Appendix B
A Dialogue on Practice and Policy

The group had been meeting for four months, following a widely publicized death of a child in the care of the child welfare system, who was severely beaten, and later died, at the hands of a stepfather who was drunk at the time. The group consisted of senior staff from the local child welfare agency, the local substance abuse agency, city and county governments, a treatment center operator, the local high school, and several members of the community.

"Are we ready to make some decisions today on some projects that will show the community that we're serious?" asked the group's co-chair, the deputy director of the child welfare agency.

"I hope so," said the other co-chair, a community leader who was pastor of a large church in the neighborhood where the child had lived. "It's about time we got some visible projects going."

The regional substance abuse agency director spoke up. "We've come up with a great list of projects—now we need to launch some. We've taken long enough talking about the problem."

A local businessman from the neighborhood looked worried. "I agree we've made a lot of progress. But I'm not sure about these projects. Are they really going to help? I thought this group was going to be about something more than a few new projects on top of all the projects we already have going on in this neighborhood. Will a few new projects really help save the children and families we are concerned about?"

The vice-principal of the local high school joined in, saying, "That bothers me, too. The United Way has a list of more than 30 parent education programs already providing services in this city. Setting up number 31 may not make much difference if we can't tell whether any of the ones already out there are helping parents who want to deal with their drug and drinking problems."

The minister asked, "Whatever happened to that neighborhood inventory that we were going to do? How much are we spending now for treatment services to people from this neighborhood?"

A young budget analyst from the city government spoke up. "I'm glad you asked. We just finished our first draft last week, and we were surprised to find out that the city, county, school district, and state are spending a total of $3.5 million a year on prevention and treatment services targeted directly on this area."

"$3.5 million!" exclaimed the minister. "Where is it?"

The city staffer continued, "That counts the school prevention programs for kids, the police department's prevention programs aimed at drugs and gangs, police patrol time related to drugs and alcohol, treatment for parents and others who gave this neighborhood as their address, the methadone maintenance program, and your area's share of the hospital clinic that runs day treatment programs for this whole side of the city. If you count the treatment services for inmates originally from this neighborhood, the number gets even higher. And of course that doesn't count all the voluntary self-help programs that aren't funded by government. There are a lot of churches that provide help to programs like that, and none of that is in the budget."

"Could we get that budget every year, so it's updated and we can see what happens to those programs from year to year instead of just getting it once?" asked the vice-principal.

The city staffer replied, "I can't speak for the elected folks, but if a majority of the people on a diverse group like this asked the city council and the county commissioners for it, I'll bet it would be made a staff priority. That's what has happened in some other cities around the country that have developed children's budgets and prevention budgets that they update every year."

The vice-principal said, "Let's go back to talking about what we're going to do. Maybe we should ask how these new projects on the list we've developed would affect any of that spending that is already there–and who should get priority treatment in these programs. Do we know who benefits from the old treatment programs?"

"We have some of that, but it would take some more work to break out just who the clients really are," said the treatment program director.

"But how do we measure whether things are getting better in this area?" asked the businessman.

The child welfare deputy director answered. "We have begun to collect some neighborhood indicators that would measure some of this. We want to measure both successes—like kids served by the prevention programs and people successfully completing treatment— and things that are problems, like new liquor outlets, DUI arrests, arrests for drug sales and possession, and domestic violence incidents reported by the police that involve drugs or drinking."

Looking troubled, the vice-principal spoke up. "Wait a minute. Why would kids in programs be counted as a positive if the programs don't work? How do we know which programs work?"

The city staff assistant said "Good question. We really don't, because most of these programs are funded based on their numbers or the need in the area, not the results they achieve."

"The good news is that the state has begin to rewrite its contracts so that funding is based on results achieved, but they are going to take three years to make the transition from intake-based funding to results-based funding," said the regional treatment program supervisor.

"So what do we do in the meantime?" asked the minister.

The vice-principal spoke up. "Well, what if we funded these new projects based on the willingness of the groups we fund to keep track of their results, not just how many people they see? We could help them with some training for their staff and boards. I've always wanted to know what we're getting out of all the money we put into school-based prevention."

The businessman said, "That makes sense. But once we decide what programs we want, how do we decide who gets them? Is it just first come, first served? Don't we need a study to find out how many of the parents in trouble with CPS have drug and alcohol problems and who they are?"

"We all know it's 70 to 80% of the caseload," said the child welfare deputy director wearily. "We don't need any more studies to tell us that."

The businessman wasn't persuaded. "But wait a minute—I've heard you say that several times in these meetings—but I still don't know what it means. Does that mean that out of the 400 calls to the abuse hotline last year you told us came from this neighborhood, there are roughly 300 or more parents who have a drug or alcohol problem? And if that is what it means, what are these projects going to do about those 300 parents—and the others that people don't make calls about? How many of them are we serving today?"

The substance abuse agency supervisor answered. "We don't have that information, but we are trying to get some of the client data for our agency geocoded for the first time so we can track clients in treatment by their neighborhoods."

"Do we know how many of them have kids?" asked the minister.

"We're trying to add that data, because in the past we didn't really see kids as part of our caseload, but now we are trying to treat the whole family. So we've added that to the intake form."

"But with all this information, how are we going to set priorities among all the projects we've proposed?" asked the vice-principal.

"First, we shouldn't just start something new unless we're sure that existing programs can't do it. And we should work harder with the programs we already have than we do setting up new ones," said the minister. "We've already agreed that the new programs should be clear about what results they are going to measure, not just tell us what they're doing or how many people they're serving."

The vice-principal asked, "What if we added a requirement that the CPS parents become a priority in treatment programs?"

The businessman asked "How do we know that treatment works? I keep hearing that treatment works, but I also hear that people keep dropping out of treatment all the time."

"How could we say that treatment works if they drop out all the time?" asked the vice-principal.

The treatment program director was looking exasperated. "What we need is a case manager who can follow up with these parents and

make sure they keep coming for treatment. It isn't our fault if the clients don't show up."

Looking skeptical, the child welfare supervisor asked, "But what happens when this case manager makes the referrals? If all we're talking about is some kind of 'referral on demand,' it seems to me we haven't made much progress. Referral sure isn't treatment. We can make referrals today, and so can the judge—but all that means is that a worker gives phone numbers to some mom who has just been threatened with losing her kids. The question is—what is going to happen over at the treatment agency that is any different?"

"Remember, we haven't got any new money for these parents, and we've got other mandated priority groups," said the treatment agency director.

"How many of the welfare parents are in the CPS system?" asked the vice-principal.

The child welfare supervisor answered, "CPS clients are a small percent of all welfare parents, but the percent of CPS parents on welfare is much higher. The question is whether welfare parents who are in CPS and who volunteer for treatment should be given a priority for these new funds."

The city staff person said, "We also need to remember that there are new funds for several of these programs. The federal government has proposed new support services funding for welfare clients, the treatment block grant is getting more money, and the state is asking for a waiver so they could use child welfare funds for treatment. But we need to go after these funds right away if we are going to. There's a short window of opportunity for these new funds, and we need a new policy commitment from the city and county that they are going to go after these funds."

The minister said, "So if we've got new funding, and we're going to try to strengthen the programs that are already out there, we're beginning to develop a real agenda that is a lot more than two or three new projects. I hear you," he said, turning to the treatment program director, "on the problems with parents who don't show up for treatment. And I'm ready to recommend that those parents should not be the main caretakers for their kids. But what if our neighbor-

hood groups and some of my church members were helping you by checking to see if these parents are doing what they need to do—and providing some continuing support after they leave your program. From what I've seen, treatment is a lifetime deal, not something you finish in 30 days."

"That would help a lot," said the treatment program director. "Let's see how that would work."

The businessman asked, "How long is all this going to take? We want to get something going right away and all these negotiations for funding and new evaluation requirements sound like they're going to take a lot of time."

"It will," said the minister. "But I'm convinced that we have to fix the system while we're trying to do a better job of serving those parents who want help and are willing to help themselves by staying in treatment."