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# Family Preservation Services to At-Risk Families: A Macro Case Study

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Charles A. Sallee and Alvin L. Sallee

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*Family Preservation, also known as In-Home Safety Service Programs, uphold the ideal that a family setting is best for children by helping to prevent foster care placement and ultimately saving the state unnecessary budget expenditures for foster care. In-Home Safety Services need to play a more balanced role in the child welfare system in Texas. The data collected allow for a descriptive profile of In-Home Safety Services (IHSS). Trends over approximately a five-year period are examined in regards to child population, alleged reports of child abuse/neglect, substantiated cases of child abuse/neglect, children in foster care/substitute care, number of children receiving In-Home Safety Services as well data on staffing levels, caseload per worker, and funding.*

## Introduction

Family preservation has a history of providing a safe alternative to removing children from their families. Family preservation provides services to at-risk families with the goal of maintaining children safely in their homes, and preventing foster care. The National Conference of State Legislatures reports that spending for foster care, approximately \$7 billion in federal and state spending, exceeds the amount spent on all other child welfare services combined, including abuse prevention, child protection, and family support and adoption services. This figure does not include the associated social cost to families and children that leads to more expensive social problems. If families are already in crises and most likely at risk, why wait for an incident of abuse or neglect to be reported to child protective services for that family to have access to family preservation services?

A study of the current Family Preservation services was undertaken in the second largest state, Texas, to establish a descriptive profile of In-Home Safety Services (IHSS) for the Texas State Legislature. The baseline information from 5 years of experience with Family Preservation identifies trends in regard to child population, alleged reports of child abuse/neglect, substantiated cases of child abuse/neglect, children in foster care, and the number of children/families receiving family preservation services. Data were also collected on IHSS staffing and levels, caseload per worker, and funding. This article presents an overview of Family Preservation, funding streams, the research methodology, findings, and analysis. With the election of former Governor, George W. Bush, as President, the experience of Family Preservation in Texas may take on additional importance.

## Family Preservation: History and Background

Family preservation programs began to increase dramatically after the federal government's initiative to fund more services that protect children in their own homes. The Family Preservation and Support Services Act in OBRA 1993 allocated almost 1 billion dollars in spending over five years for states to conduct planning and family preservation and support programs (GAO, 1997). The federal government has since re-authorized the 1993 legislation and renamed the program Promoting Safe & Stable Families (ASFA, 1997).

### What is Family Preservation?

It has been difficult to find a commonly accepted definition of family preservation through the years (GAO, 1995; Briar, Broussard, Ronnau, Sallee, 1995). Often, family preservation services and family support services are used intermittently. Family preservation and support, as defined by Briar, Broussard, Ronnau, Sallee (1995), should be viewed more as an approach to practice and "a philosophy guided by values which uphold the uniqueness, dignity, and essential role which families play in the health and well being of their members (pp. 7, 1995)." This approach can be applied to a wide range of policy initiatives, programs, and organizations, thus releasing it from restrictions of being a certain type of model.

However, family preservation and support services are defined for programmatic reasons. The Family Preservation and Support Services Act of 1993 defines family preservation services as "typically designed to help families alleviate crises that, left unaddressed, might lead to the out-of-home placement of children (pp. 4, GAO, 1995)." Family preservation programs are often called by various other names, such as in-home services, home-based services, family-centered, family-focused, or family-based services (Briar, Broussard, Ronnau, Sallee, 1995; Nelson & Landsman, 1992). Family support programs are much larger, community-wide initiatives and sometimes overlap with family preservation, making a distinction unclear sometimes (GAO, 1995; Briar, Broussard, Ronnau, Sallee, 1995). Yet, both are focused on the family as a whole, and their service models are reflective of the family preservation philosophy.

Family preservation programs in general serve to prevent out-of-home placement and are also used for providing support to families reuniting after a foster care placement. Family preservation is an in-home service for at-risk families and is only used when the safety of the children can be assured. Services are made available to serve families where abuse and neglect has been identified or a danger of abuse is present. Participation in services is usually mandatory if the child is to remain at home with the family or returned home from foster care. Family preservation values include recognizing that families have the potential to change, and want to, members should be empowered to resolve problems,

and family members themselves are crucial partners in the helping process (Lloyd, Sallee, 1994).

Intensive family preservation services seek to stabilize families at imminent risk of separation due to abuse or neglect (Liederman, 1995). Family preservation programs encourage building of skills for family well being. Staff usually maintain a small caseload of 2-6, in some models, spend up to twenty hours a week with a family and are available around the clock (McCroskey, Meezan, 1998). Some other distinguishing features include a very limited time frame, especially with intensive services, clearly measurable goals, and extraordinary flexibility (Briar, Broussard, Ronnau, Sallee, 1995). Workers will utilize multiple theoretical orientations, including crisis intervention, systems approaches, or emphasizing cognitive and behavioral changes (McCroskey, Meezan, 1998).

### **Funding for Family Preservation**

With the passage of the Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272), a heightened awareness of children having the right to a safe and permanent home was established. This landmark legislation created Titles IV-E, and IV-B of the Social Security Act. A federal entitlement funding stream for foster care payments was made available with Title IV-E, and a capped funding stream for child welfare services was created in Title IV-B. This was the first major shift towards family preservation as the Act called for family preservation programs to prevent out-of-home placements. Public Law 96-272 increased child welfare spending for family preservation services, yet overall spending still has not kept up with demands placed on the system (Green, Tomlin, 1999; Courtney, 1997).

A need was recognized in the child welfare arena for more services to supplement the area between child abuse investigations and out-of-home placements. Not until 1993 did legislators provide more funding for in-home services to prevent unnecessary placement of children in foster care. The subsequent Family Preservation and Support Services (FPSS) Program under Title IV-B, subpart 2, was created. States now had a federal funding stream of almost one billion dollars in grants dedicated to providing at-risk families with community-based support programs, family preservation programs, and money for evaluation and research in the areas of family preservation and support services (Liederman, 1995; GAO, 1995). The amount of money given to each state is based on the percentage of children receiving Food Stamps (GAO, 1995).

The 1997 Adoption and Safe Families Act (ASFA) re-authorized the Family Preservation and Support Services program. Funding was set at \$875 for three years, and the program was renamed to "Promoting Safe and Stable Families (Public Law 105-89)." The provisions of ASFA were funded by reducing the \$2 billion contingency fund for the TANF welfare program by \$40 million over five years. Family preservation, in a sense, is

already being funded by TANF money despite the overall decrease in federal spending on poor families.

Currently, there are multiple funding streams for states to utilize in paying for family preservation services. It is important to note that family preservation services don't necessarily need to be used in child protective services, but have been effectively utilized in such other social service arenas, such as mental health and supporting families with a developmentally delayed children (Briar, Broussard, Ronnau, Sallee, 1995). Funding streams reflect this. Family preservation has traditionally been funded through Title IV-B programs, but some activities can actually be funded under Title IV-E, such as up front assessments. Money from the Social Services Block grant, the Child Abuse Prevention/Treatment Act and even money from the TANF block grant can be utilized to fund some family preservation services.

### **Family Preservation in Texas**

Texas, like many other states, began providing services to prevent unnecessary out-of-home placements after the 1980 Adoption Assistance and Child Welfare Act (P. L. 96-272), and then began focusing on Family Preservation services following the Family Preservation and Support Services Act of 1993. The Adoption and Safe Families Act of 1997 changed the name of the Family Preservation and Support Program to the Safe and Stable Families Program in an attempt to emphasize child safety. In response to the ASFA legislation and to emphasize the shift in philosophy of services towards child safety, the Texas Department of Protective and Regulatory Services (DPRS) changed the name of their Family Preservation programs to Family-Based Safety Service programs (FBSS). In-Home Safety Services are one type of service provided by CPS in their FBSS program and will be the focus of study. It is important to note that Family Preservation Services and In-Home Safety Services are one in the same, despite the name differences.

### **Research Methodology**

This research project provides a profile of In-Home Safety Services provided by the Child Protective Services Division of the Department of Protective and Regulatory Services. The population studied is CPS In-Home Safety Services and the statistics that CPS produces about children involved in their agency. This project gives a general overview of how the programs fit within the realm of other child protective services at TDPRS, and the general makeup of who provides the services, what type of services are provided, how many families are involved, and how the program is funded.

### Specific Data to Be Studies

The data collected allow for a descriptive profile of In-Home Safety Services (IHSS). Trends over approximately a five-year period are examined in regards to child population, alleged reports of child abuse/neglect, substantiated cases of child abuse/neglect, children in foster care/substitute care, and number of children receiving In-Home Safety Services. Staffing levels, caseloads/worker, and funding are also analyzed.

### Data Collection Procedures

A survey submitted to the Director of the Child Protective Services Division at TDPRS serves as the data collection tool. A meeting was set up between the head of Government Relations at TDPRS and the Director of CPS to review the appropriateness and feasibility of the survey.

The survey was returned with a majority of the sections completed. Data were broken down by county in the areas requested, and further data on out-of home placements was provided. At the time of the survey, some FY 1999 data were not available. Information regarding average caseload/worker were not available at the county level, but regional data were subsequently provided.

### Research Results

Results of the survey are compiled in five sections; description of services, IHSS workers, county specific child abuse/neglect and services data, funding, evaluations, and conclusions.

### In-Home Safety Services

The Family-Based Safety Services program provides three types of In-Home Safety Services within Child Protective Services (CPS). Levels of service are divided between *Regular*, *Moderate*, and *Intensive* depending on the degree of risk of removal of the child from the home. These services are offered to families when an investigation by CPS has either identified a serious risk of abuse/neglect or has validated abuse/neglect in the home. The services are provided to a family whose children have not been removed from the home and whose purpose is to ensure the safety of the children within the home. The goal of the program is to protect children and strengthen families by providing services that focus on the family as a whole. The services are tailored to meet the individual family's needs through the use of home- and community-based services. If staff, at any time, determines that safety of a child can no longer be ensured, a plan for the safety of the child is implemented immediately. This plan may include petitioning the court for removal of the

child from the home. Services are either provided directly or are contracted with local agencies (contracted services are not included in this study).

Regular In-Home Safety Services, at CPS, focus on reducing the risk of abuse/neglect when a child is not in immediate danger of removal from the home. No average caseload per worker was reported in the survey, but the 1998 CPS Caseload Standards Committee recommended a caseload of between 10-14 cases per worker. A family should be seen for a face-to-face visit for a total of 5 to 8 hours per month, with a minimum of one contact per week required. Generally, the length of services ranges from 180-270 days.

Families that have a higher risk of abuse or neglect that may lead to the removal of a child receive Moderate In-Home Safety Services. Services are shorter, generally three to four months, and workers are required to spend more time with the family, 8 to 12 hours per month. Caseload size ranges between 8-12, though no data were available..

Intensive In-Home Safety services are reserved for those families who need intensive assistance to protect their children to prevent out-of-home placement in the immediate short-term future. These services are high intensity and require small caseloads for workers as they are required to see the family face to face for 15-20 hours per month, with a minimum of two contacts per week. The 1998 CPS Caseload Standards Committee recommended a caseload of between 4-6 cases per worker.

### **In-Home Safety Services Workers**

All workers at CPS are required to meet certain criteria for employment and IHSS workers must meet the same requirements. In-Home Safety Services workers are required, as all other CPS workers, to have a four-year college degree and PRS training. Though no requirements are set forth, individuals with clinical experience, a Master of Social Work degree, or tenured CPS caseworkers are viewed as more desirable for IHSS positions.

Caseload data were provided for *Intensive* services by region. Data were available by region for fiscal 1997 through February of 2000. Caseload data broken down by level of service and county were not available. This does not allow for a county-to-county comparison as rural area offices may not designate IHSS workers at a specific level as city offices do. The data are helpful for a general understanding of worker caseloads in the heavily populated regions where the counties being studied are located.

Since fiscal 1997, Texas has seen an overall increase in IHSS worker caseloads. Except for Region 8, which includes Bexar County, all of regions with counties being studied had worker caseloads increase. Region 7, which includes Travis County, Intensive IHSS worker caseloads increased from 5.8 in fiscal 1997 to 12.7 as of February 2000. The average for all of Texas has doubled from 3.5 to 7.1 in that same time period.

In 1998, recommendations for caseload standards were reported to the Texas Commissioner on Health and Human Services (TDPRS, 1998). The report recommended Intensive Services standards be set at 4-6 cases per worker, Moderate at 8-10, and Regular at 10-14 cases per worker (TDPRS, 1998). The standards are used to help determine the number of caseworkers and the number of cases assigned.

### Intensive IHSS Worker Caseload

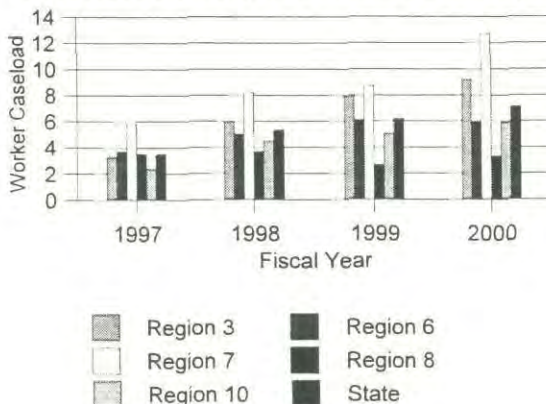


Table I

### In-Home Safety Services Workers, Feb. 2000

County	Regular	Moderate	Intensive
Bexar	33		7
Dallas		13	41
El Paso	14	3	3
Harris	56	7	27
Tarrant			20
Travis	10		2

The implementation of these standards is dependent on the availability of appropriated funds from the legislature. Since 1997, the statewide average including Regions 3 and 7 has exceeded the standards recommended.

The number of In-Home Safety Services workers varied across each of the eight counties for 1999. Each level of services varied in the amount of workers that carried that level of cases, across the counties. Some counties focused on Regular services, while others only have IHSS workers doing Intensive caseloads.

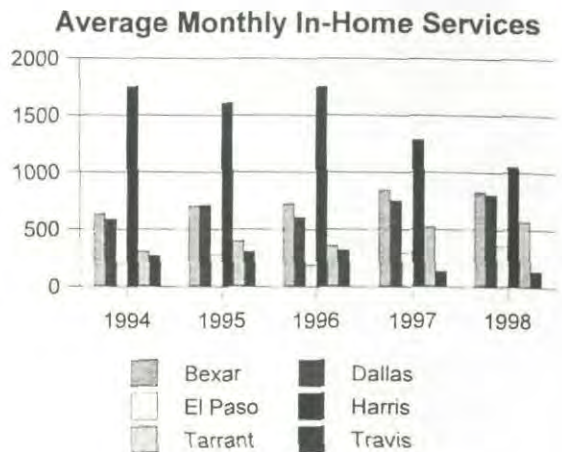
### **Data Results on Child Abuse/Neglect and Services Provided**

Data from eight of the largest counties in Texas (Bexar, Dallas, El Paso, Harris, Tarrant, Travis) were provided for child population, alleged/confirmed victims, children in foster care/substitute care, and children receiving In-Home Safety Services from 1994-1999. See Appendix I for complete tables of data. No data were available from 1999 at the time of the survey.

The average monthly caseload of children receiving In-Home Safety Services in Texas has declined. From 1995 to 1998, the average monthly caseload of children receiving IHSS services decreased by 1,256 children. It was unclear, from the data received if these figures were for in-homes services to prevent out-of-home placement or also reunification in-home services post-foster care. Family Preservation's principles would still apply.

During the five-year period, trends of In-Home Safety Services (IHSS) were studied at the county level and results were mixed. A decrease of over 700 cases in the monthly average of children receiving IHSS occurred in Harris County during the five-year period starting in 1994. Travis County experienced over a fifty-percent drop in their monthly average caseload, whereas El Paso increased its average by over forty percent. Tarrant and Bexar Counties are very similar in child population. As a percentage, Tarrant County, had fewer confirmed victims of abuse than Bexar, and the average IHSS monthly caseload reflects this. The amount of workers at each service level varies in each county and may explain some differences. If a county uses a majority of their human resources for intensive level cases, then the amount of families served per month would decrease and visa versa.

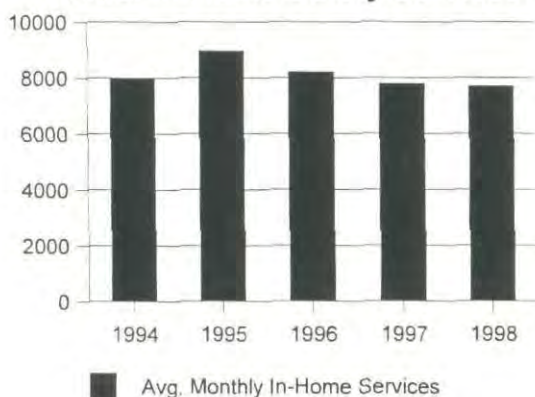
The 1999 data suggest that Tarrant county focuses on *Intensive* services, and Bexar on *Regular* services. Tarrant County designates all twenty of its workers as Intensive IHSS workers. Despite being a similar size county, Bexar has twenty more IHSS workers, but



only designates seven workers at the *Intensive* level. The rest provide *Regular* IHSS services. If this was true over the past four years, then it would explain the higher number of clients served in Bexar county as Regular workers can handle larger caseloads. It is unclear as to what the actual caseload per worker is over that time period.

The number of children in foster care and substitute care stayed relatively stable over the four-year period, until 1999. Texas averaged around 38,000 children in out-of-home care from 1994 until 1998. In 1998, Judge Scott McCown issued a Petition in Behalf of the Forsaken Children in Texas to the Governor and the 76th Legislature, which called for increasing funding for child welfare services, which was second lowest per capita in the nation. Governor Bush responded and pledged to increase funding and foster care services (TDPRS, 1999). In fiscal 1999, CPS removed 8,650 children from their homes, up from 6,917 in fiscal 1998 and 6,746 in fiscal 1997 (TDPRS, 2000). Some funding increases for foster care, and other child welfare services were appropriated using a variety of methods. General revenue state funds were supplanted with welfare reform, Temporary Assistance to Needy Families block grant funds, and state TANF-Maintenance of Effort (TANF, MOE) funds, but ultimately did not significantly increase overall child welfare spending.

### Texas: In-Home Safety Services



### In-Home Safety Services Funding

Funding for In-Home Safety Services in Texas is minimal and not cost effective. As noted earlier, the biggest child welfare cost is foster care payments (Courtney, 1998). The Adoption and Safe Families Act created shorter time lines for permanency planning when children are removed from the home. States must now spend more time, energy, and money speeding up the process through a judicial system. Associated cost to the legal system and added time for CPS workers to be involved in court cases rather than working with families, as they are hired to do, is inefficient and unfair to other families on the caseload. Investing in IHSS to provide child protection in the home saves money because ASFA time frames for permanency planning are not required, thus avoiding the costly legal system.

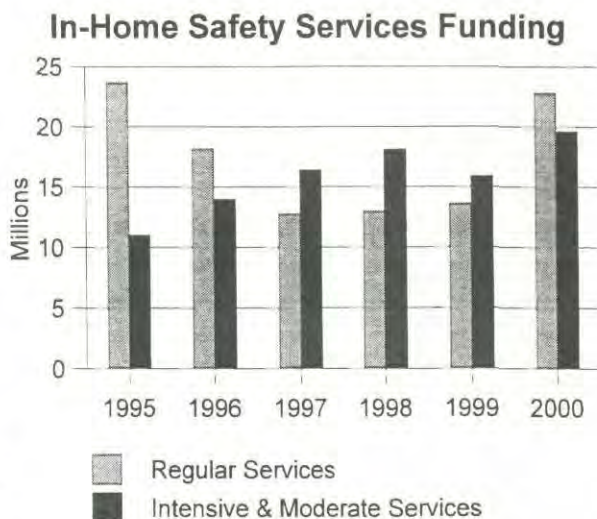
Family Preservation saves states money, and ultimately improves families. Spending on foster care exceeds \$3 billion, and spending on all out-of home placement is \$7 billion

nationally (Courtney, 1998; Geen, Boots, Tumlin, 1999). Texas General Appropriations Act increased the budget for foster care payments to \$550 million, up \$50 million over 2000-2001 (HB1 Conference Report, 1999). Intensive IHSS services budget was increased only one million, to \$29 million over the same period (CPPP, 1999).

Texas has a mixed variety of funding streams for its IHSS programs. It utilizes all of its grant money from Title IV-B subpart 2, (Family Preservation and Support Program [FPSS], now Promoting Safe and Stable Families program [PSSF]), and a mix of state general revenue, Title IV-B subpart 1 child welfare money, and some Title XX Social Services Block grant money.

Texas funding for Moderate and Intensive IHSS services comes from the PSSF Title IV-B grant and general revenue funds. The money pays for the staff providing services and for purchased services. Texas has made an effort in recent years to increase the amount of purchased child welfare services (TDPRS, 1999). Regular IHSS services utilize more of a mix of funding streams, and have experienced inconsistent funding levels. For fiscal 2000, the emergency assistance and protective daycare budget reflects supplanting of state general revenue and Social Services Block Grant funds with TANF and TANF funds transferred to the Child Care Development Block Grant funding stream. This did not represent any significant overall increase in funding for *Regular* IHSS services. For fiscal 1996 and 1997, no money was allocated for emergency assistance projects, but was reallocated for fiscal 1998-2000 using TANF money. The largest increase of money has been directed at Protective Day Care programs in the Regular IHSS services budget, which increased by 4.7 million in fiscal 1995 to a budgeted 8.4 million in fiscal 2000.

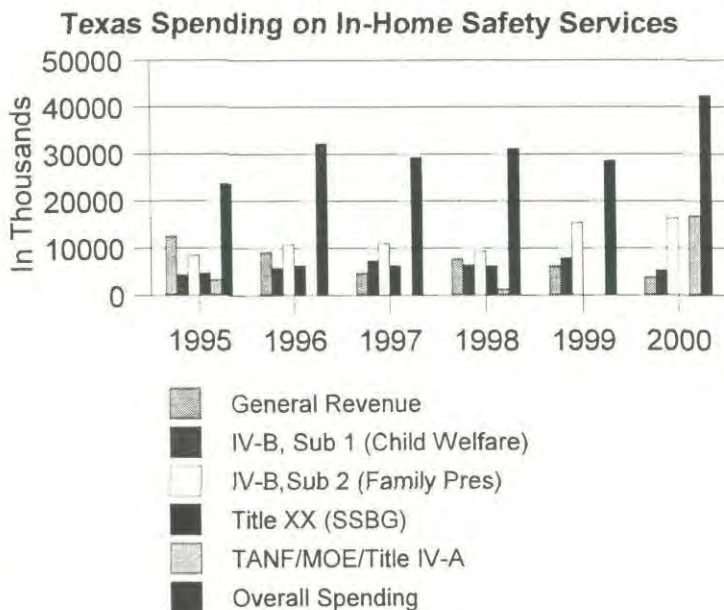
Other changes in the budget include a sharp decrease in use of state general revenue for *Regular* IHSS services. State general revenue funds for all IHSS services decreased from a high of 12.5 million for fiscal 1995 to a low of 3.8 million budgeted for fiscal 2000. By supplanting general revenue spending with TANF-Maintenance of Effort (MOE) funds, the state decreased state general funds for *Regular* IHSS services, despite the overall budget increase to 22.8 million in fiscal 2000. For a state to obtain its TANF grant, it must maintain



an effort of spending on services that it provided prior to the 1996 welfare reform legislation. Yet, in 1995, the state spent \$3.3 million on emergency assistance of its general revenue. For budgeted fiscal year 2000, the state did not use any general revenue but spent \$7.4 million in TANF-MOE funds for emergency assistance. Texas has utilized a loophole in the 1996 legislation which allows states that were spending relatively little on a

state-funded service to supplant large amounts of TANF-MOE for general revenue to free up state dollars for other purposes outside of TANF. While it may seem appealing to utilize TANF to increase spending, this budgeting approach did not significantly increase funding levels and services to families. It puts future funding in jeopardy if Congress does not reauthorize TANF funds at their current level and is not in the spirit of the 1996 legislation.

Funding for Regular IHSS services was cut drastically, to a low of \$12.8 million in fiscal 1997 from a \$23.7 million in fiscal 1995. A drop in state funds of over \$4 million from fiscal 1998 to budgeted fiscal 2000, Intensive and Moderate services' budgets experienced an overall budget increase to \$19.6 million for budgeted fiscal year 2000 because of increases of Title IV-B grants. Supplanting general revenue allowed TANF-related dollars to become the second largest category of funding and increase overall spending. CPS still relies heavily on Title IV-B money for Intensive and Moderate IHSS services and has decreased support from state general revenue. Title IV-B, subpart 2 funding for IHSS programs is based on the percentage of children receiving food stamps (GAO, 1995). The recent steep declines for Texans receiving food stamps could have an adverse effect on future funding for IHSS services, especially with the decline in use of state general revenue.



### **In-Home Safety Services Evaluations**

The Department of Protective and Regulatory Services reported that no comprehensive state evaluations have been conducted for the Child Protective Services In-Home Safety Services Program. Child Protective Services is required by federal law to track results of their Family Preservation programs and report the results in reaching their goals set out in the state's five year plan (GAO, 1997). The Department is currently evaluating the effect of its intensive Family Preservation services outcomes and has designed a "data warehouse" for the extraction of related data from its computer system (TDPRS, 1999). It was unclear after further inquiries, as to the specific data tracked beyond what was reported in the initial survey. What are the outcomes being tracked? What are the results? Are any counties or regions performing at an exceptional level? If so, then publicize the good work In-Home Safety Services is doing! These questions need to be answered and made more accessible to the Legislature.

### **Research Conclusions**

Research conclusions include increased caseloads per worker, troubling funding trends, lack of a comprehensive evaluation, yet good opportunities for positive change. Counties with all three levels of In-Home Safety Services have a greater opportunity to tailor services to meet the needs of the many families they serve and for the time period that is needed to strengthen the family unit. Counties that implement only Intensive IHSS programs, limit options to serve families that are not at imminent risk, but who still need In-Home Safety Services.

Some troubling trends were revealed in the research. The clearest and most troubling is the doubling of caseload-per-worker averages statewide. A reduction in the caseload per worker should continue to be a primary concern for PRS and the Legislature. While increases in Full-Time Equivalents will help, a better system for managing caseloads needs to be implemented (Lloyd, Sallee, 1997). Caseworkers cannot be expected to provide services with caseloads exceeding standards. While a majority of the Regions that include the most populated counties have also seen sharp increases, they are still within the recommended caseload range. Expanding the funding of IHSS programs and reducing caseloads will ultimately help increase safety and reduce the risk to children, and possibly reduce the risk of lawsuits. The research reveals no clear direction for Texas as a state, other than maintaining the status quo. State and county caseloads for IHSS programs, and the variance in staffing levels for each major county did not reveal any clear direction for Texas, or any significant trends, other than a sharp increase statewide in the number of children placed into foster care.

It would be more beneficial to have the some further pieces of information. The number of staff for each level of service in each county for all years studied would be helpful to understand any changes in focus on each level of services. This was more apparent after caseworker average caseloads by county were not available. Comparing staffing levels and what level of services the staff provides would give a clearer picture over time of the focus that the county has on providing IHSS services. Average caseloads per worker would allow for analysis of each county's progress in meeting national standards. If worker caseloads are too high, as Judge McCown's (1998) petition points out, it puts children at risk.

The commitment to the family preservation concept has remained largely in individual counties with no clear direction for the state as a whole. Texas has not put forth a significant effort to expand family preservation programs or philosophy state-wide since 1995. If counties or regions are having exceptional outcomes in IHSS programs, then the Legislature and public need to know. Unfortunately, Texas relies heavily on the philosophy of protecting children through foster care as is evident by the 1999 PRS budget increases, stated philosophy, and subsequent increase in children placed in foster care (TDPRS, 1999). A more balanced approach statewide to removal vs. in-home protection, reduces risks for children and ultimately strengthens families. The most accurate assessment of risk requires a balanced application of those approaches in successful family preservation (Lloyd, Sallee, 1994).

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