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Safe Families *for* Children™

Request for Information- Social Impact Bond/Pay for Success
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Executive Summary – Safe Families for Children™

Safe Families an innovative and replicable approach to preventing child abuse and neglect. Safe Families is a network of volunteer host families and supportive volunteers that has been in operation nationwide for 10 years and in Michigan for nearly 3 years. Host families voluntarily take in children of overwhelmed parents who are experiencing a temporary crisis, which jeopardize their ability to care for their children. Parents voluntarily place their child in the home of a Host Family while they address the crisis issues that led to their situation. By building an extended volunteer support network, “at risk” children and families are able to bring stability to their family crisis. Objectives of Safe Families for Children are to prevent child abuse; provide family support and stabilization; and deflect children from entering the child welfare system. One-third of referrals come from child welfare agencies while the rest are referred by a variety of human service agencies. The average stay in Safe Families has been about 40 days, but can be as short as a 1 day to 6 months, depending on the needs of the parent. Over 90% return to their parents or a relative.

Sobering Statistics:

- 12% of all incarcerated individuals reported being previously in foster care (www.bjs.gov)
- 14.4% of all male inmates and 36.7% of all female inmates report being abused as children (www.bjs.gov)
- 60% of runaways who are victims of sex trafficking have been in foster care (www.childrensrights.org)
- 30% of abused and neglected children will later abuse their children, continuing the cycle of violence (www.childhelp-usa.org)
- 15% increase in the last 20 years of people with no trustworthy social confidant (social isolation)¹

Proposal:

Our intent is to reduce the number of children going into DHS foster care by allowing Safe Families for Children to be considered prior to DHS custody (CPS Disposition of Category IV), or the initiation of intact services for 0-5 year old children who have been identified as at risk of neglect (CPS Disposition of Category III). Children identified as “at risk” of abuse or neglect make up 65-70% of the children currently referred for Child Protective Services investigation. Allowing parents to choose the option of Safe Families for Children under a safety plan would provide immediate safety for the children while providing the necessary resources to help parents get back on their feet.

Safe Families for Children will save taxpayer money and increase governmental efficiency. In 2012, the State of Michigan spent approximately \$20,000 annually per child in the foster care system, or about \$55 per child per day. Due to the power of community engagement and volunteerism, Bethany is able to implement Safe Families for Children at a cost of about \$10 per child per day. That represents a first year government/tax payer savings of \$46 per child per day; \$16,790 per child per year. Bethany’s Safe Families for Children program has demonstrated capacity to grow and expand service areas with limited resources over the last 3 years, with approximately 40% growth of volunteers and children hosted year after year. Safe Families has the capacity for 250 (placements) in existing service areas (Traverse City, Kalamazoo, Holland/Muskegon, and Grand Rapids), and can quickly implement (within 60 days) services in the Central, East, and Southeastern regions of MI (Lansing, Flint, and Detroit). These new service areas would offer capacity to serve an additional 300 placements. By preventing abuse and neglect, and deflecting children from entering foster care, the governmental cost *savings* for these 550

placements, is \$9,234,000 *annually*. The cost to offer Safe Families in this capacity is would be \$1,500,000.

What Safe Families Offers:

- Host matching of children in volunteer (unpaid) screened and approved homes for as long as the parent needs. Safety plans can be used to clarify expectations for parents and ensure safety of children.
- Paid and volunteer family coaches (type of case worker) who work with parents to address the issues that led to the need for Safe Family placement
- A network of volunteers who offer a variety of goods (mattresses, clothes, etc.) and services called Family Friends (parent mentoring, transportation, counseling, housing assistance, etc.) that allows Safe Families to “wrap-around” a parent a range of support services.
- Aftercare: the relationship between the two parents (host family and placing parent) typically continues (for months and sometimes years) after children are returned home. Volunteers (Family Friends) also continue their involvement. Host families become like “extended families” that can be called upon for help when future problems arise.

Scope of Services

Background and Agency Information

Bethany Christian Services is a global 501(c)(3) nonprofit organization founded in 1944 to serve orphaned, abandoned, and vulnerable children and their families. Established and based in Grand Rapids, MI, we are the largest adoption agency in the U.S. with over 100 offices in 33 states and 18 countries around the world. In 2012 we touched the lives of over 75,000 children. Our work encompasses four core values: 1) We believe that every child deserves to live in a permanent loving family; 2) We believe in delivering social services to support and strengthen a family's capacity to provide a stable and loving home; 3) We believe in facilitating and integrating a diverse network of community partnerships with public and private agencies. 4) We believe in delivering professional services of the highest quality and integrity with a high degree of accountability for the stewardship of our resources.

Safe Families for Children directly aligns with the global vision and mission of Bethany. This initiative mainstreams into our core services, yet also maintains its own program budget. Bethany's National Board of Directors and the State Board of Directors are fully supportive drivers of Bethany's commitment to SFFC throughout Michigan and the USA. Bethany is committed to this program through ongoing fundraising, grant writing and donor engagement. Bethany is accredited by the Council on Accreditation and is licensed by the Michigan Department of Human Services (DHS). Bethany has a long history of successful contracting experience with DHS through prevention services and foster care programs.

Description of Program - Introduction

Most parents share common hopes and dreams for their children. But crises like homelessness, domestic violence and medical emergencies can seriously undermine a parent's ability to be a dependable caregiver, especially if that parent is young or parenting alone. By law and policy, state child welfare agencies provide support services only for children who have suffered blatant abuse or neglect—leaving millions of children and their families in difficult and potentially dangerous situations. Additionally, many children who are in foster care because of neglect may better be served by Safe Families rather than the more costly foster care system. With the changing economy, many more families are experiencing financial crisis, unemployment and homelessness. Others are dealing with marital stress, post-natal stress, parental drug and/or alcohol use, illness or incarceration.

Historically, extended family members or neighbors have stepped in to support parents in crisis, by taking care of children for short periods or by covering a family's basic needs. However, a growing number of parents are now socially isolated and their extended family is non-existent or unavailable.

Although we live in a highly networked world, the perception that social networks are stronger is actually a fallacy. Personal networks among family, friends and communities are eroding. In one study among many, a national sociological review conducted over 20 years showed that Americans have experienced dramatic reductions in "core discussion networks"—i.e., in their number of true confidants. Where only 10% of the population reported having no one in whom they confided 20 years ago, 25% of the population now reports that they have no one.¹

Parents in crisis are not blind to the need for help, yet they often do not reach out because they are embarrassed, isolated and afraid of losing custody of their children if they reveal that they can't adequately care for them. Statistics on government-protected custody substantiate parents' fears and hesitancy. Once a child is in protective custody, their biological parents no longer have decision rights as to when their children can return to them. Child welfare workers are more likely to pull a very young child from a desperate family situation since their primary responsibility is to ensure the child's safety and young children are seen as the most vulnerable. This cycle of crisis could be avoided for many, if families received some support prior to a crisis intensifying.

Safe Families for Children

Safe Families for Children hosts vulnerable children and creates extended family-like supports for desperate families through a community of devoted volunteers motivated by compassion to keep children safe and ultimately together with their families.

Founded in Chicago in 2003, Safe Families for Children (SFFC) is a multi-site volunteer movement that gives hope and support to families in distress. SFFC reframes how families are supported during a crisis. Parents voluntarily place their children in safe, loving homes where they are cared for while the parents seek to restore stability in their lives. SFFC is dedicated to family support, stabilization and, most importantly, child abuse prevention and deflection. In 2012, SFFC made 3,320 family hosting arrangements in 25 states and 65 cities across the country.

SFFC is an evidence informed, community-based movement predicated on the belief that the safety and health of children in our communities is the responsibility of all of us, and that parents are the key to providing that well-being for their children. Accordingly, SFFC focuses on strengthening and supporting parents so they can be safe families for their children.

Safe Families for Children: How it Works²

Hosting and Supporting Families in Crisis: The SFFC network provides 'breathing room' and support for parents in crisis, allowing families to stabilize while children are in a safe and loving environment.

The family in need is called the "**placing family**," and the family taking in the child is called the "**host family**." Placing-family parents willingly place their children with a volunteer host family for a period of time that they determine (the average length of stay is six weeks) and can opt to reunify with their children at any time. The fact that both families participate voluntarily with no compensation or expectation of adoption builds trust. During the placement process, SFFC considers such factors as the location of the child's school and the existence of siblings (aiming to keep siblings together to maintain as much stability and consistency as possible). Host families are screened and approved similar to foster care.

This connection between the placing family and host family is the most central relationship of the program, as it creates a safe haven for the children, as well as social support and a network for the placing family (similar to extended family and caring neighbors). The relationship between the two families is a partnership in caring for the children, with shared decision-

making and responsibility. Throughout the hosting arrangement, the host families and SFFC volunteers address the placing parents' needs to prepare them to be safely reunited with their children.

After the hosting arrangement ends, SFFC's goal is for the two families to remain in contact, thereby reducing social isolation for the placing family and potentially providing ongoing support to the placing family after the child returns home. The host family also develops bonds with the children they take in and are generally very invested in their lives over the long run.

Building Networks of Relationships: Throughout the placement, lead SFFC staff and volunteers called **Family Coaches** facilitate communication and relationship building between the families. They visit the host families' homes on a regular basis to offer guidance on problems that may arise and ensure the children's needs are being met. Beyond supporting the relationship between the host family and placing family, the Family Coach also works to increase a placing family's problem-solving and coping skills. The Coach connects placing parents with additional community supports (via existing community providers and Safe Families network of Family and Resource Friend volunteers) intended to help alleviate the destructive stresses that weaken the ability to parent. In order to do this, SFFC accepts a variety of offers for help from the volunteer communities, ranging from donations of goods and money, to offers to complete simple chores like running an errand for a family, mentoring parents, helping with job searches, teaching life and parenting skills, and moral support/encouragement.

Another basic tenet of SFFC is to engage as much of a community as possible in volunteering. Many community members start to engage with SFFC lightly as **Family and Resource Friends**, volunteering in ways that don't require a large commitment (e.g. donating clothes, furniture, providing transportation, parent mentoring, assisting with employment). Over time, many of these volunteers offer to get more involved. The success of the SFFC program is predicated on a robust community of volunteers who continually increase their engagement, ultimately agreeing to become host families.

Volunteers are most often recruited from **faith communities**. Although SFFC welcomes volunteers from any religious or non-religious background, SFFC volunteers serve in the program under the umbrella of one of the partner communities, which most often is a church.

Strength based approach

SFFC uses a strength based approach to looking at assets of the placing family for increasing protective factors within the family. SFFC uses the theory of protective factors to build on the strengths within families. The goal within the program is not to focus on risks or deficits, viewing families as "at-risk", but to focus on the positive elements of families. SFFC views four protective factors as key: 1) parental resilience, 2) social connections 3) knowledge of parenting and child development and 4) provision of concrete resources. Parental resilience is built through strong, caring relationships that support the parent. SFFC helps strengthen the relationships of the families within the program to bolster and support parental resilience. Hope is given to parents to help fight off the feelings created by the stressful situation the parent is in. By building hope, self-esteem and a feeling of control, parents gain a sense of self-resilience. SFFC addresses the second protective factor, social connections, through creating a network of people whom the family can turn to and who can support the family. SFFC builds positive and trusting relationship which may not be the

norm within some family's lives. The social network from SFFC can provide emotional support, instrumental support and serve as an example and give feedback on parenting practices. The social isolation many families face can be reduced through the network of social support from the SFFC program. The third protective factor, knowledge of parenting and child development, is built via the interaction between the placing and host families. The placing family can observe and discuss parenting practices they have used that might be helpful to the placing parent. The provision of concrete support, the fourth protective factor, is provided by a network of hundreds of volunteers offering a range of goods and services.

Evidence Base: Safe Families is a new and innovative approach. Safe Families as an intervention, is considered an evidenced informed intervention that is in the process of being confirmed as evidence based with help from Annie E. Casey Foundation. The foundation for this model intervention is research based. Factors being addressed include risk factors and protective factors for child abuse and neglect, and prevention of abuse and neglect. The Child Welfare Information Gateway (www.childwelfare.gov) is filled with decades of research and information on the causal components to abuse and neglect, risk factors, and preventive information. Left unaddressed, risk factors for abuse and neglect are proven to lead to increased rates of abuse and neglect. This evidentiary research is the foundation for why Safe Families seeks to address the risk factors for abuse and neglect. As defined by CPS classification of investigation, DHS Category IV cases squarely fit into this category of "at risk", where prevention services would provide the most impact. Simply put, reducing risk factors, and enhancing protective factors leads to fewer children abused or neglected, and fewer children entering DHS foster care.

Measureable Success: Safe Families as been in operation for 10 years nationally, with significant success and impact. It has also spread to 65 cities around the United States, including Michigan in early 2011. Outcomes for measuring program success are maintained in a customized case management database for Safe Families for Children, and outcomes are reported on quarterly (or as needed). A sample of Michigan outcomes and information is identified in the graphs at the end of this document. Currently over 95% of children return to parents or relatives, post Safe Families intervention. Less than 5% are screened into DHS foster care. By proactively preventing the abuse or neglect crisis, there is a dramatic difference in comparison to foster care success rate of 50% reunification (post substantiated neglect or abuse).

Potential to be implemented more broadly using the Pay for Success Model: The program implementation cost is significantly below child protection expenses in foster care. Currently, 25% of Safe Family referrals have come from Child Welfare Agencies with less than 5% of cases being screened into foster care, post Safe Families intervention. Safe Families has spread through many cities in the US so we have demonstrated the capacity to replicate and customize services, to meet specific community needs. Safe Families could fairly easily be spread throughout all of Michigan with the appropriate level of resources.

A. Social issue addressed

This proposal is to address the issue of child neglect that results in children having to go into foster care or intact services at a significant cost to the state. Child Neglect refers to the pattern of deprivation of a child's basic physical, developmental and/or emotional needs by a parent or caregiver.³ Of the over 3 million child abuse allegations in America in 2012 (involving 6 million children), 65% involved neglect versus abuse.⁴ Approximately 700,000 of the allegations were

substantiated to be victims of abuse or neglect, and 36% of these children were placed in foster care.

Yet these cases of abuse and neglect did not appear overnight. Small predicaments compound into larger crises that prevent families from meeting their children's basic needs, increasing the likelihood of abuse and neglect. Before an initial report is filed or between the initial unsubstantiated report and subsequent re-reports, lay opportunities to support these struggling families and stop the trajectory of pressure that leads to abuse.

Preventing abuse and neglect can prevent a litany of other social problems. Many of the family and social problems addressed are cyclical and generational difficulties. Trends in domestic violence, incarceration, and prostitution show an undeniable link to past histories of personal abuse or neglect. Even further, adults with a history of being in foster care (having experienced abuse or neglect as a child) have an exponentially higher rate of the aforementioned social problems.

Causal factors to child abuse and neglect

Child neglect is built on critical factors that diminish a parent's ability to cope with destabilizing challenges:

- **Social Isolation:** The lack of help from extended family and friends, and ineffective use of informal supports are possibly the most important predictors of child abuse.⁵ Hopelessness is a key marker of parents who have neglected their children. The debilitating belief that one cannot change his or her own circumstances to have a better life, or that one is alone without support, affects a caregiver's ability to persevere and care for his or her children, especially in the face of difficult circumstances.⁶
- **Poverty:** Children from families with annual incomes less than \$15,000 are 44 times more likely to be victims of neglect compared to children from families with \$30,000 in income.⁷ Being unable to provide for your family adequately is a heavy burden for any parent. Food insecurity, episodic homelessness, inadequate medical care and being trapped in dangerous neighborhoods or in dangerous relationships take a huge emotional toll, especially when these conditions are severe and long-lasting.⁸ Sustained poverty and economic insecurity and the concomitant chronic stressors have been shown to compromise the manner of parenting to a more inconsistent, irritable and coercive direction.⁹
- **Substance Abuse:** There is a direct correlation between substance abuse and the incidence of child abuse. This abuse tends to manifest itself more in neglect of children than in physical abuse.¹⁰
- **Mental Illness:** Child neglect can stem from a parent's self-neglect, mental illness or depression.

Many low income families experience increased stress from crises that may include: financial crisis, family violence, parental substance abuse, illness, or incarceration. During such crises, many parents are not capable of providing a safe and caring environment for their children and do not have the support of an extended family or support system to temporarily provide assistance. Low

income single parent families are more affected by stressors from economic hardship and are less likely to live in safe and supportive communities where neighbors can watch out for each others' children. In many cases, the resolution of a crisis may be delayed due to the inability of finding alternative care for their children.

Various societal factors are causing an increased need for diversified alternatives to foster care and family support services. The percentage of children living in low-income single-parent homes has risen from 18% in 1980 to 41% in 2009.¹¹ Younger children are more frequently victims of child maltreatment than older children.¹² Children from low income families in crisis face an increased threat of involvement with the child welfare system and have increased substantiated cases of abuse and neglect.¹⁵

A recent report to congress revealed that children with unemployed parents are three times more likely to experience child maltreatment (abuse and/or neglect); children from low income families are five times more likely to experience maltreatment; and children whose single parent had a live-in partner were eight times more likely to experience child maltreatment.¹⁶

Case Identification:

CPS Disposition of Category III:

The disposition of a case that was investigated where CPS found there was a preponderance of evidence of child abuse and/or neglect, and the SDM risk level is low or moderate.

Founded Allegation Type and Subtype:

- Neglect
 - Environmental
 - Neglect
 - Lack of Supervision
 - Risk of Harm
 - Medical
 - Neglect
 - Homelessness

CPS Disposition of Category IV:

The disposition of a case that was investigated where CPS found there was not a preponderance of evidence of child abuse and/or neglect; 2 or more risk factors present.

Age of children:

0-10 years of age

Location/Geography by preference

County / City	Category III	Category IV
<u>Current Service Locations</u>		
Kent / Grand Rapids	733	4,409
Kalamazoo/Kalamazoo	491	2,169
Leelanau, Grand Traverse, Benzie, Kalkaska, Antrim / Greater Grand Traverse Region	175	368
Muskegon/Muskegon	167	1,204
Ottawa / Holland, Grand Haven, Zeeland, Hudsonville, Jenison	97	1,140
<u>Proposed New Service Locations</u>		
Clinton, Ingham, Eaton / Greater Lansing area	166	622
Wayne / Detroit	1,884	10,823
Genesee, Lapeer / Flint	810	4,488
Total 2012 CPS investigations in selected locations	4,523	25,223
Total 2012 Statewide CPS investigations (Cat. III & IV)	10,501	63,857

B. Structure of the proposed intervention

The Safe Families program provides support services *prior* to the abuse and safe places for children in neglectful situations in order to deflect children from entering foster care. Children who are referred to the program are placed with screened and approved host families who *voluntarily* open up their home to the child while the biological parent maintains full custody of the child. The program also provides mentoring through “Family Friends”, who are trained parent mentors who come alongside and provide additional support to families in their own homes. The program’s objectives are:

1. **Child Abuse Prevention:** Providing a safe, temporary place for the child of a parent facing stressors without immediate support can avert potential abuse episodes.
2. **Family Support and Stabilization:** Host families provide the emotional and sometimes financial support, similar to that of an extended family, to assist the parents in crisis.
3. **Child Welfare Deflection:** The Safe Families program provides a safe alternative to child welfare custody without involving the complexities of the court.

Services provided:

- Screening and approval of all volunteers
- Host families who take in children without reimbursement and who provide for the needs of children at their own expense.
- Monitoring of children in host family homes by Family Coaches
- Referrals and support for placing parents by Family Coaches
- A network of volunteers who provide a wide range of supportive services to parents (e.g. mentoring, parent training, transportation, etc.).
- A network of volunteers who provide tangible resources for parents (e.g. beds, furniture, clothing, etc.)
- After-Care: Ongoing support and relationships after children are returned home via the network of host families, family friends, and resource friends.

- Professional staff who provide clinical supervision and oversight of all activities.

C. Scope and Scalability of the recommended initiative in terms of budget, timelines, and population served

Safe Families began in Chicago 10 years ago and has grown to 65 cities around the United States, the United Kingdom, and 1 city in Canada. In Michigan, Safe Families began in 2011, and has grown to a network of over 80 host families, and hundreds of volunteers. In the proposed expansion area of Lansing, Flint, and Detroit, dozens have expressed interest in becoming involved in the Safe Families movement over the past two years. All indications are present that the human capital is present to successfully launch in these areas. Safe Families for Children has proven ability to rapidly scale out to other locations in an effective manner. Using SFFC internal tools such as “Six Critical Factors for Success” and a “Pre-Approval Launch Checklist” ensure the program is initiated in a sustainable and replicable approach.

Currently, Safe Families has the capacity to increase the number of children served to 550 in the counties identified given the current and projected number of available host families and other volunteers that are available. These services can be initiated rapidly, and at a fraction of the cost of DHS foster care. Bethany is able to implement Safe Families for Children at a cost of about \$10 per child per day.

The populations to be served are children in families at risk of abuse or neglect. The target focus will be on children 0-5 years of age, with capacity up to age 18. The State of Michigan identifies these children as the Category III and Category IV referrals for child protection investigation. By addressing the risk factors causal to abuse or neglect, we can enhance the protective factors for stronger families and safe children.

D. Funding sources currently being utilized for the recommended intervention & identified state budgetary savings

Over the past three years, the Safe Families program has received over \$.5 million in funds from the private sector for operations (private foundations) within the State of Michigan. The community has shown a broad spectrum of support for SFFC through in-kind, individual donors, faith communities, businesses, family foundations, and community foundations. The highly collaborative nature of SFFC is reflective in the range of support from community organizations.

Safe Families for Children will save taxpayer money and increase governmental efficiency. In Chicago, Illinois where SFFC was founded, DCFS has recognized a multi-million dollar reduction in child welfare / foster care expenses due in large part to the SFFC initiative. In 2012, the State of Michigan spent approximately \$20,000 annually per child in the foster care system, or about \$55 per child per day (foster parent + agency administrative per-diems). Due to the power of community engagement and volunteerism, Bethany is able to implement Safe Families for Children at a cost of about \$10 per child per day. That represents a first year government/tax payer savings of \$46 per child per day; \$16,790 per child per year. Bethany’s Safe Families for Children program has demonstrated capacity to grow and expand service areas with limited resources over the last 3 years, with approximately 40% growth of volunteers and children hosted year after year. Safe Families has the capacity for 250 (placements) in existing service areas (Traverse City, Kalamazoo, Holland/Muskegon, and Grand Rapids), and can quickly implement (within 60 days) services in the Central, East, and Southeastern regions of MI (Lansing, Flint, and Detroit). These new service areas would offer capacity to serve an additional 300 placements. By preventing abuse and neglect, and

deflecting children from entering foster care, the governmental cost *savings* for these 550 placements, is \$9,234,000 *annually*. The cost to offer Safe Families at this capacity in all identified locations would be \$1,500,000 annually.

In a cost comparison by average length of stay, the savings is even more pronounced. Preliminary savings are indicated in the table below.

	Average Daily Cost	Average Length of Stay (days)	Cost per Child
Safe Families	\$10.00	45	\$450.00
Foster Care	\$55.00	450	\$24,750.00
		Savings per Child	\$24,300.00
		Past data: % of Children in Safe Families Re-Referred to CPS	3%
		Total to be served annually	550
		Total successful outcomes	533.5
		Savings	\$12,964,050.00

Safe Families is already connected with a number of private investors regarding this proposal. Preliminary discussions have been positive and there is genuine interest in leveraging resources if reasonable funding terms can be negotiated.

E. Outcome measurement

Initiating Safe Families for Children in Michigan will reduce the number of children entering the child welfare system in Michigan. The case sample below clearly demonstrates the impact on Cook County, Illinois. The Department of Human Services in Michigan, already has an elaborate data base system that tracks client outcomes. What is needed is a clear case identification process and guidelines to direct care staff (investigators) to process allegations of neglect to Safe Families. An external evaluator should be able to easily identify the necessary factors and track progress to confirm whether outcomes are being met. Safe Families maintains a secure online database to track additional information and outcomes. Cross analysis of data will confirm success of the program.

Technical Support: Bethany has had initial conversations about Safe Families’ evaluation approach and involvement in pay for success with Third Sector Capital Partners, who have partnered with Massachusetts to serve as lead intermediary in the nation’s first SIB sponsored by state government. Should the opportunity for a pay for success financing involving child welfare interventions emerge in Michigan in the form of a RFP, Bethany would welcome the opportunity to work with Third Sector to accomplish the deal construction and financial arranging required for the project.

Case Sample:

Illinois Intakes and Safe Families for Children

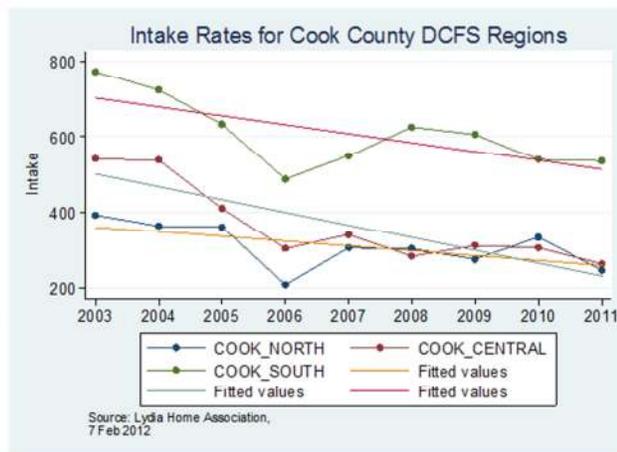
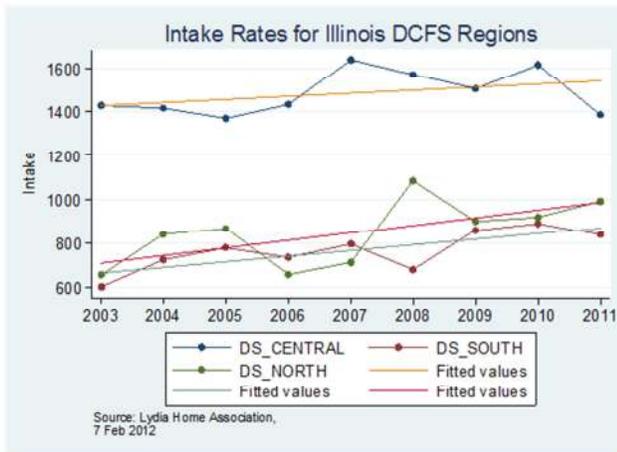
Research was conducted by the Juvenile Protection Association in IL, and some of the findings are indicated below. Safe Families in Illinois primarily operates in Cook South, Cook Central, and Cook North (3 regions of Cook county). Cook County is the county that encompasses Chicago and the majority of surrounding suburbs. The chart shows drops in all three cook regions where Safe Families operates in yellow, and increases in the three downstate (DS) regions where SFFC do not operate in green. It’s interesting that there are measureable decreases. While this may not be solely attributed to Safe Families, there certainly seems to be a correlation, and the know variable, unique to Cook County,

is SFFC. In addition to SFFC, there have been some initiatives such as an expansion of intact services, etc. However, almost all new initiatives were statewide so one would expect drops in the DS northern, DS central and DS southern regions as well. During the research, it was noted: *“I was told that Cook County is a model for the nation because it is a large urban area with very low child welfare intake rates. It was especially true during the recession when most other jurisdictions were seeing higher entry rates and Cook continued to drop”*.

Illinois DCFS Intakes by Location:

Year	DS NORTH	DS CENTRAL	DS SOUTH	COOK NORTH	COOK CENTRAL	COOK SOUTH	Safe Family Placements
2003	657	1,428	604	393	539	772	18
2004	841	1,416	727	364	536	723	101
2005	868	1,371	779	361	410	633	147
2006	660	1,433	736	210	304	486	97
2007	714	1,639	797	305	340	548	210
2008	1,085	1,573	682	303	284	625	405
2009	901	1,505	859	276	311	605	680
2010	919	1,616	890	333	305	538	910
2011	992	1,386	839	247	264	534	809

The first graph plots results for the three state regions (where SFFC is not active) and the second graph plots the results of the three Cook County regions (where SFFC is active).



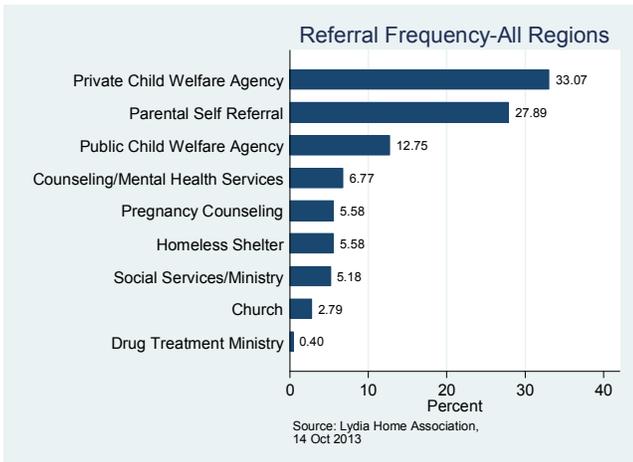
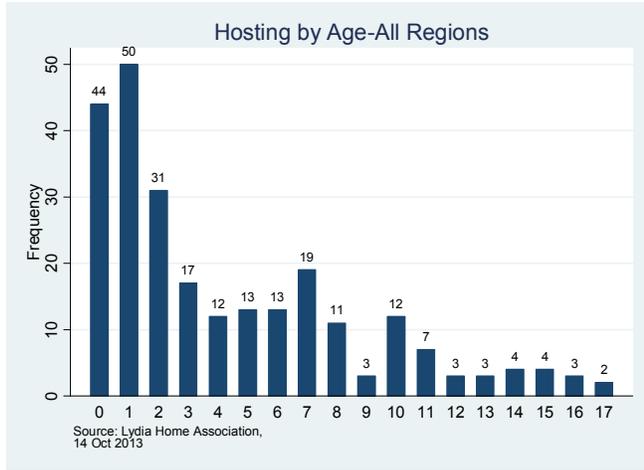
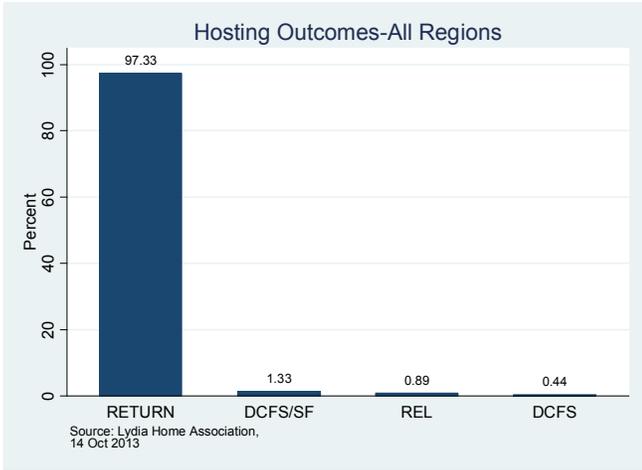
Why Safe Families should be considered:

- A network of volunteers (growing by 40% annually) are willing to provide significant services without expectation for financial reimbursement. Safe Families engages faith communities and other volunteers to engage in providing a community safety net for at-risk children and their families.
- Because all supports and services are provided by a network of highly committed and talented volunteers, massive cost savings can be accomplished and the intervention can replicate

state-wide with minimal resources.

- 10 year successful history (nationally), and almost 3 years successful history in Michigan, of providing deflection and prevention services to state child welfare agencies with significant positive outcomes (less than 5% DHS custody rate after Safe Family intervention)
- Safe Families is a network of faith communities and a handful of non-profits working together to create a massive volunteer driven, professionally supported safety-net.
- An intervention that has immediate cost savings to the state (neglected children in safe homes without state custody needed) with a high degree of safety maintained for children and support for parents
- Spread capacity- Since its inception, Safe Families has spread to 65 cities around the US (via franchise type agreements with other agencies), 3 in the UK, and 1 in Canada. Statewide spread of Safe Families is reasonable to expect after a successful pilot.
- Numerous recognitions: National Peter Drucker Award for nonprofit innovation; Ashoka – Social Entrepreneur/ social innovation; National social movement leader (founder) – Prime Movers Fund.

Michigan Safe Families Stats (existing sites)



Logic Model for Safe Families for Children™

	Assumptions	Activities	Outputs	Short-term Outcomes	Long-term Outcomes
Problem Statement	<p>Social isolation is a problem for many families</p> <p>Absence of support increases parental stress</p> <p>High parental stress &/or depressive symptoms is a risk factor for child maltreatment</p>	<p>Communication/outreach to the Child Welfare system</p> <p>Communication/outreach to community agencies</p>	<p>= of referral sources & Child Welfare workers with knowledge of SFFC</p> <p>= of referral sources & Child Welfare workers who refer to SFFC</p>	<p>Increase in % of Child Welfare cases which are referred to SFFC</p> <p>Increase in % of cases from outside agencies which are referred to SFFC</p> <p>Increased understanding among Child Welfare workers & leaders about SFFC and its' utility</p>	<p>Increased ability of referral agencies to serve their clients</p> <p>Decreased utilization & expenditures in the Child Welfare system for out-of-home care</p>
Solutions/Interventional	<p>Children at-risk for maltreatment may be served best by pathways outside Child Welfare</p> <p>Children at-risk for maltreatment have better outcomes with family preservation & empowerment</p> <p>Some parent are temporarily not able to care for their children</p> <p>Crises may be temporary or episodic, not permanent, a temporary solution may be needed</p> <p>If children are well cared for, parents are more likely to focus on personal change</p> <p>If safe alternative placements are available for the families of children at-risk for maltreatment, the Child Welfare system may not need to be involved</p>	<p>Identify and select placing families & conduct outreach</p> <p>Obtain written consent to the placement process from placing families</p> <p>In house services (referrals, counseling, parent training, assessment & treatment) for placing families</p> <p>Referred services (housing, drug treatment, employment, education) for placing families</p> <p>Child and placing family are facilitated to develop relationships with host families</p> <p>Planning for the child's return home and follow-up support for placing families</p> <p>Development of community networks including with the host family</p> <p>Identify volunteer resources and link placing families with these resources</p>	<p>= of placing families participating in SFFC</p> <p>= of children placed in host families</p> <p>= of placing families accessing referred and in-house resources</p> <p>= of placing families who returned to reuse a SFFC placement</p> <p>Placing families' satisfaction with the SFFC program (as indicated on the family survey)</p>	<p>Increase in % of placing families' children who return to the placing families</p> <p>Decrease in % of placing families' children who are screened into the Child Welfare system</p> <p>Increase in % of placing families that develop trusting & supportive relationships with host families</p> <p>Increased ability of placing families to safely care for their children</p> <p>Reduction of stress &/or depressive symptoms among placing families</p> <p>Enhanced ability of placing families to successfully navigate & manage crises</p> <p>Increase in % if placing families who have an established social network upon exiting SFFC</p>	<p>Increased child safety for children of placing families</p> <p>Increased well being for children of placing families</p> <p>Increased social networks for placing families</p> <p>Reduction of child maltreatment risk factors for placing families</p>
Success Factors	<p>Child Welfare systems and families need alternatives & are willing to explore new options</p> <p>Faith informed communities are a likely source of host families & are an untapped resource</p> <p>Families can be strengthened through increasing their protective factors</p>	<p>Identify & outreach process for faith based communities & host families</p> <p>Host family screening and training</p> <p>Monitoring & management of support services for children & host families (e.g. home visiting)</p> <p>Development of community networks for host families</p>	<p>= of host families interested in SFFC</p> <p>= of faith based communities participating in SFFC</p> <p>= of host families trained</p> <p>= of host families hosting children</p> <p>= of host families who host repeatedly</p> <p>= of host families who host the same child(ren) repeatedly</p> <p>Hosting families' satisfaction with SFFC</p>	<p>Host families have an increased awareness of & responsiveness to societal problems</p> <p>Faith based communities are invested in and committed to families at risk</p> <p>Mentoring relationships are maintained during & after hosting between placing & host families</p> <p>Trusting and supportive contact is continued during & after hosting between the host & placing families</p>	<p>Greater involvement of host families and faith based communities in addressing societal needs</p>

Footnotes

¹ McPherson, Miller, Lovin, Lynn, Brashears, Matthew, *Social Isolation in America: Changes in Core Discussion Networks over Two Decades*, American Sociological Review pg. 358.

² Children and Family Research Center, School of Social Work, University of Illinois at Urbana-Campaign. *Report on Outcomes for Children Who are the Responsibility of the Illinois Department of Children and Family Services. 1998*

³ Caron Kaplan, Patricia Schene, Diane Depanfills and Debra Gilmore, *Shining Light on Chronic Neglect, Chapin Hall Volume 24/Number 1 Page 1*

⁴ Ibid

⁵ DePanfilis, Diane and Zuravin, Susan, *Predicting Child Maltreatment Recurrences During Treatment*, Child Abuse & Neglect, Vol. 23 pg 740.

⁶ Wilson and Horner, W. (2005). Chronic child Neglect; *Families in Society; The Journal of Contemporary Social Services*, 86 (4) 471-481.

⁷ Sedlak & Broadhurst, (1966) *Third national incidence study of child abuse and neglect*. Rockville, MD, US Department of Health and Human Services.

⁸ Wilson, D (2007) Chronic child neglect; *Families in Society: The Journal of Contemporary Social Services*, 86 (4) 471-481.

⁹ McEwen, B.S. (1998) Protective and damaging effects of stress mediators, *The New England Journal of Medicine*, 338, 171-179.

¹⁰ Herskowitz, Sieck & Fogg, (1989) *Substance Abuse and family violence: Identification of drug and alcohol usage during child abuse investigations* Massachusetts Department of Social Services.

¹¹ Hamilton, B.E., Martin, J.A., and Ventura, S.J. (2010). Births: Preliminary data for 2009. *National Vital Statistics Reports*, 59(3). Hyattsville, MD: National Center for Health Statistics.

¹² Federal Interagency Forum on Child and Family Statistics. *America's Children: Key National Indicators of Well Being, 2011*. Washington, DC: U.S. Government Printing Office.

¹⁵ Chapin Hall Center for Children, *Chicago Children and Youth 1990-2010: Changing Population Trends and Their Implications for Services*, 2007.

¹⁶ Sedlak, A.J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., and Li, S. (2010). Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress, Executive Summary. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.

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