protection System Study Commission
The Minnesota Legislature
February, 1990

Drawing by Minnesota child suffering abuse and neglect.

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Foreword

Children deserve a permanent home with adults who will care for them.

Yet too many of Minnesota's children are living without that kind of family. Too many grow up in environments of abuse or neglect, or are removed from those circumstances only to enter years of uncertainty in a shelter system.

As a state, Minnesota must reverse this trend. The system that was set up as a net to catch maltreated children has long been spread too thin and gets insufficient support from our society. It is time for Minnesota's Legislature and its communities to work together in developing a new and realistic approach to guaranteeing children a healthy home. Neither sector can accomplish this goal on its own.

In the short term, we can reform our laws to ensure that the protection system is centered around children, rather than only around the needs of adults. We can identify permanence and safety as basic rights of children, and prevention of maltreatment as our ultimate goal. Rather than a system that responds to child maltreatment, we can call for a system that protects children.

But it is resources--not more laws--that will make the real difference for our children. We have starved the system until it is unable to work as it was intended to work. Children compete for resources with transportation and construction projects on equal footing at best. Although we know what practices work best, we're not committing the dollars to those practices. We spend what little, inflexible funding we have allocated to child protection on "putting out fires." The real need is to fund the system so that help reaches all families that need it--*before* they are in crisis.

We envision these efforts as taking at least two years, and we must begin them now. The toll that drugs have taken on our communities is one factor that has made maltreatment of children not only more widespread, but far more serious than it ever has been. It is not too soon to make up for lost time.

--Members of the Child Protection System Study Commission

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About the Commission

The 1989 Minnesota Legislature created the 10-member joint Child Protection System Study Commission to examine the state's child protection system during the 1989-90 interim. This report draws from testimony heard during the Commission's seven hearings, as well as from testimony heard during six summer hearings of the Children's Justice Subcommittee of the House Criminal Justice Division of the Judiciary Committee. It has been supplemented with information from meetings and written materials directed to the Commission.

The Commission's was the first legislative effort to study this issue. It defined participants in the child protection system broadly to include county child protection agencies, law enforcement, legal and medical professionals, guardians ad litem, foster and emergency shelter providers, and private and non-profit programs for prevention and treatment, as well as parents and other care providers. During these hearings it became clear that frustration with "the system" is by no means limited to those outside it.

The Commission heard regularly from a parallel coalition of advocacy groups and interested individuals. The Child Abuse Key Actors Coalition's summary of findings and recommendations are enclosed as one of this report's appendices.

Recent Legislative Actions

- 1978** • Included mandated reporters in Reporting Act.
- 1983** • Enacted malicious punishment law.
- 1985** • Passed Permanency Planning Grants to Counties Act to prevent out-of-home placement, reunify families, and promote adoption and permanent foster-care options.
 - Revised Reporting Act and courtroom procedures.
- 1986** • Created the Children's Trust Fund.
- 1987** • Required case plans for mothers aged 17 and under.
 - Required counties to ensure and courts to confirm that "reasonable efforts" are taken to keep children in their homes before removal is recommended and approved.
 - Gave counties the option of establishing a multidisciplinary team of professionals to evaluate child maltreatment cases.
- 1988** • Made it first-degree murder to cause the death of a minor while committing or attempting to commit child abuse.
 - Modified the classification system for child-maltreatment reporting.
 - Removed crying of child as a defense in manslaughter prosecution for the death of a child.
 - Added clergy as mandated reporters in the Reporting Act.
 - Strengthened malicious punishment crime.
- 1989** • Funded development of core curriculum for preservice and probationary training for child-protection workers.
 - Passed "crime of endangerment" law providing for a criminal penalty in situations where a parent willfully places or allows a child to be in a situation which is likely to produce substantial harm to or death of the child.
 - Gave Child Mortality Review Panel statutory status to monitor and supervise the delivery of social services by counties.
 - Included emotional-abuse victims in the definition of CHIPS.
 - Broadened the definition of "chemically dependent" to include pregnant women who have engaged in "habitual or excessive use" of specifically named substances; defined "neglect" as including prenatal exposure to an addictive chemical; broadened the mandated and voluntary reporting law to accommodate reports of pregnant women who use chemicals; gave social service agencies the authority to seek any appropriate action to keep a pregnant woman from exposing her fetus to addictive chemicals, including incarceration; required doctors to give toxicology tests to infants or women with suspicious medical complications; and provided for public education about the effects of drugs and alcohol during pregnancy.

Child Maltreatment in Minnesota

Misconceptions About Child Abuse

Misconception 1: Abuse means hitting a child.

Abuse can take many forms. Physical violence is often the most visible, but sexual and mental abuse are as devastating. Neglect is a form of maltreatment that can include failure to provide proper food, shelter, clothing or other care, and is the leading cause of child mortality by maltreatment in Minnesota.

Misconception 2: Abuse only occurs in poor families.

Actually, only 36 percent of the sex abuse cases referred to Midwest Children's Hospital in a recent year involved families that were below the poverty line. Hennepin County estimates that 600 of its 1600 current child protection cases, or only 38 percent, receive AFDC.

Misconception 3: Abuse is an urban problem.

In fact, 25 percent of the referrals to Midwest Children's Center are rural, and 25 percent of the adolescent offenders in the PHASE treatment program are rural.

Misconception 4: Victims of abuse are usually girls.

Among those in their late teens, girls were involved in twice as many reported cases as boys. But under age 12, boys are more likely than girls to be victims of physical abuse.

Misconception 5: Most perpetrators of abuse are adults outside the family.

Actually, less than 6 percent of 1986's reports alleged that nonrelatives were responsible for the abuse. Over 80 percent of alleged abuse took place in the child's residence. (Figures are difficult to calculate because child protection does not record reports against non-caretakers.)

Why Child Abuse Happens

Abusive behavior is often learned from previous generations. Not all victims grow up to abuse, and not all perpetrators were abused as children. But parenting and discipline styles are often patterned after experience, and children who are hit and humiliated by their parents often cannot assume a proper parenting role later in life without treatment and training. Self-esteem is developed or stunted early in a person's life and is difficult to rebuild if destroyed in childhood. About one-third of abused children grow up to abuse; about 95 percent of adults who perpetrate violent crimes and 70 percent of incarcerated individuals were maltreated as children.

Chemical abuse is becoming increasingly serious. Chemical abuse is often present in maltreatment situations and when present, increases the chances of maltreatment occurring. A strong correlation is indicated by the fact that in the first quarter of 1989, 59 percent of petitions filed in Hennepin County juvenile court involved use of cocaine or crack by parents who allegedly abused or neglected their children. The Permanency Planning report issued by the Dept. of Human Services in March, 1989, states that "a primary associative factor in child neglect is the use of drugs or alcohol by one or both parents. Of new cases involving children opened during 1986, where neglect was the presenting problem, 40 percent of the cases involved drug or alcohol abuse by the parent(s). For extended placement cases, 37.8 percent of neglect cases involved parental drug and/or alcohol abuse."

The size of families is growing. Hospitals report that more babies--including among at-risk families--are being born now than at any other period since the baby boom following World War II. Because of this new baby boom, abusive families might many pre-school-age children that are often slow in reaching authorities' attention.

Stress on families is becoming more serious and long-term. The number of single-parent households in Minnesota has been growing: single-parent families have increased from 10 percent of the total 20 years ago to 20

percent. This fact, coupled with the declining financial status of those households (half of single-parent families are below the poverty line) puts stress on parents. Since 1970, the number of children living in poverty nationally has grown by 25 percent, according to the Index of Social Health of Children and Youth.

Transience and social isolation deprive many parents of the support network that has traditionally surrounded young families. Multiple problems affect disadvantaged families, to the point where 20 percent of Minnesota's families consume 80 percent of the state's social services.

Nature and Frequency of Child Maltreatment in Minnesota

It is difficult to measure the frequency of maltreatment because more abuse occurs than is reported. What is certain is that reports are on the rise, and it is misleading to attribute the increase simply to better reporting: most advances in reporting took place in the late 1970s and early 1980s, after mandated reporting was included in the state's Reporting Act.

In 1987 there were 17,894 reports of child maltreatment received throughout the state, involving 25,529 children. Since 1980 there has been a 189-percent increase in the number of reports and a 182-percent increase in the number of children involved in reports.

Of the reports of maltreatment in Minnesota in 1987, 6599 were substantiated, 4504 were unsubstantiated, and 6792 were unable to be substantiated. (The 1988 Minnesota Legislature eliminated this latter category. Now two determinations must be made: whether maltreatment occurred, and whether protective services are needed.) The number of victims of substantiated matreatment was up 9 percent from 1986.

An estimated ten children died in 1989 as a result of substantiated maltreatment, and more may have been misdiagnosed as SIDS (Sudden Infant Death Syndrome) victims. The Child Mortality Review Panel has expressed concern that some diagnoses attributing the deaths of children to SIDS were made without adequate information, and has noted that some of these children came from families that had been reported for alleged maltreatment prior to the deaths. (The Dept. of Health, under mandate by the 1989 Legislature and with the assistance of a multi-disciplinary advisory committee, is

developing protocols for conducting death investigations and autopsies for children under two.)

In Minnesota, cases involving about 25,000 children per year are accepted for investigation or assessment. Of those accepted cases, about 40 percent are provided ongoing services by county child-protection workers. The nature of abuse is physical in 35 percent of reports, sexual in 25 percent and neglect-related in 40 percent. More fatalities due to maltreatment are attributed to neglect than to the other two categories.

National trends

More than 1.5 million children experienced abuse or neglect in 1986, with physical abuse increasing by 58 percent since 1980 and sexual abuse at more than triple the 1980 rate, according to the National Clearinghouse on Abuse and Neglect.

The Index of Social Health of Children and Youth combines welfare factors affecting children's quality of life in the U.S. It ranked children's welfare at 68 points in 1970, at a high of 72 in 1973, and at 37 in 1987. Its interpreter indicates that the biggest factor in the decline was child maltreatment.

Chemical Abuse and Child Maltreatment

Throughout the child-protection system, professionals attribute increased difficulty of their jobs in part to a rise in the presence of chemical abuse in families with children. The increased visibility of drugs in communities also leads to higher reports of drugs, bringing more children into the system every day. Although experts stop short of identifying drug abuse as a cause of child maltreatment, the correlation in an increasing number of families is undeniable.

In Hennepin County, cocaine or crack are involved in 60 percent of chemical-related child-maltreatment cases, which consistently make up about half the county's total child-maltreatment cases. (Cocaine recently replaced alcohol as the primary drug indicated.) According to child-protection field staff, 50 percent of new cases in Hennepin County are narcotics cases that involve extreme neglect and/or violent abuse, although 16 percent were statistically classified as such in the first 10 months of 1989.

"Parental drug arrest" is a new variable on the intake form at St. Joseph's Home for Children.

Ramsey County estimates that 35-40 percent of its child protection cases involve chemical abuse, while within that, 50-70 percent of neglect cases involve chemical abuse. (Data on this subject was only available for metro counties.)

Intake workers report that although they believe that most neglect cases come from alcohol-abusive environments, alcohol is not a class of intake data. A December, 1989 report by the Ramsey County Community Corrections Dept. reports a strong correlation between domestic violence and chemical use among the 2,208 clients whom family court referred to the Department's Domestic Relations Division in 1988. The report states that 42 percent of the referred families had "serious chemical-dependency problems" and that alcohol was the most popular drug among domestic-relations clients.

In addition to increasing numbers of chemical-related cases, severity is also on the rise. There is a high level of violence associated with chemically-dependent families, and there are cases where small children are used as "runners" in street-level drug trade or are left alone to care for other children. Many children who have suffered long-term extreme neglect have special needs, making them unable to function in a school setting and difficult to place in foster families that lack special training.

Recent public attention has been focused on addicted mothers who transmit the effects of their own chemical abuse to their unborn children. The National Institute of Drug Abuse estimates that 10 percent of babies nationwide are born to mothers who have taken illegal drugs during pregnancy. By November 1989, Ramsey County was reporting 15 cases per month of women delivering infants who were also chemically addicted. By August 1989, Hennepin County was averaging 25 such cases per month. The Hennepin County Medical Center alone reported that 76 cases tested positive in 1988, and that an additional 72 had tested positive by July 1989.

For some children born to chemically dependent mothers, exposure to drugs continues after birth. Thirteen percent of children under six who are removed from drug-related environments test positive for narcotics.

The 1989 Legislature passed a bill relating to "cocaine babies" and other children whose mothers are addicted to chemicals during pregnancy. Among other provisions, the new law defines "chemically dependent" to include pregnant women who have engaged in "habitual or excessive use" of specifically named substances and defines "neglect" to include exposing a fetus to an addictive chemical.

Fetal alcohol syndrome is caused by abuse of a legal chemical and affects one of every 1000 children born in the U.S. Caused by the consumption of alcohol by pregnant women, f.a.s. is the third most frequent cause of mental retardation. The annual medical costs of treating f.a.s. babies total about \$82 million; the educational costs of teaching f.a.s. children whose I.Q. is below 70 are about \$113 million. African American women who abuse alcohol are especially susceptible to f.a.s. for genetic reasons; Native American women are more likely than any other population to give birth to f.a.s. babies (incidence in that population is estimated at between 5 and 25 percent of births.)

A 1990 legislative package and federal application from the Department of Public Safety's Office of Drug Policy will ask for \$300,000 from the federal government and a \$500,000 matching state grant to allow counties to develop model programs for early intervention in families where children are at risk for maltreatment because of their parent(s)' chemical dependency.

Funding Background

Structure

Dollars for child protection in Minnesota are drawn from many streams of funding, and there is no categorical funding targeted specifically for child protection purposes. Much of the funding for child protection comes from the monies that counties receive from the in the form of state and federal block grants to provide social services. Under this system, counties have autonomy in deciding what proportion of their social services budgets will be devoted to child protection.

Funds from the federal government finance about 19 percent of total social services spending; in 1986 they amounted to about \$45.5 million. Title XX of the Social Security Act (the Social Services Block Grant program) is one of about 14 major block grant programs that give states money for specific programs. These are distributed through Minnesota's Department of Human Services according to a formula defined in statute. Providing about 10 percent of most counties' social services budgets, Title XX funds have decreased steadily over the past eight years.

Federal Permanency Planning assistance arrives in the form of Title IV-E money for foster care services (which must be met with matching funds from each county's property tax levy) and Title IV-B money for child-welfare administration, outreach and program development, most of which is absorbed by the state's Dept. of Human Services (approximately 1.3 million reaches counties.)

The State of Minnesota also offers support through block grants. The Community Social Services Act (CSSA) block grant was created in 1979 and identifies target group on which the money is to be focused, including families with neglected or dependent children, pregnant adolescents, adolescent parents and their children, and dependent and neglected wards of the Dept. of Human Services.

The CSSA structure allows counties flexibility in program design and service delivery, but counties' accountability has come into question in recent years. Although the Dept. of Human Services can set procedural standards and tracks expenditures, it has had difficulty historically in sanctioning counties for noncompliance

with those standards. The Office of the Legislative Auditor recommended in 1984 that the Legislature consider establishing an advisory commission on intergovernmental relations to undertake a comprehensive review of state/local relations and to clarify the distribution of responsibilities for funding and administering programs.

CSSA grants supplied approximately \$48.2 million to Minnesota's counties in 1988. Funding is allocated using a formula that evenly weights a county's population, the proportion of the population that is age 65 or older, and the county's local welfare caseload. The subsidy must be matched equally by local property tax revenues.

Other state support includes Permanency Planning funding (formerly foster-care and child-welfare grants) and Equalization Aid (for defraying costs in counties stressed because of CSSA's distribution formula.)

The bulk of child protection funding comes from the taxes that counties levy. In 1987, of the \$96,750,371 spent on families with dependent, neglected or abused children in Minnesota, \$55,157,096 of it came from the local level. Counties supplied similar proportions for adolescent parents and their children and dependent or neglected wards of the Dept. of Human Services.

Trends

The need for funding in Minnesota's county child-protection systems is on the rise. In 1986, counties spent an estimated \$60.6 million on child-protection cases. In 1988, that estimate climbed by 20 percent to about \$72.9 million.

The 1989 tax bill lowered the limit on the percentage by which counties may increase their levies for social services spending from 18 percent to 12 percent in the metro area and St. Louis County, and to 15 percent elsewhere in the state.

The levy-limit percentages do not mean that counties will have 12 or 15 percent more money to spend, since state and federal increases have been less than 12 percent. (However, a city or county can circumvent the levy limit by referendum.) County services, such as child protection, are not necessarily linked to a county's tax base anyway, since even counties with a strong tax base might not make them a priority.

The past few years have seen a trend toward building more controls on county accountability for services provided with CSSA and Title XX funds. During the 1989 session, the Legislature made the CSSA financial reporting requirements more stringent and provided the Commissioner of Human Services with additional powers to fiscally sanction counties that fail to comply with state and federal requirements.

The Legislature can allocate money specifically for child protection if it so chooses. It did just that in 1989, when it allocated \$2.2 million for increased child protection training efforts, \$.7 million for services to pregnant adolescents and adolescent parents (among other groups of young people, and \$4 million for permanency planning efforts that would in part benefit maltreated children.

Revenue Recommendations:

Priorities for 1990:

- Designate a percentage of a new excise tax on alcoholic beverages to be spent on child protection.
- Request that the Legislative Audit Commission examine county child-protection budgeting. Provide that the LAC's findings be reviewed by the Legislative Commission on Children.
- Designate a percentage of the drug forfeiture distribution to fund prevention and treatment of child maltreatment.

Further Recommendations:

- Eliminate child protection from County Social Services Act funding and give it its own funding source.
- Designate part of the "grass tax" to fund prevention and treatment of child maltreatment.
- Devise a method of funding for 1991 child-protection services that will require the Legislature to match any new money spent on child protection-related intervention equally with funding for prevention and treatment.

Prevention: True Protection

The devastation of being abused can last a lifetime. Intervention and treatment cannot reverse the personal difficulties childhood victims often carry with them: low self-esteem, anger, lack of trust and inability to behave in a caring way. Especially if left untreated, such experiences can manifest themselves later in delinquency and abusive behavior among victims who themselves grow into adulthood--and parenthood. Far less costly in human spirit is truly to protect children: to prevent them from suffering maltreatment in the first place.

Recognized as the most financially efficient way to combat child maltreatment, prevention is nevertheless where Minnesota spends the least amount of money. The state concentrates the majority of its child protection resources in crisis intervention--after the fact.

The issue is one of resources. Cases are triaged: that is, they are categorized so that priority is given to those in clear danger, and extremely difficult or apparently non-urgent cases are not pursued as actively.

Public awareness of what constitutes child abuse is often spotty. Many do not know that assault of any kind, against anyone, is illegal. The media bring before the public eye the most egregious physical and sexual abuse cases, but neglect and emotional abuse often go unrecognized, as do many cases of physical harm that do not result in death or permanent injury.

The few prevention programs available in Minnesota are funded by various sources--including county funding, state grants to encourage neighborhood stability, Maternal and Child Health funding, the Child Abuse Prevention Trust Fund, and the United Way--or are largely volunteer efforts. The Commission heard testimony from programs that operate on a neighborhood scale using local teams; these programs' struggle for funding is constant.

There is a strong need to target services to high-risk populations, such as minor parents, drug- and alcohol-abusing parents, those with a history of maltreating previous children, and adult survivors of maltreatment.

These parents should receive training in parenting and home-management skills, coaching in alternatives to violent behavior, and relief from the stress and social isolation that often surrounds these families. An increasing number of unplanned births in these populations adds to the urgency of such efforts.

The Commission was told that one of the most far-sighted ways to prevent child maltreatment among at-risk parents is to prevent unplanned pregnancies in those populations in the first place. Although birth-control information is available through school and clinic channels to the broad population, high-risk groups who are not reached through schools and clinics--or whose lives are in such turmoil that basic outreach methods are insufficient--must be encouraged through extra, supportive services to use contraception.

Funding for birth control in Minnesota has both federal and state sources. Federal Title X funds low-income clinical care and is disbursed directly to local clinics (primarily to Planned Parenthood) for contraception services. Federal Title V monies are state-administered and state-augmented, and they go to 46 agencies, mostly county-run, for a variety of purposes including family planning. Minnesota's Department of Health grants State Family Planning Special Project money--about \$1.1 million annually--to local service providers on a competitive basis. The grant's criteria include providing services to high-risk groups.

The Children's Trust Fund

The Legislature created the Children's Trust Fund in 1986 to make grants to child-maltreatment prevention projects. Funded by a three-dollar surcharge on birth-certificate fees, the Trust Fund distributed approximately \$341,125 to projects proposed throughout the state for the year beginning October, 1989. The Trust Fund may not distribute as grants more than 60 percent of annual surcharge revenues until the corpus of the Trust Fund reaches \$20 million. All interest earned and donations to the Trust Fund are available for distribution. The surcharge provision sunsets when the corpus reaches \$20 million, and earnings from the fund will continue to be disbursed to projects.

The Commission is concerned that the existence of a trust fund has inhibited additional spending on prevention. Although the Legislature may appropriate

additional funds to prevention, this has not occurred since the Trust Fund was established.

Targeting Minor Parents

Children born to mothers aged 17 and younger pose a special challenge to the child-protection system because their mothers are children and often in need of services themselves. There were 1,575 births to minor mothers in Minnesota in 1988. The Wattenberg Study ("Mandatory Case Planning for Minnesota Minor Mothers and Their Children," Dec. 1989) is the result of a survey of 82 county social-services agencies to see how they have implemented the 1987 mandate that child-welfare agencies develop caseplans and provide services for minor mothers. The study reports that of 1,755 minor mothers served by surveyed counties between August 1987 and March 1989, 40 percent were mothers who were already known to the social services agency before the hospital notified the agency of the birth (as it is required to do within 72 hours.) This does not necessarily indicate that there was a problem with the mother: counties had usually been notified of the pregnancies by schools, income maintenance administrators or public health staff.

One major urban county in the study said that the rate of referral of such cases to child protection was 13 percent. Fifty-five counties did not refer any minor mothers to child protection, at times because the same person completing the minor parent plan was also a child-protection worker. The lack of child-protection referrals in those areas does not indicate that services to that population are improving: the Children's Defense Fund reports that the counties with the highest adolescent birth rates are also the poorest, and adolescents there are more likely not to receive prenatal care. Medical care for pregnant adolescents in rural Sherburne County, for example, is becoming unavailable because of reimbursement rates. A uniform policy for opening cases to monitor these mothers does not exist among counties.

Many very young mothers lack the parenting skills of adult mothers and the resources to combat the stress and isolation that can lead to child maltreatment. The AFDC grant that many adolescent mothers receive (young fathers rarely are in a position to provide financial support) is inadequate for living expenses, yet may be perceived as an escape for girls growing up in troubled

homes. Approximately 48 percent of AFDC mothers begin to bear children when they are in their teens.

The caseplan for a minor mother must include an evaluation of her housing plans. If independent living is not approved due to concerns about the infant's safety or if the mother fails to cooperate with the social-services plan, the county has the option of placing the mother in a group home and can enforce its decision with courtroom intervention. The Wattenberg Study reports that in October 1988, 53 percent of minor mothers lived at home with parents, while 33 percent lived in independent households. The remainder were in transitional housing. Fifteen percent were identifiable as "high risk."

The most successful models for helping minor mothers and their children appear to be live-in homes that teach basic life management skills. Children's Home Society conducted one such program, Lincoln House, whose primary mission was to prevent child abuse. Lincoln House served more than 360 families from throughout the state from 1972 until 1987, when counties could no longer afford to refer young mothers and their children there and the facility was closed. An "independent-living home", such as one operated by the YWCA, permits mothers to move into semi-private apartments only after they demonstrate success at acquiring household skills and integrating themselves socially.

Targeting Other High-Risk Populations

The need for specialized birth-control education and early intervention for pregnant mothers exists for other groups besides adolescents. At high risk for unwanted pregnancies are prostitutes, a growing number of whom are under 18. Juvenile prostitutes--themselves victims of exploitation--have much greater exposure to both drugs and violence and a much more limited support system than does the average adolescent.

The Hmong population in Minnesota has retained many of the family practices of Southeast Asia. Metro-area high-school social workers and nurses described marriages at a very young age, often pre-arranged and involving a "bride price." School workers reported growing desperation among some adolescent Hmong women who feel that they have been forced into a situation that violates their rights. Many young Hmong women are expected to give birth early and often,

eventually bearing as many as nine or ten children. The majority of these families receive public assistance.

The Role of Childcare

Affordable and available childcare is an essential component to prevention efforts. Not only can it relieve the stress of parenting for those at risk for abusing, but in some instances it can prevent a mother from leaving young children alone--or worse, with an inappropriate or abusive caretaker.

The state's STRIDE (Success Through Reaching Individual Development and Education) program, created in 1987 to provide AFDC clients and working poor with employment training, is running low on childcare funds and currently gives priority to mothers on AFDC and, among mothers under 21, to those who are not yet high-school graduates. As a result, working mothers in a shaky financial condition may find themselves bumped from low-income daycare slots and unable to complete their education or to keep their jobs.

School-Based Prevention Efforts

The Committee for Children (Seattle, WA) has developed self-contained, grade-specific violence prevention lessons that it claims are academically strong enough to be integrated into language arts, social studies or health education programs. Funded by a two-year federal program--the Drug-Free Schools Program--the curricula are used in some schools in Washington state and reached 41,000 students in the 1988-89 season in the U.S. and Canada (not including Minnesota.) Each curriculum recognizes children as victims and sometime victimizers and teaches students decision-making skills, appropriate behavior, and personal safety based on a new set of "the three R's": recognize, resist and report attempts by adults to victimize them.

Violence-prevention curricula are available in Minnesota, though not in use statewide. Various programs have been developed by the Illusion Theater, the Battered Women's Coalition, Project Charlie and SAFE, the Dept. of Human Services and the Dept. of Education.

The Bureau of Criminal Apprehension administers the DARE program, a campaign being launched in Minnesota's schools that uses law-enforcement officers to educate students about how to resist pressure to use drugs.

The program--began in July, 1989--currently is receiving \$350,000 for the biennium through the Legislature's Crime and Drug Bill. No federal money has yet been secured, but the Minnesota Dept. of Public Safety's Office of Drug Policy is seeking funding for DARE. Coordinated funding of drug- and violence-prevention curricula could make use of the schools as an avenue for developing children's defense skills.

Recommendations for Prevention

Funding Priorities in 1990

- Add family-planning funding for targeting supportive services to groups at risk for unplanned pregnancies and for abuse--without eliminating funding for mainstream efforts. Tie family planning to anti-drug funding. (One dissent)
- Provide for a statewide, centralized, toll-free, 24-hour helpline for the purpose of providing assistance in resolving parenting crises, preventing child abuse and promoting healthy family relationships. (One dissent)
- Increase funding for self-help support programs for parents, such as Parents Anonymous. (One dissent)

Further Recommendations

- Provide tax incentives or credits on a phase-out basis for employers who don't have employee assistance plans, thus enabling them to offer prenatal care and parenting education classes.
- Require the Dept. of Administration to develop worksite curricula for government employees to educate them in parenting and home-management skills, non-violent discipline measures, and child development and behavior. Request that Parents Anonymous provide guidance on referring at-risk parents to additional services.
- Encourage Early Childhood Family Education programs to recruit and provide transportation to families at risk for child abuse to better reflect the demographics of their school districts.
- Aggressively recruit existing minority agencies and community groups to provide services.

- Encourage the channeling of federal drug-prevention funds to purchase elementary-school self-esteem courses and maltreatment-awareness curricula. Request that the Dept. of Education promote the use of such curricula in schools.

For Funding in 1991

- Provide group "independent-living" homes for minor mothers as an alternative to living in isolation or in a stressful family environment.
- Establish a Legislative Commission on Children in 1991 to coordinate activities among the Judiciary, Health and Human Services, Education and Appropriations committees on issues affecting child welfare. Examples of issues to be studied by the Commission include:
 - setting weighted caseload maximums for child-protection workers;
 - the coordination of federal, state, and county funding and its effects on child protection (with the assistance of the Legislative Audit Commission);
 - solutions to the statewide shortage of foster care families;
 - lack of minority representation among professionals in the child-protection system and resulting concerns about ethnic insensitivity.
- Provide group "independent-living" homes in 1991 for minor mothers as an alternative to living in isolation or in a stressful family environment.

Reporting and Intake

In 1987, the Dept. of Human Services (DHS) recorded that Minnesota's counties received nearly 18,000 reports of maltreatment involving 25,529 children. Those statistics have climbed steadily in the past decade--there has been a 189 percent increase in the number of reports since 1980. The phenomenon is sometimes attributed to improvements in the reporting of cases, but Dr. Marc Miringoff of the Fordham Institute for Innovation in Social Policy insists that the rise cannot be attributed solely to improvements in reporting, since most advances (such as mandated reporting) took place in the late 1970s and early 1980s.

Minnesota is one of fifteen states whose child protection system is supervised by the state and administered at a county level. Either local police or a county's child-protection agency receives the report. Forty percent of reports accepted for assessment are provided ongoing child-protection services by county agencies. The agency and law enforcement share reports with each other and conduct assessments and investigations (respectively) to determine whether to forward the report to the county attorney's office for prosecution. Criticism has been leveled against this system as it affects criminal cases, because it gives assessment workers and law-enforcement investigators--not prosecutors--the first authority to determine whether a given case shows sufficient evidence to warrant court action. Also, child protection at times does not forward to law enforcement complaints against individuals who are not in a "responsible" (caretaking) position as covered by the Reporting Act.

Child-protection workers are required under DHS rules to respond "immediately" to a report of immediate danger or of infant medical neglect, and to less urgent reports within 72 hours of receiving them. But the nature of an "immediate" response is deliberately not specified in order to allow counties flexibility. Responses may range from simply notifying law enforcement to making a site visit.

Additionally, counties' workload is at times too great a burden to allow for a prompt response in non-emergency cases. Differing workloads contribute to the

fact that counties vary in how they might respond to similar reports, and that response in turn affects performance. Hennepin County reports that it has 60 chronic neglect cases pending, but hasn't processed them because of emergency cases. Dakota County reports the same problem.

DHS has been evaluating rules compliance among county child-protection systems and will publish the results of its investigation in February, 1990. According to early figures, only two of the 82 county systems in Minnesota were in sufficient compliance with state guidelines that they were not required to submit a plan for achieving compliance.

Mandated Reporting

Anyone who has reason to believe that child maltreatment has occurred can report it. Those who must report if they suspect neglect or abuse--mandated reporters--are clergymembers and individuals who work in the healing arts, social services, hospital administration, psychological or psychiatric treatment, child care, education, or law enforcement. Failure to make a required report is a misdemeanor prosecutable by the county attorney. Someone who makes a false report in good faith is immune from civil or criminal liability. Anyone who knowingly and recklessly makes a false report is liable in a civil suit for actual and punitive damages. Emotional abuse or mental injury (defined as maltreatment in the CHIPS--Children in Need of Protective Services--law in 1989) is not included in the Child Abuse Reporting Act as a type of conduct that mandated reporters must report. As a result, state statute is out of compliance with federal requirements--a situation that is costing Minnesota grant money.

The Commission is concerned that mandated reporters are not always sufficiently trained to recognize maltreatment, especially among some physicians. Respond 2 (a corporation that brings domestic violence to employers' attention as a workplace issue) describes that in a survey, only 3 percent of physicians identified neglect as part of a domestic abuse definition, yet neglect causes the majority of child fatalities by maltreatment. Only 16 percent named sexual abuse as part of a domestic abuse definition. In addition to learning to report abuse, another expert testified, doctors must learn to diagnose it in order to help protection and law-enforcement staffs to

do their jobs.

The Minnesota Board of Medical Examiners requires continuing education of physicians for license renewal, but does not recommend subject matter. Approval of continuing education coursework is left to the Minnesota Medical Association or the University of Minnesota; past suggestions of minimum requirements have been controversial. The national licensing tests--the National Boards and the Federal Licensing Examination--pose only a few questions concerning maltreatment. University of Minnesota medical students receive about six hours of classroom instruction annually on the subject.

Child-protection workers stated that they sometimes have difficulty securing necessary written statements from mandated reporters.

Mandated reporters charge that they receive little or no information about the consequences of reports they make, even though they may have an ongoing relationship with the families involved. A school counselor testified that she usually learns that her report was investigated when the principal receives a call from irate parents, or when the child mentions a home visit from child protection. The Commission also heard complaints from a hospital worker that in reports where evidence is based solely on a child's statements or on a medical history, the response is spotty compared to a report that is based on direct medical evidence.

Faith-healing and the state's responsibility to protect.

Federal law requires that Minnesota laws provide for mandatory reporting and for agency authority to intervene to provide necessary medical treatment to a child whose parents' religious beliefs oppose such treatment. However, federal law allows states' child-maltreatment laws to exempt parents from a "finding" of maltreatment when lack of medical care is due only to the parents' religious beliefs.

Minnesota adopted this exception into its Reporting Act and later, into its criminal child neglect statute, in the early 1980s, in order to conform to a federal law that erroneously *required* (rather than *allowed*, as was intended) states to grant the exception. After the federal law was clarified in the late 1980s, Minnesota's law remained on the books.

If a child-protection agency is aware of a child in need of medical care, Minnesota law allows the agency to secure a juvenile court petition ordering medical procedures without imposing criminal sanctions. Opponents to the exception claim that it makes prosecution for failing to seek medical care--even prosecution of cases that result in serious injury or death--extremely difficult. Complications in repealing the exception arise in determining the point in a child's illness beyond which failing to seek medical care could constitute negligence.

Hotlines and helplines

While a statewide hotline does not exist for reporting purposes, each county is required to provide a mechanisms for accepting and responding to reports of maltreatment on a 24-hour basis, informing both law enforcement and the child-protection agency. Supported by 1987 state statute, Midwest Children's Center offers a hotline for professionals who need help in identifying and diagnosing maltreatment. Fielding 2000 calls per year, the MCC's hotline has an annual operating cost of \$44,000.

A different sort of hotline was considered but not funded by the 1989 Legislature: a statewide, round-the-clock toll-free helpline was proposed for the purpose of providing assistance in resolving parenting crises, preventing child abuse, and promoting healthy family relations. Not intended to replace existing reporting channels, the helpline would have been funded through the Dept. of Human Services.

False Allegations

There has been an increase in the number of false reports made in recent years, especially against foster parents (whose adolescent foster children may have learned that reporting is an effective way to gain control over their surroundings) and between parents embroiled in custody disputes.

No definition of a false or unsubstantiated report exists in statute. It has been suggested that one is needed for determining whether and when case records should be destroyed.

A Catch-22 exists for those who believe that they have been falsely accused. The identity of a reporter can only be disclosed with the consent of reporter or by court order, and such a court order will only be issued upon a

court's finding that a report was made in bad faith. Yet part of proving that a report was made in bad faith is to establish a motive for the false reporter--whose identity will only be revealed after a court order has been won.

The Data Practices Act provides a process for challenging the data in reports, but agencies are often unaware of it and are unprepared to inform the public about it.

Reporting and the Schools

Schools are an important resource for identifying cases of possible maltreatment, since teachers are mandated reporters and sometimes are the only outside adults who have the opportunity to observe children closely. The Commission is concerned that maltreated children who are educated at home are in danger of falling through the cracks, especially since no law requires that home-schooled students appear in person for the purpose of an evaluation of any kind, physical or academic. This is of particular concern for rural communities, where families are especially isolated.

In traditional schools, children may be interviewed by investigators at school without parents' prior knowledge. Officers are required to give school officials written notice that they will interview a child at school; the school must schedule an interview within 24 hours. The welfare agency or law enforcement officer determines who will be present at the interview. Criticism has been leveled against the use of uniformed police officers--sometimes with weapons in view--to conduct interviews of young children. The Commission heard cases of extreme insensitivity to the traumatic potential of strangers asking children questions that, in cases of suspected sexual abuse, are sometimes sexually explicit.

School counselors are the most appropriate school personnel to work with children on overcoming behavior problems stemming from maltreatment. Yet federal funding sources currently reimburse school districts for counselors' salaries if the counselors spend at least 90 percent of their salaried hours working with special-education children. As a result, many children with difficulties at home don't get help unless diagnosed as slow learners as well.

The Commission was told that some schools insist on handling reports internally; teachers and school officials must be made aware that school policies requiring

them to report possible maltreatment to their superiors do not exempt them from their duty to report to the county welfare agency or to law enforcement.

Between 1979 and 1984, four Minnesota teachers per year were accused of abusive behavior. From 1985-1988, 15 per year were accused. In 1988, more than fifty teachers were accused of abuse. One defense attorney testified that even when no criminal charges are brought, teachers accused of abuse frequently suffer harm to their reputations and loss of their jobs. (A 1989 law requires school districts to report to the Board of Teaching when a teacher has been discharged, suspended, or resigns during or after an investigation into misconduct charges.)

Reporting and Rule-5 Facilities

There are 42 "Rule 5" facilities in Minnesota, with 1203 beds. These facilities house emotionally disturbed children, and according to the Ombudsman for Mental Health and Mental Retardation, some Rule-5 facilities place this vulnerable population at risk. In 1988, the average length of stay was 249 days. In that year, Rule-5 facilities were the subject of more reports of child maltreatment (13.5 per 100 children) than was any other type of facility monitored by the Ombudsman's Office. Only 5 percent of the licensed facilities in Minnesota are Rule 5, but these were the subject of 8 percent of the complaints about facilities in 1989. County investigations of 26 complaints about one Rule-5 facility in 1989 resulted in 14 being substantiated and protective services being provided in four other cases. The investigations took 670 county staff hours at a cost to the county of \$59,400.

One reason for the high rate of maltreatment complaints is that Rule-5 facilities lack procedures governing the use of aversive and deprivation treatment (such as the Rule-40 procedures that exist for institutions for the mentally retarded). Rule 5 contributes to the problem by not defining "treatment"; as a result, widely varying behavior receives the same treatment. This lack of guidelines allows the use of "take-down" (restraint) and seclusion procedures, sometimes inappropriately. The Office of the Ombudsman for Mental Health and Mental Retardation is planning an in-depth system review of Rule-5 facilities in 1990.

Reporting and Childcare Providers

Childcare settings are especially vulnerable to false allegations, since the state's policy is to close childcare providers after receiving--but before substantiating--a report. One particular case came to the attention of the Commission, in which a recently fired employee made allegations of child-to-child abuse that eventually closed the childcare facility, although the allegations were later found to be unsubstantiated.

The Commission heard concerns about the county's response to the report. Investigators interviewed the director without an appointment during work hours, taking her attention from the children. Parents were told nothing by investigators for months, then were informed on a Friday that the center was to be closed the following Monday. The director eventually appealed and won the case in court, but her business had been destroyed. In light of the childcare shortage in the state, testifiers requested that the assumption of guilt upon receiving reports against childcare providers be reexamined.

Recommendations for Reporting

Funding Priority for 1990:

- Fund school social workers and guidance counselors in the school system for the purpose of early intervention in child-protection cases before court involvement. Require that such workers be in communication with the child-protection agency while maintaining confidentiality in the school system and community.
- Revise the "faith-healing" exceptions in the Child Abuse Reporting Act and criminal neglect statute to require parents who use prayer as a means of medical treatment to also seek traditional medical care.
- Require maltreatment recognition training as part of the state Board of Medical Examiners licensure renewal process for physicians who work with children.

Investigation and Risk Assessment

Investigation and risk assessment are the steps most critically watched by the media and brought to public attention. Investigation attempts to determine the accuracy of a report, and risk assessment evaluates the level of danger to the child. The system balances competing concerns about removing children from homes that are safe (thus disrupting the family and putting stress on limited public resources) and not removing children from danger quickly enough. This dilemma is most dramatically illustrated by the system's failures: ten Minnesota children died of child maltreatment in the home in 1986; five died in 1987; nine died in 1988; and an estimated ten died in 1989 (including death by lack of medical care.)

Minnesota statutes reflect the tension between the need to protect children and the effort to keep families intact, without offering guidelines for determining the child's best interest. A child has no advocate until the court appoints a guardian ad litem, and even this will not happen if the parent is already undergoing voluntary treatment.

The Child Mortality Review Panel was established by the Commissioner of Human Services in 1987 and given permanence by the Legislature in 1989 to monitor all deaths of children, in order to identify patterns and to follow up on those cases where child-protection had been involved. The panel has determined that a number of children whose deaths have been termed accidental were in situations presenting great danger and that some of their families were already known to the child-protection system.

There are thousands of children in the system, however, whose reception of services will never be reviewed by the panel. DHS's study "Permanency Planning in Minnesota," March 1989, estimates that local social service agencies in the state provide services to 32,622 new children each year. Until 1989, child protection and law enforcement personnel had three options in deciding how to categorize a report of child maltreatment

after investigation: "substantiated"; "unsubstantiated"; or "unable to substantiate." The 1989 Legislature reduced these options to (1) whether maltreatment is determined or not determined and (2) whether protective services are needed.

Yet child protection workers also need guidance in statute in determining what they are expected to do after maltreatment has been determined. The need for services does not necessarily require removal from the home, and a tolerable level of risk for allowing children to remain in the home has yet to be defined.

Acting on reports

As child-protection cases increase in number and severity, workers responsible for assessing them find their jobs increasingly difficult. Most child protection agencies lack minority staff to help them adjust to the demographic profile of their clients. County protection workers also report that clients are increasingly violent and site visits physically dangerous, especially in homes where drugs are present.

Some counties, such as Becker, have as many as 50 and 60 cases per child-protection worker annually. Fifteen cases is considered ideal by some professionals. As the severity of cases rises and workloads grow, a desirable trend would be toward assigning workers fewer cases; yet caseloads are climbing in nearly all counties.

Additionally, staff in small counties may handle several other service areas simultaneously. Child-protection workers in Isanti county, for example, also are responsible for inspecting and licensing childcare providers and foster homes and for child-custody mediation, in addition to their child-protection duties. In the coming year, DHS is plans to secure funding to study the condition and effects of caseloads and workloads throughout the state.

Child-protection caseworkers spend an estimated 30-50 percent of their time on paperwork, which limits the time spent on site visits. A solution is suggested by Barrien County, Michigan, which has outfitted its caseworkers with computers that the county claims have given workers more control over their jobs. Since mid-1989, BULL Information Systems has marketed a child-protection-specific computer system that has a search capability at intake for alerting caseworkers to a client's history in the county, as well as security features and after-hours system access. The start-up cost of outfitting 50

workers is approximately \$255,000, but the resulting increased effectiveness and redistribution of human resources make a payback figure difficult to calculate.

Law enforcement may have a hard time investigating reports quickly, since (1) reports often go to child protection first and (2) child protection workers sometimes do not share medical records, although law enforcement agencies technically have full access to medical records already in the possession of a child protection agency.

Multidisciplinary Teams

According to state statute, a county may form a multidisciplinary team that provides advice to county social services agencies on specific child-protection cases. The teams usually consist of the director of the local social service agency, the county attorney, county sheriff or their designees; representatives of health groups; mental health groups; and parent groups.

The "team approach" is thought to work better in small communities--Isanti County's child protection staff attributes its good relationship with other team members to the small size and low turnover in the agency. However, the Hennepin County Child Abuse Evaluation Center (Cornerhouse) locates its professionals in a single building. This is an important development, since the Commission heard testimony that large counties, such as Hennepin, assign workers countywide, a policy that prevents protection workers from developing a relationship with professionals in a given municipality. Additionally, teams are seldom in place in counties with the heaviest caseloads.

Cooperation statewide is even less consistent, although counties may request training assistance from DHS's field staff and have stated that they need more. One resource is Midwest Children's Resource Center, a private organization that offers a toll-free hotline for Minnesota professionals who need help evaluating possible maltreatment cases. The center offers medical evaluations, forensic medical consultation (pattern of injury and photo documentation for use at trial), sexual-abuse evaluations, expert testimony, training, and research services.

Data Practices

Investigators charge that misunderstanding and misuse of data practice laws impede investigations. Accountability of counties is low when they can cite data privacy barriers to releasing records, and that shield can be very effective because of the complexity of the laws themselves.

Counties claim that data-practices restrictions may work against them as well, preventing them from defending their actions to the public when media investigations raise questions about specific cases.

While the statutes might at times be manipulated some responsible agencies, genuine confusion about information access exists. For example, a perceived conflict between federal confidentiality limitations governing chemical-dependency treatment programs and state abuse-reporting obligations was resolved by a Minnesota Supreme Court ruling, yet confusion apparently continues.

The Data Practices Act defines "private" information as inaccessible to the public, but accessible to the subject and to agencies authorized to gain access. "Confidential" information is not accessible to the subject, but rather only to agencies. The Child Abuse Reporting Act classifies maltreatment reports held by child protection agencies as private. Before amendments proposed by the County Attorneys' Association were adopted in the 1988 and 1989 Legislative sessions, all data was classified as private.

Not all data generated in the child protection process is subject to the Data Practices Act; in fact, most is subject to the provisions of the Child Abuse Reporting Act. There are differences in how the Data Practices Act and the Child Abuse Reporting Act affect child-protection records and those held by law enforcement. Except for data that identifies the child victim, investigative child maltreatment data used by law enforcement becomes public when it is presented as evidence in court or when the appeal process has been exhausted or expires for a prosecuted subject. If there is no trial, the data remains private after the investigation becomes inactive. A 1989 amendment allows the law enforcement agency to keep maltreatment data in perpetuity (following section 138.17).

Assessment data collected by child protection agencies is never public unless it somehow enters the judicial process. Child protection can keep case data on a "no maltreatment determined" or "no need for services"

finding for four years unless the alleged perpetrator requests that the data be destroyed, in which case the agency must comply within 30 days. All other child-protection records are to be maintained for seven years after the final entry in the record. Some child protection workers argue that the record destruction schedules don't provide the flexibility necessary to keep borderline cases active. These workers would like the same authority that law enforcement now has to keep records permanently.

Child-protection assessment workers also are concerned that "the Tennessean Warning" is a hindrance to gathering vital information from alleged abusers. Required of all government agencies except law-enforcement agencies conducting a criminal investigation, the Tennessean Warning requires a child-protection worker to inform an individual why private data is being collected; how the agency wants to use the data; whether the individual may refuse or is legally required to supply the data; and the identity of others who are authorized to receive the data.

No "script," or standard form statement, fulfilling child-protection warning requirements is set forth in law, although DHS has drafted a generic, plain-language explanation that is available for counties to use with their human-services clients. Child-protection workers say that they find interviewees less willing to talk when they fear incriminating themselves, and some advocate being excused from issuing the warning. Supporters of the Tennessean Warning--and of the Data Practices requirements in general--claim that these rules help to preempt charges that the child protection system violates due process and is therefore unconstitutional.

Worker Education

As caseworkers are forced to make decisions of growing complexity, their preparedness also becomes more important. Since few students enter a social-work program intending to be child protection workers, most do not take relevant electives when following a generalized social work curriculum. As a result, counties can't maintain strict educational standards because they would be left without workers.

At the University of Minnesota, schools of social work at the graduate level and to a lesser degree, at the undergraduate level are recognizing the need for and are developing curricula in child protection. A "Child Abuse

Prevention Specialization" is also being developed for graduate students and professionals outside of social work, to emphasize interdisciplinary prevention of child maltreatment. Yet rural county agencies in particular have noted that they hire primarily workers with undergraduate degrees.

The state university system offers an undergraduate social work degree at most of its locations, and reports that child-maltreatment curricula make up about 25 percent of the material in three of its required courses. Electives offering further study of child maltreatment are also available; one administrator noted that the demand for more of such courses is coming from students themselves.

Minnesota law requires each county agency to develop an annual child-protection training plan for its caseworkers. Each child-protection worker is required to participate in 15 hours annually of continuing education related to providing child-protection services.

Central Register

Cases that consist of many incidents over time are often lost to the child-protection system, in part because of record-destruction requirements, and in part because technology is not in place to follow families that move after being reported. Counties rarely communicate with one another about specific cases, and in this way a county-administered system works to the advantage of families that try to evade investigation by moving.

Establishing a computerized state register of active cases would help county agencies to log, monitor, and analyze reports of known and suspected maltreatment. In 1988, Minnesota was among only seven states that did not have a statewide central register. Other states have mandated registers in their reporting laws to assist child-protection professionals in assessing danger, managing cases, and planning case management.

These states have attempted to resolve potential problems of confidentiality by (1) prohibiting access to the register to all but child-protection workers; (2) allowing the state social services agency to decide who would have access; or (3) specifying in statute those who would be allowed access. Only a few states require notification of people who are in the system, but most provide means of expunging or amending data.

The Licensing Division at DHS is currently formalizing the intercounty exchange system that will be used by counties, private Rule-4 facilities and DHS to screen job applicants for positions in the service-providing institutions and programs that the Division licenses (including family childcares, daycare centers and foster homes). Although applicant background studies in family-systems institutions were originally required by the Legislature in 1977, it was only in 1989 that the Licensing Act was amended to order the adoption of rules governing the completion of background checks and the disqualification of individuals.

DHS's background-check rule will identify two criteria as grounds for disqualification: (1) convictions for crimes against persons, based on a Bureau of Criminal Apprehension criminal background check, and (2) substantiated allegations of crimes against vulnerable adults or of child maltreatment, based on county-supplied information. Employers in licensed facilities will be informed only as to whether a check's outcome was positive or negative; applicants will be informed of the reason for disqualification and an administrative appeals mechanism will be available.

An interstate exchange of information could eventually track mobile families with active cases, following the example of the BCA's access to a nationwide network. In 1989, New York's legislature adopted a policy of opening its state register to other states that request specific information for child protection purposes.

Family-Based Services

According to one social-services agency manager, "Once a family is in the system, it stays there." That observation makes it critical to develop in-home services, yet funding for such services is being sacrificed to pay for emergency removals. The Permanency Planning Report published by DHS in March, 1989 estimates the cost of family-based services at \$400-600 per child, while the average cost of nonspecialized foster care is about \$1500 per child. The consequences of not supporting in-home strategies is especially apparent in counties such as Dakota and St. Louis, which maintained examples of premiere child-protection programs until budget restrictions forced them to cut their preemptive, family-based strategies. Out-of-home placements in those counties have risen steadily

since, countering directly the state's goal of permanency planning.

A report by the U of M's Humphrey Institute evaluated the effects of home-based services in Hennepin County, whose Family Services Division implemented an in-home service program modeled on the Homebuilders program in Washington state. The report stated that the methodology cut the placement rate from 50 percent of cases to 20 percent and served more than child-protection clients--families with children at risk of placement for other reasons also benefited.

The Permanency Planning Report states that 75 percent of troubled families that received family-based services for more than four months had successful outcomes, compared to the 40 percent success rate of families that received services for less than four months. The outcomes are similar for minority families, but the 17 percent of new cases examined that involved minority families received only 13 percent of services.

DHS has the opportunity to provide seed money for crisis "family preservation services"--family-based services for children at imminent risk of emergency placement. The funding will allow county workers to stabilize families and to assess their needs, and will last until July, 1991.

Domestic Violence

Domestic violence against women and child maltreatment are often linked in ways that aren't reflected by the child-protection system's approach. Studies have shown that children whose mothers are battered women are more than twice as likely to be physically abused than children whose mothers are not battered, and that nearly 70 percent of the children of battered women are themselves victims of abuse. Investigators sometimes blame the mother for failing to protect her children when she herself may be a fellow victim in need of assistance. When children are removed by law-enforcement officers from a scene of domestic violence and placed in a shelter, the intake form is not required to indicate that the custodial parent is not a suspected perpetrator. Because of this missing data, the best means of protecting the children--helping the mother to a position where she can keep them from danger--may be lost to caseworkers.

Reasonable efforts to keep a family intact must include efforts to isolate and treat the source of the family's problems.

Arizona, Rhode Island, Virginia and Kansas are states that use their Children's Trust Fund for assisting domestic-violence shelters as well as child abuse prevention programs. These states put a surcharge on marriage licenses, income tax checkoff and/or divorce fees to feed the fund.

Recommendations for Investigation

Funding Priorities for 1990:

- Provide a mechanism in a bonding bill by which child protection departments could purchase computers to reduce paperwork and allow for better tracking of cases. Provide that domestic violence data would be tracked along with child maltreatment data.
- Provide permanent state funding for increased family-based child-protection services to ensure that programs will continue when federal funding ends in July, 1991.

Other Recommendations:

- Require relevant and appropriate ongoing training for child protection workers. Require that child-protection workers be trained to recognize cases in which one of the parents is a victim of domestic abuse and to refer the abused parent to appropriate legal and emergency services. Require that any caseplan for the family coordinate services for the child(ren) with services for the abused parent.
- Increase child-development/child-protection class offerings in the Minnesota higher education system and encourage a state university to offer a degree in Child Welfare.
- Encourage local municipalities to train law-enforcement and child-protection personnel together and to pursue "cooperation in development" of these human resources, as statute requires. Encourage municipalities to fund a juvenile specialist as liaison between child-protection staff and local law enforcement.
- Recruit and provide incentives to minority students to obtain degrees in social work. Use non-degreed paraprofessionals--

with special attention to recruit minorities--as part of child-protection teams, together with educational opportunities to obtain social work degrees.

- Request that the Attorney General's office, in consultation with a multidisciplinary team, clarify data practices issues as they relate to child protection. Their tasks would include:
 - Providing plain-language interpretation of existing laws and recommending needed changes to the Legislature with regard to ambiguities and inconsistencies in the law. In particular review differences between the way social services agencies and law enforcement handle child abuse data.
 - Creating a statewide, standard child-abuse/neglect report form.
 - Exploring whether to define false and unfounded reports in statute.
 - Providing a standard form statement of the "Tennessee Warning," tailored for child-protection purposes.
- Amend Minnesota Statute 260.171 to change the requirement that an officer who takes a child into emergency custody immediately inform the parents of the time, date and place of the detention hearing. Instead, require that an officer inform the parents of this information as soon as it becomes available.
- Require all counties to have child-maltreatment teams for sharing information, composed of all the professionals who have contact with a child, including a physician, psychologist, and attorney to oversee case management.
- Include data on endangered children in the Bureau of Criminal Apprehension's state criminal justice computer information system to facilitate emergency protective holds by law enforcement agencies.
- Create an avenue for sharing data with other states on alleged abuse.

Funding Priority for 1991:

- Establish a state register for counties to exchange information about child protection and domestic abuse cases.

Child Maltreatment and the Courts

Minnesota's courts face a similar balancing of concerns as is required of investigators assessing risk: that between the preservation of families and the protection of children. Various types of courts serve differing purposes, after their common fact-finding function. Juvenile courts emphasize rehabilitating the family system to make it safe for children, while criminal courts are intended to mete punishment to perpetrators (although rehabilitation treatment may be part of a criminal sentence). Family courts usually consider allegations of child maltreatment in the context of custody disputes.

The differing missions of these courts account for differences in the disposition options available to them. Criminal courts have the power to incarcerate and to establish a criminal record based on evidence that indicates guilt beyond a reasonable doubt. Their purpose is to punish. Juvenile courts can terminate parental rights or place a child in placement, but their intent is primarily to improve and continue the family relationship. The courts' common goals are charging when appropriate, permanency planning, and finding solutions that avoid further investigation of families that come to their attention once.

Another common factor among courts is delays that often keep families in the court system for extended periods. The Commission heard testimony that the deadlines supplied by statute are adequate once legal proceedings begin. However, child maltreatment cases often do not receive docket priority in juvenile court. Judges may be removed from cases without cause, so defendants may "shop around" for judges with sympathetic reputations or may cause delays by switching judges.

The Commission was told that courts sometimes grant continuances in order to avoid sticky cases. In juvenile court, judges have the option of withholding adjudication for 90 days (extendable to 180 days) for the purpose of allowing defendants a "grace period" in which to alter their behavior on their own. While this

suspension is the first such opportunity defendants have in the court system, defendants might have failed caseplans four or five times before court action was taken. The potential six-month delay has implications for one of the grounds for termination proceedings, a presumption favoring termination 12 months after a CHIPS adjudication. Only after the adjudication does "the clock start running" on developing a plan for permanency for a child who might be placed out of the home during that time.

Increases in sheer numbers take their toll on the court system and affect how families are served. Records of court action in Hennepin County reveal that in August, 1988, 22 cases were awaiting termination of parental rights, with an average waiting period of nine and one-half weeks. One year later, in August, 1989, 45 cases were awaiting termination with an average waiting period of 15 weeks.

Court-appointed guardians ad litem are responsible for identifying the child's needs and advocating that they be met, including advocating for the most expeditious resolution of court proceedings. While attorneys are responsible for carrying out the child's wishes, guardians are appointed to identify the child's best interest. But some issues surrounding guardians ad litem are not resolved, such as whether their volunteer status is advisable and what their specific legal responsibility should be. Their presence in the system is not universal: some counties do not have a guardian program in place, and guardians are not assigned to children whose parents are in voluntary rather than court-ordered treatment.

Prosecution

Fewer than one abuser in 10 is prosecuted in child-protection cases involving life-threatening injuries. The Commission was told that large workloads in prosecutors' offices may create a disincentive to taking cases to court, and with an eye toward their office's track record, some prosecutors show reluctance to take on cases that they might not win. For public defenders, negotiating a case plan with county social workers on behalf of their clients in danger of losing custody may seem more trouble than simply fighting removal in court or delaying hearings to prevent removal.

This low rate of prosecution is followed by reluctance on the part of judges to invoke full criminal

sentences. Commission members are divided in their opinions on how to increase the low response rate of the legal system. While reluctant to "decriminalize" child maltreatment, members would like to see more disposition and sentencing options available to increase the chances that perpetrators would be forced to a responsible position.

Pennsylvania's Support Center for Child Advocates uses 300 volunteer lawyers to submit presentence recommendations. According to outside observers, the process resulted in a total of 90 prosecutions between 1984 and 1987 that otherwise would not have occurred.

"Victims of Violent Crimes," a 1989 report by the Minnesota State Planning Agency, reports that the prosecution rate of physical child abuse cases is a fraction of the prosecution rate for sexual child abuse cases. The report suggests several possible reasons for the discrepancy: a perception among treatment professionals that the prosecution of an offender may be incompatible with helping the child by preserving the family; the vagueness of what constitutes "reasonable force"; the existence of more programs for treating perpetrators of sexual abuse; and statistical evidence that while men are the primary perpetrators of sexual violence, women are more often the perpetrators of physical violence, and there is a perception that women are better central figures around which to preserve a family.

Evidence

Child maltreatment cases present a special challenge to prosecutors responsible for securing testimony, since crimes--especially sex crimes--often occur when the perpetrator and the child victim are alone. Very young children cannot be the only witnesses in their cases, since they cannot communicate well and because, according to one expert, "children's recognition of factuality changes as they develop." Not only do the results of repeated interviews sometimes appear inconsistent to the untrained observer, but the interviews are traumatic for victims.

Videotaped interviews of very young victims are now allowed in Minnesota courts, although seldom in lieu of testimony. They reduce the number of live interviews a child must endure and provide a setting where very young children feel more comfortable discussing abuse. Older children who have been abused

or adult witnesses provide the most helpful evidence, but these are often unavailable. In such cases, testimony by child psychologists and medical workers familiar with the case or hearsay testimony is often a source of convicting evidence.

A fifth-degree misdemeanor charge does not require proof of bodily harm; more than one misdemeanor charge within five years constitutes a gross misdemeanor. A third-degree assault is a felony requiring proof of "temporary but substantial" bodily harm and draws a maximum five-year sentence. First-degree assault is a felony carrying a maximum twenty-year sentence and requiring proof of "great bodily harm" (defined as a high probability of death, permanent disfigurement, or permanent loss of functioning to a part of the body.)

Malicious punishment is a classification reserved for individuals with caretaking responsibilities whose attempt to discipline a child results in injury. Although usually a gross misdemeanor, it can be classified as a five-year felony if it results in substantial bodily harm. "Shaken baby" cases have emerged as one severe manifestation of malicious punishment, but the law makes no distinction between injuries inflicted in these cases and other injuries. This fact has drawn public concern, since the harm that even a few seconds of shaking can do to a months-old infant is far more severe--including brain damage and blindness--than the harm that even a belt whipping can inflict on an older child.

Currently, no classification exists for cumulative evidence of "nonsubstantial" but permanent bodily harm, such as cigarette burns or other scarring, that would prove a pattern of injuries.

The 1988 Legislature made it first-degree murder to cause the death of a minor while committing or attempting to commit child abuse, if the perpetrator has a past history of child abuse and has exhibited "extreme indifference to human life." Also enacted in 1989, a "crime of endangerment" statute provides for a criminal penalty in situations where a parent willfully places or allows a child to be in a situation likely to produce substantial harm to or death of the child.

Reasonable Efforts

Recognizing that remaining with their families is the least disruptive alternative for children when a healthy, safe environment there can be guaranteed, the federal

government instructed states in 1980 to make all "reasonable efforts" to avoid removing children from their homes by providing in-home services when possible and by requiring courts to prove that reasonable efforts were made before removing a child. These measures were linked to federal IV-E foster-care funds.

The 1985 Minnesota Legislature responded by passing the Permanency Planning Grants to Counties Act requiring reasonable efforts by social service agencies to prevent removal and reunite families, as well as reasonable efforts by both social service workers and parents to solve the problem that brought the family to the attention of the child-protection system. Reasonable efforts to preserve the family must be demonstrated before any removal disposition will be granted by a court, unless the court finds that preventive or reunification efforts could not permit the child to remain safely at home.

The Dept. of Human Services' study of permanency-planning activities and dispositions between 1986 and 1988 (released in March, 1989) showed that following the reasonable efforts requirement, in 70 percent of cases removal was avoided, 20 percent of them resulted in reunification, 2 percent in adoption and 1 percent in permanent foster care.

A case plan is required as part of any CHIPS disposition. However, no minimum criteria are defined for measuring parents' progress against the plan and for returning children to their parents. Parental rights may be terminated if a parent has been identified as abusive and a court finds that the parent has not made reasonable efforts to change. Courts may look to Minnesota statutes 260.012 to determine whether the agency made reasonable efforts to preserve the family.

A caseworker in Sherburne County cites delays in the termination process as the biggest problem he faces in permanency planning for children, since it prevents adoption. Isanti County workers described the termination process as taking a very long time: children may be in foster care for 12 months (after a CHIPS adjudication) before termination can begin, and the termination process can add another 18 months to the time that families are in limbo. It takes two to six months to file a petition, six to nine months for court hearings, and another minimum of six months if the parents appeal. Workers also said that the court process

concentrates on what the workers--not the parents--have done to improve a family's ability to function.

Recommendations for the Courts

- Articulate that the "child's best interest" is paramount.
- Require that before granting a continuance, the court make specific findings that a continuance would be in the best interest of the child.
- Define mental injury as maltreatment in the Child Abuse Reporting Act.
- Permit removal of judges in alleged child-maltreatment cases only for cause.
- Increase the penalty for making a false report of child abuse to influence a custody proceeding from a misdemeanor to a gross misdemeanor.
- Increase the penalty for malicious child punishment resulting in great bodily harm.
- Amend assault law to make it a felony to inflict injuries that may be less than substantial but that demonstrate a pattern of abuse.
- Create a presumption, following a finding of child maltreatment, favoring removal of children from parents who (1) have failed in chemical-abuse treatment twice and continue to test positive for drug use, or who have refused treatment, or (2) have had parental rights to another child involuntarily terminated as a result of a maltreatment finding.
- Add to the definition of CHIPS (children in need of protective services) "children whose parents have had their parental rights to other children terminated."
- Amend the juvenile code to provide that the killing of one child is grounds for termination of parental rights with regard to other children.

- Encourage that CHIPS and parental rights termination processes not be placed "on hold" during the time a parent is incarcerated.

Funding Priority for 1991:

- Develop and enforce minimum standards with respect to guardian-ad-litem training, supervision and performance. Allocate resources to support GAL programs and to ensure that a GAL can be appointed in every appropriate case.

Shelters

Removing a child from an abusive situation is the first step in healing a growing number of troubled families in Minnesota. As a result, the overburden of cases that weighs on the rest of the child protection system is felt in the state's shelters as well. In 1988, an estimated 4260 Minnesota children were living in foster care because of child-protection issues, up 82 percent over 1986 figures.

The difference between foster care and emergency shelters for children of alleged abuse is becoming blurred. Increasingly, foster homes (intended for longer-term care) are being used to house children in emergency situations, exacerbating a general shortage of foster homes and limiting the variety of placement options. The number of foster homes in the state has declined severely in comparison with the need. Austin, MN has 18 foster homes; five years ago it had 69. Hennepin County hasn't experienced a net increase in county-licensed family foster homes in ten years, and this is the lowest-cost placement option the county has (alternative facilities are more costly to the county.) Emergency placement in Hennepin County is in crisis and provides a telling portrait of the situations surrounding child-abuse reports in the metro area.

St. Joseph's Home for Children in Minneapolis takes in and refers all children that are deemed in need of immediate removal from their homes by county child protection or law enforcement staffs. St. Joseph's took in 3,690 children in 1989, up 214 percent from 1,727 children in 1983. Forty-five percent of them had been there before. The county has experienced steadily climbing admissions for the entire shelter system, with the numbers changing slightly for white and Native American children and climbing sharply among African Americans. Sixty-nine percent are from single-parent homes. Since 1986, the percentage of admissions of children five years old and younger has jumped from 31.7 percent in 1986 to 41 percent, and the number of children 11 and younger rose more than 311 percent between 1983 and 1988. The number of homeless children admitted (465 in 1988) has also risen, and approximately one-third of incoming

children who are 13 and older have not been in school for at least two weeks prior to admission.

Voluntary admissions have dropped, while the number of children arriving in squad cars because of emergency holds nearly doubled between 1986 and 1988. Police holds now number around 2300 per year and make up over 60 percent of admissions, indicating that more children are being removed from threatening circumstances. St. Joe's has identified the prevalence of drugs as a major factor in the rise in the number and severity of cases involving younger--and increasingly more vulnerable--children.

Not all the children admitted to the home stay there. One-third stay only on a 72-hour police hold, or are placed in emergency foster homes for that time. The average length of stay in St. Joe's is three weeks, but the shelter has had some children for as long as a year. Others remain in St. Joe's only until the county finds a foster home and their long-term situation is resolved.

Permanency Planning and Foster Care

The Legislature adopted "permanency planning" as a goal in the state's 1985 statutes. The state grants funding under the Permanency Planning Grants to Counties Act so that counties can provide services to families in order to prevent child out-of-home placement, to reunify families where placement has already occurred, to facilitate adoption, or to provide permanent foster care. Every year since the grants began, over 30,000 Minnesota children have benefited from the resulting services, and every year, maltreatment was the dominant factor that brought new families into contact with local social services agencies. But many barriers can keep children from achieving permanency.

"Foster care drift" is a phrase used to describe the instability many children experience after being removed from alleged immediate danger. These children remain in the shelter system for extended periods until their situation is resolved, and they often live with more than one foster family. This transience occurs in part because placement depends on funding and availability of foster homes, rather than on best practice. Delays in the legal system are also responsible.

According to the Permanency Planning Report (a March, 1989 DHS report tracking the effects of the Permanency Planning Grants to Counties Act), of the 170

children in the study who were already placed out of the home prior to implementation of the permanency planning study, 64 percent were still in placement two years later. That means that the minimum time that each of them had been in placement was three and one-half years.

Although extended stays in out-of-home placement usually protect the child from further physical harm, such placement is not a permanency planning solution and meets few of the goals of providing a family atmosphere. The typical out-of-home placement experience involves moving from placement to placement, depriving children of a stable environment. The Permanency Planning Report states that of the children in new cases who had been placed, 34 percent had experienced movement to more than one placement by the time their cases had been open for six to nine months. Half of the children in extended placement had experienced multiple placements; 22 percent of extended placement cases involved more than two placements per child.

St. Joe's Shelter indicates that in 1989, 45 percent of children placed in emergency shelter there had been there before. Of those, 114 children (3 percent) had been there seven times or more.

Not enough foster parents are trained to deal with maltreated, chemically dependent or otherwise troubled children, and not enough are able to take in large sibling groups. The need for multiple-child placements is great: Hennepin County estimates that in 1989, approximately 90 of the children added to the number in placement were there because of increases in family size. The Permanency Planning Report found that in 80 percent of new cases examined, children who were placed out of the home also had at least one sibling placed out of the home, and more than 85 percent of extended placement cases had at least one sibling placed out of the home. The study notes that these figures also may indicate that family systems, rather than difficult children, are usually the root cause of placement.

Hennepin County projected that costs of its child-welfare placements would increase by 63.4 percent (to \$3.1 million) between 1986 and 1989, and that emergency shelter costs would climb by 65.7 percent (to \$6.5 million) in that interval. Among the causes the county cited were a decrease in third-party reimbursements, the court's authority to order placement regardless of how it will be

financed, and a general increase in the volume and size of families in the system. Some counties may also be reluctant to refer children to special placements unless there is desperate need: therapeutic homes can cost counties as much as \$2100 per month, while a regular home costs \$350 per month.

Disincentives exist for potential foster parents. Many medical providers dislike treating foster children because reimbursement is slow. Also, foster parents are legally liable for damages caused by foster children, and insurance companies do not cover damages caused by a foster child.

Minority Ethnicities in the Shelter System

The shortage of foster homes takes on special significance for minorities, because ethnic matching has been a goal of the state. Sixty-seven percent of the children admitted to St. Joe's are of minority ethnicity, and 46 percent of the total are African American. Since 1986, there has been an 86-percent rise in the demand for African American foster homes and only a 35-percent rise in the supply.

Overall, there is a lower rate of reunification with parents among minority children than among white children, according to the Permanency Planning Report. St. Joseph's Shelter statistics indicate that while 700 African American children were admitted in 1986, the total had climbed steadily to around 1700 children in 1989. The Permanency Planning Report notes that while African American children accounted for only 8 percent of placements in new cases and only 1 percent of extended care placements in 1986, that does not mean that they are being reunited with their families. The Minnesota Substitute and Adoptive Care annual report for 1986 shows the major reasons for African American children leaving care as "child runaway" and "other", which includes children who are living on their own as minors.

Seven percent of new cases are American Indian, according to the study, while Indians make up only 1.3-2.5 percent of the general population. Moreover, Indian children make up 16 percent of the children in extended placement, indicating very low success in reuniting Indian families.

"Asian Refugee Unaccompanied Minors" is the minority classification that has had the most success in meeting the permanency planning goals. These children

usually remain with their foster families until they finish school or are emancipated (considered legal adults).

Other Directions

Extended-family members are currently not considered by some protection workers as an alternative to emergency or foster-care placement among non-minority children, because those workers fear that hostility may exist between the relative and the allegedly abusive parent, or that the relatives might be unable or unwilling to protect the child against an abusive parent. The juvenile code provides workers with the opportunity to forego pursuing a placement with relatives when such placement would be detrimental or is unavailable. If pursued as provided in Minnesota statutes 260.173, placement with relatives could mean placing a child in a situation with familiar people and a somewhat stronger promise of remaining in the same home until a permanent solution is found.

Use of extended family placement can only be considered a promising resource to the extent that there is no chemical dependency or other dysfunctional behavior in the family in question.

The Commission heard repeatedly of the need for permanent group homes for children who can not live at home but are unlikely candidates for adoption. In light of the statewide shortage of family foster homes and of adoptive parents for older children, a modern-day "orphanage" system for these children would place them in households with teams of permanent houseparents who would be paid by the state.

Some children remain in legal limbo even when in foster care for extended periods. According to the Permanency Planning Report, many children are

"really in long-term substitute care, an unrecognized status in Minnesota. These children often are not wards of the Commissioner, as their parental rights have not been terminated. Therefore, they cannot have a permanent home with another family, and case efforts are not directed toward returning them to their own families. These children comprise a large portion of the children that appear year after year in the Minnesota Substitute and Adoptive Care (SAC) report published by DHS. They hold an unrecognized status in Minnesota law, and they are not living in permanent families."

Recommendations for Shelters

Funding Priority in 1990:

- Adapt Rule 40 procedures (governing the use of aversive and deprivation techniques) for Rule-5 facilities and appropriate funds to have them monitored.

Other Recommendations:

- Encourage child-protection workers or law-enforcement officers to allow a child to stay with relatives instead of in an emergency shelter, if the child must be removed from the home and if such a placement is in the best interests of the child.
- Amend 260.161 to allow a juvenile background check on children of foster parents.
- Encourage professionals to exercise their authority, whenever feasible, to remove abusive parents--rather than children--from a troubled home as is provided in current statute.
- Provide subsidies or tax incentives to foster families whose only barrier to adoption is financial.

Funding Priority for 1991

- Create permanent group foster homes for "unadoptable" children who cannot live at home, and legally recognize "long-term substitute care" as an option to give children a home when termination of parental rights cannot or should not be accomplished.

Treatment

Treatment--for both victims and perpetrators--is a seldom-recognized final step of child protection. While it has the potential to reflect a genuine commitment to the goals of healthy family reunification and prevention of further generations of abuse, treatment appears more often as a formality, a "stick" used by the courts to remind abusive parents of their precarious position.

Treatment's perceived marginal role is reflected by the inadequacy with which it is funded and by the difficulty many families have in gaining access to it. Said one rural county social worker, "Since corrections has access to social services funding, it's easier for a kid to get services if he steals a car than if he's the victim of long-term perpetration."

Ramsey County reports long waiting lists for evaluation of both children and parents, as does Kandiyohi County. Those evaluations refer to court-ordered assessments for which the county will pay. A parent who seeks basic counseling services voluntarily, however, is very rarely required--or subsidized--to undergo any additional therapy. Meanwhile, the 12-percent levy limit on county spending means that non-mandatory services are subject to cuts, including voluntary early intervention services.

Private funding for therapy is difficult to find. The insurance industry has not recognized domestic-abuse treatment as part of health coverage, and employers have just begun to equate healthy family environments with economic performance.

Treatment must also be appropriate. Hennepin County recently tried to commit five chemically dependent, pregnant women under a new statute to prevent newborn drug addiction, but could not find a treatment center that had an available locked unit and was near neonatal care. Fear of leaving children alone with an abusive partner is often a key factor in whether chemically dependent women complete inpatient treatment programs. Parents who are victims of domestic abuse often have a difficult time with therapy approaches that are confrontative.

Three pilot programs--two in the metro area and one in St. Cloud--currently offer comprehensive intervention and parenting counseling as well as treatment for chemical dependency. The programs are supported by federal and county monies, having attempted unsuccessfully to get funding from the Legislature in 1989.

Therapeutic help for children was identified by one county's social services director as the "greatest back-end need." As with perpetrators, appropriate programs are needed for victims: juvenile facilities sometimes house victims and delinquents in the same quarters.

Providing help for adults who were victims of abuse as children is a crucial step in preventing the spread of abuse to future generations. Nevertheless, such programs are rarely offered. Most grown victims must instead seek help by attending support groups for related issues, such as Adult Children of Alcoholics.

Recommendations for Treatment

Funding Priority for 1990:

- Make funding available to chemical-dependency treatment programs that wish to provide a childcare option to their clients. In 1991, in require that they provide it.

Other Recommendations:

- Amend the distribution of the Consolidated Fund to provide for family counseling and support services, such as psychological evaluations and case-management services, in culture- and language-specific chemical-dependency treatment environments.
- Coordinate therapy services with the special treatment needs of juvenile prostitutes.
- Stress the use of minority-operated and minority-sensitive service providers.

Funding Priorities for 1991:

- Increase chemical-dependency treatment programs for pregnant women.
- Provide special treatment services for adult survivors of abuse.

- Require that the State of Minnesota's employee assistance/insurance plan cover treatment costs for child maltreatment.

Appendix I

Presenters of Testimony,

Child Protection System Study Commission

Ann Ahlstrom, Asst. Hennepin County Attorney
Deborah Anderson, Respond 2
Susan Carstens, Juvenile Officer, City of Crystal
Margie Clay, Turning Point
Patricia Conley, MN Association of Counties
Patrick Coyne, Dakota County Child Protection Manager
Don Gemberling, MN Dept. of Administration Data Protection Division Director
Rick Garrity, Sherburne County Social Services Manager and MSSA Member
Jeff Greiner, Mower County Child Protection Worker and MSSA Member
Stan Groth, Steele County Social Services
Pamela Gunn, Chemical Dependency Division, MN Dept. of Human Services
Ellen Hart-Shego, Phillips Initiatives for Children
Shirley Hokanson, MN Ombudsman for Mental Health and Mental Retardation
Tricia Hummel, Genesis II
Dorrie Hyde, Pediatric Nurse, Health Start
Kevin Kenney, Hennepin County Social Services Assoc. County Administrator
Charles Lawler, St. Joseph's Home for Children
Carol Leopold, Kandiyohi County Guardians Ad Litem Director
Dr. Carolyn Levitt, Pediatrician, St. Paul Children's Hospital
Terry Lindeke, Program Analyst, Ramsey County
Sara Luca, Carlton County Guardians Ad Litem Coordinator
Lynne Mayo, Phillips Initiatives for Children and former director, Phillips
Neighborhood Child Care Center
Liz Myhre, Dir. of Adolescent Services, Teenage Medical Services
Richard Neumeister, Citizen Lay Specialist in Data Practices Issues
Luanne Nyberg, Children's Defense Fund director and spokesperson, Child Abuse
Key Actors Coalition
Harley Ogata, MN Education Association
Shirley Pierce, Midwest Children's Resource Center
Mark Ponsolle, Ramsey County Attorney
Caren Sletten, Midwest Children's Resource Center
Jan Smaby, Dept. of Public Safety Office of Drug Policy Director
Sonya Stevens, Hennepin County Attorney's Office
Erin Sullivan Sutton, MN Dept. of Human Services, Children's Services Division
Harry Takhar, Biographics, Inc.
Jocelyn Tilsen and member, Parents Anonymous
Mike Weber, Hennepin County Social Services Director
Janet Wiig, Assistant Commissioner of Human Services
Ann Wynia, MN Commissioner of Human Services
Pamela Zeller, Casa de Esperanza

Appendix II

Members, Children's Justice Subcommittee

Representative Kathleen Blatz
Representative Chuck Brown
Representative Terry Dempsey
Representative Randy Kelly
Representative Ann Rest
Representative Art Seaberg
Representative Kathleen Vellenga
Representative Jean Wagenius, Chair

Presenters of Testimony, Children's Justice Subcommittee

Ann Ahlstrom, Hennepin County Attorney
Kathy Anstett, Hennepin Child Protection Service Social Worker
James Backstrom, Dakota County Attorney
Mike Banks, Ramsey County Child Protection
Patricia Batko, Hennepin County Child Protection
Diane Beers, Tough Love
Nan Berian, Hennepin Child Protection Service Supervisor
Jean Bolton, interested party
Sgt. Carl Borckmann, Child Abuse Unit, Mpls. Police Dept.
Don Bruce, Dakota County Chief Attorney of Human Services
Betty Clark, family of victim
Pam Clark, victim
Margie Clay, Turning Point
Patrick Coyne, Dakota County Social Services Manager
Cindy Dubansky, Director of Social Services, Fairview Southdale Hospital
Gina Dumbrowski, Good Shepherd School
Sgt. Lori Eggiman, Child Abuse Unit, Mpls. Police Dept.
Kory Erickson, Investigator, Isanti County Sheriff's Dept.
Sheila Forbes, Family-Based Therapy Assoc.
Marcia Galle, family of victim
Dr. Jane Gilgun, Professor, U of M School of Social Work
The Honorable Isabel Gomez, 4th District Judge (Hennepin County)
Sgt. Laura Goodman-Brown, Child Abuse Unit, Mpls. Police Dept.
Jean Hall, mandated reporter (high school teacher)
The Honorable Elizabeth Hayden, 7th District Judge (Stearns County)
Mary Hays-Orien, Phillips Neighborhood Child Care Center
Ann Holub, mandated reporter (elementary school social worker)
Barbara Ingrassia, Anoka County Intake Supervisor
Steve Kilgriff, MN Attorney General's Office
Deborah Lalley, Family-Based Therapy Assoc.
Dr. Carolyn Levitt, Pediatrician, St. Paul Children's Hospital
The Honorable Warren Litynski, 5th District Judge (Nicollet County)
Marianne Lloyd, Dakota County Social Services Social Worker
Judy Lovering, Isanti County Family Services Social Worker

Dr. Virginia Lupo, Hennepin County Medical Center
Paul Lussenhop, Hennepin County Child Protection
Dr. Scott McDonald, Clinical Psychologist
Jackie Moore, Principal Social Worker, U of M Hospital Clinic
Mark Muellerleile, Ramsey Child Protection Service Social Worker
Dorothy Nelson, Isanti County Family Services Social Worker
Neil Neddermeyer, Hennepin County Sheriff's Office
Richard Neumeister, Citizen Lay Specialist in Data Practices Issues
The Honorable Allen Oleisky, 4th District Judge (Hennepin County)
Lee Olsen and two members, Parents Anonymous
Greg and Diane Olson, foster parents
Mike Peterson, executive director, PATH
Beverly Propes, Director, Community Initiative Dept., United Way
Jo Prouty, Ramsey County Guardians Ad Litem Director
Gregory Pye, Sex Crimes Unit, St. Paul Police Dept.
Laura Raithy, Anoka County Social Worker
Kathy Rennie, foster parent
Loretta Saylor, Isanti County Family Services Supervisor
Maria Scannapieco, Hennepin Child Protection Service Social Worker
Raymond Schmitz, Olmstead County Attorney's Office
Russell Sias, interested party
Don Siltberg, Dakota County Social Services Supervisor
Susanne Smith, Hennepin County Guardians Ad Litem Supervisor
Lori Stack, Patient Care Coordinator, Fairview Southdale Hospital
Inta Stellars, Washington County Guardians Ad Litem Coordinator
Ann Stackpool, Isanti County Family Services Social Worker
Ronald Stratton, interested party
Marguerite Sullivan, interested party
Luverne Suggs, Turning Point client
Jack Switzer, perpetrator of family violence
Gloria Talbot, Tough Love
Dr. Robert ten Bensel, Pediatrician, U of M Hospital
David Thompson, Ramsey County Program Manager
Sgt. Susan Tiontek, Child Abuse Unit, Mpls. Police Dept.
Roger Van Heel, Stearns County Attorney's Office
Joan Vavrovsky, St. Louis County Attorney's Office
Philip Villaume, MN Education Association Defense Attorney
Janet Wiig, Asst. Commissioner of Human Services
Al Zdrazil, Ramsey Juvenile Division County Attorney

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CHILD ABUSE AND NEGLECT
A REPORT TO THE LEGISLATURE
NOVEMBER, 1989

BACKGROUND

On September 27, 1989, Jocelyn Tilsen of Parents Anonymous of Minnesota, Luanne Nyberg of The Children's Defense Fund, and Susan Roth of Family & Children's Service of the Minneapolis Metro Area convened a group of people interested in the issue of child abuse and neglect.

The meeting was designed to permit those who were interested to hear Representative Kathleen Vellenga and Representative Jean Wagenius speak about the child abuse initiative at the legislature and upcoming hearings; and to provide a forum to consider what ideas and outcomes people wanted to see included, and how we could organize ourselves to make those results happen. More than fifty people attended the meeting on September 27, 1989.

Another meeting was set for October 11, 1989 to continue discussion and three working committees were established.

1. Systems Committee: Focused on the Child Protective Service system. What changes need to be made in the system? What needs to be retained or expanded?
2. Prevention Committee: Focused on identifying strong child maltreatment prevention programs and strategies. Also examined potential revenue sources to fund prevention and early intervention programs.
3. Community Responsibility Committee: Focused on developing specific recommendations to create community responsibility for protection and safety of children and support for families.

All three committees established their own working schedule. A list of committee participants is attached. A committee meeting notice is also attached.

All committee meetings were open to any person interested in participating, and meeting notices were widely circulated to community organizations, advocacy groups, public and private social service agencies, and a wide variety of professionals working in the areas of child abuse and neglect and child welfare.

The current mailing list for the group is more than one-hundred fifty people from around the State of Minnesota.

Due to the very brief timeline between our initial meeting at the end of September and this presentation to the Legislature, not all

issues could be dealt with or adequately addressed. The committees have made a commitment to continue to meet through July, 1990 to address issues and formulate solutions. There is also a strong commitment on the part of many individuals to offer assistance and provide leadership on this issue during the coming Legislative session.

Finally, please note that while committee participants have been identified by place of employment, this report has not been endorsed by these organizations but instead represents a consensus document agreed to by committee members at individual meetings held over the past two months.

COMMITTEE SUMMARY

I. Broad Concerns

As family disruption, crime, drug abuse, poverty, and domestic violence have become more severe problems in our communities, the system we have in place to ensure the safety and welfare of our children has been overwhelmed. The focus of our efforts in this area has narrowed to attempting to address the most severe crises after they have occurred; and even in these situations, the child protection system is unable to fully provide for the needs of these children and their families.

In this context, debates about types of system administration, data privacy regulations, or reporting mandates are tangential to the central issue. We will be unable to ensure the well being of children in Minnesota without a fundamental re-ordering of our priorities and a commitment of an unprecedented level of private and public resources, both financial and human. This commitment needs to be developed and sustained over a period of years and needs to include broad-based strategies to increase community awareness and involvement in child welfare and prevention of child maltreatment. We suggest the following long-term strategies:

A. Education

1. Community-Based

Community members must have a variety of opportunities to learn about child development, parenting, child abuse and neglect, and the role of the child protection system and other community agencies in addressing family problems.

2. Formal Curriculum

All schools should offer a comprehensive, prevention-oriented curriculum. In elementary and secondary schools, this curriculum would consist of required classes at a variety of grade levels on

topics such as: communication, conflict resolution, self-esteem, sexuality, family planning, child development and parenting. At the post-secondary level, courses in child development and child welfare should be required in any course of study leading to a profession that is identified in the mandated reporting law.

3. Continuing Education

All professionals licensed by the state who work with children should be required to do continuing education coursework in child development and child maltreatment issues.

B. Coordinated, large, ongoing public information campaign

This effort could be patterned after the anti-drunk driving or the community crime-prevention campaigns and could feature a wide variety of media (posters, billboards, PSAs, messages on milk cartons, etc.). The overall message would be that ensuring child welfare is a community responsibility, and information about parenting techniques, child development, and other topics would be included in the campaign materials.

C. Funding

1. Effective prevention strategies are frequently locally developed and implemented. The sense of identification with and ownership of the initiative is heightened in such efforts. We recommend that the state provide matching funds for counties that develop or support community-based prevention strategies and programs. The funding should be flexible to allow communities to develop unique programs tailored to local needs and resources. The goal of providing this type of funding would be to increase community involvement in prevention and early intervention (e.g. family befriender programs, parent respite programs, adopt-a-caseworker programs, radio call-in on parenting, earmarking fines or community services for prevention efforts, outreach to new parents, etc).
2. Increasing the number and complexity of mandates on counties without providing commensurate funding will not result in the increased safety and well-being of children. Current programs like home-based services and foster care are underfunded.

D. Research

More research is needed to: a) learn more about family

functioning and precursors and determinants of family problems; 2) determine what types of interventions are effective with what types of families; 3) examine the effects of current system structure and administration on worker performance and family outcomes.

SUMMARY

In all of the above areas, legislative leadership is crucial. We need legislators to talk to their colleagues, hold community forums, deal with child welfare issues in their campaigns, initiate contacts with business leaders, to issue a clear and consistent summons to the community that these concerns are the highest priority and that children are Minnesota's most precious natural resource. The state must commit the funding and resources which Minnesota's children need.

II. SPECIFIC CONCERNS

A number of specific initiatives the legislature could take to support the child welfare system are identified within the committee reports which are attached.

CONCLUSION

This summary report and the initial work of the committees makes it clear that there is still much work to be done. We are committed to working in partnership with the Minnesota legislature to ensure that children are kept safe and families receive the help they need.

SYSTEMS COMMITTEE

SUMMARY

Preface

We have permitted our child welfare system to become crisis oriented. By doing that, we have neglected issues of neglect.

Frequently, workers know what's needed to help a family, but the essential services are not available.

This is an inherent conflict between CPS's mission and what drives the system (budget costs).

1. Child Protective Services does not stand alone. The protection of children from abuse and neglect is primarily the responsibility of parents. The responsibility to receive and investigate reports of suspected child abuse and neglect is jointly assigned to law enforcement and local social service agencies. To protect children, CPS, as a part of the local social service agency, performs a variety of functions: report taking, screening, crisis intervention, case planning and implementation, and case closure. CPS is part of the Child Welfare System.

When we suspect or know that abuse or neglect is occurring, we must take responsibility for seeing children are safe. An effective response requires community involvement and public advocacy.

2. Community Education:

- a) General Education: The community must be educated about what Child Protection can and cannot do.
- b) Education System recommendations include:
 - o Mandated core curriculum.
 - o Family life courses (important to combat neglect), including prevention of domestic abuse.
 - o Sex education and family planning.

These recommendations are not intended to be all-inclusive.

3. Research: More research is needed to determine what therapeutic interventions work with families and why. Three types of research are needed:
 - a. Intervention Research: Synthesize existing research. Translate this research into practice guidelines. Implement these practice guidelines in child protection

units. Evaluate the effect of these new interventions. Modify the practice.

- b. Research on family functioning in its environment and context. Example: research related to individual and family functioning in families where abuse and neglect have occurred and including looking at the effect of race, ethnicity, social class and gender.
 - c. Research on child welfare practice as currently conducted; research on effect of worker attitude and behavior on what happens to children long term.
4. Legislation: If we "fix" Minnesota laws, we still won't have a 100% cure for abuse and neglect in Minnesota. We can better coordinate Minnesota statutes with federal laws. We must maintain and strengthen child protection teams with resources. More coordination is needed with the Indian Child Welfare Act.
5. Workload Standards: The Department of Human Services is studying workload standards. The Systems Committee supports DHS's initiative and does not make a separate recommendation at this time.

Authority for enforcement of workload standards must be given to DHS. The legislature must give DHS authority to require County Boards to hire sufficient staff to comply with workload standards that are set.

6. Data Privacy: Conflicting goals exist: the desire for more professionals involved in a case to share information vs. family privacy. Concerns exist about how information is used and how labels follow children and siblings. No recommendation is made at this time.
7. Security of CPS Workers: The state/county should not mandate specific conditions under which law enforcement support will or will not be provided to a child protection worker. Instead, there should be a mandate that when a worker feels that her/his safety is endangered, she/he will be provided police support when making a case contact.
8. State vs. County Administered System:
- o State administration offers the positives of 1) better standardization of practice across state, 2) potential for more cooperation between counties, 3) better monitoring, 4) at least minimal expectations of all counties, 5) less "heat" on local office-holders.
 - o Disadvantages are: 1) more layers of administration, 2) more resources spent on top-heavy administration, 3) unnecessary additional monitoring and "hoops" for

counties who are already doing a good job, 4) less flexibility in system.

- o County administration positives: 1) more flexible, can be tailored more effectively to respond to local needs, 2) greater local accountability, 3) potential for greater community involvement, 4) potential for leaner administration, allowing more resources to go to services.
 - o The debate on this issue obscures more salient issues like the need for a broader focus on child welfare, prevention, and general community support. Focusing on administrative mechanisms will not "fix" the system.
 - o The Systems Committee believes our present system is working except for the serious lack of financial resources.
9. False or Malicious Reports: Problem with misdemeanor statute is that it requires intent to be proven. Screeners in some counties provide warning in contested custody situations.
10. Funding: Any new legislative mandates MUST include accompanying funding. The budgetary restraints caused by current levy limits result in the elimination of County-provided services. When will the state commit the funding/resources which Minnesota's children need? Services must be fully funded.
11. Training: Training of CPS workers paid for by county and state must be provided. Incentives must be built in for employment. Training at advanced levels (not just basic level) must be available, and all training must be offered regionally around the state. Training offered must include: preservice, probationary, in-service, supervisory and managerial. All training mandates shall occur only with accompanying funding.

The Department of Human Services has the responsibility for ensuring that training will be available. Training must address cultural and racial differences, and the Indian Family Preservation Act, Indian Child Welfare Act, and Minority Heritage Act.

A Child Welfare Training Academy is needed to provide interdisciplinary training to attorneys, judges, law enforcement, Guardians ad Litem, child protection and child welfare workers. Some courses would be in common and some specific to the discipline.

Continuing education coursework in child development and child maltreatment shall be required for all professionals licensed by the State of Minnesota who work with families and children, including mandated reporters and attorneys. Such coursework

shall also be required for all students preparing to enter one of these professions.

12. Data Practices for Adolescents: Youth must be given authority to review own data and authorize release of information.
13. Continuances: If a continuance is granted, the court must make written findings of why granting the continuance is in the best interests of the child. Cases must receive docket priority.
14. Family Planning: A Child Welfare issue, but education must be available for all in Minnesota: males, females, teens, adults. Each county has the responsibility to ensure information is provided to wards of the state because the county operates in the role of the parent. (This is not a CPS role).
15. Family Based Services: Intensive, in-home based services must be maintained and strengthened.
16. Foster Care: The foster care system needs to be strengthened by adding more foster homes.

Prevention Subcommittee Recommendations

The following issues were recommended for inclusion in the report to the Legislative Commission on November 30th.

The subcommittee recommends that the legislature:

1. Require the inclusion of a comprehensive curriculum aimed at prevention in the K-12 program, and in college and other post-secondary schools. This curriculum would consist of required classes at a variety of grade levels on the following topics: self-esteem, communication, conflict resolution, relationships, sexuality, family planning, child development, and parenting. The courses would start in early elementary school, with the focus becoming more complex as the student moved into higher grades. Ideally, in the junior and senior high years, it would include practical experience in dealing with children.
2. Provide matching state funds for counties that develop and implement community-based child abuse prevention/early intervention programs. There would be added incentives for counties which demonstrate collaborative efforts with schools and/or other community agencies.
3. Require that ECFE (Early Childhood and Family Education) programs do outreach to communities and groups that currently underutilize their services, and increase funding for ECFE.
4. Fund the bills that were passed through policy committees in the 1989 session that call for support for Parents Anonymous and for a state-wide toll free "helpline" for parents and others concerned about child abuse.

There was a wide variety of other ideas generated by the prevention subcommittee. These are listed on the following page.

Education

- babysitting college
- curriculum/requirements in schools
- teen PA, in school, with credits
- expand use of school clinics
- include work experience with childhood education programs
- focus on the responsibilities of parenting
- focus on male students as well as female

Comprehensive parenting classes/support

- broad-based community-wide parenting education
- confidence clinics
- exchange club/mentor program
- telephone consultation line (for parents and/or latchkey kids)
- more ECFE outreach
- parenting videotapes (library/video store)
- cable TV parenting programs
- Family Service center in each community
- Parents Anonymous; expand funding
- clearinghouse of parenting information
- information dissemination by hospital/businesses

Media

- anti-bullying safety for kids
- ok to seek help (outside)
- focus on healthy conflict resolution styles

Funding strategies

- incentive system for counties which do early intervention/prevention work
- check-off on taxes (children's checkoff)

Teen pregnancy issues

- long-term foster care for teen parents
- group transition homes for teen mothers
- shelter programs for teen parents (respite)
- get paid to not be parents
- befriender model
- voucher system to expand choice of services for teen moms
- foster homes for teen parents and their children
- paying "at risk" students to stay in school
- expand family planning education and outreach
- use aftercare as a preventive strategy

Early Intensive Services

- target high risk mothers early; design comprehensive program to meet needs (e.g. Project STEEP or MELD Young Moms)
- child advocate at birth
- change statute to allow for long term foster care/open adoption

COMMUNITY RESPONSIBILITY COMMITTEE
SUMMARY

Our committee met three times, with about 15 individuals participating. We hope you will agree with us that:

Children are as valuable to our society as adults, and that it is the responsibility of every Minnesotan to help keep all our children safe. The community can do more than the "system" to protect children.

Goals for community responsibility include:

1. Create the understanding among all members of the public that keeping kids safe is everyone's responsibility, and that each of us can do more than the "system" to protect and nurture children.
2. Focus all members of the public on preventing child maltreatment rather than on how to pick up the pieces after maltreatment has occurred.
3. Empower the public to offer help to "at-risk" families and children, and encourage families to ask for help by removing stigma from them and the help system.

Strategies to achieve goals include:

1. A large and ongoing public information campaign. This could be much like the anti-drunk driving campaign or the community crime prevention campaign. Components could be: positive parenting messages on milk cartons, cereal boxes, etc; messages on U.S. postage stamps; a parent/child helpline phone number on the front of all phone books; ongoing T.V. coverage through in-depth newsfeatures; ongoing newspaper series; public service announcements; articles for community newspapers; press conferences; public events, both the fun kind and protests; billboards; posters.

Legislative role: Help fund the public information campaign. Speak out as leaders. Participate in events. Help get media interested. Speak about issues in elections.

2. Encourage community involvement in prevention and intervention. Components could be: family to family befriender programs; parents respite programs; adopt-a-caseworker; parent education in churches; a radio call-in for parenting help; judicial education to earmark fines and community service to prevention efforts; community support for Parents Anonymous.

Legislative role: Create a fund for matching grants for community-based prevention. Keep money flexible. Allow communities to choose strategies.

3. Outreach to new parents, both birth and adoptive. Components could be: parent education in hospitals or adoption settings; home visitor programs; special outreach to first time or high risk parents, outreach to dads to focus on their role.

Legislative role: Fund on request for proposal basis. Build on public health nurses, ECFE, Way to Grow, etc, when possible.

SEPTEMBER 27, 1989 MEETING ATTENDEES

Jocelyn Tilsen, Parents Anonymous of MN.
Dick Merwin, Hennepin County CPS
Lisa Ellis, Anoka County
Mary Riley, Scott-Carver-Dakota Community Action
Erna Fishhaut, Center for Early Education & Development, U of M
Judy Rothenberg, Wilder Foundation
Marcia Kading, Southside Family Nurturing Center
Nancy Riestenberg, Illusion Theater
Cordelia Anderson, Illusion Theatre
Judy Albrecht, MN. State Bar Ass'n Human Rights Committee
Lou Bartholome, Family Service of Greater St. Paul
Jennifer Liston, Juvenile Horizons
Stan Shanedling, MN Committee for Prevention of Child Abuse
Maureene Schultz, Children's Defense Fund Volunteer
Ann Jaede, State Planning Agency
Grace Harkness, MN Women's Consortium
Suzanne Paul, State of MN, Kathleen Vellenga's Office
Fran Kaul, State of MN, Kathleen Vellenga's office
Carol Leopold, Kandiyohi County Guardians ad Litem
Rose Hermodson, MN Federation of Teachers
Jane Gilgun, School of Social Work, University of Minnesota
Virginia Watkins, MN Social Service Association
Nancy Latimer, McKnight Foundation
Polly Keppel, League of Women Voters
Louise Brown, Family & Children's Service of Minneapolis Metro Area
Nancy Hite, Minneapolis Youth Diversion
Carol Fairbrother, Control Data
Deborah Randolph, MN Ass'n of Guardian ad Litem
Nancy Johnston, School of Social Work, University of Minnesota
Kevin Chandler, Opperman, Heins & Paquin
Fran Sepler, Crime Victim/Witness Council
Megan Foal
Carolyn Levitt, Midwest Children's Resource Center
Pat Conley, Association of Minnesota Counties
Gregory Ware, Hennepin County Community Resources
Susan Roth, Family & Children's Service of Minneapolis Metro Area
Luanne Nyberg, Children's Defense Fund
Mary A. Walker, Institute on Black Chemical Abuse
Carol White, Hennepin County Community Resources
Marlys A. Wilson, Hennepin County Community Resources
Erin Sullivan Sutton, Department of Human Services
Janet Wiig, Department of Human Services
Larry Mens, MN Committee for Prevention of Child Abuse
Lisa Venable, Mpls United Way, Success by Six
Kay Taylor, MN Women's Consortium
Kathleen Vellenga, MN House of Representatives
Jean Wagenius, MN House of Representatives

OCTOBER 11, 1989 MEETING ATTENDEES

Gregory Ware, Hennepin County Advocates
Deb Jones, PACER Center
Lisa Ellis, Anoka County
Steve Forsberg, Pine County Department of Human Services
Tisha Bolger, Wilder Juvenile Horizons
Dan Neumann, Hennepin County CPS
Patrick Coyne, Dakota County CPS
Lou Bartholome, Family Service of Greater St. Paul
Susan Roth, Family & Children's Service of Minneapolis Metro Area
Jocelyn Tilsen, Parents Anonymous of MN.
Gail E. Marks Jarvis, MN Committee for Prevention of Child Abuse
Pat Buschmann, Lutheran Social Service
Ruth Curwin Carlson, MN Department of Health
Janet Wiig, MN Department of Human Services
Esther Wattenberg, CURA, University of Minnesota
Erin Sullivan Sutton, MN Department of Human Services
Rose Hermodson, MN Federation of Teachers
Judy Rothenberg, Wilder Foundation
Deborah Randolph, MN Association of Guardians ad Litem
Judy Baker, PICA Head Start
Sonya Steven, Hennepin County Attorney's Office
Jennifer Liston, Wilder Juvenile Horizons
Nancy Hite, Minneapolis Youth Diversion
Luanne Nyberg, Children's Defense Fund
Dr. Carolyn Levitt, Midwest Children's Resource Center
Ron Otterson, Center School
Caren Markly-Sletten, Midwest Children's Resource Center
Jane Gilgun, School of Social Work, University of Minnesota
Janelle Shiner, YES/NEON
Virginia Watkins, Minnesota Social Service Association

SYSTEMS COMMITTEE PARTICIPANTS

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Noel Ryan, Anoka County
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Jay Wilkinson, Legal Aid Society of Minneapolis
Joan Monahan, Dept. of Human Services
Steve Vondeharr, Dept. of Human Services
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Patrick Coyne, Dakota County Social Services
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Carol Anderson, McLeod County CPS
David Thompson, Ramsey County Human Services Dept.
Mary Ajax, B. Robert Lewis House
Shannon Bailey, B. Robert Lewis House
Eileen Hudon, Sojourner Shelter
Nancy Erbe, Volunteer - American Indian Center
Diane Gibbs, Indian Child Welfare Program, MAIC

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Carol Fairbrother, Control Data Corporation
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