

**Children and Families of Incarcerated Parents:  
Understanding the Challenges and Addressing the Needs**



Report to the Secretary: Robin Arnold-Williams  
Department of Social and Health Services  
Olympia, WA

Miriam L. Bearse  
Correctional Policy Analyst  
Planning, Performance and Accountability  
May 6<sup>th</sup>, 2008

This report draws upon the policy and service reviews conducted by representatives from each Department of Social and Health Services (DSHS) administration and office listed below. These representatives currently serve or have served on the DSHS Children and Families of Incarcerated Parents (CFIP) Workgroup. I appreciate their work, dedication and continued efforts in this important area.

***Planning, Performance and Accountability***

**Miriam Bearse**  
**Correctional Policy Analyst**  
**Convener/Facilitator**

***Economic Services Administration***

**Tom Berry**  
**Community Services Division**

**Jan Hentze**  
**Division of Child Support**

**Nancy Koptur**  
**Division of Child Support**

***Children's Administration***

**Carrie Kendig**  
**Child and Family Welfare**  
**Program Manager**

***Juvenile Rehabilitation Administration***

**Pamala Sacks**

***Aging and Disability Services Administration***

**Kathy Blodgett**  
**Infant Toddler Early Intervention Program**

**Virginia Radel**  
**Division of Developmental Disabilities**

**Hilari Hauptman**  
**Home and Community Services**

***Health and Recovery Services Administration***

**Stephen Bogan**  
**Division of Alcohol and Substance Abuse**

**Rebecca Kelly**  
**Mental Health Division**

***Indian Policy and Support Services***

**Doug North**  
**Program Administrator**

***Government and Community Relations***

**Elyse May**



## Contents

<b>Executive Summary.....</b>	<b>pages 4-6</b>
<b>Section 1: Context.....</b>	<b>pages 7-22</b>
Ground Work: Earlier Legislation and the Oversight Committee Report	
Legislation: E2SHB 1422	
National Context	
National Perspective: Effects on Child Welfare	
National Perspective: Impact of Incarceration on Children and Caregivers	
National Perspective: Child Support	
National Perspective: Poverty and Disproportionality	
National Perspective: Other State’s Efforts	
National Perspective: Federal Legislation that Affects CFIP	
Current Framework: Washington State	
<b>Section 2: Implementation within DSHS.....</b>	<b>pages 23-48</b>
Implementation Work Plan	
DSHS’s Policy and Service Review	
Economic Services Administration	
Children’s Administration	
Juvenile Rehabilitation Administration	
Aging and Disability Services Administration	
Health and Recovery Services Administration	
Office of Indian Policy and Support Services	
Planning, Performance and Accountability	
Recommendations to other Agencies or Partners	
<b>Conclusions.....</b>	<b>pages 49-50</b>

## Citations

## Executive Summary

Attention to the issues faced by children and families of incarcerated parents (CFIP) has grown over the last few years both nationally and in Washington State. Due to changes in drug and sentencing laws and the resulting growth in the rate of incarceration over the last twenty years, currently nationally 1 in 32 adults in the United States are under correctional supervision. It is estimated that half of those incarcerated are parents. Based solely on the number of parents imprisoned it is estimated that 1.5 million children in this country have an incarcerated parent. If one includes those under community supervision the number would be much higher, but no estimates are currently available for that population. In the State of Washington alone, it is estimated that there are nearly 30,000 children who currently have incarcerated parents.

Families impacted by incarceration of a parent face multiple challenges and often require service provision from multiple agencies and/or administrations. These challenges include:

- Abuse and/or neglect resulting in child welfare system involvement. Nationally, as many as one in three families with open child welfare cases have a parent who has been arrested on at least one occasion.
- Substance abuse. Incarcerated parents with child welfare system involvement have a substance abuse rate eight times higher than the general population of families involved with child welfare.
- Mental illness and trauma history. A quarter of incarcerated mothers are prescribed medication to address mental illness, and over half have a history of physical or sexual abuse.
- Poverty and receipt of income assistance. Children with parents who have been incarcerated are 80% more likely than those whose parents had never been incarcerated to live in a household with economic hardship.
- Low educational attainment. Incarcerated parents report a low level of educational attainment and low job skills.

Incarceration of a parent has a negative impact on the family-- the family loses the income provided by the parent (most fathers and some mothers are employed prior to incarceration), and the child(ren) are often left to live with relatives. The majority of the time when a father is incarcerated, their child(ren) live with their mother(s). Only a small percentage report being in the care of foster parents or non-relatives. However if a mother is incarcerated, most of the time the child(ren) go to live with grandparents or other relatives, and a small but slightly higher number report being in foster care. Grandparents and other caretakers usually have limited resources to care for children and have difficulty maintaining contact with parents who are incarcerated due to cost, distance and related challenges. Other reported impacts on children include:

- An increased likelihood of criminal behavior by children;
- Depression and/or difficulty sleeping and concentrating;
- Difficulty with academic subjects and behavior at school;

- Increased delinquency and likelihood of incarceration of the child;
- Increased risk of drug use;
- Higher rates of mental illness; and
- Higher rates of exposure to illicit substances and alcohol in utero. Sixty percent of children of incarcerated parents are reported to have been exposed to alcohol or illicit substances in utero.

However, unless safety issues preclude visitation, studies show that maintaining contact with one's incarcerated parent may be an effective way to improve a child's emotional response to parental incarceration, reduce the incidence of problematic behavior and anxiety, and improve outcomes. Studies have also shown that visitation may help the incarcerated parent by reducing rates of parental recidivism.

Other states and organizations that partner with states have evaluated the needs and services available to children and families of the incarcerated and instituted changes in service provision. These states include Oregon, Virginia, New York and Hawai'i. Work on this issue has also been increasingly visible on the national level with multiple organizations offering trainings and conferences each year. There are several foundations including Casey Family Programs that have become involved in this issue. Most of the attention nationally has been on the intersection of CFIP with child welfare and with correctional systems.

Many of the issues addressed by other states are the central issues that have arisen thus far in Washington State. These include visitation and contact, maintenance of safety for the child and caretaker, systems collaboration in addressing the needs of children at time of arrest, relevant services for parents while incarcerated, proximity of parents to children and establishment of family friendly visitation policies, collaboration between corrections and child welfare, maintenance of income and other supports for caregivers, management of child support and other debt by parents exiting incarceration, expansion of community and agency supports and services for children, and appropriate sharing of data and information to allow cross-agency collaboration.

To analyze these and related issues, Washington State passed HB 1426 in 2005, which led to the creation of the Final Report of the Oversight Committee in 2006. This report recommended several changes to policies and services. The report was followed by the passage of E2SHB 1422 in 2007, which established the Children and Families of Incarcerated Parents (CFIP) Advisory Committee to oversee the implementation of the oversight committee report, develop additional recommendations to the legislature and bring agencies together with community partners. It also directed the agencies named in the legislation (DSHS, Department of Corrections, Department of Early Learning and Office of the Superintendent of Public Instruction) to conduct reviews of their policies and services and gather data on CFIP including service utilization.

To complete the data gathering requirement within DSHS, a data plan was developed with the Research and Data Analysis Division (RDA). At this time, no data system collects information on incarcerated parents with children or children with incarcerated parents. Therefore, RDA staff is utilizing birth certificate and child support information

to match data across multiple DSHS and DOC systems to arrive at a reasonable estimate of CFIP populations served through each administration. It is anticipated that preliminary data will be available for analysis in June of 2008.

To conduct the policy and service review, each assistant secretary identified an administration representative to participate in the DSHS CFIP workgroup. Each administration conducted a policy and service level review and shared it with the group to discuss and develop preliminary recommendations for consideration. Additional recommendations were added by the correctional policy analyst, after review of available state and national research, meetings with other involved agencies and non-profits, and the development of overlapping goals through re-entry projects. These recommendations are outlined in Section Two of this report. There were also recommendations to other agencies identified, to increase collaboration on CFIP service provision. These are listed after the conclusion of the DSHS policy review in the second section of this report. It is hoped that the recommendations that are developed by the CFIP advisory committee convened by the Department of Community, Trade and Economic Development (CTED) thoughtfully integrate the financial and policy needs of any changes in services and provide resources to realistically implement them.

Thankfully, much of this work also overlaps projects in re-entry service provision, and there has already been analysis by the Washington State Institute for Public Policy (WSIPP) and others to identify how effective services while incarcerated and during re-entry reduce costs. Clearly this is also true for parents. Utilizing and strengthening cross-systems collaboration to address the needs of a population already served by multiple systems also has promise in both reducing overall systems costs and improving the lives of children and families.

## Section 1: Context

### **Ground Work: Earlier Legislation and the Oversight Committee Report**

In 2005, following a Department of Corrections (DOC) forum on children of incarcerated parents, the legislature passed HB 1426, developing the Oversight Committee on Children of Incarcerated Parents. This group included representatives from DSHS, DOC, law enforcement, the Office of the Superintendent of Public Instruction (OSPI), judges, courts and prosecuting attorneys, community-based organizations and faith-based organizations.

This oversight committee met for approximately 10 months and submitted a report to the Governor and Legislature on June 30<sup>th</sup>, 2006. The report contains nine recommendations on alterations or additions to policies or services to address the needs of children of the incarcerated. Brief summaries of those recommendations are listed below:

1. **Oversight to facilitate implementation**
  - Create a policy level position funded by DOC to work on systemic parenting issues faced due to incarceration.
2. **Data Collection (synthesizes two recommendations)**
  - Develop a protocol for gathering information about children as part of the criminal hearings process, and a protocol for gathering information about children at DOC reception and intake processes.
3. **Development of arrest protocols for adults with children**
  - Create and distribute law enforcement arrest protocols for when children are present at time of arrest.
4. **Education of human service, judicial and educational professionals**
  - Develop and provide education and training for staff about the special needs of children of prisoners. Include training at schools, social welfare and child protection agencies, foster care agencies, mental health centers, juvenile detention centers, child care agencies, the courts, jails and correctional facilities.
5. **Provision of child care for families during court proceedings**
  - Create drop-in child care centers at or near courthouses and/or identify existing child care resources for every jurisdiction that can be utilized for the care of children while parents or caregivers are in the courthouse.
6. **Create collaborative inside/outside family resource centers**
  - Create community-based family resource centers that also build partnerships with state agencies and service providers to collaboratively serve families and parents affected by incarceration.

7. **Implement programs to increase contact between incarcerated parents and their children, and strengthen the ability of the family to reunify after release**
  - This includes reducing the financial costs of phone calls, exploring videoconferencing, expanding partnerships with agencies that provide transportation to visit, and increased coordination with child welfare.
8. **Promote family economic stability**
  - Promote the economic stability of families caring for children with incarcerated parents, and strengthen the ability of parents to provide for their children upon release.

### **Legislation: E2SHB 1422**

Following from the Oversight Committee Report, the Legislature passed E2SHB 1422 during the 2007 regular session. The preamble to this bill states that it is the intent of the legislature to “support children and families, and maintain familial connections when appropriate, during the period a parent is incarcerated...[and] there must be a greater effort made to ensure that the policies and programs of the state are supportive of the children, and meet their needs during the time the parent is incarcerated. In all [such] efforts...the safety of the children will be paramount.” Furthermore, the preamble links the meeting of such service needs with a reduction in the intergenerational transmission of incarceration and the recidivism of parents.

Under this law, DSHS is required to:

1. **Review current department policies and assess the adequacy and availability of programs targeted at persons who receive services through DSHS who are the children of a person incarcerated in a Department of Corrections (DOC) facility.** Great attention must be focused on programs and policies affecting foster youth who have an incarcerated parent. This review and assessment includes the following:
  - **Assessment of the impact of existing policies on the ability of offenders to maintain familial contact and engagement, and the adequacy and availability of such programs;**
  - **Gathering of information and data on the families of inmates;**
  - **Evaluation of such data to determine the impact on recidivism and intergenerational incarceration; and**
  - **Report of such a review and assessment to the Children and Families of Incarcerated Parents Advisory Committee.**
2. **Adopt policies that encourage familial contact and engagement between inmates and their children with the goal of reducing recidivism and intergenerational incarceration.** These include consideration of:
  - The children’s need to maintain contact with his or her parent;

- The inmate’s ability to develop plans to financially support their children; and
- Programs and services to assist in reunification of a parent with children where appropriate, including improvement of parenting skills where needed.

DSHS is also required to participate in the Children and Families of Incarcerated Parents Advisory Committee. This committee also includes representatives from DOC, OSPI, Department of Early Learning (DEL), tribes, non-profit organizations, advocacy organizations, court administrators, law enforcement and others. The Advisory Committee is tasked with the following:

- Gather the data collected by the agencies named in the legislation (DSHS, DOC, OSPI and the Department of Early Learning (DEL));
- “Monitor and provide consultation” on the implementation of recommendations contained in the 2006 oversight committee report;
- Identify areas of need and develop recommendations for the legislature, DSHS, DOC, DEL and OSPI “to better meet the needs of children and families of persons incarcerated in DOC facilities”; and
- Advise CTED regarding the funding of community programs; and
- Update the legislature and governor annually on committee activities, with the first update due by January 1<sup>st</sup>, 2008.

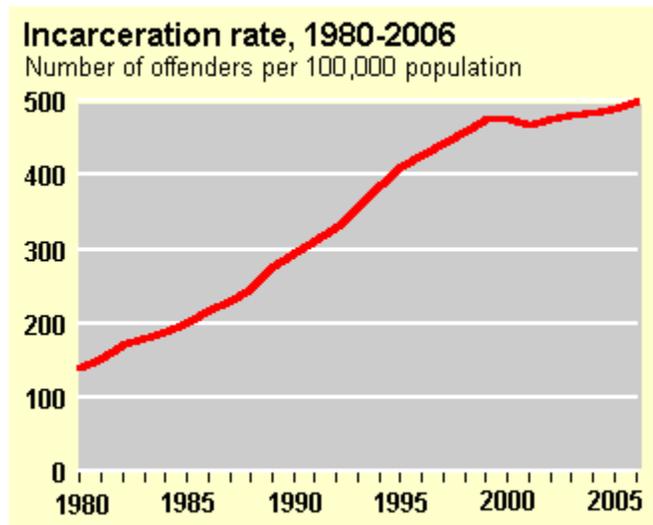
The legislation also establishes a grant program, managed by CTED, to provide funding to organizations state-wide that work with children of prisoners and their families. The bill as passed however did not have any funding attached to it in order to implement such a program.

### **National Context**

In 2006, over 7.2 million people were on probation, in jail or prison, or on parole, constituting 3.2% of all U.S. adult residents or 1 in every 31 adults (Bureau of Justice, 2006). The rate is higher in some communities. For example approximately 1 in 9 African-American males nationally are impacted by the correctional system. It’s estimated that 75% of incarcerated women are mothers, two-thirds of whom are mothers of children under the age of 18. Approximately 32% of incarcerated men are known to be fathers of children under the age of 18. Due to that, it is estimated that 1.5 million children in the United States have at least one parent who was incarcerated at some point in their childhood (Bureau of Justice, 2006).

As a country, the United States now incarcerates more individuals per capita in its prisons and jails than any other nation (Pew Public Safety Performance Project, 2008). The overall rate of incarceration in the United States has grown significantly during the past twenty years; from approximately 150 per 100,000 US residents to over 500 individuals per 100,000 residents (see Table 1).

**Table 1:** Incarceration rate, 1980-2006



Source: Bureau of Justice, 1997, 2006

In part, this incarceration rate is a result of the laws changed in the 1980s which increased the criminal penalties for non-violent drug offenses and led to an overall national increase in the proportion of individuals incarcerated.

As the criminal justice system continued to grow through the 1990s, attention began to be paid to the fact that many of those imprisoned were parents. The Child Welfare League of America (CWLA) organized a forum in the 1990s on this topic, and in 2001 formed the Federal Resource Center for Children of Prisoners as a partnership with the National Institute of Corrections at the US Department of Justice. Several other national groups were formed and began to provide training and develop resources for families. President Bush mentioned children of incarcerated parents in two of his State of the Union addresses (2003, 2004) and in 2001 he supported the creation of the Mentoring Children of Prisoners Initiative. National attention to this issue has continued to grow, and several states have initiated analyses of how children and families of the incarcerated are served by state agencies, and modified policies and services in order to address the needs of these children and families.

### **National Perspective: Effects on Child Welfare**

There are a few preliminary studies that have investigated the impact of incarceration on child welfare. One of these is the National Survey of Child and Adolescent Well-being (NSCAW), a 2003 study funded by the Administration for Children and Families (ACF). This study did not specifically look at parental incarceration, but included that issue amongst others that impact child well-being for children who have been the subject of reports of abuse and/or neglect. Information was collected on more than 5,000 children in 36 states, and the data was designed to approximate the entire population of child

welfare-involved children and youth. NSCAW data indicate that nationally as many as 1 in 8 children who are reported victims of maltreatment have parents who were recently arrested. In the vast majority of cases (90%) it is children's mothers who were arrested (Phillips and Gleeson, 2007). If the criterion is altered from "recently arrested" to "any occurrence of arrest" during a parent's adult life, the proportion is much higher. From that perspective, the criminal justice system has intervened in at least 1 in 3 families with which child welfare agencies have had contact (Phillips and Detlaff, 2008).

This study also suggests challenges that particularly impact this population. For example, the proportion of children whose parents/caregivers had a substance abuse problem was found to be eight times greater among children with recently arrested parents, and this group had a higher proportion of domestic violence, mental illness and difficulties in meeting basic household needs (Phillips et. al., 2004). Bureau of Justice statistics estimate that over 75% of parents report a prior incarceration, and almost half of parents in state prison were recidivists with conviction of a violent crime. Additionally, more than 4 in 5 parents incarcerated reported drug use within the month prior to their crime (Mumola, 2000). In households where mothers had protracted arrest records, substance abuse was the most common problem (62%), followed by domestic violence (46%) (Phillips et. al., 2004). In sum, child welfare cases that involve incarceration of a parent are some of the most complex cases, and the families involved are more likely than others to be involved in multiple systems simultaneously.

An Illinois study matched incarcerated mothers and their children, and analyzed the skills and strengths of the mothers in relation to the general population of female offenders. They found that female inmates who were parents were even more disadvantaged than those who did not have children. These inmates experienced higher rates of poverty, lower rates of educational attainment, and higher rates of substance abuse (George and LaLonde, 2002). It is also likely that there is some intergenerational transmission of child welfare experiences as well as intergenerational incarceration. One study determined that one in five of women in prison lived in a foster home or group care facility as a child or youth (Seymour, 1997). Additionally, over half of female prisoners report a history of physical or sexual abuse, and a quarter receive medication for mental health disorders (Health and Human Services, 2002). Infection rates of HIV, hepatitis and tuberculosis are also five to ten times higher in the incarcerated population (both genders) than in the general population (HHS, 2002).

There are some differences seen in both conviction and sentence by gender. Incarcerated fathers are more often likely to be violent offenders (45% of fathers versus 26% of mothers in state prison) and incarcerated mothers are more likely to be imprisoned for drug and property offenses (63%), although the percentage of women incarcerated due to violent offenses has been rising. Due to these and other factors, fathers in state prison have an average sentence of 150 months, and mothers have an average of 90 months (Mumola, 2000). Maternal incarceration can co-occur with paternal incarceration. One study determined that in their sample of teenagers with mothers behind bars, two-thirds also had a father behind bars (Phillips et. al., 2006).

When a family has an open child welfare case and has an imprisoned parent, visitation between the parent and child(ren) raises both questions and challenges. A Maryland advocacy group compiled a list of obstacles to parent-child visits in prison. These

include: inadequate information about visiting procedures; difficulty scheduling visits; distance; visiting procedures that are uncomfortable or humiliating; visiting rooms that are not hospitable to children; and lack of facilitation of visits by caregivers (Travis et al 2005). These concerns are echoed in other reports, including the Virginia Commission on Youth (2002) and Oregon's Children of Incarcerated Parents Project Report (2003). When phone calls are an option, this may facilitate ongoing connection, but typically prisoners can only place collect calls. Correctional agencies contract with telephone providers that often charge high rates for those calls, and the cost then falls on the custodial parent or caregiver to absorb. Additionally, many parents are placed at great distance from their children or families. Nationally, women are housed in prisons an average of 160 miles away from their children, while men are an average distance of 100 miles away (Harrison and Beck, 2002).

Child welfare agencies may also raise concerns about visitation and whether visitation should occur. Several courts have held that denial of visitation between imprisoned parents and their minor children is an unconstitutional violation of the First and Fourteenth Amendments. Other state courts (including Arizona, Indiana, Kansas and Kentucky) have decided that the only reasonable reason to deny visitation is if the court finds, after a hearing, that visitation would endanger the child's physical or mental health. Some courts have also enacted decisions that create a presumption that visitation with both parents is generally in the best interests of the children (Lewis, 2004). When determining visitation arrangements, most jurisdictions base their arguments for or against visitation based on the "best interests" of the child. This loose and largely unspecified criterion can include consideration of the location of the parent, age of the child, mental health of the child, safety concerns, quality of the relationship, prior visitation, who is transporting the child and what reports are available to the court regarding the content of visitation.

However when children of incarcerated parents are in foster care, agencies typically measure the parent-child relationship and the progress of the parent in improving their parenting skills by visitation records. This makes it difficult for caseworkers to recommend reintegration of the family when little or no visitation has occurred.

The Adoption and Safe Families Act (ASFA, 1997) sets strict timelines for states to follow regarding termination of parental rights petition filings. States are required to file termination petitions if a child has been out of the home for 15 of the last 22 months. Filing of petitions however, is different from granting those terminations. It is only courts that decide to terminate parental rights. When courts hear petitions regarding the termination of parental rights, the court must find that the allegations of parental unfitness are proven utilizing "clear and convincing evidence" (Lewis, 2004). A parent's location in prison does not unto itself constitute evidence of parental unfitness. In fact, some federal courts have ruled that parental incarceration alone is not sufficient reason to terminate parental rights. However there are some states, including Arizona, Colorado, Indiana and Nevada that have entered "parental incarceration" as a reason to expedite termination proceedings under ASFA (Lewis, 2004). Washington has no such law or policy.

One study on the frequency of termination of parental rights for incarcerated parents did not find that incarcerated parents had their rights terminated any more frequently than the

general population of parents with child welfare cases (CWLA, 1998). However ASFA timelines are understandably challenging to work around when a parent is incarcerated for a year or more. It is important to note that it may be likely that incarceration follows child welfare involvement, rather than incarceration preceding or leading to the opening of an abuse or neglect case. Some studies have found that mothers lose custody of their children to the state due to abuse and/or neglect prior to the mother's incarceration, when the mother's criminal activities had impacted her ability to care for her children (cited in Vigne et. al., 2008). In fact, due to study findings showing that the majority of maternal arrests and incarcerations occurred after child welfare involvement, family preservation services and other intensive supports to help maintain the family structure may also function as a crime reduction tool (Ross et. al., 2004).

### **National Perspective: Impact of Incarceration on Children and Caregivers**

Having an incarcerated parent is challenging for children. Several studies have found negative behavioral and emotional effects on children related to having an incarcerated parent. These include an increased likelihood of criminal behavior by children (Johnston, 1992), depression and/or difficulty sleeping and concentrating, (Kampfner, 1995), difficulty with academic subjects and behavior at school (Phillips and Bloom, 1998), and either aggression or withdrawal (Baunach, 1985). Other observed effects include increased delinquency, increased risk of abuse or neglect, distrust of authority, and disruption of development (Travis et. al., 2005).

A metaanalysis of studies on this issue found, after controlling for other risk factors, that there was a significant independent effect of parental incarceration on child anti-social behavior, child mental health, drug use, school problems, and unemployment (Murray and Farrington, 2007). A national study of children encountered by child welfare agencies estimates that among children with recently arrested parents, one in five had clinically significant internalizing problems (e.g., depression, anxiety, withdrawal), and one in three had clinically significant externalizing problems (e.g., aggression, attention problems, disruptive behavior), compared to one in ten in the general population (Murray and Farrington, 2007). A study that matched incarcerated parents and children in Virginia found that children of incarcerated parents had elevated rates of behavioral problems in school, including suspension and decline of grades (Virginia Commission on Youth, 2002).

Due to higher than average rates of parental substance abuse, children of incarcerated parents also may have experienced exposure to chemical substances before birth. One study found that 60% of children of incarcerated parents had been so exposed, and 45% had complications at birth (Poehlmann, 2003).

Incarceration of a parent is recognized as an "adverse childhood experience" (ACE). Adverse childhood experiences, which include experiences of abuse, violence or similar exposure to trauma, have been shown to significantly impact individual's likelihood of experiencing additional adverse events such as incarceration and/or drug/alcohol abuse. Children who experience multiple ACEs have an elevated likelihood of experiencing further adverse events as an adult (Felitti et. al., 1998). Due to information from research and individual's accounts, it is clear that children with incarcerated parents often

experience multiple traumas and accumulate multiple ACEs due to familial substance abuse, domestic violence and abuse and/or neglect. One study estimates that 70% of children with an incarcerated parent will be incarcerated themselves at some time in their lives (US Senate, 2000).

Maintaining contact with one's incarcerated parent may be one effective way to improve a child's emotional response to parental incarceration, reduce the incidence of problematic behavior and anxiety and improve outcomes. There are also studies that have illustrated that visitation may help the parent incarcerated, including reducing rates of parental recidivism (Vigne, 2008).

Having an incarcerated parent is also challenging for the relatives who often care for those children. Research has shown that the majority of children of incarcerated fathers live with their mothers, while others live with grandparents. However if a mother is incarcerated, it is far less likely that the children live with their father, and much more likely that they live with grandparents or other relatives. This is true even with child welfare involvement. According to data from the NCSCAW study, approximately 6 months after child protective services agencies received allegations of maltreatment, most (75%) of children with recently arrested parents were in in-home settings where they were most likely to be cared for by their mothers. Only a small proportion was in the care of relatives (1 in 7) or in foster care (1 in 10) (Phillips and Gleeson, 2007, p.3).

One study of incarcerated mothers found that most relative caregivers were maternal grandmothers with an average age of 50, and responsibility for an average of two children with a mean age of 8.5 (Phillips and Bloom, 1998). Nationally, the majority of children with incarcerated parents (56%) are between the ages of one and nine (Travis et. al., 2005).

Grandparents sometimes raise their grandchildren unofficially, without formal rights or supports, out of fear of losing custody of the children or due to lack of funds to complete guardianship proceedings in family courts. Caregivers may also have hostile relationships with the incarcerated parent, providing a disincentive both to visitation and ongoing support from the parents (Vigne et. al., 2008).

There also may be benefits to families when a parent is incarcerated. If domestic violence is a concern, or there are other safety issues, the family may find increased safety when an offending parent is incarcerated. Girlfriends or wives of inmates may find that they have greater self-sufficiency and independence. It is important to consider a range of circumstances and prioritize safety when developing policies or services for children and families of the incarcerated (Travis et. al., 2005).

### **National Perspective: Child Support**

Child support enforcement is also particularly challenging with this population. About half of incarcerated parents have open child support cases. Although some states, including Oregon, automatically modify the child support requirement at zero when a parent is incarcerated to ensure that the debt doesn't build up while a parent is incarcerated, Washington State and many other states do not. As a result, parents remain responsible for child support payments while in prison. One study looking at national

data found that fathers typically enter prison with a \$10,000 child support debt and leave owing \$20,000 or more (Griswold and Pearson, 2003).

Due to low rates of education and low job skills leaving incarceration, child support debt is more challenging to pay back for parents who have been incarcerated due to time out of the workforce, conviction records and low levels of education and job skills. A removal of up to 50% of their wages in order to pay child support debt and current obligations makes it difficult for individuals to maintain full-time legitimate employment, as opposed to part-time, “under the table” or illegal work. According to one estimate, a 10% decrease in an individual’s wages due to debt payment may result in a 10% to 20% increase in his or her criminal activity (Travis et. al., 2001). Many ex-offenders also leave incarceration with civil fines, which increases their debt responsibility. High rates of debt collection also impede the ability of the state to collect. A Washington State study found that when monthly child support orders exceeded 20% of an individual’s net income, arrearages grew (Formoso and Peters, 2003). At the same time, it’s important to note the important role of child support as the mechanism by which children and caretakers obtain financial support to meet their basic needs if a parent is not actively participating in the support of the household.

Many parents do contribute economically prior to incarceration. Parents in state prison were more likely to be employed in the month prior to arrest either full or part time (71%) as compared to non-parents (65%). Sixty percent of incarcerated fathers report having a full-time job prior to imprisonment. Mothers are less likely to have a full-time job (39%) (HHS, 2002).

### **National Perspective: Poverty and Disproportionality**

Families impacted by parental incarceration often have difficulties meeting basic needs. One study found that parents who received public assistance prior to incarceration were one and a half times more likely to have involvement in child welfare cases and have their children placed in foster care placement than those who did not receive public assistance prior to arrest. Receipt of public assistance may be associated with weak family support, difficulty finding relative caregivers and experience of abuse and/or neglect in the family (Johnson and Waldfogel, 2002). Many families are headed by single parents or grandparents. Over half of incarcerated parents are either ‘never married’ or divorced/separated (Mumola, 2000).

One study, when controlling for factors such as substance abuse, mental health, education and race, found that children with parents who had been incarcerated were 80% more likely than those whose parents had never been incarcerated to live in a household with economic hardship (Garfinkel et. al., 2007).

Another study in New York City used Geographic Information Systems (GIS) mapping to match block-by-block rates of incarceration against individuals on Temporary Assistance for Needy Families (TANF). They found substantial overlap. They also matched incarcerated parents against minor children receiving public assistance, finding an even more precise overlap (Cadora et. al., 2003).

High rates of removal and return of offenders, including parents, may further destabilize disadvantaged neighborhoods and negatively impact the community's capacity to exert positive social control. Some researchers argue that when removal and return rates hit a 'tipping point,' they may actually result in higher crime rates, as the neighborhood becomes increasingly unstable (HHS, 2002).

Certain areas and often certain neighborhoods are disproportionately affected by parental incarceration. Often these neighborhoods are also areas where there are high minority populations. This links overrepresentation of parental incarceration with overrepresentation of minority populations overall in the criminal justice system. Additionally with the systems overlap between criminal justice and child welfare, this issue connects with the overrepresentation of minority children and families in child welfare systems. Clearly any effort to address children and families of the incarcerated on a systemic level needs to take into consideration ways of addressing disproportionate minority incarceration and child welfare systems involvement in order to impact the communities that are most affected by the overlay of multiple systems.

### **National Perspective: Other State's Efforts**

Other state governments and organizations that partner with states, including Oregon, Virginia, Hawai'i, New York and California, have evaluated their policies and services with reference to the needs of children of incarcerated parents and families of the incarcerated, and some states have implemented new programs or changed current policies in order to address those needs.

Hawai'i's Alliance for Children and Families worked with Hawai'i's state agencies and partners to complete a report in 2003 on emerging issues for incarcerated parents and their children. They highlighted a few key issues that impacted the state's ability to serve this population. They noted that neither the state nor the child welfare system tracks children of incarcerated parents, or incarcerated parents and the location of their children. This makes it difficult to both provide services and analyze data over time. They also found that, similar to the nation as a whole, Hawai'i had an increasing population of incarcerated mothers. Their recommendations included:

- Collection of data on children of incarcerated parents over time, to facilitate research and service provision;
- Utilization of local alternatives to incarceration for parents in order to avoid imprisoning parents in facilities hundreds of miles away from their families;
- Increasing the provision of chemical dependency services offered inside and outside of jails and prisons;
- Exceptions to the ASFA timeline for child welfare cases that include an incarcerated parent who is working towards reunification;
- Establishment of child support orders for non-custodial parents at zero at time of sentencing, lasting up to 60 days post-release;

- Provision and pass-through of all child support payments to families who receive public financial assistance;
- Provision of family-friendly visitation facilities at jails and prisons;
- Establishment of facilities near correctional institutions for overnight stays by children and caregivers;
- Prioritization of the placement of parents in correctional facilities near their families.

They also mentioned the importance of recognizing that native Hawai'ian parents are overrepresented in the prison population, with an incarcerated population twice that of the percentage of natives in the population of the state.

A member of the California legislature requested a report on the effect of incarceration on parents and children in the state, which was completed in 2003. The researchers found that 79% of women and two-thirds of men in the criminal justice system in California are parents. One important finding that is duplicated in many other national studies is that there is little coordination of the court's requirements to the parent, children and families involved in multiple courts. One family may have simultaneous juvenile court, family court, criminal court and civil court proceedings, which usually operate without full knowledge of each other's court orders and requirements. Additionally law enforcement and child welfare agencies do not have clear operating standards or joint agreements to follow regarding children of arrested parents, which leads to confusion, placement problems, leaving children in unsafe situations and a lack of tracking of the location of both the parent and child(ren). A 2001 survey of law enforcement agencies in California found that only one in eight agencies had policies requiring officers to ask an arrestee if they have any children, regardless of the presence of children at time of arrest (Vigne et al 2008). They also found that women incarcerated in California correctional facilities have high rates of poverty, poor educational, substance abuse and physical and sexual abuse experiences. At time of arrest, about a third of mothers were not living with their children. Many mothers cycle in and out of the criminal justice system, leaving and re-entering their children's lives multiple times (Simmons, 2003).

In 2001, the Oregon Legislature passed SB 133, which directed the development of the Children of Incarcerated Parents Project. This project developed recommendations and strategies for addressing the needs of children of the incarcerated and monitored implementation or responses to those recommendations.

Key recommendations include:

- Development of arrest protocols and implementation of such protocols state-wide
- Provision of training for law enforcement on child development.
- Development of training for court personnel on ASFA timelines and the consideration of children's needs when sentencing parents.
- Collection of information on children at jail and prison intake
- Increase in parenting programs and other services for inmates with children.

- Development of family-friendly visitation rooms and procedures.
- Establishment of a policy to have inmates sign a release of information at intake to facilitate communication with families
- Training for correctional and social service staff on the needs of children with incarcerated parents and their families
- Collaborative re-entry planning, including correctional staff, social service staff and community agencies.

Under law, Oregon now requires that all newly admitted inmates be asked whether they have a relative who has been incarcerated and whether they have children. As a result, Oregon is tracking children of the incarcerated more closely than ever, including whom they are staying with and whether they are staying in a protective and safe home. Oregon has also developed community-based centers to help families access needed services from state agencies and non-state agencies while a family member is imprisoned, and/or when that family member is in the process of re-entry.

New York's Administration for Children's Services (ACS) requested a report examining the criminal activity of mothers involved in child welfare cases, evaluating data from corrections and child welfare to illuminate experiences shared by such mothers and their children. They did not find that criminal activity led to child welfare case openings, instead, placement of the child out of the home related to increased maternal criminal activity that then led to incarceration. This was true for 9 out of 10 children in their study group. They recommend that alternatives to incarceration be considered for mothers with substance abuse problems, including the use of drug courts or other options. Lack of coordination between courts is another concern; court officials in criminal proceedings rarely know that a mother has a child in the child welfare system, and transfers of parents within the criminal justice system are not routinely reported to either families or child welfare social workers. This leads to a breakdown in contact and visitation (Ross et al 2004).

Virginia's Commission on Youth completed a report to the Governor and General Assembly of the Commonwealth of Virginia on Children of Incarcerated Parents in 2002. This report was completed in follow-up to a 1993 study on the same issue. Their core recommendations in the 2002 report are:

- Designation of a key agency to collect information as to children of incarcerated parents, for research purposes and to identify those in need of services;
- Development of literature to be disseminated to incarcerated parents, alternative caregivers, and children regarding the criminal justice system and available services;
- Provision of enhanced training for systems professionals; and
- Improved service delivery and policies to enhance the efficiency and effectiveness of programs for offenders and their children.

They also noted that Virginia has disproportionality in the criminal justice system; more African-Americans are incarcerated relative to their proportion in the population than

Caucasians. Due to this, African-American communities and families are disproportionately impacted by parental incarceration.

### **National Perspective: Federal Legislation that Affects CFIP**

There are several key pieces of federal legislation that impact children and families of the incarcerated, and agency policies related to social services for this population.

One is the Consumer Credit Protection Act (1968, 15 U.S.C. § 1673). This law allows 50% of a worker's disposable earnings to be garnished for child support if they have one child and family to support, or 60% if the worker has more than one child and family to support. Washington State RCW follows federal legislation by setting the limit of garnishment for child support at 50% of disposable earnings. Additionally, under this Act up to 25% of a worker's disposable earnings may be garnished for additional debts. This means that some ex-offender parents who have transitioned from incarceration with debts due to their crime in addition to child support may have up to 75% of their disposable earnings garnished.

Another is the Adoption and Safe Families Act (ASFA, 1997). This legislation was implemented in order to reduce the amount of time that children spent in the child welfare system. Prior to ASFA, children could spend years in foster care or out of home placement without any resolution of their case or permanency. In order to address this issue, ASFA set timelines for cases. State child welfare agencies are required to file a petition for the termination of parental rights if a child has been in out of home placement for 15 of the last 22 months. ASFA does allow for some conditions whereby the state is allowed to not file a petition for termination, but those conditions do not include incarceration of the parent. Many states, including Washington, have also echoed ASFA's requirements in state law.

The Adam Walsh Act (2007) requires states and tribes to conduct background checks and federal fingerprint checks for all licensed or unlicensed caregivers of children. It also restricts the states from placing children in homes with relatives or non-relatives that are determined to have committed various offenses. While the intention is clearly positive, the law has complicated effects. Sometimes even the most challenged families have healthy, responsible family members who would be able to care for children of incarcerated parents in their family, but they are not able to do so due to a past conviction of a non-violent crime from which they have rehabilitated themselves.

### **Current Framework: Washington State**

Washington's prison population has grown rapidly in the last twelve years. The population rose by 70% during that time, to almost 18,000 inmates. There are also 30,000 offenders currently under active community supervision by the Department of Correction (DOC, 2008).

African-Americans, Native Americans and Hispanic-Americans have disproportionate rates of incarceration in Washington State. African-Americans represent 20% of the prison population but 3.5% of the overall population, Native Americans represent 4.5%

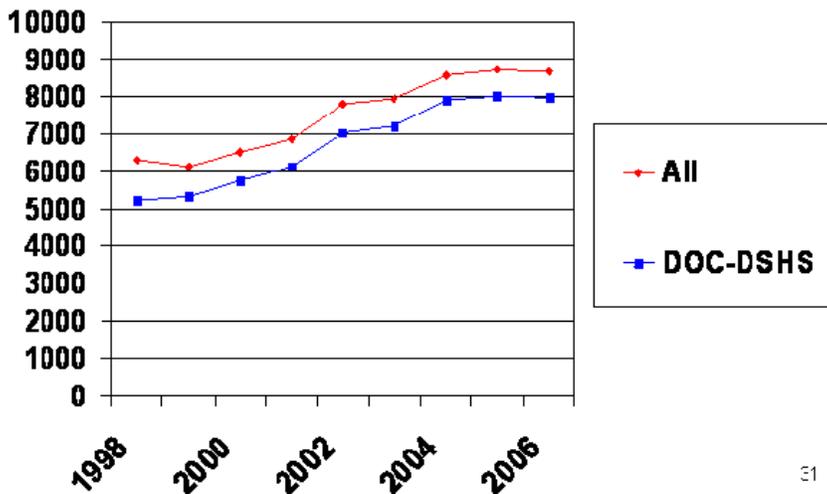
of the prison population but 1.5% of the overall population, and Hispanic Americans represent 10% of the prison population but 7% of the overall population (DOC, 2008).

There is current work being done to gain a clearer picture of the number of children affected by parental incarceration, but according to a recent survey of those incarcerated in DOC facilities, 80% of Washington State prisoners report an average of 1.91 children. This means that there are approximately 27,565 children in the State of Washington with a parent in prison (Russell, 2008). If the number of children with parents jailed or imprisoned in federal correctional facilities was added, that number would increase, however accurate statistics regarding parents with children state-wide for those populations are not currently available. There is still a great deal about children and families of the incarcerated that is not currently known due to the invisibility of this population and the relative newness of the effort in Washington State to investigate their challenges and strengths.

We do know that there is significant overlap between the client pools of DSHS and DOC. As DOC intakes rose over the past ten years or so, DSHS service utilization rose in tandem and served many of the same clients (see Table 2).

**Table 2:** This graph pulls from an integrated database of DOC and DSHS systems, and represents the overlap between individuals on DSHS caseloads and DOC admissions. It was created for DSHS’s Mental Health Transformation Project:

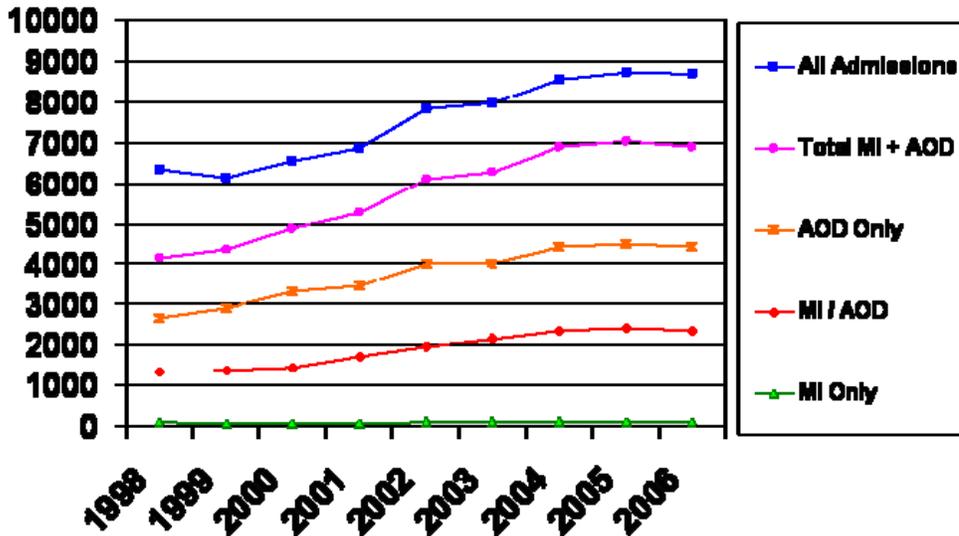
### DOC – DSHS Overlap: Admissions (1998 – 2006)



Source: Cuddeback et. al., 2008

The overlap is clearest when we look at all admissions, however it's important to also note the overlap in the client pool with those who have a mental illness (MI) and/or those who are being treated for chemical dependency (AOD) (See Table 3).

**Table 3:** Overlap between DSHS clients and DOC inmates by identified service needs:



Source: Cuddeback et. al., 2008

In some program areas, DSHS and DOC are largely serving the same population. The other agencies actively involved in CFIP work, OSPI and DEL, also see the same families through the public education system. With currently limited funds for agencies to address CFIP concerns and prevent intergenerational incarceration, it is important for agencies as well as community partners to work together to serve family's needs.

It is also clear from smaller-scale studies, the oversight committee report and the experience of community agencies that work with this population, that children and families of the incarcerated in Washington State face many of the same challenges that similar families in other states do. Visitation, reunification, child support, safety, and services to parents, children and families are all key concerns.

There are other projects and initiatives in Washington State that have similar or overlapping areas of work. There are already some efforts being made to link these projects in order to cross-pollinate ideas and resources and avoid duplication of work. However more work remains to be done.

DOC is working on implementation of SB 6157 (2007) to promote and provide re-entry services for those exiting incarceration. As part of this initiative, DOC is increasing services to those incarcerated and those under community supervision, including increasing the provision of parenting classes and the number of family support staff. DOC also has a leadership role in the Statewide Council on Mentally Ill Offenders, a cross-agency group that works on developing strategies to address mentally ill offenders and reduce rates of incarceration.

- DSHS is working on multiple projects related to re-entry services including:
  - Implementation of HB 1290 (2005) to expedite medical eligibility for those leaving prison or jail;
  - Expansion of efforts to improve services for those considered mentally ill and dangerous;
  - Utilization of pilots such as drug courts, mental health courts and crisis triage units to screen those who are primarily in need of services out of jails; and
  - Determining and developing housing resources for high-needs clients.

DSHS also operates a re-entry workgroup that includes representation from each administration. This group shares information and promotes discussion regarding joint or overlapping projects between administrations and with DOC, invites critical thinking on issues of common concerns, and suggests strategies to address persistent challenges in facilitating effective services. The Mental Health Transformation Project and the Family Policy Council are also each conducting projects that address the needs of individuals, families and communities that are impacted by multiple challenges including incarceration or criminal history.

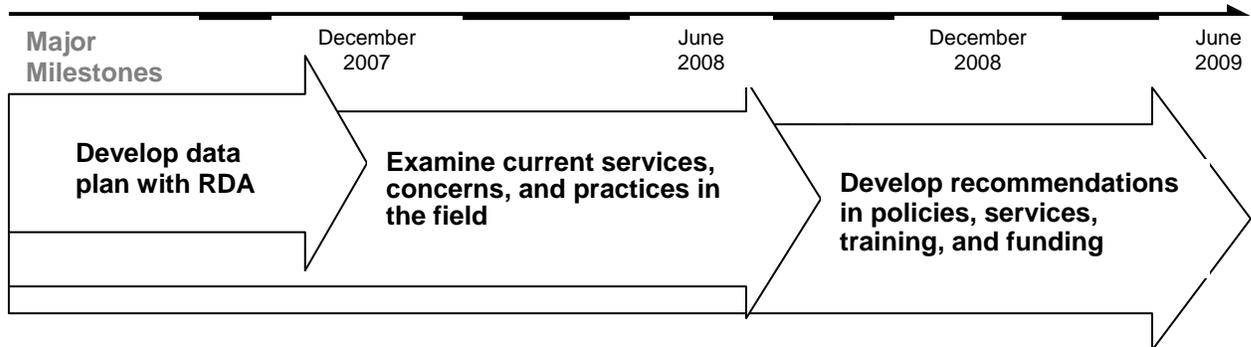
DSHS and DOC are also currently developing improvements to the data-share agreement between the agencies. This may broaden soon to include OSPI, due to recent interest from OSPI in developing a shared de-identified database with DSHS and DOC to improve the ability of these agencies to evaluate services to families affected by incarceration and re-entry.

DSHS also participates in the Washington State Re-Entry Partnership. This partnership arose from the National Governor's Association initiative to support re-entry work. Currently five agencies form this partnership. These are DSHS, DOC, Washington State Department of Veteran's Affairs, Employment Security Department (ESD) and the Department of Community, Trade and Economic Development. Washington State Department of Veteran's Affairs is working on addressing the needs of incarcerated veterans, ESD has an initiative to assist adults re-entering in finding employment, and CTED has multiple project areas including housing that address re-entry concerns. The mission of the partnership is to strengthen families and communities, and enhance public safety, through the effective re-integration of youth and adults under correctional supervision. The work of this partnership is still evolving, but may include cross-agency pilot projects in different areas of the state to support local collaboration in re-entry planning and services for families impacted by incarceration.

## Section 2: Implementation within DSHS

### Implementation Work Plan

In December 2007 a DSHS work plan was finalized that combined the legislated requirements under E2SHB 1422 and related efforts to analyze and assess current needs and efforts around CFIP nationally and state-wide. The general goals and timeframes of this work plan are expressed in the visual below.



In order to both complete the internal policy and service review and facilitate cross-administration work on CFIP concerns, the DSHS CFIP workgroup was established. To complete the data gathering requirements of the legislation, a data plan was developed in conjunction with the staff of Research and Data Analysis Division (RDA).

RDA is pulling together data from multiple DSHS subsystems (e.g. Economic Services Administration, Children's Administration, and Juvenile Rehabilitation Administration) to develop an individual-level database of children and parents. Fortunately RDA already has an existing data pull from DOC, so once there is a match via identifying data from birth certificates and child support orders, they will be able to provide an accounting of the number of children with incarcerated parents and the services they and their parents have received from DSHS administrations. Since JRA data will also be included, the plan will include data on juvenile parents and those detained juveniles who have incarcerated parents as well. As time permits, RDA will also investigate adding data from OSPI, DEL, Veteran's Affairs, and the jails now providing data to RDA. In addition to demographics, the data analysis will include:

- Rates of reunification for those families that are involved in child welfare;
- Intergenerational incarceration rates;
- Average child support debt of parents exiting incarceration; and,
- Rates of parental recidivism.

Currently, RDA is working on completing the match of identifying information. Therefore, data is not available at the time of this report. It is anticipated that preliminary data will be available by June.

In addition to participating in the advisory committee, coordinating the DSHS CFIP workgroup, and working on re-entry issues within DSHS and with partner agencies, DSHS's correctional policy analyst has also been engaging in activities in support of DSHS's work on CFIP concerns. They include the following;

- Development of a website for families affected by incarceration to help them identify and link to services within DSHS, partner agencies, and non-profit partners. The website also contains information to assist DSHS social workers and staff in working with incarcerated parents. This website is in the process of being made into a publication for distribution to families through DSHS and other agencies. It is anticipated that this publication will be complete by June 30<sup>th</sup>, 2008.
- Facilitation of presentations by DSHS at OSPI conferences. Topics have included child support and the overall service array within DSHS
- Discussions at IPAC and the forwarding of a questionnaire regarding CFIP issues to Washington State Tribes and Indian Organizations for review and feedback.
- Presentations and discussions at DSHS's diversity advisory committees (the Minority Advisory Committee and the Disability Advisory Committee), to discuss work on E2SHB 1422 and obtain community input into this effort.
- Attendance and networking at a national conference on serving children parents and children affected by substance abuse, HIV and incarceration, and at a state-wide conference on disproportionate minority confinement.
- Ongoing development of training materials on working with children of incarcerated parents for upcoming DASA and CA conferences.
- Meetings with non-profit and community partners that work with children and families of the incarcerated.
- Coordination of the data subcommittee of the CFIP Advisory Committee. This group has contributed significantly toward work being done with DOC and OSPI to improve data share agreements, and overall discussions on data sharing for both research and service coordination.
- Participation in affiliated projects including the Partners for Our Children Reunification Advisory Committee, the Racial Disproportionality Advisory Committee at DSHS and the Statewide Council on Mentally Ill Offenders.

## **DSHS's Policy and Service Review**

E2SHB 1422 requires DSHS and other participating agencies to complete a review of policies and services for children of the incarcerated. There are very few specialized services for children or families of the incarcerated across the administrations participating in the policy and service review. As a result, all existing services and policies were analyzed in relationship to the needs of this population, as defined in the oversight committee report and the legislation.

Since the structure of DSHS makes it logistically challenging for any one person or office to do a complete review of policies, services, and related legal requirements in every administration, each assistant secretary was approached and asked to identify a representative of that administration to complete that internal review, alongside the correctional policy analyst, and sit on the ongoing Children and Families of Incarcerated Parents (CFIP) DSHS Workgroup.

Each representative was asked to complete their review internally, including discussing topics with others in their administration to get broader feedback, and to share their review with the CFIP DSHS workgroup. Each representative shared their own feedback as to preliminary recommendations to serve children and families of the incarcerated more effectively, and the group engaged in cross-administration discussions and developed additional recommendations and ideas to address barriers or challenges within and across administrations, and with other partner agencies including DOC, OSPI and DEL.

Each participating administration and office is listed below, including a summary of the policies and services in each administration that impact children and families of the incarcerated, analysis of the strengths and challenges of those policies and services, preliminary recommendations from the administrations and CFIP workgroup, and additional recommendations based on identified needs and available research.

*“When I was five, the police came to my mom’s. They kicked the door in and broke the floor in. They broke a whole bunch of my uncle’s stuff that belonged to his father. I was scared. They took me away to the children’s shelter. In the children’s shelter I cried for my grandma and my mom.” (Simmons, 2003)*

### **Economic Services Administration (ESA)**

Two divisions within ESA completed reviews, the Community Services Division (CSD) and the Division of Child Support (DCS).

#### ***Current Policies and Services: Community Services Division (CSD)***

The only service specifically targeted for this population is the financial support provided to the residential parenting program at the Washington Corrections Center for Women (WCCW) at Purdy. CSD provides this program with “supplied shelter” Temporary Assistance for Needy Families (TANF) grants for women with children who participate. The funds are paid into a trust fund controlled by WCCW, which then utilizes the funds to provide for the children’s needs. The children involved in that program also receive medical coverage from DSHS. To participate in this program the inmate must be pregnant at time of incarceration, in minimum custody, and eligible for release prior to her child reaching 30 months of age. Upon a mother’s release, she can then apply for a standard TANF grant, food assistance and medical assistance for herself and her child.

Due to the financial strain encountered by many families prior to and after a parent’s incarceration, general CSD services such as food assistance and TANF grants are likely heavily utilized by this population, however at this time ESA does not keep data on whether families they work with have an incarcerated parent or family member. TANF provides cash grants to families with children and pregnant women who are below income and resource limits. State Financial Assistance (SFA) provides cash assistance to legal immigrant families, students age 19 and 20 and pregnant women who are ineligible to receive TANF. The Basic Food Program (federal food stamps) offers assistance in purchasing food and other necessities. Low-income families can apply for telephone assistance to establish affordable service. Legal immigrants in need can also access Refugee Cash Assistance, Refugee Medical Assistance, and Refugee Services, including employment and skills training.

There are also other programs for TANF recipients that offer financial supports to eligible families based on emergency or short-term need. These include:

- Additional Requirements for Emergent Needs (AR-EN) which provides a one-time payment to help prevent eviction or meet emergent housing needs for TANF-eligible families;
- Diversion Cash Assistance, which provides aid in lieu of ongoing TANF grants, and assistance for families for who are not eligible for any other program; and

- The Consolidated Emergency Assistance Program (CEAP) which provides a grant based on emergent needs (such as housing) no more than once per year.

WorkFirst provides employment services, training and other supports to TANF or SFA recipients, including adults who have received those grants in the last 6 months. It also provides some assistance for employment-related transportation. Working Connections Child Care (administered through DEL) provides child care subsidies for TANF/WorkFirst participants and non-TANF low-income parents who are employed. Medical coverage under General Assistance- Unemployable (GAU) or General Assistance- Expedited Medicaid (GAX) includes cash assistance for those who meet the criteria.

CSD also provides “non-needy” TANF grants to relatives who are caring for children when their parents are not able to do so. Some of these parents are incarcerated. These include kinship care families that are working with child welfare, and those who are not. The vast majority of these grants (85%) are provided to kinship caregivers that are not involved with child welfare services. ESA also provides child-only grants to abandoned children cared for by non-relatives (“in loco parentis”). Families can also qualify for child care subsidies.

Various types of family and children’s medical assistance are available to many families in the state, due to the raising of the income limit for medical assistance. If a child or parent is receiving medical coupons, mental health coverage is included.

Due to federal rules that do not allow CSD to suspend medical benefits while incarcerated, CSD closes medical assistance upon incarceration. However the ACES computer system utilized by CSD does maintain all client information during closure. Complete maintenance of medical benefits while incarcerated could only be maintained if the state established a separate state-funded medical program, thus avoiding federal restrictions on those funds. The legislature has ordered DSHS to conduct two studies on the technical and policy issues of alternatives to suspending medical assistance. The reports on those studies are due to the legislature by November of 2008.

Under the direction of HB 1290, ESA is working with other partners including DOC and the jails to expedite medical eligibility so that inmates that have received medical coupons in the past are able to re-start coverage just prior to release. ESA is also currently expediting the GAU application process for eligible inmates prior to release.

***Current Policies and Services: Division of Child Support (DCS)***

Custodial parents or caregivers can apply for the services of DCS to obtain financial support from the non-custodial parent. Referral into the program is automatic if a child receives TANF or is in foster care. DCS services are also available to kinship caregivers that are receiving a non-needy TANF grants. In those cases, the amount of child support received goes to reimburse the state for the cost of TANF or foster care. Caregivers and custodial parents receiving TANF can request that DCS not pursue the non-custodial parent to obtain child support payments if there is “good cause” to not pursue. “Good cause” may include safety concerns. Children’s Administration can also determine if “good cause” not to pursue child support exists on a case, and request that DCS not establish or not enforce support based on the best interests of the child. If a relative

caregiver is not on TANF, they can work with DCS to establish collection on one parent or both parents in order to have funds to support the children in their care.

DCS also works to establish paternity, if needed, and to establish and enforce child support orders for all such cases. If a child receives medical assistance, a referral will also be made to DCS for child support services. A caregiver or custodial parent may waive the right in this case to collect monetary child support. If a parent has medical insurance that can cover their children, DCS will attempt to have the parent cover the child(ren) on their medical insurance.

Child support debt in Washington State does continue to accrue to a parent while they are incarcerated, regardless of whether the parent is able to work and earn money while in prison or jail. Inmates can write to DCS to request a modification of their child support order, to decrease payment expectations until they have the ability to become employed. Incarcerated parents can also request that DCS write off debt owed to the state due to arrears, but not debt owed to a custodial parent.

Inmates coming into the reception center in Shelton watch a video that explains how they can request modification of their child support orders. There was a grant-funded project in 2003 that brought child support staff into facilities to work with inmates to help them with this process. Since that grant has ended, there are only limited pilot projects to bring staff to work with inmates or ex-offenders (see below).

DCS also works with DOC on the withholding of inmate's funds while incarcerated, in compliance with RCW 72.09.111. DCS provides DOC an electronic list of non-custodial parents, which DOC matches against the DOC database. DOC then withholds 20% of the funds in inmate's accounts each month in order to pay child support debts. This percentage is set by DOC statute. Although some inmates are able to work, many inmates receive monies from family members for basic needs while incarcerated, so often the withholding of inmates accounts impacts the overall family finances.

In 2007, DCS worked with DOC to complete a "mass withholding" of funds, which consisted of a withholding from accounts by DCS under their statutes at a higher amount. This mass withholding led to some inmates' accounts being emptied of funds.

Once a parent has re-entered their community and gained employment, it is currently against policy to accept an amount under the level of deduction set by federal and state standards when an employer is known. DCS income withholding requires the employer under 45 CFR 303.100(a) to withhold the entire amount of current support plus an amount to be applied towards external debt, but RCW 26.23.060(3) provides that the withholding is limited to 50% of the employees disposable earnings (gross income less mandatory withholding amounts).

If a parent doesn't comply with child support payments, DCS may certify the parent as being not in compliance with a child support order and request that the Department of Licensing (DOL) suspend the parent's driver's license. After DOL suspends a license prior to incarceration, a parent must pay \$75 to the Department of Licensing to reinstate the license. License suspension is a federally-mandated enforcement remedy. DSHS does not have the ability to pay the license re-instatement fee for the parent.

There are a few active projects with DCS that work with non-custodial parents including ex-offenders. For example, DCS manages a federal grant program designed to increase non-custodial parent's access to and visitation with their children. DCS also contracts with eight local service providers for counseling, education, supervision visitation and related services.

DCS is also working with the Washington Association of Prosecuting Attorneys (WAPA) on two pilot projects through DOC's Criminal Justice Centers (CJCs) in Spokane and Yakima. DCS staff travel to the facilities and assist non-custodial parents with modifications. The parents they serve are under DOC supervision with no time served, on work release, or have recently been released from a facility. DCS staff visit the facilities once or twice a month. Employment Services Division (ESD) also goes to the CJCs with their job hunter program, assisting ex-offenders with resume building, interviewing skills, child care and employment search assistance.

DCS also has involvement in projects or activities at four different correctional sites: Geiger Correctional Center, Airway Heights Corrections Center, Brownstone Work Release and the Pine Lodge Corrections Center for Women. Goodwill Industries staff at the Geiger Correctional Center provide training to inmates incarcerated there. They include a training module on child support, and Goodwill staff work with DCS in the Spokane DCS office and the Spokane County Prosecutor's office to identify and provide needed services such as modifications, charge-offs, adjustments of arrears payments, etc.

DCS staff visited the Airway Heights Corrections Center last year with the Prisoner to Work program. They spoke to approximately 100 inmates about child support issues, distributed pamphlets about the process of obtaining child support modifications, brought back requests for review of specific cases and completed review of those requests.

Beginning in January 2008, DCS started collaborating with the Brownstone Work Release facility through Goodwill staff. They partner with Goodwill to provide training and services to inmates. This includes training on how to obtain modifications of child support orders.

DCS staff also attended the community resource fair at Pine Lodge Corrections Center for Women in September 2007. DOC holds this fair at least twice per year. DCS staff met with other service providers and distributed information to both service providers and inmates.

### ***Challenges or Barriers***

Current challenges or barriers in serving CFIP through ESA programs include:

- Lack of awareness in the community and in other agencies about the services available from ESA, including income and medical support programs available through CSD, DCS modifications of child support, 'good cause' exceptions through DCS, supports for relatives, and pilot support programs.
- Lack of information on CFIP families served due to lack of data gathering at intake or at time of determination of eligibility.

- Federal law and state statute that continue child support debt accrual during incarceration and set a high percentage of salary withholding once it is known a parent is employed.
- Lack of ongoing funding for pilot projects and staff liaison work with DOC facilities and jails to assist inmates in the process of requesting modifications of child support.

### ***Preliminary Recommendations***

ESA representatives and other participants in the CFIP DSHS Workgroup proposed the following recommendations to address gaps or challenges in service provision:

- Inclusion of incarceration data in ACES system (used by CSD).
- Training for staff on how to ask questions regarding parental or family member incarceration to custodial caregivers or applicants at time of eligibility determination.
- Outreach to community agencies and referral sources regarding services, and availability of grant and pilot programs.
- Update of the DCS video (completed in 2001) shown to incoming inmates at the Washington Corrections Center (WCC), where DOC intake occurs, and consideration of the possibility of showing the video more than once.
- Submitting a request for ongoing funding to bring DCS staff into DOC facilities and jails to work with inmates on modifications of child support orders.
- Outreach to relative caregivers through Children’s Administration and other avenues regarding DCS service options.
- Identification of regional DCS contacts for DOC and jails to facilitate and increase communication
- Evaluation and expansion of pilot programs and ESA’s current activities at correctional institutions.

### ***Additional recommendations***

Based on available research, prior work by the oversight committee and current work by the advisory committee and affiliated groups, additional recommendations from the correctional policy analyst are as follows:

- To automatically set child support orders to zero while a parent is incarcerated, particularly if they have no ability to work due to being incarcerated in a facility that does not provide work, and low assets.
- To manage child support debt after release, through the provision of a 60 or 90 day ‘grace period’ after release in order to encourage the establishment of legitimate work.

- To either eliminate “mass withholdings” of inmate’s accounts (due to the impact this has on those re-entering communities and families with few resources) or work collaboratively with DOC to determine ways to selectively withhold higher amounts, and avoid “zeroing-out” the accounts of inmates prior to release. At this time, Division of Child Support does not support this recommendation, but they are pursuing conversations with DOC about withholding.
- To investigate the possibility of suspending medical coupons when individuals are incarcerated, rather than closing medical assistance- with consideration of the recommendations of ESA studies on this topic due by November 2008.

*“A lot of women don’t realize that when they take a three-year prison term- which is the norm nowadays on a probation violation- if they have an infant or they’re pregnant, taking that plea bargain means they’re gonna lose their child.” (Simmons, 2003)*

## **Children’s Administration (CA)**

### ***Current Policies and Services***

Visitation between children and parents is court ordered and a right of the parent under RCW 13.34.136, unless there are safety concerns that lead the court to prohibit such contact. Expectations of social workers in the consideration of visitation are clarified in the CA Practice Guide to Parent-Child-Sibling visits. In that guide, it states that incarceration of the parent is not an automatic barrier to safety of the child for visitation. It goes on to say that a determination must be made as to the best interest of the child in visit plans. Issues that social workers may take into consideration when working with the court on determining visitation on specific cases include; distance to the facility, child’s age, the existence of a prior relationship and the nature of the relationship, issues relative to crimes committed that resulted in incarceration and the length of the sentence, and court orders prohibiting visitation, if relevant. This policy also directs social workers to contact the facility in which the parent is incarcerated to determine the policies, requirements and facilities available for visitation. CA utilizes contracted visitation providers to transport and supervise during visitations, but at this time due to insufficient funding, there are few contracted visitation providers. If contracted providers cannot be utilized, the responsibility of visitation provision falls on the social worker.

According to CA, there might be a few children of incarcerated parents under child welfare supervision that were initially brought into care due to the parent’s incarceration rather than abuse and/or neglect, but that number would be incredibly small. Regardless of parental incarceration, child welfare only takes into custody those children for whom the court has determined that abuse and/or neglect has been proven to have occurred. As stated earlier in the section on current research, it may be the case that parental arrests occur after child welfare has become involved in a family, due to challenges that research shows commonly affect such families, including substance abuse and violence. CA

currently estimates that 8-10% of children in care have a currently incarcerated parent. However their computer system does not track information relative to the incarceration of a parent or family member, therefore currently there is no clear estimate on how many children are affected by parental incarceration.

If a child is in the custody of the Division of Children and Family Services (DCFS), the assigned social worker works with other legal parties to the case and service providers for the child and family to update to the court the current needs and services to the child and parents every six months. DCFS is responsible for ensuring that the child has access to all needed evaluations, services and supports. DCFS is also responsible for ensuring that the parents receive referrals and access to all needed services, as identified in the court order establishing the case.

If DCFS receives an allegation of abuse and/or neglect, that allegation is screened and scored to determine the response. Low-risk allegations often are directed to “alternative response,” which consists of a social worker providing resource referrals to the family and/or establishing a safety plan to help stabilize the family. Higher-risk allegations receive investigation by Child Protective Services (CPS). CPS also provides resource referrals and may utilize family preservation services to help stabilize the family. Sometimes CPS opens a child welfare case but keeps the child in the parent’s home with frequent oversight. CPS cannot take a child into custody, this only occurs when either a police officer takes a child into emergency custody due to immediate risk, or a court hears the results of CPS investigations, determines that abuse and/or neglect has occurred, and authorizes CPS to place the child out of the parent’s home.

Under Sirita’s Law (HB 1333, 2007) CA is working with law enforcement to develop protocols at the county level for child physical and sexual abuse cases, child fatalities and criminal child neglect cases. There has also been a protocol developed in Region IV with CA, law enforcement, tribes and other involved parties to coordinate assistance to children found at methamphetamine labs. This work parallels efforts to establish law enforcement protocols for all children at time of arrest.

When a child comes into custody for abuse and/or neglect, DCFS’s first placement priority is to keep the child(ren) with relatives, if possible. DCFS is currently utilizing family team meetings shortly after a case opens to try and access family placements and supports. Some offices also have relative search positions to assist case carrying social workers in determining available relatives to care for children. Under the Adam Walsh Act, DCFS must run criminal history checks and FBI fingerprint checks on relative caregivers. This act also restricts the state from placing children with relatives with histories of violence or those who have been convicted of certain crimes. Relatives who care for children in state custody are eligible to receive TANF “non-needy” grants and have access to some relative support funds if needed. Relative support funds may be used to help bring children to visit parents, including reimbursement for travel expenses and overnight stays. DCFS also pays for daycare for relative caregivers that work outside of the home. In addition, DCFS works with relative caregivers to complete the licensing process, if they so choose, in order to receive a level of support higher than TANF. Relatives are also eligible to receive subsidized guardianships if the court determines that the child(ren) cannot return to the parents. Some relatives choose to adopt the children in their care after either a parental relinquishment or termination of rights. Relatives who

adopt can receive adoption support funding and reimbursement for the legal cost of adoption.

Foster parents receive training, background checks and home studies from DCFS or certified child placing agencies. Foster parents are required to follow strict state regulations regarding the care of the child(ren) in their home and are directed to follow existing court orders and work with the social workers. Foster parents are required to work to have an independent source of income, and the current reimbursement for expenses related to the care of the child(ren) is relatively low. For example, for the care of a toddler with few or no special needs, a family will receive approximately \$350 a month. Foster parents are not required to take the child in their care to visitation with parents, and many foster parents are unwilling to have ongoing contact with biological parents, particularly if safety concerns exist. It is the responsibility of social workers to coordinate and establish visitation, but social workers are encouraged to work with relatives and foster parents to help provide family contact and visits.

When children and parents are reunified, CA policy requires transition and safety planning for all children returning home. Transition needs are assessed and services to meet those needs are provided.

Both the federal Adoption and Safe Families Act (ASFA) and the related state legislation HB 3205 (2008) require DCFS to file a termination of parental rights petition with the court if a child has been in out of home care for 15 of the last 22 months unless certain conditions are met. "Incarceration of a parent" is not a condition under state or federal law that allows DCFS to delay the filing of a petition. However, it is important to note that the filing of a petition does not mean that the court will grant a termination of parental rights when the petition is heard in court. For this to occur the court must prove that continuing safety concerns exist to prevent reunification.

### ***Challenges or Barriers***

Current challenges or barriers in serving CFIP through CA programs include:

- Insufficient funding to provide visitation services for children with incarcerated parents.
- No current contracts with visitation providers that work with children of the incarcerated that are familiar with DOC and jail visitation protocols.
- ASFA timelines and lack of provision under ASFA for additional time for parents who are incarcerated and unable to complete services due to lack of provision of such services.
- Difficulty in obtaining verification of service completion and evaluation of improvements related to service completion from DOC facilities and jails.
- Challenges in identifying parent's location while incarcerated, determining when a parent is moved and identifying who to speak with at DOC or the jails regarding a parent's situation and child welfare court requirements.

- Lack of training for social workers, foster parents and relative caregivers on the needs and experiences of children of incarcerated parents.
- Insufficient data: the CA computer system does not have data fields to track parents who are or have been incarcerated, or children who have incarcerated parents.
- Finding and facilitating housing for parents who are exiting incarceration, in particular housing that they qualify for due to criminal history and housing that can accommodate the return of children whenever the court decides that reunification will occur.
- Lack of knowledge within DOC and the jails on child welfare procedures and requirements.

### ***Preliminary Recommendations***

The CA representative and other participants in the CFIP DSHS Workgroup proposed the following recommendations to address gaps or challenges in service provision:

- Identify regional positions within both CA and DOC that each agency can utilize as a central point of contact to help coordinate visitation or act as a liaison between the two agencies.
- Develop an inter-agency agreement with DOC to encourage appropriate information sharing between DOC and CA and other administrations to coordinate and facilitate service delivery.
- Add a data field to the new computer system (FAMLINK) to track and record the incarceration of parents.
- Develop and provide training to social workers on the needs and experiences of children with incarcerated parents
- Develop and provide cross-training between DOC and CA on procedures, requirements and coordination between the agencies.
- Request additional funding to facilitate visitation for children with incarcerated parents, including potentially contracting with community-based providers who already provide such visitation.
- Identify and promote relationships with housing providers who will work with DCFS involved parents who have criminal histories.
- Obtain information on visitation facilities and accommodations at each jail and prison and provide such information to social workers, foster parents and relative caregivers.

### *Additional Recommendations*

Based on available research, prior work by the oversight committee and current work by the advisory committee and affiliated groups, additional recommendations from the correctional policy analyst are as follows:

- Establishing liaisons or ongoing partnerships with county jails to help early identification of child welfare-involved parents who are incarcerated in jails.
- Utilization of senior mentoring programs such as Senior Corps or similar programs to help provide visitation and contact with incarcerated parents, when advisable. Some training would need to be provided to seniors and/or other mentors who provide visitation. Senior volunteers have been utilized in this capacity, but the program was discontinued.
- Policy revisions to more clearly define the best interest of the child in maintaining contact with an incarcerated parent. One possibility is to define that it is in the best interest of the child to maintain supervised visitation and contact, barring safety concerns, child's unwillingness to see parent, or determination by a mental health professional that visitation would be detrimental to the child.
- Coordination with DOC and jail personnel as to court-defined service plans for the parent. To make it clear in court paperwork what services are actually available to the parent while incarcerated, and to monitor progress in those services and facilitate rapid involvement in any additional services once released.
- To communicate in an ongoing manner with DOC as to the types of services CA will accept for provision of services to parents. At this time CA is evaluating the types of programs it accepts and focusing on expanding the use of evidence-based practices and those supported by research. CA is also focusing on increasing the number of providers in order to address diverse families with diverse needs. Since DOC is increasingly adopting parenting and other programs for parents, it is important that there be dialogue about what programs can be instituted and cross-utilized to meet both DOC and CA requirements.
- To refer incarcerated non-custodial parents in child welfare cases to DCS to determine if their child support payments can be modified.
- To consider policy and state law revision to name parental incarceration as a compelling reason to delay ASFA-timed termination court proceedings if the parent has successfully engaged in available services while incarcerated and no enduring safety concerns exist. Care would need to be taken with this, to ensure that the child(ren)'s needs were primary, which is one of the intentions of ASFA.
- To increase the provision of Family Preservation Services (FPS) and similar services to strengthen families at the opening of a case when there is a history of parental incarceration, in order to work to prevent parental recidivism. This may require additional funds.
- To participate in the work of the CFIP Advisory Committee subcommittee on arrest protocols, in order to ensure that CA is represented in the work being done

to develop arrest protocols, and ensure that such protocols match or parallel work being done on developing protocols with law enforcement under HB 1333 (2007).

*“My daughter has been incarcerated off and on for drugs. Her daughters are with me...but what if the day comes that I’m gone? What are these girls going to do? Sometimes it’s too much for me. I’m a diabetic; my health’s not that great. I get tired, I get depressed.”(Simmons, 2003)*

### **Aging and Disability Services Administration (ADSA)**

Two divisions/program areas within ADSA completed a policy and service review: the Infant Toddler Early Intervention Program (ITEIP) and the Division of Developmental Disabilities (DDD). The Kinship Care program (RAPP) also provided information on their services.

#### ***Current Policies and Services: Infant Toddler Early Intervention Program***

ITEIP provides early intervention services to children and families under the Individuals with Disabilities Education Act (IDEA). These services are provided to all families with children from ages birth to three regardless of income or assets. Service plans are developed with the involvement of family, including biological parents, relative caretakers and foster parents. ITEIP doesn’t currently work with parents who are incarcerated, however they do work with parents who have transitioned home after incarceration. ITEIP is required to work with the legal guardian or caretaker within the family environment. They don’t provide parenting education, but they do refer parents to parenting programs if it is indicated in the service plan for the child. Service plans can include special instruction, speech therapy, physical therapy, occupational therapy, family training, counseling and home visits. At this time ITEIP doesn’t track referrals that originate from DOC or jails, or involve parental incarceration, so it is unclear how many families affected by incarceration are served by ITEIP.

DCFS, by policy, refers children who have been identified with a developmental concern to ITEIP for eligibility determination and provision of services. ITEIP contractors work locally with DCFS staff to ensure that referrals and service delivery occur for eligible children. There is a Family Resources Coordinator (FRC) in each county or geographic area to help all families referred to ITEIP obtain needed services.

ITEIP provides ongoing joint trainings on early intervention referral processes to social workers, foster parents and kinship caregivers. ITEIP also works closely with the Department of Early Learning (DEL) to facilitate referrals and assist in transitioning children from ITEIP programs to other supports at age three.

ITEIP also has a partnership with the residential parenting program at Washington State Correctional Center for Women (WCCW) at Purdy. ITEIP’s Early Intervention Services

contractor has been working with Purdy's staff to facilitate referrals for approximately eight years.

***Current Policies and Services: Division of Developmental Disabilities (DDD)***

Due to funding and legal restrictions, DDD is restricted to serving only those who fit limited criteria; individuals who are developmentally delayed, have limited IQ and related challenges in living independently and working. Even for those who meet those criteria, one-third do not qualify for services, or only qualify for case management due to policy and funding limitations.

For those children who do qualify for DDD services and live with a relative or parent, they can be evaluated to see if they qualify for Medicaid and Medicaid Personal Care (MPC) hours. If they receive MPC hours and they have an incarcerated parent, the MPC provider can accompany the parent or relative and the child to visit the incarcerated parent. DDD has an Individual Family Support Program (IFSP) that is determined by eligibility, and includes respite care and leisure/social activities.

For developmentally disabled adults, DDD has a specialist in each region that works with the jails and prisons in order to coordinate services, including coordinating placement for the parent after they complete their sentence. Parenting skills training is offered in some areas, but not in all regions, and only if funding and services are available.

***Current Policies and Services: Relatives as Parents Program (Kinship Care)***

ADSA administers several programs through the Relatives as Parents Program (RAPP). The Kinship Caregivers Support Program (KCSP) which served 2594 children and 1322 relatives in 2007 is available in all areas of the state and provides emergent funding (one million annual budget) to relatives raising children (kinship caregivers) who are not involved with the formal child welfare system. The KCSP is operated by the thirteen Area Agencies on Aging (AAAs) directly or through contracts with community agencies. The Kinship Navigator Program (KNP) which is also administered by the AAAs assists relatives in navigating the complex system of services for the children they are raising. Kinship Navigators provide a one-stop shop for information, printed materials and consultation on resources, benefits and available services. Currently 24 counties are covered by the program through six AAAs. RAPP also coordinates and disseminates printed and website information regarding resources available to relatives raising children through ADSA, other DSHS administrations and other agencies and community groups. RAPP is the lead on the DSHS Kinship Care in Washington State website, which provides information on benefits, health care, legal issues, locations of kinship support groups, legislative reports, links to publications and more. RAPP developed and distributes the Relatives as Parents Resource Guide along with two videos about legal options and mediation services. In addition, an annual facilitator training called Parenting the Second Time Around is co-sponsored with Extension Services and other local organizations. Currently there are about 40 kinship support groups available to provide needed support to kinship families in approximately one-half of Washington State's counties.

Kinship caregivers can also access training provided by Children’s Administration, regardless of whether the child in their care is involved in a child welfare case. This training can assist relatives in understanding and caring for the needs of the children in their care.

### ***Challenges or Barriers***

Current challenges or barriers in serving CFIP through ADSA programs include:

- Need for further outreach and additional referrals for ITEIP and RAPP programs.
- Lack of data in each data system on children with incarcerated parents.
- Lack of specialized supports for kinship caregivers of a child with an incarcerated parent.

### ***Preliminary Recommendations***

ADSA representatives and other participants in the CFIP DSHS Workgroup proposed the following recommendations to address gaps or challenges in service provision:

- Outreach to communities and other agencies regarding ITEIP and RAPP services in order to increase referrals.
- Training on ADSA services for DOC community corrections and prison staff who may be able to refer families to ITEIP, DDD services and kinship care services
- Add in a question as to whether someone has an incarcerated parent into the protocol to establish the Individual Family and Services Program (IFSP) for those who qualify for DDD services within available funding, and establish that as a criterion to allow access to respite care services and assistance with visitation.
- Training related to accompanying children on visits to prisons or jails to see parents for Medicaid Personal Care providers.
- Tracking ITEIP referrals that arise from correctional facilities and/or referrals that involve incarcerated parents.
- Training for Kinship Navigators regarding the needs of and resources available to children and their families of incarcerated parents.

### ***Additional Recommendations***

Based on available research, prior work by the oversight committee and current work by the advisory committee and affiliated groups, additional recommendations from the correctional policy analyst are as follows:

- Increase in the number and availability of specialized parenting classes for adults with developmental disabilities within ADSA and DOC.
- Development of specialized training and additional supports to kinship caregivers of a child of an incarcerated parent, such as the establishment of a supportive network. This may require additional funds.

*“When I was in juvenile hall all I could think about was my mom being in jail. I think that’s why I was in most of the situations I was in. I didn’t care about going to juvenile hall, ‘cause my mom’s in jail.”(Simmons, 2003)*

## **Juvenile Rehabilitation Administration**

### ***Current Policies and Services: Juvenile Rehabilitation Administration (JRA)***

JRA does have some youth in their facilities that give birth while incarcerated. Special consideration is given after birth to enable bonding with the newborn and contact with relatives who may care for the child while the parent is detained. Any detained youth with children can work with their case manager to arrange visitation, but there is currently no written policy covering visitation between detained youth and their children.

It is contrary to JRA policy to allow a youth incarcerated in a JRA facility to leave detention in order to visit a parent incarcerated in a prison or jail. Contact is allowed via phone calls or letters from adult to juvenile facilities and vice versa. All incarcerated youth may make phone calls to family members free of charge.

All youth in JRA facilities are involved in educational, vocational or work programs. Some facilities offer parenting classes to any interested youth, and some offer it solely to JRA youth who are identified as parents. Inpatient and outpatient chemical dependency services are offered if needed. Youth on parole (excepting youth who discharge to another state or to probation) participate in Functional Family Parole, an evidence-based practice which includes family members and works to enhance family relationships and family functioning. This focus on improving family relationships has been a factor in lowering rates of recidivism within JRA. On a case-by-case basis, when a youth is on parole, JRA may assist a youth in visiting an incarcerated parent by accessing transportation and travel assistance.

JRA does provide some pass-through money to county courts to support sentencing alternatives to reduce rates of juvenile incarceration. JRA is also working with the MacArthur Foundation and Casey Family Programs on initiatives to further reduce rates of juvenile incarceration and address disproportionate minority contact and confinement.

JRA does have an interagency agreement with DOC with respect to DOC’s youthful offenders incarcerated in JRA, but at present it does not make reference to intergenerational incarceration concerns or parental incarceration.

### ***Challenges or Barriers***

Current challenges or barriers in serving CFIP through JRA programs include:

- A small percentage of JRA youth are parents and they are located in facilities across the state.
- JRA’s computer system does not track whether a juvenile is a parent.

- There is currently no program similar to the residential parenting program at Purdy that allows juvenile mothers to remain with their infants in a facility for a period of time prior to release or placement with relatives or caretakers.
- There is no current policy to address visitation between juvenile parents and their children, and the facilitation of contact between detained youth and their incarcerated parents.

***Preliminary Recommendations***

The JRA representative and other participants in the CFIP DSHS Workgroup proposed the following recommendations to address gaps or challenges in service provision:

- Creation of a policy to formalize the conditions for and facilitation of visitation between juvenile parents and their children while the parent is detained.
- Expansion of interagency agreement with DOC with respect to visitation, contact and supports for children of incarcerated parents and relevant services for parents.
- Tracking the following within JRA’s computer system: identity and location of children of juvenile parents and incarceration status of the juvenile’s parents.

***Additional Recommendations***

Based on available research, prior work by the oversight committee and current work by the advisory committee and affiliated groups, additional recommendations from the correctional policy analyst are as follows:

- Currently JRA institutions do not accept collect calls. However this is one of the few ways in which an incarcerated parent may contact a detained child. Determine if and how JRA facilities can accept collect calls from incarcerated parents in prisons or jails, and what additional funding may be necessary to implement this, or determine an alternate way in which incarcerated parents and their detained children may communicate telephonically.
- Establishment of a program similar to the residential parenting program at Purdy for juvenile parents in order to encourage early bonding and parenting skills, and establish supports upon release for young parents. This may require additional funds.

## **Health and Recovery Services Administration (HRSA)**

Two divisions of HRSA completed reviews, the Mental Health Division (MHD) and the Division of Alcohol and Substance Abuse (DASA).

### ***Current Policies and Services: Mental Health Division (MHD)***

The Mental Health Division serves children and adults through their contracted Regional Support Networks (RSNs).

Children who are in need of mental health services receive services via the federal Medicaid waiver if they have a diagnosis that classifies them as having a serious emotional disturbance (SED). For those children, services to assist in maintaining parent-child contact could occur if clinically indicated and part of the treatment plan. For example, assistance could be provided if family therapy was indicated and therapy occurred via phone due to the location of the parent in jail or prison. There are state-only dollars to assist incarcerated and re-entering adults, but this funding source does not address the needs of children or caregivers. MHD providers don't see children until they are identified as having significant mental health needs, and they do not currently have the ability to provide significant ongoing preventive services.

There are some regions that establish wraparound teams for children receiving mental health treatment that involve families and other natural supports. If a child is in a region with a wraparound team, flex funds could possibly be utilized to provide support to relative caretakers in order to meet the needs of the children in their care that relate to mental health. Parent support organizations also provide assistance for parents of children with emotional or behavioral disorders, or mental illness.

MHD does work with DOC to address the needs of Dangerous Mentally Ill Offenders (DMIOs) and Mentally Ill Offenders (MIOs). There are specialized pools of funding available to address treatment and stabilization needs for this population. Mental health courts and crisis triage units also assist in stabilization and reduce recidivism in some areas.

While incarcerated, parents receive DOC mental health services in prison if they qualify and services are available. DOC also works with MHD to connect an adult in need of services to RSNs.

MHD is also working in tandem with ESA and DOC to provide expedited medical eligibility determinations for people with serious mental health disorders exiting incarceration.

### ***Current Policies and Services: Division of Alcohol and Substance Abuse***

Youth receive drug and alcohol treatment services through DASA contracted providers. DASA also funds counties to provide prevention and intervention services to children and youth who may be at risk for substance and alcohol abuse. These preventive services address both risk and protective factors. If a youth is in residential treatment, no policy would prohibit visitation with an incarcerated parent, barring pertinent safety and clinical concerns. Likewise, no policy would prohibit contact via phone or other means. Due to federal confidentiality rules that impact chemical dependency providers, a signed release

from the youth (age 13 or over) must be obtained prior to contact with a parent or other agencies (such as correctional staff) to arrange visitation.

For incarcerated parents and other adults, DASA certifies chemical dependency treatment within DOC facilities. DASA also certifies residential and outpatient services for adults statewide. For parents and other adults exiting incarceration, funding sources for drug and alcohol treatment include the Alcoholism and Drug Addiction Treatment and Support Act (ADATSA), Treatment Expansion (for those who are Medicaid eligible), Criminal Justice Treatment Account (CJTA) and Drug Offender Sentencing Alternative (DOSA).

### ***Challenges or Barriers***

Current challenges or barriers in serving CFIP through HRSA programs include:

- Lack of data collection regarding incarceration status or history thereof of adults or youth in either MHD or DASA systems.
- Lack of current policies in DASA or MHD to structure and facilitate visitation or contact with incarcerated parents for youth in residential treatment facilities.
- No specific services to meet the mental health needs of children who experience parental incarceration, or the mental health and chemical dependency needs of parents transitioning from jail or prison to the community.
- Lack of education and communication between DOC, community chemical dependency providers and Community Services Offices (CSOs) regarding available services for parents who are transitioning from jail or prison.
- Lack of training on CFIP concerns for staff and providers.

### ***Preliminary Recommendations***

The HRSA representatives and other participants in the CFIP DSHS Workgroup proposed the following recommendations to address gaps or challenges in service provision:

- Review data from RDA on the number of children and parents who have accessed the public mental health system and look for trends and regions with potential for high impact to inform future efforts in CFIP service provision.
- Request additional state-only dollars to develop a pilot program for CFIP in the mental health system offering time-limited service during a parent's transition home to provide evaluation, assessment, psychoeducation and family therapy.
- Explore potential to broaden the Access to Care standards category "B" diagnoses to include the risk factor of being a child of an incarcerated parent.
- Inclusion of CFIP issues in training for law enforcement and those who work in crisis triage or crisis intervention units.
- DASA training with contracted residential treatment providers on CFIP issues.

### ***Additional Recommendations***

Based on available research, prior work by the oversight committee and current work by the advisory committee and affiliated groups, additional recommendations from the correctional policy analyst are as follows:

- Training for DASA and MHD staff, regional staff, and treatment providers on CFIP needs and resources.

### **The Office of Indian Policy and Support Services (IPSS)**

The Office of Indian Policy and Support Services (IPSS) participates in the CFIP DSHS workgroup, and in the discussions on the reviews completed by the administrations. Input to contribute to the policy and services reviews was also solicited from IPSS's regional administrators and offices, the Indian Policy Advisory Committee (IPAC) and IPAC's child welfare subcommittee.

Questions were raised as to the notification of tribes once someone is in jail or prison, and when they exit to return to their communities. For both juveniles and adults, tribes would benefit from notification of these events, in order to coordinate and facilitate tribal services for the individual and their family. Additionally, jails and prisons often do not ask about or track tribal status, and so often Native Americans are misclassified racially. Tribes (and others) would also benefit from prior notification of a move, particularly of a parent. If a family and/or tribal services establishes visitation and then a person is moved without prior notification, it impacts the ability to continue to visit and maintain contact.

Many children are cared for by relative caretakers, and feedback was given that it's important to recognize the role of relative caretakers and grandparents, and respect when decisions are made that it may not be in the best interest of the child to visit the parent while incarcerated, regardless of ability to do so. Some noted that if visitation occurs, it's important to have family-friendly visiting environments and visiting hours that don't conflict with work or school commitments.

Others noted the importance of integrating the family and other key community members (e.g. elders) into the treatment process for those who are incarcerated. Reasons for imprisonment often relate to prior abuse or other traumas, often experienced by multiple generations of the family and community. There needs to be ongoing healing integrating and including family members in order to keep families together and keep children with family.

### ***Current Policies and Services: Indian Policy and Support Services***

IPSS works closely with Washington State tribes to facilitate communication between the state and tribes, support and expand services available to families in tribal communities and assist tribes that request such help in structuring their services in order to be eligible for additional state and federal funds. IPSS has a regional administrator in each region to provide ongoing communication and support. IPSS also convenes IPAC, which enacts DSHS's government-to-government relationship with the tribes.

### ***Challenges or Barriers***

Identified challenges or barriers in serving CFIP in tribal communities include:

- Often relative caregivers in tribal communities do not have guardianship or legal custody of the children in their care, which limits the ability of caretakers to provide for basic needs.
- Lack of notification of tribes and tribal service providers that a tribal member is incarcerated, or due to be released. This impedes both service delivery including visitation while incarcerated, and re-entry planning.
- Lack of ongoing government-to-government relationship and communication with DOC and the county jails.
- Lack of tracking of tribal enrollment at incarceration intake.
- Lack of consideration of the federal prison system in many CFIP efforts. This is important due to the fact that many crimes committed on reservations fall under federal jurisdiction.
- Lack of ongoing prioritization of family contact and family healing by state agencies and communities, and lack of prioritization of safety concerns.

### ***Recommendations***

Recommendations from the IPSS representative as well as IPAC members include:

- Tracking of tribal enrollment or heritage at time of intake.
- Notification of tribes at intake and exit, and prior to moves between facilities.
- Collaborative re-entry planning between correctional facilities and tribes
- Inclusion of tribal law enforcement in the development of arrest protocols. Build on the work of the Region IV Methamphetamine Taskforce to develop arrest protocols for children of those arrested that include consideration of tribal courts and law enforcement.
- Focus on extended family needs for healing and recovery in services to CFIP, including placing children in need of care with relatives, in cooperation with tribal child welfare departments.

### **Planning, Performance and Accountability (PPA)**

Planning, Performance and Accountability includes RDA, planning and performance, and cross-departmental and state agency policy and program initiatives. No policy and service review of PPA was conducted since it does not administer services, however current activities in PPA related to CFIP and relevant recommendations are noted below.

#### ***Current Policies and Services: Planning, Performance and Accountability***

Currently PPA has a correctional policy analyst position and a half-time research position that are both funded via agency requests linked to E2SHB 1422. The correctional policy analyst works on both CFIP and offender re-entry related issues. This position has

enabled the formation and/or strengthening of connections between initiatives and projects within DSHS and with other agencies and community partners.

PPA also has another boundary-spanner position that works on housing and homelessness related issues. With housing being a key concern of re-entering parents, caregivers and their children, connections and beneficial relationships with housing providers are key to ensuring that families are able to reunify when appropriate.

RDA is working on multiple projects that relate to CFIP concerns in addition to the data plan for E2SHB 1422. This includes the current geo-mapping project with the Family Policy Council. As stated before in the section on prior research, one finding is that certain neighborhoods, communities and geographic areas are disproportionately impacted by parental incarceration. Efforts to link CFIP data work with efforts data projects of the Family Policy Council, the Mental Health Transformation Project and others is already being done through the CFIP data subcommittee, but further work remains to integrate analysis of the needs of children and parents affected by incarceration. Obtaining this information could help plan the provision of services, and the establishment or expansion of pilot projects.

### ***Recommendations***

Based on available research, prior work by the oversight committee and current work by the advisory committee and affiliated groups, recommendations from the correctional policy analyst are as follows:

- Request within the biennium funding to permanently establish the full-time correctional policy analyst position and the half-time CFIP researcher within RDA, if these positions are not able to be included in the maintenance budget.
- Consider a request now or in the future to establish an additional full-time policy analyst FTE to focus on re-entry and correctional issues.
- Continue current work to expand the data-share agreement with DOC and affiliated agencies, including OSPI. Establish a de-identified combined database with OSPI, DSHS and DOC data for research purposes (may require additional funds).
- Layer DOC incarceration data or similar measures of incarceration and/or criminal justice involvement on top of GIS family indicators in the Family Policy Council's geo-mapping project.

## **Recommendations to other agencies or partners**

In the course of DSHS's policy and services review, administration representatives, IPAC members and diversity advisory committee members shared concerns and recommendations that pertain to agencies other than DSHS. In discussing ways to address CFIP needs in DSHS, existing gaps in communication and collaboration between DSHS and other agencies were illuminated. Although some of those recommendations to other agencies are included within the administration reviews above, the recommendations are summarized below. It is important to note that other agencies that impact CFIP including DOC, OSPI and DEL are already working on addressing CFIP concerns within their agencies. Additionally, there is ongoing work between DSHS and those agencies to improve collaboration. Many of the recommendations below, as well as many recommendations on DSHS policies and services, may require additional funds to be requested or appropriated in order to implement, if agencies choose to do so.

### ***Department of Corrections (DOC)***

The NSCAW study on child welfare and correctional systems suggests one beneficial approach to addressing CFIP issues is a sharing of responsibility for child welfare with correctional systems. Probation departments and community corrections offices see the same families, and are positioned to intervene with parents to address risk factors such as substance abuse, domestic violence, and mental illness (Phillips and Gleeson, 2007). Often correctional officials have more 'clout' to be able to work with families to attend and complete services, since child welfare court orders have little to no power to compel families to complete court-required services to reunify with their children or close child welfare cases. However at this time, correctional staff do not have significant or consistent training on the child welfare system and its requirements, and child welfare staff are often unfamiliar with the correctional system. Additionally there are few places in which there is a collaborative relationship between child welfare and corrections, to ensure that the content of court orders is shared.

Recommendations that arose regarding DOC include:

- Increase the number of family friendly visiting rooms.
- Develop or provide information for a guide for child welfare and social work staff on the visitation procedures, type of visitation room and provision of visitation services at each DOC facility.
- Provide trained supervision of visits so that child welfare cases may have records of the content of parent-child visits.
- Provide or make available detailed summaries of parental participation in services available, as well as records of attendance and class completion verification.
- Provide access by DSHS child welfare and community services staff to information as to the name and contact information of a parent's correctional counselors, to establish communication.
- Develop a cross-training curriculum with DSHS for use between and with DOC and DSHS staff.

- Development of a joint written agreement between DOC and DSHS to share information for the purpose of service provision.
- Enhance the current work being done to provide mental health, drug/alcohol and parenting classes to parents while incarcerated, using evidence based programs or those supported by promising research. Share information on such programs with Children's Administration and seek to adopt similar programs if possible.
- Record tribal enrollment or heritage at time of intake. Notify tribal social service departments when an individual from that tribe is incarcerated, and inform the tribe prior to release.
- Establish a similar process to DSHS's IPAC to strengthen the government-to-government relationships between DOC and the tribes, in order to help facilitate re-entry service provision and meet related needs of families.
- Evaluate and determine relevant approaches to addressing disproportionate minority confinement.
- Continue and strengthen work with DCS to facilitate participation in child support processes while incarcerated.
- Improve the provision of information to DCS to prevent errors in identifying non-custodial parents due to incorrect identifying information.

***Office of the Superintendent of Public Policy (OSPI) and Department of Early Learning (DEL)***

OSPI and DEL see all of the children affected by parental incarceration, whereas DSHS only sees those children and families that access supports from DSHS administrations, or have open child welfare or child support cases. These agencies are grouped since the recommendations regarding these agencies are similar and overlap.

Recommendations regarding OSPI and DEL include:

- Develop cross-training curriculums with OSPI, DEL and DSHS, to share information with teachers and other staff about resources available to children and families and how to access them, and share information with social workers as to resources and activities for CFIP in the schools.
- Create or strengthen data share agreements between agencies for purposes of both research and service coordination.
- Establish or strengthen children's support groups at schools, including evaluating possible use of the Children Made Visible program, utilized for CFIP in Oregon.

### *Courts and Law Enforcement*

Recommendations arose regarding the role of and work done in law enforcement and in the courts. These recommendations include:

- Development of arrest protocols, in tandem with efforts of the CFIP advisory committee and similar work being done with Children's Administration and law enforcement.
- Training for criminal court judges on child welfare ASFA timelines.
- Data gathering at time of sentencing on identity and location of children of those arrested.
- Data sharing with other agencies for the purposes of both research and service coordination.
- Increased utilization of alternatives to incarceration for parents, including drug courts and mental health courts. Consider utilizing the Integrated Family Court Model that is used in Oregon which integrates child welfare and criminal proceedings.

## Conclusions

### *Costs and Potential Savings*

Imprisonment is more costly than providing supervision and treatment in the community, particularly when such efforts utilize the services, supports and resources available in multiple systems. This is the fundamental premise of collaborative efforts around re-entry and prevention of incarceration. For non-violent offenders who are parents, incarceration may not be the most effective option when you look at both the cost to the families and children, and to the state. Washington State Institute for Public Policy (WSIPP) has done a great deal of work to identify how incarceration rates can be reduced without cost to public safety, if effective practices are utilized in community or agency-based settings. (WSIPP, 2007). Although their work did not specifically look at cost-savings in utilizing treatment and evidence-based programs for parents, one would think that cost savings would increase if one includes the financial impacts on children and caregivers.

The social costs of incarcerating a parent for a non-violent offense may include trauma to the children at time of arrest, placement with relatives or determination of custody, contact with the child welfare system if abuse and/or neglect are present, loss of a parent's income, and the financial costs of caring for children and maintaining contact. Strain on the systems that provide support includes costs of TANF or other economic supports, cost of child welfare cases and kinship care services. Other costs related to the impact on children and parents include mental health and chemical dependency services, and correctional involvement, which place additional and ongoing strains on public systems and illustrate how the problems faced by the parents can be passed down to the children without effective and collaborative interventions.

It is a responsible choice to increase systems and community involvement due to the risks posed to children by parental incarceration and problems affiliated with parental incarceration, as well as the resultant elevated risk that these children will end up continuing on and duplicating their parent's experiences. The social cost is too high to not determine how these parents, children and families could be served more effectively.

Because these families are served by multiple systems and they represent one of the highest-needs populations, effective collaboration is essential to deliver services and ensure that their array of needs are met without duplication or contradiction. This also has great potential for overall cost savings.

For many systems, this type of work requires a cultural shift. When addressing particular systemic problems, often systems look at each problem in isolation, resulting in minor systemic changes that may or may not match the changes occurring in parallel systems. Each reform within each system is then evaluated for its success within the context and mandates of that system, rather than necessary looking at the overall system or the interactions between systems. As one study suggested: "What if we instead looked at what these systems do and judged their accomplishments from the perspective of the individuals and families they purportedly serve? From this perspective, it is not a matter of individuals or families entering and exiting systems, but rather it is a matter of systems

entering and exiting (and possibly re-entering) the lives of individual and families as they have problems and experience needs across time” (Phillips and Gleeson, 2007, p.6).

Rose and Clear (HHS, 2002) suggest a list of issues confront all service delivery systems, and challenges that any cross-systems project that seeks to address the needs of children and families of the incarcerated must address:

- 1) **Comprehensiveness:** The array of services available in the community needs to represent the range of services needed.
- 2) **Capacity:** The service systems need to be able to provide the appropriate level of service to those who need it.
- 3) **Service integration:** Effective collaboration between agencies is necessary to assure access to needed services.

In order to address the above, the following are needed:

- 4) A holistic approach that addresses individual needs of all family members and situates those needs in the context of the larger network of family and community.
- 5) A comprehensive assessment of offender and family needs ideally at the point of intake and as part of any re-entry assessment.
- 6) A coordinated service plan that draws on needed services in the community.
- 7) Institutionalized inter-agency linkages that ensure service referrals result in service delivery.
- 8) Follow up on service referrals to ensure services are being provided effectively.
- 9) The ability to fill the gaps in services that are not being met by the service network.

The needs of children and families of the incarcerated and currently or formerly incarcerated parents are complex and multi-layered. They represent a portion of the population that is seen, often multiple times, by DSHS, DOC and other partner agencies. Positively impacting the ability of these families to attain and maintain stability can not only possibly reduce costs to systems, but also reduce the associated trauma experienced by children and affect the likelihood of the intergenerational transmission of incarceration and related problems. Although approaching this issue and making positive changes in policy and services is challenging, it also has potential in relating to and improving the ability to care for and strengthen other high-needs populations, including those who recidivate and those who are dually-diagnosed.

## Citations

Baunach, P (1985) *Mothers in Prison*, Transaction Books, New Brunswick NJ

Bureau of Justice (2006) "Prisoners in 2006" US Department of Justice, Office of Justice Programs, Washington DC.

Bureau of Justice (1997) "Correctional Populations in the United States" US Department of Justice, Office of Justice Programs, Washington DC.

Cadora, E., Gordon, M. And Swartz, C. (2003) "Criminal justice and health and human services : an exploration of overlapping needs, resources and interests in Brooklyn neighborhoods" presentation at 43rd annual workshop of the National Association for Welfare Research and Statistics, July 15th, San Diego CA

Child Welfare League of America (CWLA), (2002) "Effects on Children of Parental Separation and Incarceration" Federal Resource Center for Children of Prisoners  
Children of Incarcerated Parents Project (2002), Report to the Oregon Legislature on Senate Bill 133, December.

Department of Corrections, Washington State, (2008) Current statistics from DOC website : <http://www.doc.wa.gov>, May

Fetelli, V.J. Anda, R.F., Nordenberg, D., Williamson, D., Spitz, A.M., Edwards, V., Koss, M.P. and Marks, J.S. "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study," *American Journal of Preventive Medicine*, May 1998 : vol. 14, Issue 4 pp. 245-258

Formoso, Carl and Peters, Jo. (2003) "Determining the Composition and Collectibility of Child Support Arrearages", Washington State Department of Social and Health Services

Garfinkel, I., Geller, A. And Cooper, C. (2007) "Parental Incarceration in Fragile Families : Summary of Three Year Findings," A report to the Annie E. Casey Foundation, September 4th.

Genty, Philip M. (1991) "'Procedural Due Process Rights of Incarcerated Parents in Termination of Parental Rights Proceedings: A Fifty State Analysis," *Journal of Family Law*, University of Louisville Law School, vol. 30, no. 4.

George, S. and LaLonde, R. (2002) "Incarcerated mothers in Illinois state prisons: an analysis of administrative data," University of Chicago, Chicago IL

Griswold, Esther and Pearson, Jessica (2003) "Twelve Reasons for Collaboration Between Departments of Correction and Child Support Enforcement Agencies" *Corrections Today*, June  
Harrison, P. and Beck, A. (2002) "Prisoners in 2001," Bureau of Justice Statistics, Bulletin NCJ #195189, Washington DC

US Department of Health and Human Services (HHS), (2002), "Background Paper," paper prepared for a HHS funded conference held January 30-31.

- Johnston, D. (1992) "Children of Offenders," Pacific Oaks Center for Children of Incarcerated Parents, Pasadena CA
- Johnson, E.I. and Waldfogel, J. (2002) "Children of Incarcerated Parents: Cumulative Risk and Children's Living Arrangements," Columbia University, New York NY
- Kampfner, C. (1995) "Post traumatic stress reactions in children of imprisoned mothers" in Children of Incarcerated Parents, ed. By Katherine Gabel and Denise Johnston. New York, Lexington Books
- Lengyel, T. and Harris, J. (2003) "White Paper: Emerging Issues for Incarcerated Parents and their Children: Hawai'i in a National Perspective," Alliance for Children and Families, October 2003
- Lewis, P. (2004) "Behind the Glass Wall: Barriers that Incarcerated Parents Face Regarding the Care, Custody and Control of Their Children," Journal of the American Academy of Matrimonial Lawyers, vol. 19
- Morrissey, J.P., Cuddeback, G.S. (2008) "Using DSHS's Integrated Database to Examine Criminal Justice-Mental Health Issues," report prepared for the Mental Health Transformation Project, University of North Carolina, Chapel Hill NC.
- Mumola, Christopher, (2000) "Bureau of Justice Statistics Special Report: Incarcerated Parents and Their Children," August
- Murray, J. and Farrington, D. (2007) "Effects of Parental Imprisonment on Children" Crime and Justice: A Review of Research, no. 37.
- Pew Public Safety Performance Project (2008), "One in 100: Behind Bars in America 2008," The Pew Center on the States, The Pew Charitable Trusts, February, Philadelphia PA
- Poehlmann, J. (2003), unpublished study summarized in "Family Matters: Children of Incarcerated Parents," Wisconsin Family Impact Seminars, UW Extension, Vol. 3 issue 3, October
- Phillips, Susan D. PhD and Gleeson, James P. PhD (2007) "What we Know Now that we Didn't Know Then about the Criminal Justice Systems Involvement in Families with whom Child Welfare Agencies have Contact" Research Brief: Children, Families and the Criminal Justice System, Center for Social Policy and Research, Jane Addams College of Social Work, University of Illinois at Chicago. July.
- Phillips, S.D., Burns, B.J., Wagner, H.R., and Barth, R.P. (2004) Parental Arrest and children in child welfare agencies. American Journal of Orthopsychiatry, vol. 2, 174-186
- Phillips, S.D. and Dettlaff, A.J. (2008) "More than parents in prison: The broader overlap between the criminal justice and child welfare systems," Journal of Public Child Welfare.
- Phillips, S. and Bloom, B. (1998) "In whose best interest? The impact of changing public policy on relatives caring for children with incarcerated parents", Child Welfare 77(5):469-93
- Ross, T., Khashu, A., Wamsley, M. (2004) "Hard Data on Hard Times: An Empirical Analysis of Maternal Incarceration, Foster Care and Visitation," New York ACS, August.

Russell, Kathy (2008) "Children of Incarcerated Parents in Washington State: Invisible Children Made Visible," Pacific Lutheran University, presentation at OSPI conference.

Russell, K., Stewart, B., Rodgers, B. and Crocker, D. (2006) "Children of Incarcerated Parents: Final Report of the Oversight Committee, To the Governor and the Legislature of Washington, June 30th.

Seymour, Cynthia B. (1997) "Parents in Prison: Children in Crisis, An Issue Brief," Child Welfare League of America

Simmons, Charlene Wear (2003) "California Law and the Children of Prisoners, Report to the Legislature," California Research Bureau, California State Library, February.

Travis, Jeremy, Solomon, Amy and Waul, Michelle, (2001) "From Prison to Home: The Dimensions and Consequences of Prisoner Reentry", Urban Institute

Turetsky, V. (2007) "Staying in Jobs and Out of the Underground: Child Support Policies that Encourage Legitimate Work," in CLASP Policy Brief, March, no. 2

Travis, J., McBride, E., Solomon, A., (2005) "Families Left Behind, the Hidden Costs of Incarceration and Re-Entry," Urban Institute, June.

US Senate, (2001) "Senate Report 106-404," Departments of Commerce, Justice and State, the Judiciary and Related Agencies, Appropriations Bill, September 8th, p.56.

Virginia Commission on Youth (2002), "Children of Incarcerated Parents: Final Report to the Governor and the General Assembly of Virginia," Richmond VA

Washington State Institute for Public Policy (WSIPP) (2007), Presentation at the Re-Entry Symposium of the Department of Corrections, October, SeaTac WA