

# ***Disproportionality of Ethnic Minority Children in Out-of-Home Care: San Francisco County Human Services Agency's Efforts to Respond to Community and Local Government Concerns***

SHARON (SUNNY) BURGAN

## **EXECUTIVE SUMMARY**

### **Background**

San Francisco County has had a disproportionate number of African American children in out-of-home care since the mid 1980's, primarily due to what in hindsight is considered a racist policy of zero tolerance for substance abuse exposed infants. The San Francisco Human Service Agency has been aware of the problem, and has yet to be successful in any substantial reduction in the numbers. However, the demographics of San Francisco, where the African American population is dramatically decreasing, may mean that the "problem" will eventually be resolved, as the number of African American children in out-of-home care will decrease.

### **Implications for Santa Clara County**

Santa Clara County has a dramatic overrepresentation of Hispanic children and African American children in out-of-home care. However, the governmental structure in Santa Clara County does not lend itself to the intensity of governmental involvement seen in San Francisco. Furthermore, Santa Clara is much more diverse in size, with multiple cities and police jurisdictions. The report, *Raising Our Children Together*, indicates chronic marginality and institutional racism as clear reasons for the disproportionality. Santa Clara will need to establish a collaborative process to address chronic marginality and take a hard look at policies and training to address institutional racism.

The issue of disproportionality of children of color has been a focus nationwide in both the child welfare system and the juvenile justice system. The 2000 census results brought the issue into sharp focus, when the numbers of children in the systems compared to their percentage of the local population showed drastic differences.

California has 58 counties, and in many of them the problem of disproportionality manifests differently. In Santa Clara County, the overrepresentation is substantial for African American children, and drastically so for Hispanic children. In San Francisco County, the overrepresentation is enormous for African American children. Both counties have been involved with the Family to Family Program, funded by the Annie E. Casey Foundation. San Francisco has also participated in Casey's Break Through Collaborative, which is a program directly addressing the issues of disproportionality and disparate outcomes of children of color in the child welfare system.

The author observed San Francisco's planning process for its efforts to reduce the disproportionality, in hopes that what they are doing would be helpful for Santa Clara County.

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## **San Francisco County**

In San Francisco County, the Inter-City Family Resource Network, Inc. initiated a proposal for a disproportionality project, with funding by the Stuart Foundation and support from the Youth Law Alliance and the Casey Foundation. The process has involved the extensive involvement of, and focuses on, the San Francisco Human Services Agency (SF-HSA). The published report, *Raising Our Children Together: A Report of Recommendations for Reducing the Disproportionality of African American Children in San Francisco's Child Welfare Community*, was produced in November 2004.

The report offered a major conclusion that the disproportionality of African American children in San Francisco was due to the chronic, socio-economic marginality of African Americans as well as institutional racism. The report made nine specific recommendations.

Based on this report, Supervisor Sophie Maxwell initiated legislation at the Board of Supervisors to establish a task force to work on the recommendations made in the report. The San Francisco Foster Care Improvement Task Force (FCITF) is made up of voting members appointed by the Board of Supervisors. The report recommended that since the foster care is under the auspices of the San Francisco Human Services agency, the Agency "must be the principal agent for change." To accomplish change it is important that the SFHSA appoint a "dedicated internal team to develop an action plan addressing disproportionality as well as assume major responsibility for initiating interdepartmental collaborations described in the recommendations. The team would

also provide regular progress to the Board of Supervisor's Task Force on Disproportionality" (*Raising Our Children Together*, p. 46).

The Family and Children's Services program (FCS) of SF-HSA is the department concerned with this assignment. They have incorporated this assignment with their AB 636 outcomes, reporting on disproportion within each of their AB636 measures and using AB636 as benchmarks for their progress. A number of the FCS staff are assigned to the team that prepares reports for the FCITF.

The Task Force was given the following information at a April 4, 2007 meeting:

- In 2004, FCS had 300 African American children enter out-of-home care. Their total in care number of African American children was 1,540. That figure is 70% of their caseload, with an African American child population in San Francisco of 11%.
- In 2005, there were 217 admissions of African American children into out-of-home care, and the total number of African American children in care was 1429.
- This is 83 less African American children coming into care in 2005, plus 28 African American children exiting care, for a total decrease of 111. Even with this number of decreased cases, African American children in out-of-home care are still 70% of the caseload.

In looking at the statistics presented on April 4, 2007, it is very hard to pick out exactly what in San Francisco led to the decline in the African American caseload between 2004 and 2005. It may well be that the intense focus on this issue, following the release

of the 2004 report, was a precipitating factor. This is very much a reflection of the political environment in San Francisco, where the authority for intervention into the problem is at the Board of Supervisors level. Community members at the FCITF meeting on April 4, 2007 described that percentage as a “crime.”

The presence of Supervisor Sophie Maxwell in the FCITF meeting was quite dynamic. Her presence also brought focus to the problem, in that it was not an aide who attended, but the actual Supervisor, who spoke passionately about the issues. The community members (some of whom were voting members of the FCITF) expressed their frustration with what they saw as the lack of progress by FCS. Some of the information presented by FCS staff was confusing which increased feelings of anger and frustration. The group was able to reach consensus that there was a fundamental problem in that all relevant players were not available to solve this problem. There was agreement that representatives from the Drug and Alcohol Program for the county, the Housing Authority, education services, and the Adult Probation Department needed to contribute their expertise to the problem.

Supervisor Maxwell described herself as an individual who could motivate these other important players to get involved. It remains to be seen if they will, but it is clear that the collaborative process mentioned as necessary in the original report still needs to be implemented. One of the proposals FCS has made is to develop a substance abuse program that is specific to the needs of African American clients. However, they have postponed working on that proposal until next year.

San Francisco has put into place an assigned champion for the disproportionality issue, known as the FCS Disproportionality Project Manager. This function has been added to Robin Love’s normal assignment. They have also proposed creating a specific unit to focus on disproportionality strategies. The unit is to have hands-on supervision, with weekly case reviews. All of the unit will undergo the training “Undoing Racism.” The proposal at this time is

for the unit to have vertical case assignment. The staff are to have resources that include wrap around services, flexible funding to address service gaps, specialized needs, material resources, and an emergency fund.

The San Francisco Mayor’s Office has implemented a program known as “Communities of Opportunity.” This is described in a press release of October 20, 2004 as: “An innovative and collaborative effort between the City and County of San Francisco and the philanthropic community to foster asset accumulation, good child care, education, health care, jobs, business opportunities, and affordable housing for San Francisco’s most disadvantaged neighborhoods.” This project came out of research done by SFHSA staff, which showed that a small number of families used the resources of the agency, living in very specific areas, known as the Seven Street Corners. The plan is to target these areas for strategic coordination of services across city and county departments. The project has not been launched yet, as they have only recently hired a Project Coordinator.

However, there is yet another phenomenon that may be a precipitating factor in the decline of entries into out-of-home care. This is related to the demographics of San Francisco. The San Francisco Chronicle of April 9, 2007, had a lead front page article entitled “S.F. moves to stem African American exodus.” “Critics say efforts to reverse longtime trend may be too late.” The article reports that San Francisco officials are now calling the thousands of black people who have moved away “the African American Diaspora,” and the Mayor’s office is putting together a task force to figure out what can be done to preserve the remaining black population and cultivate new residents.

The black population in San Francisco in 1970 was 96,000 (13.4% of the total population). In 2005, the estimated black population was 47,000 (6.5% of the total population). The 2000 census found 12,793 African American children in San Francisco. The mid-decade census estimate is 10,112. This is a 21% decline in six years. According to the Chronicle article, this phenomenon is also occurring in Oakland and Los Angeles.

In San Francisco, the African American population dates primarily from the era of World War II, when many African Americans migrated to work in the shipyards. They were able to afford homes in the surrounding area, which is now referred to as Bayview and Hunter's Point. As housing costs in San Francisco have soared, this area in the southeast part of the city has become the last bastion of "affordable housing," much of which is undergoing a process known as "gentrification." The long-term residents have been able to sell the homes for substantially more money than they paid for them and have moved to more inexpensive areas to buy more luxurious homes than they previously had.

This area of the city had been somewhat isolated in terms of mass transit. Bus travel was lengthy and arduous. In Spring, 2007, a new Light Rail (T-Line) became operative, linking the area to the rest of the city in a much less arduous and faster way. In anticipation of this, the gentrification phenomena heated up, and it appears that it will develop even faster due to this light-rail line becoming operational.

How all of this is impacting children in FCS is important. From 1990 to 2000, the population of African American children 5 and under decreased by 45%. In the overall 0 to 18 population, the decrease was 20%. In child welfare, the 0 to 5 population is considered the most vulnerable, and the decrease in this population could certainly be significant in decreasing the entries into out-of-home care. As in many counties in California, a large portion of children in out-of-home care are in kinship care. Sixty percent of San Francisco's out-of-home placements are out-of-county, and many of them are with kin in the more affordable East Bay and beyond.

In terms of the large population of African American children in out-of-home care in San Francisco, this has been a problem since the 1980's. In 1985, what has been described nationally as the crack cocaine epidemic began. Extremely inexpensive crack cocaine, which is highly addictive, flooded the drug market. The effect on parenting activities was devastating. Many of the children who came into out-of-home care then in San Francisco are still there.

There was extreme concern about infants born positive for crack cocaine. FCS had a zero tolerance for crack cocaine exposed infants, and they were automatically removed. Public hospitals are typically the ones who do screening on infants for drugs. In 1992, a blind study was conducted on all deliveries at all hospitals in San Francisco, and 11.65 % of all infants were born substance exposed (Profile of Alcohol and Drug Use During Pregnancy in California, 1992, University of California, Berkeley School of Public Health and the Western Consortium for Public Health). It was clear that parental substance abuse was not limited to African Americans, but the combination of FCS policy and the testing being done primarily at public hospitals created that appearance. The zero tolerance policy was seen as racist.

African American parents describe "a system that has an appetite for their children" (*Raising Our Children Together*, p. 20). The zero tolerance policy was changed in the early 90's, because FCS was overwhelmed with children coming into care, and the number of African American children began to decline.

There is a total number of 1,095 African American children in the Permanent Placement caseload in San Francisco, out of a total number of 1278 African American children in out-of-home care. 308 of the Permanently Placed African American children are in the 15 to 18 age range. Adolescents in child welfare are usually the most problematical population. These 308 will begin to age out of the system this year, as they turn 18. The disproportionality should decrease more dramatically with this factor, with the relaxed tolerance policy decrease, and with what will probably be a decrease in entries of African American children into out-of-home care due to the dramatic decrease in the African American child population in San Francisco, as the trend is predicted to continue at a rapid rate.

In taking an extended view of the numbers of African American children in foster care in San Francisco, an even clearer picture emerges. In 1988 there were 428 African American children in out-of-home care, and 321 additional children in 1989. The numbers continued at a less dramatic rate through 1995,

with actual decrease of 27 in 1995. Then from 1997 to 2005, there was a steady decline in the numbers of African American children in foster care (1997, -155; 1998, -176; 1999, -96; 2000, -135; 2001, -80; 2002, -8; 2003, -44; 2004, -73, and 2005, -161). These numbers certainly align with the dramatic decrease in the African American child population along with the change in policy in the early 90's to a more tolerant one on substance exposed infants.

37% of the child population in San Francisco is Asian. They are severely underrepresented in the out-of-home care population in relation to their percentage in the population. This may have the effect of skewing the overall statistics.

### **Santa Clara County**

Santa Clara County Department of Family and Children's Services (DFCS) engaged the Child Welfare Research Team at the San Jose State College of Social Work to evaluate the disproportionality of children of color in the child welfare population. A voluminous report, done in three stages from 2001 through 2003 is entitled *An Evaluation of Factors Related to the Disproportionate Representation of Children of Color in Santa Clara County's Child Welfare System*. However, this report was not widely disseminated among staff, nor in the community. Although two members of the Board of Supervisors were acknowledged for their support of the project, there does not appear to have been a major focus on this report.

Santa Clara has four Family Resource Centers, run by DFCS staff, with space provided within the facilities for staff from other county departments (e.g. Mental Health). Three of the Family Resource Centers in Santa Clara are ethnic-specific: Ujirani for African American clients, Nuestra Casa for Hispanic clients, and Asian Pacific for Asian clients.

The current policy of Santa Clara County DFCS regarding substance-exposed newborns is as follows:

*“even if a newborn does exhibit symptoms of drug or alcohol withdrawal and/or positive toxicology screens, these facts alone are not sufficient grounds for a child protective*

*services referral. The additional factor noted above (concerns about the mother's ability to care for the child) must also be present.”*

(DFCS Practice Guide, Section 3-2, p. 8)

In this writer's knowledge, having been employed by DFCS for 30 years, and in Dependency Intake for the past 10 years, this has been the policy for at least the last 30 years. The criteria for intervention are typically based on the positive toxicology, the mother's drug history, and the number of prior referrals for similar issues. A first child born to a mother with a positive toxicity may well receive voluntary family maintenance service, or informal supervision. Given that in order to offer informal supervision, there must be grounds for filing a petition, the cases with something causing more concern would receive informal supervision services. This is considered the department's efforts to provide “reasonable effort,” and the case plan would always include a drug assessment, with follow through on any recommendations from the assessment and random drug testing.

In Santa Clara County, 3.6% of the child population is African American, and 14.13% of the out-of-home caseload is African American. Hispanic children comprise 31.2% of the child population in the county, but are 55.25% of the out-of-home caseload. As in San Francisco, the relevant community groups and individuals are very concerned with the overrepresentation of the relevant ethnic group in out-of-home care.

One of the more serious problems in the Hispanic caseload is the issue of whether the children, parents, and kin (for placement) are undocumented or documented. It is much more difficult to procure appropriate services for undocumented clients, and the cost for care for undocumented children in out-of-home care is paid by the county, with no state or federal contribution. Any parent charged with a serious crime who is undocumented faces deportation once they have finished their sentence.

Santa Clara County has no specific neighborhood in which African Americans reside. One of the Family Resource Centers, Ujirani, is focused on African American clients. For some years, Emer-

gency Response in Santa Clara, a Spanish speaking unit, with a Spanish speaking supervisor, and an African American unit with African American staff and supervisor.

## Conclusion

San Francisco does appear to have more “government involvement” in its efforts, but this may well be a function of San Francisco unique combination as a city and a county. They only have one police force. The Mayor is a source of support and can certainly bring attention to issues as needed. Santa Clara has multiple cities, all with different governing structures. Santa Clara deals with 13 police jurisdictions, all of which at least once in their history has had some involvement with child welfare, although some have a lot more cases than others. Geographically, Santa Clara covers quite a bit more territory than San Francisco. The Board of Supervisors in Santa Clara County has the same scenario to deal with, yet there are both positive (and negative) things that come from one Mayor relating to the Board of Supervisors.

It is difficult to see what Santa Clara could try to adapt from San Francisco’s experience. One very minor thing that appears to be quite useful is a question that was added to San Francisco’s hiring interview, “Why are people poor?” From the descriptions, it became apparent that the answer to that question would provide the supervisor with a great deal of information about the applicant, and what training needs the person might have.

An important conclusion of *Raising Our Children Together* that should not be ignored is that a significant part of the problem of disproportionality has to do with chronic marginality. Chronic marginality stems from lack of education, lack of opportunities, lack of viable employment, lack of affordable child care, and a long list of other human difficulties. All of this is exacerbated, as also pointed out in *Raising Our Children Together*, by institutional racism, which exists as the heritage of this country, and is continued by passing on what has been learned, both from being taught and from experience.

It may well behoove Santa Clara County to peruse the research done by San Francisco in the Seven Street Corners area. The program, designed in response to the problem by the Mayor’s office, addresses the issues that converge around chronic marginality. Santa Clara County has a similar area that encompasses several zip codes in the downtown San Jose area, which provide a significant number of CPS referrals, and intakes.

Santa Clara could benefit from looking at the training model exemplified by the “Undoing Racism” curriculum. The training emphasizes the historical elements of racism, as it was actually ensconced in the various federal and state legal codes of the United States, and focuses on racism, rather than cultural sensitivity.

There is also much history of racism for Hispanics, most particularly Mexicans and Mexican Americans in the Southwestern United States. There may be few social workers who know much about the Treaty of Guadalupe Hidalgo in 1848, the Zoot Suit (Pachuco) riots in Los Angeles in 1943, or the tragedy of Felix Longoria, a Mexican American GI killed in combat in World War II, who was refused mortician services due to his race. Unfortunately, references such as these are not in the history books that are used for general education.

Unfortunately, substance abuse is too frequently used to medicate the psychic pain induced by chronic marginality and institutional racism. Substance abuse is frequently found in child welfare cases. Some estimates can go as high as 80 % of child welfare cases that have some involvement with substance abuse. Alcohol abuse can contribute to physical and sexual abuse, and overuse of prescription drugs, or use of street drugs, can lead to severe neglect, especially of young children, which alcohol abuse can also involve.

With these levels of problems, child welfare cannot solve this problem alone. It is amazing to see clients who have become so embedded in substance abuse that losing their children is not “hitting bottom,” which is what gets people into effective treatment. One of the absolute needs, in both the child

welfare system and the justice system is effective and adequate treatment for substance abuse. Treatment has to be evaluated as to its relevance to specific ethnic groups, and it may need to be somewhat modified to fit the culture and life experiences of those groups. San Francisco hopes to implement such a treatment program in the future. Until this is done, it is going to be exceedingly difficult to decrease the numbers of children who need out-of-home care. Parents who are under the influence with young children cannot appropriately supervise those children and keep them safe.

Finally, we need programs that offer job training and employment. This is not something child welfare programs can provide on their own. There needs to be a system-wide effort that brings in job training for clients who have no job skills, if people are going to be expected to provide for their families. Somehow, that needs to be built into case plans, and the resources made available to the clients. Individuals involved in substance abuse need job skill as a way out of the drug life. This is a concept already recognized in San Francisco with the Communities of Opportunity program. This would still leave the undocumented client out, but it could still make a significant dent in the numbers of children in out-of-home care.

It is hoped that this could be accomplished with a collaborative process, which *Raising Our Children Together* recommends, and Communities of Opportunity is being designed to do. That would mean Employment Training, Mental Health, Drug and Alcohol, and probably some form of Housing assistance would all need to be on the team to provide support for child welfare clients. These services should become available at the level of the voluntary services. It would be the intent that when the first time a client enters the system with that first positive toxicity newborn, she would be able to refrain from further substance abuse, for the benefit of that child and future children. The investment might take a while to pay off; but, this writer has been in FCS long enough to see the children of former child clients come into the system, which is something that should be avoidable.

## Acknowledgements

I would like to acknowledge several individuals in San Francisco. Robin Love made room in her incredibly busy schedule to spend 4 hours with this author. She also arranged for me to attend the Foster Care Task Force meeting, and to attend the training, Undoing Racism. Ms. Love's assistant, Sonia McPherson, was repeatedly called and sent e-mail messages to arrange logistics and was always exceedingly gracious. John Murray, our BASSC liaison, was very helpful. Dan Kelly was incredibly responsive to my request for data. He most graciously gave permission to use some of his data.

In Santa Clara, there are also several individuals I wish to acknowledge. As a group, long suffering staff in my unit learned to call me on the cell phone in dire circumstances, and have been happy with, "I may not be able to respond, but I will call you back." The agency director, Will Lightbourne, has been most gracious in sharing his time with me, despite his exceedingly busy schedule. Josie Ruddach, my Office Management Coordinator, took this fledgling writer under her wing to produce the Power Point presentation. Frank Motta, the Santa Clara County BASSC liaison, was instrumental in my participation in BASSC.

Finally, I would like to acknowledge the hundreds of social workers in Santa Clara County and San Francisco County who have been on the front lines in the quest to decrease disproportionality. They have felt like Sisyphus pushing that rock up the mountain, only to have it roll right back down when a drug bust brought in six ethnic minority families overnight.

This writer also wishes to note her circuitous route to being a professional social worker. I completed a Bachelor's degree with a double major in Spanish and Portuguese, and a minor in Latin American History. As a requirement for the completion of a Master of Science in Social Work, this writer wrote a thesis on "Chicanos in American Society," which looked in depth at the history of Mexican Americans in the United States. The disproportionality of Hispanic children has been an issue close to my heart, since, as a Spanish speaking social worker, I have been out there pushing that same rock up that same hill.