

2018 SIGNATURE REPORT

MOVING HOPE FORWARD

How **safety**,
knowledge
and the power of
community can
transform lives



HOPE

safe children | strong families | supportive communities

casey family programs



There are two ways of spreading light: to be the candle or the mirror that reflects it.

— EDITH WHARTON

This mural, housed at the Allegheny County Department of Human Services (DHS), was painted by children and their families at the Children's Museum of Pittsburgh. It is a collaboration of DHS, the Children's Museum and the Pennsylvania Family Support Alliance.



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DAVID C. MILLS | CHAIR, BOARD OF TRUSTEES



HOPE CAN ACCOMPLISH MANY THINGS

When Jim Casey founded Casey Family Programs in 1966, he understood the vital impact that a safe, stable family could have on a child's life and future success. Our foundation's work has always been in pursuit of this goal: that children grow up in safe, stable families surrounded by supportive communities.



And hope builds on itself. Link by link, **hope can form a chain**, strengthened by community, **that can lift any load and move it forward.**

– DAVID C. MILLS, CHAIR, BOARD OF TRUSTEES

Over time, this work has been informed by advances in knowledge around brain science, how children are affected by abuse and neglect, and the long-term impact of trauma, including the trauma of being removed from their families.

We are at a pivotal moment in our country's history, with the passage of the landmark Family First Prevention Services Act of 2018. This groundbreaking legislation will provide communities across America new opportunities to invest in proven and innovative strategies to strengthen families, keep children safe and build hope in their lives.

As we work with partners from the public, business, nonprofit, philanthropic and community sectors, we share a commitment to move hope forward — to build on the progress made in improving the lives of children and families, and to find ways to amplify the impact of our work.

We are seeing innovations in how science can inform safety, and in how the use of data and analytics can help systems better serve and support vulnerable children and families. Child welfare systems around the country are tapping into safety science learned in other industries. Agencies are using data to help predict who might be at risk of harm or in need of further services. And communities have new tools to help them find the best ways to support their children and families.

Alongside science, hope has the power to accomplish many things. Hope can get us out of bed in the morning. It can make us take on a challenging task. It can send us on a mission or adventure where we can't quite see around the bend, but we're excited about what we may find.

And hope builds on itself. Link by link, hope can form a chain, strengthened by community, that can lift any load and move it forward.

During Jim Casey's life, he regularly asked one question of those working at the foundation: "How are the children?" More than half a century later, it will take all of us to provide the answer.

Sincerely,

David C. Mills

DR. WILLIAM C. BELL | PRESIDENT AND CEO



NEW OPPORTUNITIES TO BUILD COMMUNITIES OF HOPE

We are a nation of overcomers.

Throughout our history, when we have decided that a specific challenge confronting us as Americans had to be resolved, we have always come together and found a way to succeed. We have found a way to overcome every challenge — once we truly decided that it must be done.

Creating a world where all of our children have the chance to grow and thrive in safe and supportive environments is something that must be done.

Creating a world where a child's ZIP code no longer determines his or her future health and well-being is something that must be done.

This year, our elected leaders in Congress agreed that something must be done to ensure the safety of our children and provide them the opportunity to grow up surrounded by a Community of Hope.



Creating a world where all of our children have the chance to grow and thrive in safe and supportive environments is something that must be done.

– DR. WILLIAM C. BELL, PRESIDENT AND CEO

The passage of the Family First Prevention Services Act of 2018 makes it clear that our national child and family well-being response systems will not operate as though it is possible to fully address the well-being of children without addressing the well-being of their families and their communities. We have always known that it is vitally important that we intervene as early as possible to ensure the safety of children. Family First gives states and tribes the ability to target federal resources into an array of evidence-based and innovative prevention and intervention services to keep children safe, strengthen families and reduce the need for foster care whenever it is safe to do so.

The family-centered policies in this Act will allow more children to be served in their homes, families and communities. It will allow systems to shift the focus from primarily responding to abuse and neglect after a child has been harmed to preventing maltreatment further upstream. And it will allow us to build a 21st century child welfare system that helps every child reach his or her potential with the support of a stable family and an engaged community.

Together, these actions will help to safely reduce the need for foster care, ensuring more children grow up in a stable and loving family. They will also improve education, employment and mental health outcomes for children who do experience foster care, helping provide them the opportunities to thrive in life.

In this new context, we look to places that already are using innovative tools to strengthen their services to children and families, to keep children safe and to help communities determine the solutions that are right for them. They serve as examples for what is possible in moving hope forward.

I encourage you to spend time learning more about their efforts and consider how you and your community can contribute to moving hope forward for children and families.

Sincerely,

William C. Bell, Ph.D.



ASKING THE RIGHT QUESTIONS


So often in child welfare, we ask critical questions, especially when a tragedy occurs. An estimated 1,750 children died from abuse and neglect in 2016 in this country.¹ In each of these cases, questions arise: How did that child die? Who is responsible? Who must be held accountable?

Beyond fatalities, many more children experience maltreatment mostly as a result of neglect, often coming to the attention of child protection agencies, educators, physicians and other adults who play a role in a child's development. We know that these children will be at a much higher risk of poor health and well-being outcomes later in life.

These facts lead us all to ask some fundamental questions: How can we keep more children safe from harm? And in particular, how can we keep more children safe with their own families? And finally, how can we help communities take the steps necessary to address the conditions that negatively affect children and families?

There are no simple answers to any of these questions. But there is tremendous progress taking place across America that is helping to point the way forward.

The quest for answers has led many leaders to look beyond the familiar approaches that have defined the child welfare system for decades. They are looking to other industries where safety is paramount and adapting principles and approaches that promise to keep children and families safe from harm. They are using new techniques in data analysis that have become commonplace in the private sector to help front-line staff make better decisions about which children are at risk and how we can best intervene to support them and their families. Finally, communities are beginning to ask themselves what information they need to create the opportunities that children and families need to thrive.



As we explore new pathways, the important question for all of us remains: **How can we keep moving hope forward for children and families across America?**

Until recently, our federal investment in keeping children safe and families stable was primarily focused on a single intervention: foster care. Over time, we have developed a child protection system that focused primarily on responding to maltreatment after the fact, even though there is broad agreement that we also needed to focus on preventing harm by helping to stabilize and support at-risk families. Our investment in children and families wasn't producing the results we wanted.

That is now changing, thanks to the recent passage of the Family First Prevention Services Act of 2018. This landmark legislation creates an unprecedented opportunity to rethink how we can ensure the safety and success of every child and family in America. As elements of the act take effect during the next few years, states and tribes will be able to invest critical resources in new ways to support families before they are in crisis and prevent the need for foster care. It will assist in the development and implementation of promising and evidence-based solutions. As we explore new pathways, the important question for all of us remains: How can we keep moving hope forward for children and families across America?

In these pages, you will learn how states are taking action across a broad range of approaches, including using safety science to build safety cultures within their child welfare systems to help improve outcomes for children and families. You'll learn how data and analytics are informing how to better serve families in crisis. And you'll learn how local data can inform communities to better support families.

In support of national efforts to improve safety and reduce fatalities related to child maltreatment, Casey Family Programs has held a series of forums since 2011 including experts, policymakers, advocates, researchers, practitioners, and child welfare and public health leaders from across the country. Jurisdictions in most states have participated. A ninth safety forum in 2018 with leaders from across sectors continues this sharing of information, research and experiences to help implement innovative approaches in support of children and families.



When mistakes do happen, they are analyzed proactively to improve reliability and accountability to prevent the problem at the individual and system levels – **not to find whom to blame after a critical incident.**

QUESTION 1:

HOW CAN WE KEEP MORE CHILDREN SAFE?

When an air traffic controller is overtaxed, a pilot is fatigued or an airplane crew member is afraid to point out a problem, mistakes can happen with tragic consequences. The same could be said of other high-risk industries. For decades, leaders in aviation, nuclear power and, more recently, health care have worked to implement safety science principles to create a safety culture — one in which the organization itself focuses on and prioritizes safety, and in which any employee, regardless of rank, is empowered to point out a risk without fear of retribution.

And when mistakes do happen, they are analyzed proactively to improve reliability and accountability to prevent the problem at the individual and system levels — not to find whom to blame after a critical incident. Other safety-critical industries have learned that avoiding blame creates opportunities for learning and contributes to improved safety.

Despite best intentions, as humans we are fallible and operate in complex systems. When decisions are made about the safety of children and families, the consequences are profound. They can set a child on a course that will have tremendous impacts for the rest of his or her life.

So it is even more important to build strong systems and adapt tools and approaches from other safety-critical industries to better support crucial decisions about the future health and safety of children and families. This will help us ensure that the best decisions are being made every step of the way, from the community level to specific family cases, to build hope.

So how can we make better decisions? For a growing number of states and local jurisdictions, the use of safety science to build a safety culture around children and

families is showing promise. They are embedding this approach into every aspect of the critical work of preventing child abuse and neglect and the lifelong trauma it can cause.

“Our industry is really high risk, and we ask people to make safety decisions for themselves and children all the time, every day,” said Tiffany Goodpasture, director of organizational culture and workforce safety for the Tennessee Department of Children’s Services (DCS). “When you are in that kind of industry, the culture that you create really matters.”

Tennessee’s DCS began building a safety culture in 2012, prompted by a lack of solid information on the deaths of children who had been involved with the department.

“If we had a [child protective services] case and then a child died, we didn’t have a solid number of how many that was,” Goodpasture said. “And we didn’t have a systematic process for reviewing a death.”



We probably select for and reward
‘hero behavior’ in child welfare.
People’s brains don’t work as well
when they’re tired and stressed.

- MICHAEL CULL, POLICY FELLOW AT
CHAPIN HALL AT THE UNIVERSITY OF CHICAGO

So the state created a review process for deaths and near-death incidents that includes debriefing with staff and looks at what larger issues may have been at play.

“If you line up 10 people and eight of them would have made the same mistake, then it’s a system problem,” said Michael Cull, former deputy commissioner for DCS in Tennessee and now a policy fellow at Chapin Hall at the University of Chicago. Cull, who previously ran a health center at Vanderbilt University in Nashville, was part of a team that brought in tools to build Tennessee’s safety culture, such as surveying staff about their own workplace safety, creating ways for teams to huddle and debrief together, and sharing safety notice information that comes from the critical incident review process.



The safety survey includes a place for comments or concerns that, thanks to state legislation, can be shared confidentially. So when a worker who was driving long hours for child placements commented, “If not for the rumble strips on the highway I would be dead,” the department looked deeper. Tired workers were feeling pressure to drive back home after placing a child, even if it meant many hours on the road. Now, the department has a hard stop and workers have to get a hotel room if their workday goes beyond 14 hours.

“We probably select for and reward ‘hero behavior’ in child welfare,” said Cull, who now also curates the leadteamfirst.org website, which provides free resources about advancing a safety culture in child welfare. But pushing beyond limits doesn’t make a worker more effective. “People’s brains don’t work as well when they’re tired and stressed.”

Instead, this culture shift “changes the way people treat each other in the organization,” said Noel Hengelbrok, former director of safety analysis for Tennessee’s DCS and now co-founder of Collaborative Safety, which works with jurisdictions to implement safety culture and safety science.

And that improved relationship means better worker retention and morale, which ultimately is better for children, said Scott Modell, also a

former DCS deputy commissioner who co-founded the venture with Hengelbrok. “We have data that says you have better retention, less turnover. When you have high turnover in child welfare, that [means] worse outcomes for kids. They tend to stay longer [in foster care] and have more placement disruptions.”

The concept of safety culture is departmentwide and infuses new efforts such as safe baby courts and drug teams who work closely with families affected by the opioid crisis, said Dimple Dudley, deputy commissioner of the Tennessee Office of Child Safety.

The state launched a drug team in March 2017 that involves partnering with East Tennessee Children’s Hospital, which sees a high number of drug-exposed babies born there.

“We try to work these cases in a different way,” Dudley said. “We try to get with these parents while the babies are still in the hospital, or very soon afterward. We try to get parents into treatment.” Two more drug teams have launched this year.

“We try to give our case managers what they need as a part of that safety culture,” she said.

“They get specialized, more intensive training. ... We hope what we are doing with these drug teams is going to prevent more child deaths. That’s our goal. Our goal is to make sure kids are safe in whatever environment they’re in.”

The culture change and innovative work go hand-in-hand with an engaged community, Dudley added. “The drug teams and safe baby courts are all about partnering. ... All of these depend on cooperation from our community partners.”

Tennessee is among a number of jurisdictions that, as part of safety culture efforts, are implementing Eckerd Rapid Safety Feedback, a process of relying on real-time data analytics to flag high-risk child welfare cases for intensive monitoring and caseworker coaching.²


Tennessee DCS Commissioner Bonnie Hommrich noted the importance of innovation in serving children and families. But something even more fundamental underpins the department’s work, which a departing staff member articulated to her: “He said to me, you have one major responsibility: You must keep hope alive – whether it’s your staff, whether it’s the families, whether it’s the children. Because without that, we can’t keep developing and growing and thriving.”

Preventing ‘blame and shame’

When Arizona’s Department of Child Safety (DCS) was looking to implement a similar culture change, it turned to Tennessee for guidance. The department had been struggling with an investigations backlog of more than 16,000 cases and a surging number of children in foster care.

“Arizona’s system was obviously in major turmoil,” said DCS Director Greg McKay, who took over the department in 2015. “Workers were making fear-based decisions. ... I saw the culture was totally broken. We saw extremely high rates of removal following high-profile events. You saw this massive percentage of kids removed. That clearly tells you that’s emotional decision-making.”

Under McKay, the department introduced a “lean-inspired” management system that empowered teams to track weekly progress, quickly shift resources, measure results and ultimately eliminate the backlog. It also tackled its culture, with the help of Modell and Hengelbrok.



It can never, ever be a workforce focus. Although I agree that’s hugely important, always, the child has to be the final constituent here. ... That in the end brings good outcomes for children.

In January 2017, the state launched the first piece of its safety culture system with a critical incident review team. Four staff members work around the state on cases chosen for comprehensive review, examining all the contacts a family had with the department and other factors, such as whether services or visits were provided. They debrief with staff involved in the case, if they choose to participate in the voluntary process. Then a mapping team looks at various system levels — the field level, the regional level, the central office and external influences.

“We ask the mapping team to provide context for that ‘second story’ so we can understand why a particular decision was made,” explained Casey Melsek, who oversees the safety analysis review team in her role as ombudsman for DCS. In one instance, the review found that a parent’s profession had influenced case decisions. “We would not have known this was impacting a case if we had not performed the review,” Melsek said.

This narrative gets put into a tool and data are aggregated. “Then that’s data that I present to my leadership to say, we’re seeing a high incidence of, say, teamwork and coordination issues centered around this,” Melsek said. Then they choose a course of action to address the issue.

The review process is separate from anything that might involve human resources and disciplinary action.

“If we are under a culture of being punitive, then we really don’t know what our staff are doing,” Melsek said. “Being open and honest about [mistakes] will allow staff to make a safer decision.”

Arizona is early in its process but already has seen staff turnover drop from about 40 percent to about 25 percent, McKay said. More importantly, the rate at which children are removed from their homes has dropped, and children who are removed are finding permanent homes more quickly.

“It can never, ever be a workforce focus,” McKay emphasized. “Although I agree that’s hugely important, always, the child has to be the final constituent here. ... That in the end brings good outcomes for children.”

Melsek agreed that staff improvements can get translated into better service to children. “If we can keep the same case manager from the beginning of a case to the end, it will, hopefully, reduce the length of time a child spends in care,” Melsek said. “Our hope is that the safety science concept will then have a parallel process with our families. So if we interact with staff and have them tell us more about why they made a decision ... rather than being punitive or judgmental, the hope is that they can have that same interaction with their children and families.”

Just launching the culture shift has been the biggest success so far, Melsek said. “It’s very hard to not go back on that view where you just want to blame and shame people.”

In a next step, McKay is launching a panel that will include external input from a forensic pediatrician, medical examiner, appellate court judge, legislator and homicide detective. They will provide findings and recommendations about “how can we further prevent these [critical incident] events systemwide.”

To view a video story about how Tennessee and Arizona are building safety cultures, visit casey.org/Hope2018.



How data is used can have tremendous impacts on how we make decisions about preventing abuse and neglect and helping children and families to heal.

QUESTION 2:

HOW CAN WE KEEP MORE CHILDREN SAFE WITH THEIR FAMILIES?



A public school. The local housing authority. The county jail. Interacting with any of these public systems generates data.

For instance, a school district would know if a child is missing lots of classes. The criminal justice system would know if someone is a prior offender. A housing authority would know if someone applied for financial assistance. But they wouldn't necessarily know if each had touched the same family.

How data is used can have tremendous impacts on how we make decisions about preventing abuse and neglect and helping children and families to heal. In Allegheny County, Pennsylvania, the Department of Human Services (DHS) is tapping data in a way that it believes will help do just that.

"It doesn't help at all if you collect data and it just sits," said Marc Cherna, longtime director of Allegheny County's DHS. "The bottom line is serving people. We can use

this as a help to serve our consumers better; that's what it's all about."

To help workers decide if a report of child maltreatment needs to be investigated, DHS uses the Allegheny Family Screening Tool, a customized tool introduced in 2016 that was developed by a team including Rhema Vaithianathan of the Centre for Social Data Analytics at Auckland University of Technology and Emily Putnam-Hornstein of the University of Southern California and the Children's Data Network. The tool pulls from a data warehouse that includes information such as school, criminal justice, housing authority and human services records. It generates a risk score designed to predict the long-term likelihood of a child being re-referred to the child welfare system if the initial call is screened out without an investigation, or how likely a child is to be removed from the home if the call is screened in for investigation.



Nationally, child protective services (CPS) agencies received an estimated 4.1 million allegations of abuse and neglect involving 7.4 million children in 2016. About 58 percent of these referrals, or 2.3 million, were screened in that year, while 42 percent were screened out.¹ The federal Commission to Eliminate Child Abuse and Neglect Fatalities, in its 2016 report, noted that a prior report to a CPS agency, even if it wasn't substantiated, is the single strongest predictor of a child's injury death before the age of 5. And the commission recognized the complexity of risk factors in families in which deaths occur.³

In the past, Allegheny County staff receiving about 15,000 abuse or neglect referrals each year would have to manually access all that data to help them decide whether to investigate further. But there wasn't a standard protocol for using data or weighting it. Allegheny County found that 27 percent of the highest-risk cases were being screened out with no investigation, and 48 percent of the lowest-risk cases were screened in for further investigation.

Now, when an allegation of abuse comes in, a screener reviews it by calling the source, talking with other relevant people, and possibly checking other databases before rating the safety risk associated with that allegation and potential crisis, explained Erin Dalton, deputy director for the Office of Data Analysis, Research and Evaluation within DHS. Then the screening tool is used to run the risk score on family members, others in the household or anyone involved in that case. Scores can range from 1 to 20 and are classified as low, moderate or high risk, with a threshold that makes it mandatory to advance the report. Based on the calls and the score, the screener will recommend to a supervisor whether to screen out the call or screen it in for further investigation. The supervisor also views the score when making a decision to investigate.



What's the future for this family is the thing you really need to look at.

- MARC CHERNA, DIRECTOR, ALLEGHENY COUNTY
DEPARTMENT OF HUMAN SERVICES

"The tool is only a 'go' or 'no-go' ... for an investigation. It doesn't go beyond that," Cherna said, so an investigator never sees the score in working on a case. "The hope is that we go and investigate the cases that are high risk that need to be investigated and do not investigate the cases that are low risk. ... What's the future for this family is the thing you really need to look at."

Dalton and Cherna said using the tool hasn't changed the percentage of reports being screened in for investigation, but it has changed the mix. "It's not replacing worker decision-making," Dalton said. "But we're seeing the higher-risk cases are being screened in more often and lower risk are getting screened in less often."

Allegheny County's work is built on solid community relationships and engagement, and it included a rigorous ethical review process. Development, implementation and evaluation of the screening tool were made possible by a public-private funding partnership that included support from the Richard King Mellon Foundation, Casey Family Programs and the Human Services Integration Fund, which is a collaborative

funding pool of local foundations under the direction of The Pittsburgh Foundation.

The county held multiple community meetings along the way and sought feedback. These relationships and transparency contributed to smooth implementation of the tool, Cherna said.

Critics of such predictive models have argued that machines replace human decision-making, and that biased data will lead to biased decision-making. An ethical review of Allegheny County's tool concluded that "the tool is ethically appropriate, particularly because it is more accurate than the alternatives currently being used and there would be ethical issues in not using the most accurate measure."⁴

Allegheny County is now formally assessing how the tool has been working and will publicize what it learns.

'The future of child welfare'

In New York City, the Administration for Children's Services (ACS) investigates more than 60,000 cases of suspected child abuse

The algorithm flags cases for the quality assurance team that reviews ongoing investigations, which then checks to make sure visits, safety assessments and other appropriate steps are being taken. If not, they call an action meeting with the investigative team.

or neglect each year and determines what services could help stabilize families and improve children's home environments. If the children can't remain safely at home, ACS is responsible for placing them in foster care until things improve or they find a new safe, permanent home.

ACS is one of the nation's largest child welfare agencies. Its staff of 1,900 child protective services workers and 420 supervisors face daunting challenges each day working to help keep children safe.

In this effort, ACS is investing in using data and predictive analytics to help it serve children and families that are already in the child welfare system.

"This is the future of child welfare, and we want to make sure it's done right," said Andrew White, deputy commissioner in ACS's Division of Policy, Planning and Measurement. "Our commitment is that it supports decision-making and that we use our risk analytics to help us identify the most appropriate services for families, and that we use it for quality assurance on investigations."

While ACS is still developing uses for its data, currently it uses a computer model to predict the likelihood that a child will suffer

severe harm, White said. The algorithm flags cases for the quality assurance team that reviews ongoing investigations, which then checks to make sure visits, safety assessments and other appropriate steps are being taken. If not, they call an action meeting with the investigative team.

The algorithm is built on the histories of past cases and includes more than 150 characteristics, such as whether a family has had frequent encounters with the department and when, past findings, and ages of children in the home.

"The more we know about the case, the more able it is to accurately assess if it's a highest risk level," White said. "We want to reduce repeat maltreatment, we want to reduce severe injuries, eliminate sexual abuse. ... We also want to make sure front-line workers are coached on handling these [cases]."

ACS has been deliberate in engaging the community in the process, building an advisory group that includes legal advocates, parent and youth advocates, and representatives from a human rights commission to support the ethical use of data.



“The question isn’t whether we use data and advanced analytic tools to improve our child welfare work; it’s how,” said ACS Commissioner David Hansell. “At ACS, we’re proceeding carefully and intentionally, with a focus on how these tools can help us better serve families, and improve the quality of our work, while remaining true to our core values of transparency, equity and respect in dealing with all of our constituencies.”

ACS uses data and analytics in tandem with its work on creating a safety culture. “As far as analytics models go, it’s to help us make sure that people we are serving gain access to the most appropriate services, and as a result, children are safe and families are stable and thriving,” White said.

How data shapes practice

Casey Family Programs is a data-driven organization, and we rely on it to inform our direct practice. We collect data to monitor progress and permanency status of the approximately 1,000 children and families

we serve. Our focus is on improving outcomes in education, employment and mental health, but we also have a goal that no child leaves care without a permanent connection to a caring and committed adult in his or her life.

To help achieve this, we aggregate data so it’s relevant to a caseworker, a field office or the foundation as a whole. We can look at a particular population or service, or evaluate a program. In this way, we identify barriers and successes to learn where and how we can improve the quality of our work. And we share data with states, tribes and jurisdictions to drive improvements in outcomes.

Recently, we took an in-depth look at youth served by Casey in out-of-home care. The resulting *From Data to Practice* analyses focused on the services and practices youth received and how they are related to permanency outcomes. The findings were shared with Casey field office staff and leadership, who helped with data interpretation and identification of next steps, including actions that social workers can take to build on these findings. Learn more at casey.org/data-practice/.

To view a video story about how Allegheny County and New York City are using data analytics, visit casey.org/Hope2018.



A public health approach promotes the healthy development and well-being of children. It starts with using data to understand the scope and prevalence of maltreatment; seeks to change public attitudes, beliefs and behaviors; and focuses on promoting primary prevention efforts in communities.

QUESTION 3:

HOW CAN COMMUNITIES CREATE OPPORTUNITIES FOR FAMILIES TO THRIVE?



While using data, analytics and safety culture can help lead to improvement, ultimately the responsibility for keeping children safe and providing them and their families the opportunity to thrive lies with the broader community. Recognizing this, the Commission to Eliminate Child Abuse and Neglect Fatalities recommended taking a public health approach to prevent maltreatment.

A public health approach promotes the healthy development and well-being of children. It starts with using data to understand the scope and prevalence of maltreatment; seeks to change public attitudes, beliefs and behaviors; and focuses on promoting primary prevention efforts in

communities. Rather than just focusing on treating individuals or targeting interventions after harm is done, a public health model works on a population level to look at, and to shape, effective intervention patterns across the entire community.

But how do you start making progress in a community? It can be helpful to look at the conditions that research tells us indicate a higher risk that children and families are struggling — not just at a city or county level, but down to the ZIP code or neighborhood level. Such data, if it were easily available, could help communities start conversations about how best to align services with needs and ensure more children and their families are getting the help they need.

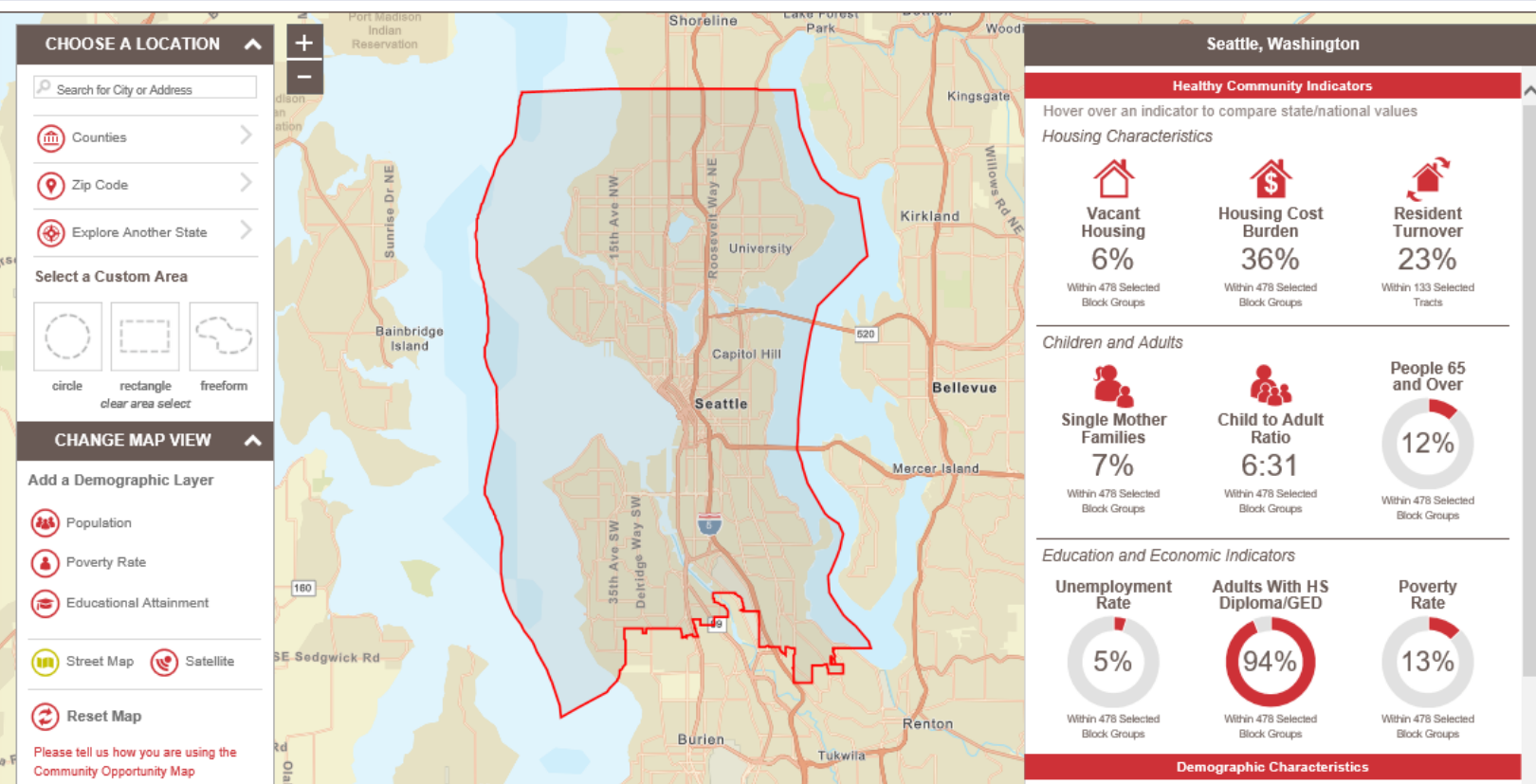
This is why Casey Family Programs created the Community Opportunity Map, a free interactive mapping and data tool that includes specific measures of well-being associated with safe children and strong families. This research-based framework is composed of select U.S. Census Bureau indicators and is available for any community in the nation to use. It was informed by significant evidence of the community factors correlated with child maltreatment, as well as a healthy community framework developed by the U.S. Department of Housing and Urban Development.

The tool maps community indicators at geographic levels defined by the user, from the city level down to neighborhoods.

For example, community service providers could choose relevant ZIP codes to see where levels of poverty, single parent households, high housing burdens or unemployment intersect with where they currently serve families. The information could be combined with other non-public data they already have to better pinpoint areas of need. The tool could be used in prevention efforts, community engagement, public policy and advocacy, and allocating resources.

The Community Opportunity Map — available online at casey.org/community-opportunity-map/ — is designed to be used by community members, policymakers, child welfare leaders and city government officials to ask and begin answering critical questions: Where are families struggling the most to keep children safe, and how can we work with those neighborhoods to improve lives?

The Community Opportunity Map could be used in prevention efforts, community engagement, public policy and advocacy, and allocating resources.




‘We have what it takes’

At the end of the day, we believe that it is absolutely vital that communities take ownership of the safety of children and the strength of families. Only by doing so can we make progress toward a future in which every child experiences the safety, success and hope to reach their own dreams.

What does that kind of community commitment look like? A great example can be found in Alaska. In 2017, the state and Alaska Native tribes signed the Alaska Tribal Child Welfare Compact. The historic agreement recognizes the leadership of tribes and tribal organizations in determining how to keep children safe and families strong within their own communities.

“The Alaska Tribal Child Welfare Compact is recognition that Alaska Native culture keeps Alaska Native children safe,” said Valerie Davidson, commissioner of the Alaska Department of Health and Social Services. “This historic agreement, really the first of its kind in the United States, is an agreement between the state of Alaska and Alaska tribes that recognizes the authority of tribes to provide child welfare services in their communities.”

Historically, Alaska Native children are disproportionately represented when they come into foster care and move through the system, with worse outcomes than non-Native children, said Christy Lawton, director of the Office of Children’s Services. “So we believe that kids will do better when they’re served closest to home, and particularly if they’re served by their own



tribe or tribal organization. Those families are going to be far more receptive to engagement and to working through those really difficult issues than they are with the state.”

Nicole Borromeo, executive vice president and general counsel for the Alaska Federation of Natives, said the compact will change the trajectory of the future. Tribes will be able to look at the compact as the moment when they took control of their destiny and “started to rewrite how our history’s going to unfold.”

Describing the feelings in the room when the compact agreement was reached, Davidson explained: “I think a lot of the emotion in that room was really about generations of people telling Alaska Native people and Alaska Native leadership that who we were as people wasn’t enough. And that’s just not true. And I think it was a recognition of the fact that in our communities, if we have our tradition, if we have our culture, if we have our language, we have enough. We have what it takes to keep our children strong and safe.”

To view video stories on the historic Alaska Tribal Child Welfare Compact and about using data to help support children and families, visit casey.org/Hope2018.

Every day
is a journey,
and the
journey itself
is home.



MOVING HOPE FORWARD

Keeping children safe, within strong families and supportive communities, requires all of us — the public, business, nonprofit, philanthropic and community sectors — to work together to define needs and find solutions. This is our communitywide responsibility.

The progress taking place across America is pointing us in new directions. By learning from other fields about how to create a culture of safety around children and families and by using new analytic tools to assist in making better decisions, we are moving hope forward. Communities are taking these new opportunities to ask important questions about the health and stability of families and what can be done to improve those conditions. And more and more communities are stepping up and, as we see in Alaska, taking direct responsibility for creating the best outcomes possible for their children.

The Family First Prevention Services Act of 2018 presents fresh opportunities for states and tribes to try innovative approaches that will work best for their families and communities. Casey Family Programs remains as committed as ever to working with children and families, jurisdictions, tribes and other partners so that many more children and families in communities across America will know the promise of hope.

Today is a new day for them, and for us. We sincerely believe that we will look back at this moment in our history as a turning point, a time when we as a nation decided to better invest in the hopes, dreams and futures of children and families who need it the most.

Together, we are **moving hope forward.**



ABOUT CASEY FAMILY PROGRAMS

Casey Family Programs works in all 50 states, the District of Columbia and two territories and with more than a dozen tribal nations to influence long-lasting improvements to the safety and success of children, families and the communities where they live. **We learn from and collaborate with communities at local, state, tribal and national levels to nurture the safety and success of every child.**

Consulting

We offer ongoing strategic consultation, technical assistance, data analysis and independent research and evaluation at no cost to child welfare systems, policymakers, courts and tribes across America to support long-lasting improvements that safely reduce the need for foster care. We collaborate with communities across our nation to enhance partnerships, improve practice and policy, and ensure that these improvements will endure over time.

Direct services

Through our nine field offices, Casey Family Programs develops and demonstrates effective, practical solutions to safely reduce the need for foster care and improve children's and families' well-being. Each year, we offer a range of services to about 1,000 children and families, with a particular focus on education, employment and mental health services.

We've set a bold goal for this work: to secure a safe, nurturing and permanent family for every young person in our care, whether through reunification with their birth family, adoption or kinship care.

As part of our direct service work, Casey Family Programs partners with tribes and American Indian/Alaska Native communities across the country to support their development of effective and culturally responsive child welfare services. Strong sovereign tribal nations keep children

healthy, safe and connected with their families, relatives, tribal communities and cultures. We currently have agreements with 16 tribes that honor tribal sovereignty and support nation-building efforts, help build partnerships with the broader child welfare profession and assist in compliance with the Indian Child Welfare Act.

We share what we have learned with state, tribal and county child welfare systems, private providers and community partners — working with them to achieve similar results.

Public policy

We also support federal, state, tribal and local governments by providing comprehensive, nonpartisan child welfare information and education driven by data and based on evidence of what works best to improve the lives of children and families. We draw on our direct services and consulting work to help align and improve state and federal child welfare policies, allowing communities to focus on preventing abuse and neglect and improving outcomes for children in foster care.

We share what we have learned with public child welfare and tribal child welfare systems, private providers and other community partners across the nation to inform policy. We are committed to supporting federal child welfare policy changes that will provide every state with the ability to invest existing resources in the most effective strategies to safely reduce the need for foster care, strengthen families and improve the safety and success of all children.

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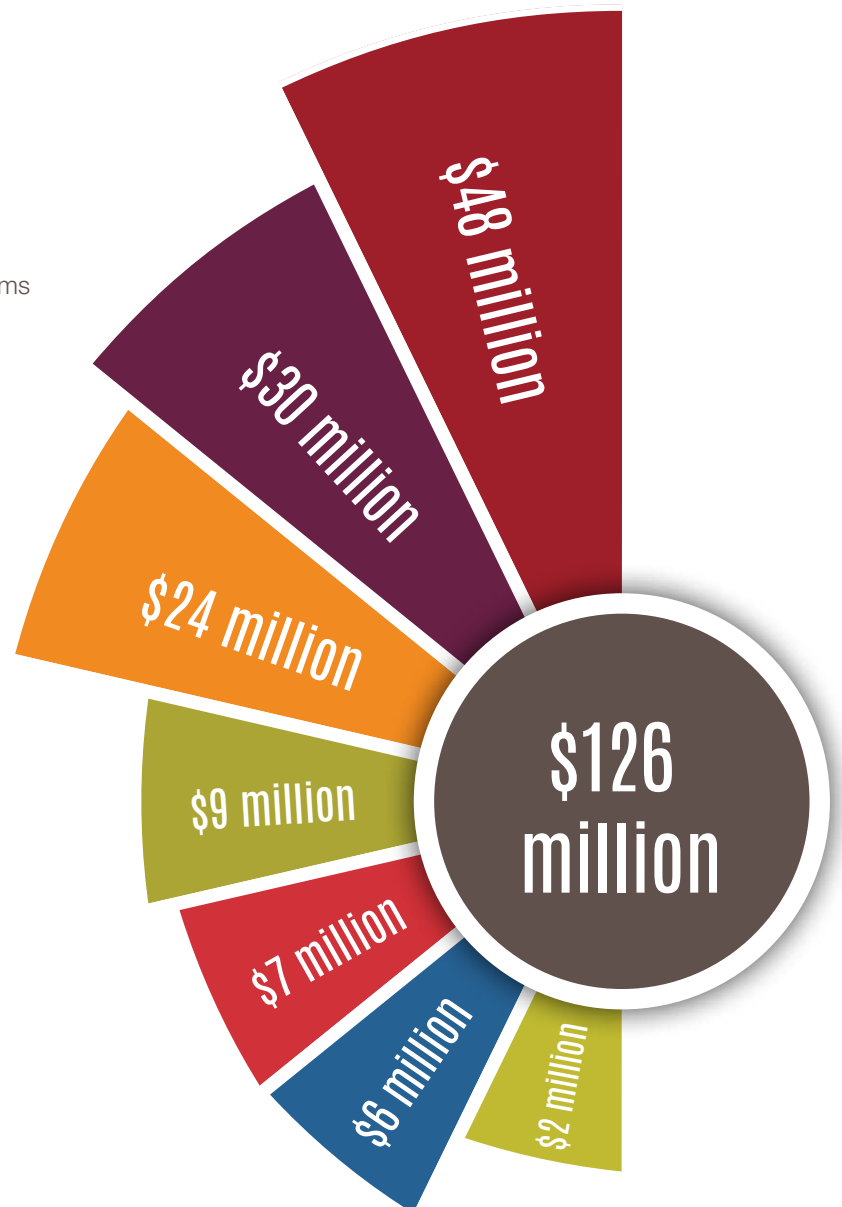
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At the end of 2017, Casey Family Programs' assets totaled **\$2.4 billion**.

In 2017, Casey Family Programs spent \$126 million in pursuit of our vision of safely reducing the need for foster care and building Communities of Hope for all of America's children and families.

Since our founding in 1966, Casey Family Programs has invested more than \$2.7 billion to support improvements in programs, services and public policies that benefit children and families in the child welfare system.







HOPE

- 1 U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2018). *Child maltreatment 2016*. Available from <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment>.
- 2 Other jurisdictions implementing Eckerd Rapid Safety Feedback include Connecticut; Douglas County, Colorado; Indiana; Louisiana; Maine; New Hampshire; Ohio; and Oklahoma. New York City is adopting some elements of the model.
- 3 Commission to Eliminate Child Abuse and Neglect Fatalities. (2016). *Within our reach: A national strategy to eliminate child abuse and neglect fatalities*. Washington, DC: Government Printing Office. Retrieved from <http://www.acf.hhs.gov/programs/cb/resource/cecanf-final-report>.
- 4 *Predictive Risk Modeling in Child Welfare in Allegheny County: The Allegheny Family Screening Tool*. Retrieved from <http://www.alleghenycounty.us/Human-Services/News-Events/Accomplishments/Allegheny-Family-Screening-Tool.aspx>.

We must be ready to move quickly in any direction
to meet new conditions of a progressive world.

– JIM CASEY, FOUNDER



HOPE



casey family programs

safe children | strong families | supportive communities



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