Submitted by Eric Fenner, Executive Director, Franklin County Children Services, Columbus, Ohio

At FCCS, we have taken a different approach to addressing the issues of disproportionality and disparate treatment of African American children receiving services through the Child Welfare System.

First, we conducted an internal review of our decision points relative to children penetrating our system. We learned that there were no obvious demonstrations of questionable decision making. What we have come to realize is that AA children are referred almost 2 to 1 over white children/families by hospitals, law enforcement and schools. We found that parents and relatives referred African American children 2.5 % more than white children and the court system was equally disproportionate. One of the ways we decided to influence the aforementioned patterns was to include this information in our training to mandated reporters with the hope that they would do some internal review and examination of their respective areas. To address the issue of disproportionality with parents and relatives, we held focus groups with community and church leaders and discussed our findings. We also increased our community outreach and visibility by forming partnerships with Columbus City Schools, Columbus Urban League, Columbus Fatherhood Initiative , local churches and others to educate them about our agency, appropriate referrals and ways they can help.

At the same time as our community outreach increased, we also continued our efforts of diversity training for staff which is currently a mandatory six hours per year. We also conducted disproportionality training and discussed our findings with staff. We encouraged them to examine their practices and biases. Finally, we mandated Culture of Poverty training for all staff. Since poverty affects African Americans on a greater scale, we felt that this training may reduce poverty related case openings thus hopefully reducing AA children coming into care

Second, we looked at the issue of access to services and learned that in many cases AA children/families had to travel significant distances to access services as there were few in their own neighborhoods. This is a clear demonstration of disparate treatment. If you don't have access to services, it is difficult to access alternatives to children coming into our care. We have partnered with our 5 settlement houses, which are all located in predominately AA neighborhoods. We have invested almost 1 million dollars in these services. The services are designed to strengthen families with natural/neighborhood supports and decrease their reliance on the child welfare system.

Our agency also began efforts to address placement stability and custody re-entry—two areas that were very disproportionate. One of our key efforts was to strengthen our kinship services. We began offering support to our closed kinship cases several years ago and now provide standardized service and support to open kinship cases. Of the closed cases we work with (approximately 300), we have only had one disruption in ten years!

Third, we believe that our new assessment tools and the use of Alternative Response, has allowed us to better engage with families at our front door. The utilization of an assessment based, versus an investigation based intervention, has been much more successful in identifying issues and linking families to services quicker.

Fourth, we focused on providing quality alternatives to all families and a continuum of care approach to service. Since such a high percentage of families served were AA, we were able to impact this group in greater numbers.

Finally, our efforts at family engagement were a part of a more over arching establishment of agency wide guiding principles, with a focus on a respectful, family-centered approach to services with families. We focused on individual families—the need to acknowledge that "families are the experts of their own experience" and the importance of team decision making versus grouping families by race or gender.