National Child Welfare Resource Center for Organizational Improvement
Teleconference Program
Cosponsored by the National Resource Center for Child Protective Services

KEEPING CHILDREN SAFE: STRATEGIES TO REDUCE RECURRENCE OF MALTREATMENT

THURSDAY, APRIL 13, 2006, 2:30 pm EASTERN

PRESENTERS:

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AGENDA:

Welcome ≠ *Mary OπBrien, National Child Welfare Resource Center for Organizational Improvement (1-800-435-7543, www.nrcoi.org)*

What are agencies doing to address recurrence? ≠ a national perspective *(Theresa Costello)*

What has been learned from national data? *(John Fluke)*

What can you do to reduce recurrence of maltreatment - state agency perspectives *(Jim Grace, Fred Ober, Mary Livermont)*

BRING YOUR QUESTIONS AND CONCERNS FOR DISCUSSION

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RESOURCES

From the National Resource Center for Child Protective Services: www. nrccps.org:

Child Maltreatment Recurrence: A Leadership Initiative of the National Resource Center on Child Maltreatment. Principal Developers: John D. Fluke, Ph.D., Dana M. Hollinshead, MPA, MA, Walter R. McDonald & Associates, Inc. Published by National Resource Center on Child Maltreatment, January 2003. Available directly at http://nrccps.org/PDF/MaltreatmentRecurrence.pdf

This document states: ≥There are some key features of child maltreatment and child maltreatment intervention that can probably be relied upon and used to target resources aimed at reducing recurrence**.** The areas that are reviewed here for possible consideration in addressing program improvement to reduce recurrence include:

- Information System Improvement
- State Policy Improvement
  - Safety and risk assessment
  - Diversified response systems
- Intervention Targeting
  - Characteristics of children
  - Characteristics of perpetrators and families
  - Ongoing service provision
  - Service mechanisms for addressing target populations
- Research and Evaluation
  - Develop an Information Technology (IT) Infrastructure to Monitor/Track Recurrence
  - Identify Target Segments of the Families and Children Served and
    Develop Service Intervention Strategies or Frameworks for the Target Populations
  - Assess and Isolate Surveillance Effects

Child Maltreatment Recurrence: Supplement to the Briefing Paper on Child Maltreatment Recurrence: A Leadership Initiative of the National Resource

Center on Child Maltreatment: National Resource Center on Child Maltreatment. Available directly at http://nrccps.org/PDF/Recurrence-Supplement.pdf

52 Program Improvement Plans

Strategies for Improving Child Welfare Services and Outcomes

Goals of the PIP Process

- Improve outcomes for children and families
- Strengthen delivery of effective services
- Coordinate partnerships throughout child welfare
- Establish ongoing self-monitoring and continuous improvement

Cross-Cutting Themes

- Strengthened agency capacity
- Strengthened professional development
- Improved social work interventions
- Enhanced quality assurance
- Expanded community resources
- Stronger partnerships

Limitations of PIP Analysis

- Linking progress with specific strategies
- Various stages of PIP completion
- Numbers are approximate

Analysis of Program Improvement Plans

- Outcomes
- Systemic Factors
- Data Indicators
- Contextual Factors

OUTCOMES

Safety

State Performance on Safety Outcomes

Substantial Conformity: 6 States each for both Safety Outcomes

Case Ratings:

	Low	Median	High
Safety 1	**62%**	**85.8%**	**100%**
Safety 2	**48%**	**80.8%**	**93.5%**

Common Safety Concerns from Initial CFSRs

- Lower risk reports not investigated timely
- Reports on open cases not investigated
- Insufficient risk or safety assessments
- Inconsistent services to protect children at home
- Inconsistent services to address risk, especially in in-home cases
- Inconsistent monitoring of families

Common Safety Strategies in Program Improvement Plans

- **Develop new practices or processes (47 States)**
  - focus on revising risk and safety assessments
  - alternative/differential response systems
  - engagement and planning with families
  - enhance practices and processes to improve practice and consistency (focused on practice models)
  - create special units or reorganize units
- **Develop or enhance policies (38 States)**
  - clarify policies around investigations, such as timeframes
  - disposition process

Common Safety Strategies in Program Improvement Plans (continued)

- **Training (38 States)**
  - focus on developing skills of staff
  - supervisors
  - cross-train community partners, foster parents, residential staff and law enforcement
- **Info Systems (25 States)**
- **Services (21 States)**
  - develop new services
  - enhance existing services

Common Safety Strategies in Program Improvement Plans (continued)

- **Research and evaluation (21 States)**
  - study areas of substance abuse, juvenile justice, and domestic violence
  - analyze specific populations
  - pilot specific practices
- **Collaboration (16 States)**
  - focus on collaboration with community partners, other State agencies
  - implement strategies to work with tribes to cross-train and provide services
- **Supervision (11 States)**
  - focus on supervisors' role and oversight responsibilities related to safety/risk assessments, in-home services cases, etc.

What strategies address risk and safety assessments?

- Build skills of workers and supervisors to engage families effectively in assessment and planning
- Provide specialized training regarding substance abuse, domestic violence, mental illness, etc.
- Focus on consistency in practice through supervision and quality assurance
- “Best practice”models that provide framework for practice

What strategies address safety in foster care placements?

- Revise policies to require background checks on relative placements
- Develop policies to standardize response to abuse and neglect allegations made on foster families and residential care facilities
- Support of foster parents (services, training)
- Supervisory oversight of safety/risk assessments
- Use of QA to monitor quality of practice (caseworkers and residential facilities)

What strategies address safety in intact families?

- Focus on quality and frequency of worker visits
- Provide oversight through supervisors and QA
- Focus on assessments, both risk/safety and comprehensive family assessments
- Enhance and expand available services to intact families to prevent removal, including aftercare services
- Implement best practice models
- Emphasis on closing cases safely
- Use of prevention and early intervention services

Permanency

State Performance on Permanency Outcomes

Substantial Conformity:

- 0 States in substantial conformity on Permanency Outcome 1.
- 7 States in substantial conformity on Permanency Outcome 2.

Case Ratings:

	Low	Median	High
Permanency 1	**7.1%**	**50.9%**	**92%**
Permanency 2	**37.9%**	**77.3%**	**94.3%**

Common Permanency Concerns in Initial CFSRs

- Case goal of LTFC established without ruling out options
- Inconsistent concurrent planning efforts
- Maintaining goal of reunification too long
- Not filing for termination of parental rights timely
- Adoption studies and paperwork not completed timely
- Lengthy TPR appeals process
- Reluctance of courts to terminate parental rights
- Overcrowded court dockets

Common Permanency Strategies in Program Improvement Plans

- Develop or enhance policies (all States)
  - Case planning, procedures, hearings, etc.
  - Legislation
  - Practice guidelines
- Develop new practices/procedures (all States)
  - General casework practices
  - "Best practice" models
  - Targeted services
- Quality assurance and monitoring activities (at least 45 States)
  - Improvements in data/systems
  - Improvements in supervision
  - Review of specific populations
  - Establishing new practice standards

Common Permanency Strategies in Program Improvement Plans (continued)

- Collaborative activities (at least 38 States)
  - Memoranda of Understanding (MOU) or interagency agreements
  - Courts/legal/judicial issues
  - Tribes, youth, other stakeholders
- Training (at least 38 States)
  - Cross training
  - Worker and supervisor training
  - Foster and adoptive parent training
  - Policy training
- Increase or Enhance Resources (at least 35 States)
  - Staff hiring/retention
  - Funding
  - New/expanded services

What strategies address reduction in time to achieve permanency?

- Improve court functions related to permanency
- Monitor through use of QA case reviews
- Monitor through use of data
- Establish State and local stakeholder groups to identify barriers to permanency achievement
- Identify and disseminate best practice models and guidelines for permanency
- Revise policies, procedures, and court rules
- Establish State-level permanency specialist positions
- Joint training of agency/judicial/legal parties
- Decrease caseloads
- Improve case transfer process

What strategies address improvements in permanency planning?

- Concurrent planning
- Establish statewide or local permanency units
- Develop and implement new case plans
- Develop or strengthen policies and procedures
- Review processes for appropriateness and timeliness of permanency goals
- Family group decision-making
- Comprehensive child and family assessments
- New training for staff on permanency planning

What strategies address permanency for youth in foster care?

- Expand services to youth (at least 9 States)
  - Recruit/identify new service providers
  - Expand specific services (housing, mentoring, life skills)
  - Establish stabilization centers (one State)
- Strengthen staff capacity (at least 4 States)
  - Add youth specialists
  - Train existing staff
- Improve case planning/transitional plans (at least 7 States)
  - Implement new assessment tools/strategies to complete them
  - Focus on transitioning Native youth (one State)

What strategies address permanency for youth in foster care? (continued)

- Collaborate with youth/other stakeholders (at least 6 States)
  - Youth Advisory Boards
  - Other agencies, e.g., mental health
- Disseminate information on services (at least 4 States)
  - Chaffee information/educational opportunities
  - Handbooks
- Efforts to preserve youth connections (at least 2 States)
  - Primarily through relative searches and permanent placements
- Policy and procedural changes (at least 2 States)
  - Staffings, new case planning strategies

What strategies address permanency for Native American children?

- Train staff and courts on ICWA and its relationship to achieving permanency (5 States)
- State/Tribal partnership jointly review quarterly data and address barriers to permanency (2 States)
- Train State staff on practice that promotes strengthened partnerships with Tribes (2 States)
- Joint foster parent and staff training with Tribes (1 State)

What strategies address permanency for Native American children? (continued)

- Develop agreements/protocols with bordering states promoting permanency and ICWA
- Recruit Native American foster and adoptive homes in communities with high entry rates
- Involve Tribes in developing/implementing family group decision making
- Work with Court Improvement Programs (CIP) to develop inquiry process at hearings to determine Tribal affiliation

What strategies address the use of relatives as placement resources?

- Locate and identify relatives at the point of intake (11 States)
  - Change in policy, procedures, or practice
  - Collaborate with courts to locate/identify
- Ongoing identification and assessment of relatives (5 States)
  - Implementation of practice models or processes, such as Family Centered Practice or family group decision making
- Assess and identify barriers to use of relatives as placement resources (8 States)
  - Waivers for criminal history or training
  - Disseminating information to relatives
- Strengthen supervisory and management oversight (5 States)

Well-Being

State Performance on Well Being Outcomes

Substantial Conformity:

- 0 States in substantial conformity on Outcome 1
- 16 States in substantial conformity on Outcome 2
- 1 State in substantial conformity on Outcome 3

Case Ratings:

	Low	Median	High
WB 1	**18%**	**60%**	**86%**
WB 2	**64.7%**	**83%**	**100%**
WB 3	**51.2%**	**69.9%**	**92.1%**

Common Well Being Concerns in Initial CFSRs

- Inconsistent match of services to needs
- Inconsistent in conducting needs assessments
- Lack of support services to foster and relative caretakers
- Parents and children not involved in case planning
- Inadequate caseworker visits with children and parents
- Failure to engage fathers

Common Well Being Concerns in Initial CFSRs (continued)

- Multiple school changes for children entering foster care
- Lack of services to address education, physical health, dental health, or mental health
- Lack of health and mental health assessments
- Few doctors/dentists that accept Medicaid

Comprehensive Needs Assessments

Finding: Assessment of needs and provision of services were associated with the following:

- Permanency Outcome 1
- Permanency Outcome 2
- Safety Outcome 1
- Safety Outcome 2
- Placement stability
- Meeting educational needs
- Meeting physical health needs
- Meeting mental health needs

What strategies address comprehensive needs assessments?

- Practice change strategies (34 States)
  - Revisions to tools
  - Consistency in practice
  - Improve engagement of family members and stakeholders
  - Implement practice models and/or processes
- Training of staff (16 States)
- Revise policy and procedures/strengthen existing policies (7 States)
  - More frequent visits to children and families and designating a visit to be spent on assessment and developing service plans
  - Focus on consistency between counties and POS
- Oversight of practice through supervisors and managers (3 States)

Caseworker Visits with Children and Parents

Finding: Caseworker visits with children and parents were strongly associated with:

- Risk of harm to children
- Needs & Services for children, parents, foster parents
- Child and parent involvement in case planning
- Services to protect children at home
- Safety Outcome 1
- Safety Outcome 2
- Timely permanency goals
- Timely reunification
- Child's visits with parents and siblings
- Relative placements
- Meeting educational needs
- Meeting physical health needs
- Meeting mental health needs

What strategies address caseworker visits with children and parents?

- Establish minimum visit requirements (30 States)
- Provide supervisory oversight and monitor performance through QA/CQI (30 States)
- Train managers, staff and providers (16 States)
- Focus on quality of visits (14 States)
- Recruitment and retention of staff (14 states)
- Streamline documentation of visits (3 States)
- Clarify roles and responsibilities of multiple parties involved in a case (3 States)

Engagement of Fathers

Finding:
There were significant differences in serving fathers and mothers
in these areas:

- Seeking out relatives
- Assessing needs
- Providing services
- Engagement in case planning
- Caseworker contacts

What strategies address engagement of fathers in case planning and service provision?

- Develop or revise existing policy and practice to locate absent parents (4 states)
- Implement models of practice to assess, engage and plan with fathers (4 states)
- Enhance and implement policy or procedures to better engage and assess fathers (5 states)
- Enhance training and training curriculum to better engage and plan with fathers (3 states)

SYSTEMIC FACTORS

Case Review System

State Performance on Case Review System

Substantial Conformity:

- 13 of 52 States in substantial conformity

Indicator Ratings:

- Most strength ratings on six-month reviews
- Most ANI ratings on developing case plans with parents and TPR proceedings
- About even on permanency hearings, and notification of foster caretakers

Finding: Components of the case review system were associated with the following:

- Six-month reviews → Adoption, Well Being 1
- Permanency hearings → Adoption
- TPR → Adoption, Reunification, Permanency 1

Common Case Review Concerns in Initial CFSRs

- Failure to engage parents, especially fathers, and children in case planning
- Case plans not individualized
- Ineffective case reviews
- Lack of timely permanency hearings
- Inconsistency in seeking timely TPR
- Reluctance to TPR without identified resource
- Crowded court dockets
- Inconsistent notification of caretakers and providing opportunity to be heard

Common Case Review Strategies in Program Improvement Plans

- Practice and Policy
- Collaboration
- Quality Assurance
- Training

Case Review System Practice and Policy

- Develop and implement a new protocol, approach, or practice (22 States)
- Develop policy and/or procedure (19 States)
- Revise or refine policy (16 States)
- Develop/disseminate information/materials (11 States)
- Increase compliance with an existing policy (9 States)
- Seek legislative action (8 States)
- Improve supervisory oversight (5 States)
- Develop a 12-month permanency planning hearing process (3 States)

Case Review System Collaboration

- Collaborate with Courts (address barriers) (18 States)
- Collaborate with CIP (10 States)
- Collaborate across State agencies and/or with service providers and community partners (8 States)
- Collaborate with Tribes (address barriers) (5 States)
- Collaborate with external partners to monitor activities (courts, etc.) (4 States)

Case Review System
Quality Assurance

- Monitor agency performance (12 states)
- Develop/implement a new QA process (8 States)

Case Review System Training

- Train/cross-train external parties (10 States)
- Train all child welfare agency staff (9 States)
- Revise or develop training curriculum (8 States)
- Train front-line staff (5 States)
- Train supervisors (5 States)

What strategies address the frequency and quality of permanency hearings, 6-month reviews, and of TPR proceedings?

- Use information to schedule/track hearings
- Use reports from information system to track hearings
- Coordinate efforts through CIP re-assessments
- Make policies, laws, rules ASFA compliant

What strategies address the frequency and quality…(continued)

- Clarify policy
- Monitor timeliness of hearings and reviews
- Identify barriers to timeliness
- Joint training of agency/judicial/legal parties
- Focus 6-month reviews on family-centered practice
- Improve access to legal representation

What strategies address notification of foster and adoptive caretakers?

- Develop rights/responsibilities information
- Review/revise policies and procedures
- Implement best practice standards
- Automatic notification through information system
- Automate schedule of hearings/reviews Provide alternate means of being heard in court
- Monitor notification and participation
- Train courts, agency staff, FCRBs, and/or caretakers

What strategies address developing case plans jointly with parents?

- Use case planning model and/or approach (including automation)
- Develop rights/responsibilities information
- Develop or revise protocols and policies (incl. family-friendly documents, caseworker contacts)
- Monitoring by supervisors or QA
- Recruit, train, and/or hire staff
- Diligent search for parents

What strategies address the role of the courts in improving Case Review System?

- Coordinate efforts through CIP re-assessments
- Use information systems to track events and identify barriers/backlogs
- Court/agency task forces and interagency agreements to address barriers
- Review/revise policies, procedures, and court rules
- Joint training of agency/judicial/legal parties
- Implement best practices (standards, case planning)

Service Array

State Performance on Service Array

Substantial Conformity:

- 23 of 52 States in substantial conformity on Service Array.

Indicator Ratings:

- Most strength ratings on individualizing services
- Most ANI ratings on accessibility of services
- About even on availability of service array

Finding: Positive performance on Service Array was associated with:

- Positive performance on Well Being Outcome 1

Common Service Array Concerns in Initial CFSRs

- Insufficient mental health assessment and treatment services
- Insufficient number of doctors/dentists that accept Medicaid
- Key services lacking, e.g., substance abuse treatment, domestic violence, home-based services
- Few services in rural areas
- Wait lists for services
- Insufficient culturally appropriate services

Common Service Array Strategies in Program Improvement Plans

- Collaborate with community partners (25 states)
- Enhance/expand existing services (21 states)
- Implement a new practice or policy (21 states)
- Research/Conduct demonstration projects (18 states)
- Develop new services (13 states)

Service Array
State-Specific Examples

- Develop single point of entry for foster parents to access 24/7 crisis intervention services (Illinois)
- Enhanced capacity of local service provision (Massachusetts & Kentucky)
- Establish uniform definition of culturally responsive services and self assessment instrument (Washington)
- Reallocate State foster care funds to placement prevention services (Wyoming)

What strategies address expanding the service array?

- Identifying service needs and available resources
- Focus efforts on recruiting/retaining foster care resources
- Develop services focused on problems contributing to involvement in the child welfare system
- Encourage community involvement to serve families in the child welfare system
- Develop a comprehensive approach to service development and delivery

What strategies address accessibility of services?

- Modify provider contracts to enhance availability/accessibility
- Expand services to previously unserved or underserved areas/populations
- Respond to identified barriers to service delivery
- Develop new service approaches/practice

What strategies address mental health assessments and services?

- Improve the quality of mental health services through strategic planning
- Increase the accessibility of mental health services to reduce wait lists
- Monitor service delivery
- Implement policy and practice change

Quality Assurance

State Performance on Quality Assurance

Substantial Conformity:

- 35 of 52 States in substantial conformity on Quality Assurance

Indicator Ratings:

- Most strength ratings on standards to assure quality services
- Most ANI ratings on having an identifiable QA system in place

Finding: Positive performance on Service Array was associated with:

- Positive performance on Well Being Outcome 1

Common Quality Assurance Concerns in Initial CFSRs

- The most common concern was that there was no statewide quality assurance system in place.

Common Quality Assurance Strategies in Program Improvement Plans

- Develop/revise quality assurance process (26 states) / 19 states modeled after CFSR
- Develop/enhance supervisory review process (11 states)
- Develop/enhance peer review process (8 states)
- Develop system designed to obtain family/youth feedback regarding agency performance (Families-5 states; Youth-1 state)

QA State-Specific Examples

- Develop a county-based self-assessment and program improvement plan process (California)
- Utilize technology in the case review process (Oklahoma)
- QA process developed by the courts to review court issues in a sample of cases (Wisconsin)
- Implement data based decision making at the supervisory level (Arizona)
- Review both public and private agency cases (Illinois)

What strategies address improvements in quality assurance?

- Develop clearly-defined QA unit
- Develop assessment tool for TA needs
- Develop QA system based on national models
- Use statewide and community QA committees
- Implement Local Improvement Plans
- Develop QA system utilizing Council of Accreditation standards

What strategies address front line supervision?

- Involve supervisory staff in QA process
- Focus supervisory oversight on specific issues
- Develop standardized supervisor review instrument
- Increased clinical supervision of case management
- Use regional supervisory groups as support

What strategies enhance use of QA information to monitor and guide work?

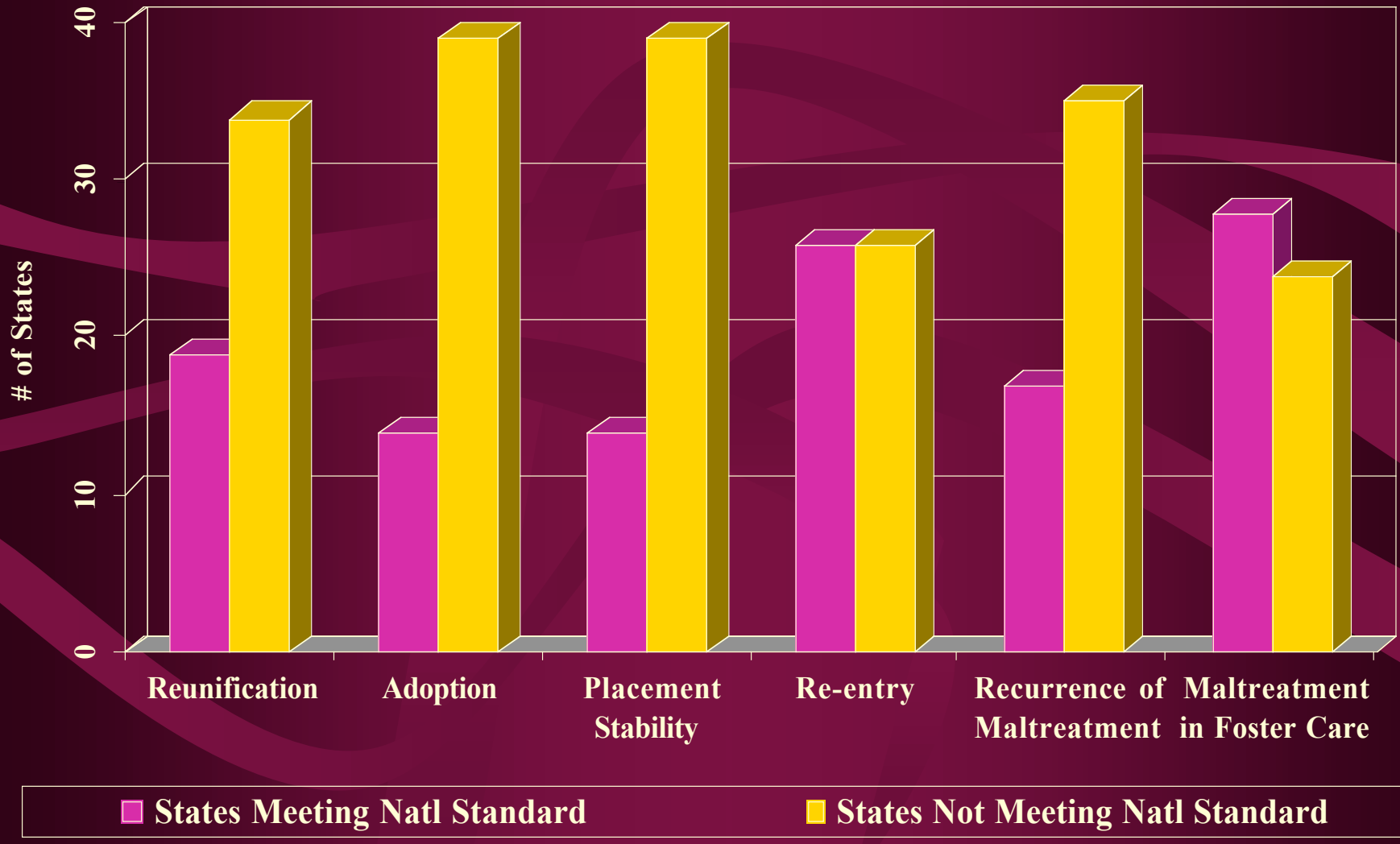
- Develop feedback process
- Partnerships among program, QA, and data staff
- Compare key practice areas among offices
- Share successful strategies
- Monitor progress on PIP goals at various levels
- Develop and management reports of QA results (to target key areas of concern)

What strategies address Tribal quality assurance?

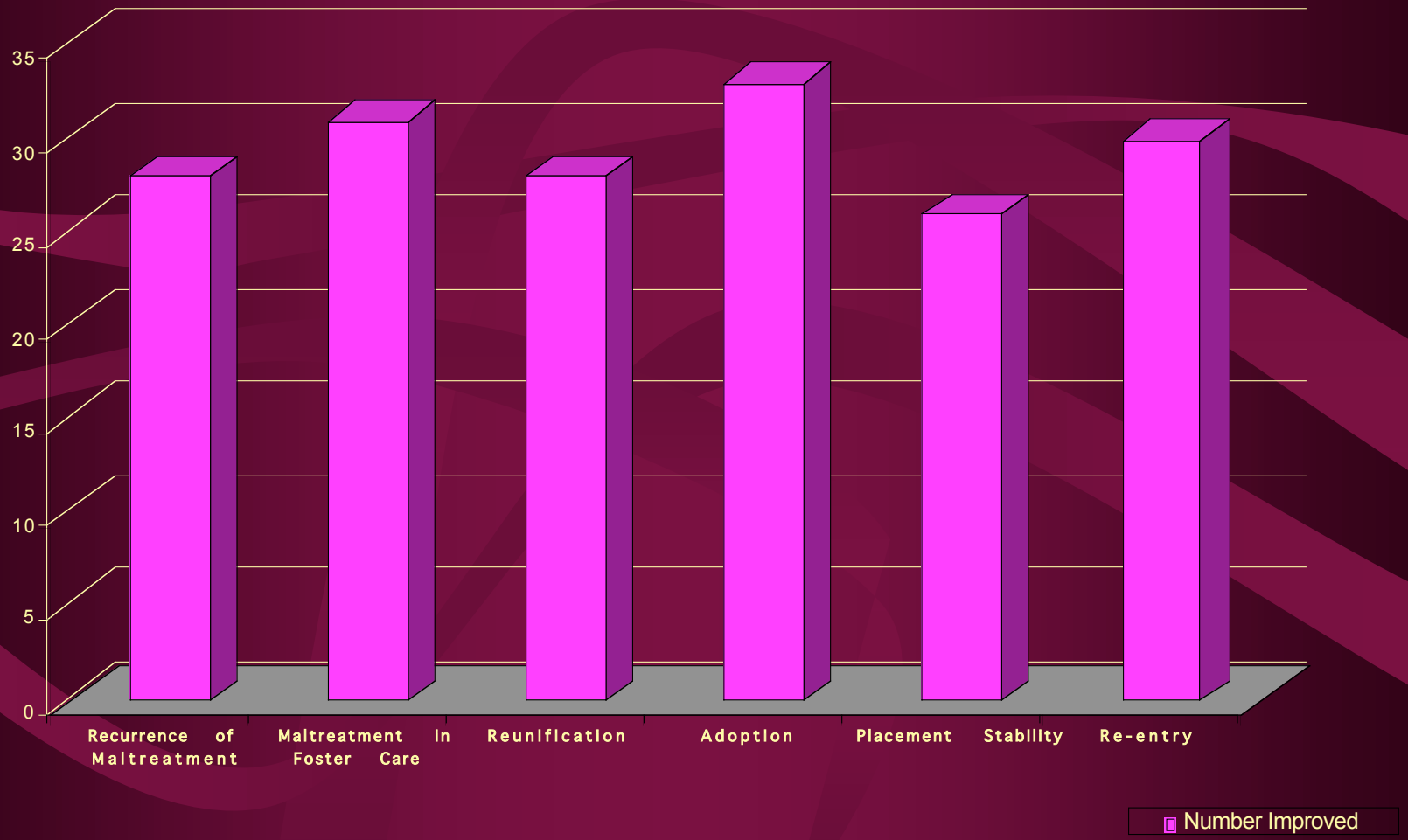
- Develop case review systems to assess tribal performance (Oklahoma)
- Quarterly meetings between State and Tribal representatives to review re-entry data (North Dakota)
- Regional State/Tribe forums to address re-entry (Washington)
- Include Tribal representatives in CQI meetings (Louisiana)
- Child Welfare Agency, Tribal, and Community groups monitor in-home cases (Alaska)

DATA INDICATORS

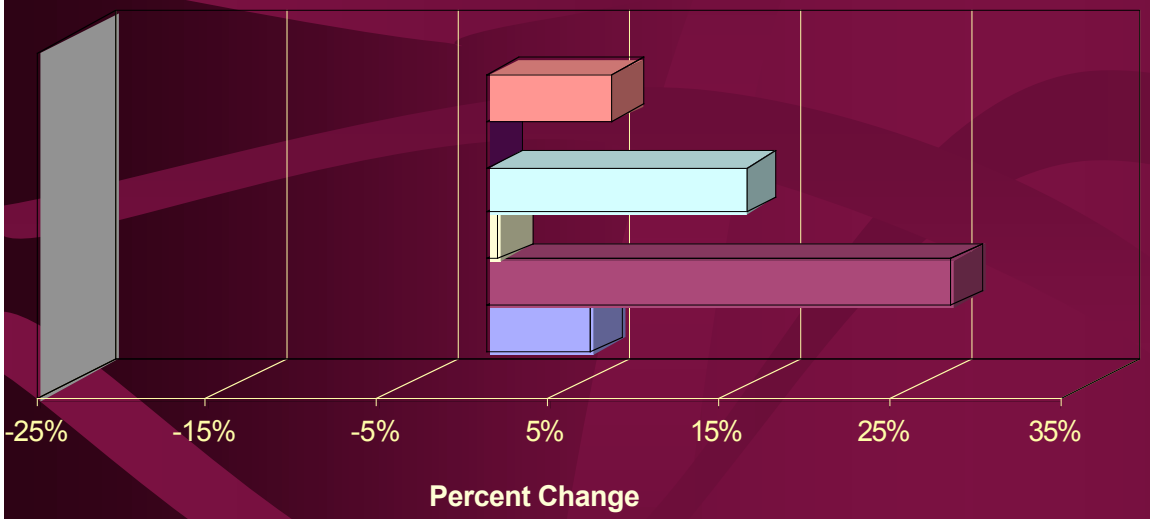
States Conforming to National Standards in Initial CFSR



Number of States with Improvement on Data Indicators 2002 to 2004

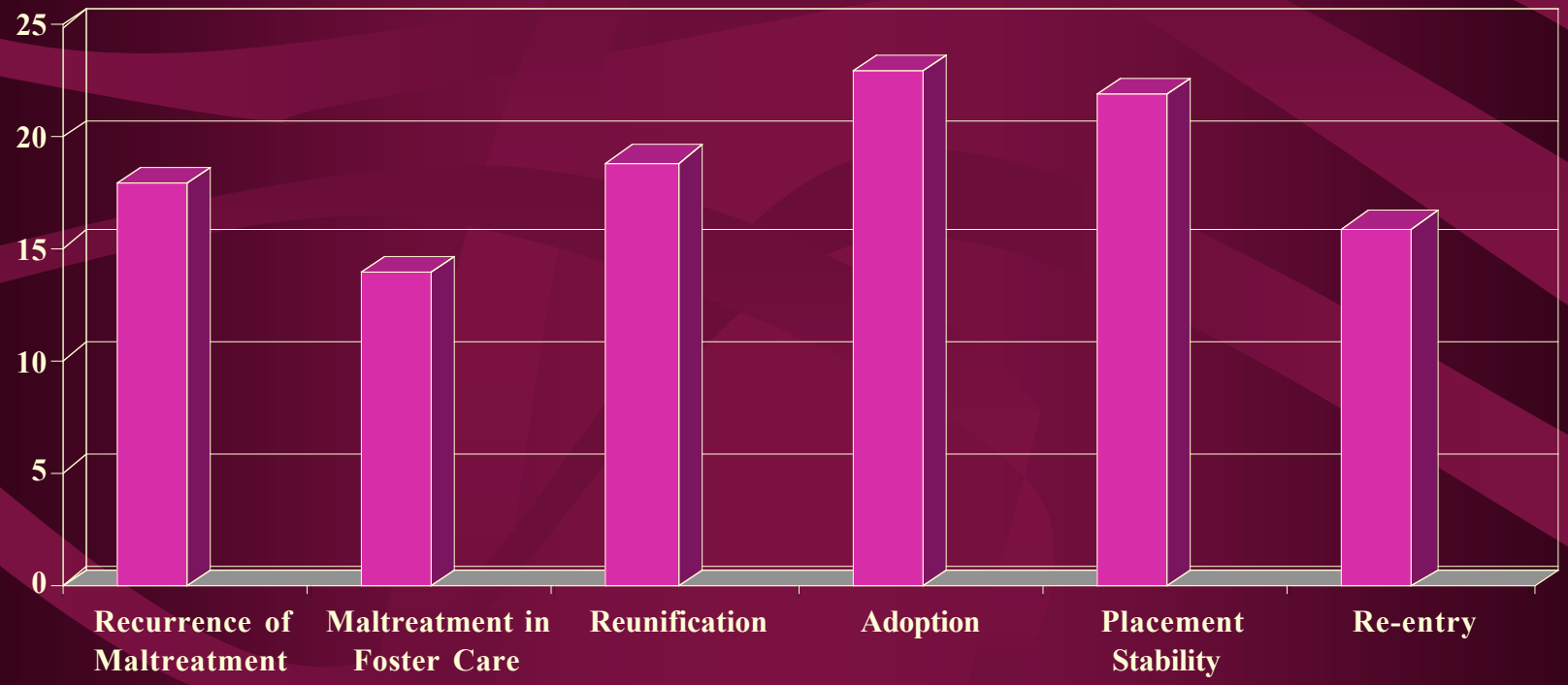


National Median Percent Change on Data Indicators 2002 - 2004

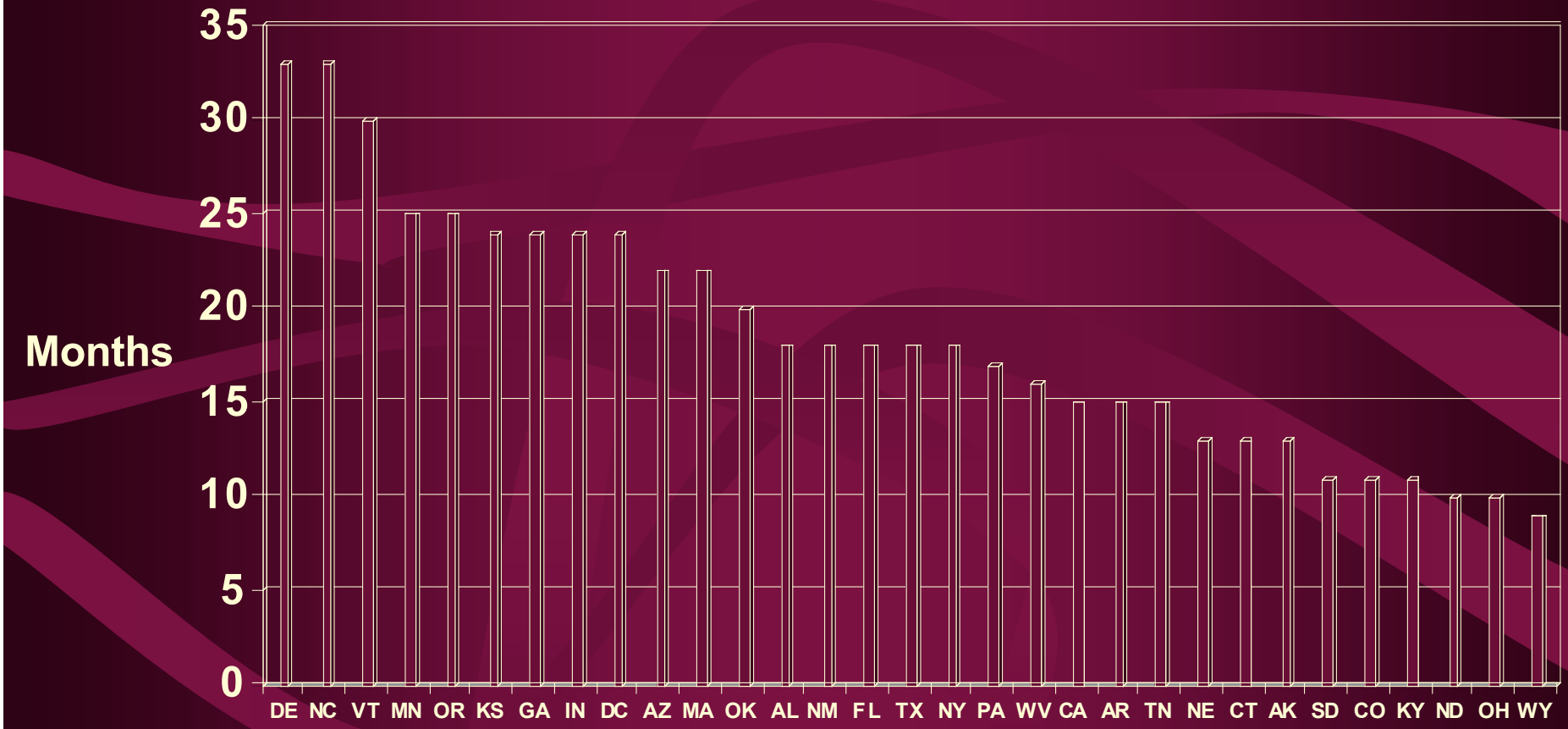


- Reentry (2002-2004)
- Placement Stability (2002-2004)
- Adoption (2002-2004)
- Reunification (2002-2004)
- Maltreatment in Foster Care (2002-2004)
- Recurrence of Maltreatment (2002-2004)

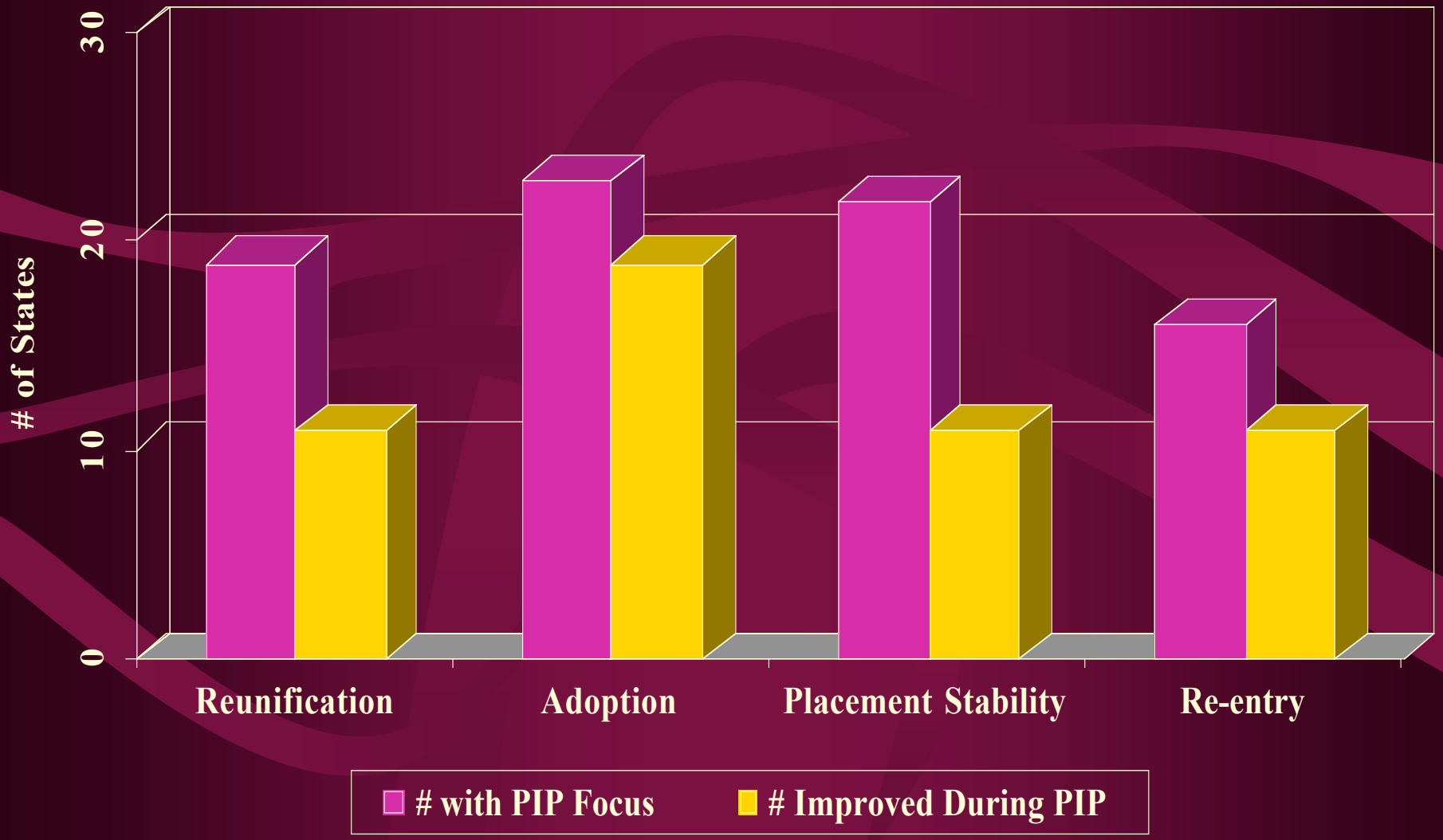
Number of States Addressing Each National Standard Data Indicator (31 States with a completed PIP)



Months from PIP Approval to End of 2004 Data Period – First 31 States

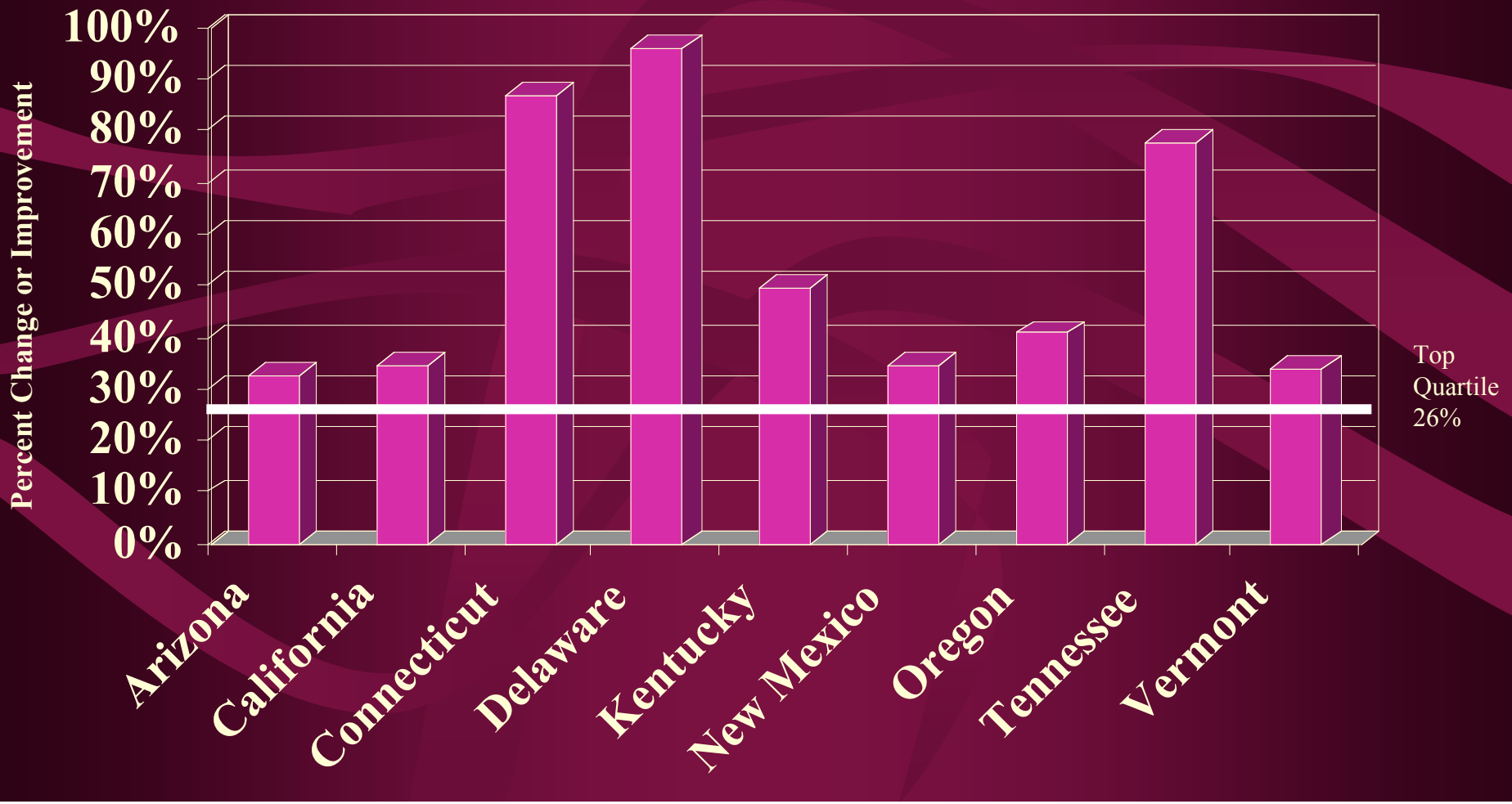


Performance on Relevant Permanency Indicators in 31 States with Completed PIP Implementation



Performance Above National Top Quartile on Adoption Measure for 23 States with PIP focus on Adoption

(Percent Change from FY 2002 to FY 2004)



States with Highest Improvement on Adoption Measure

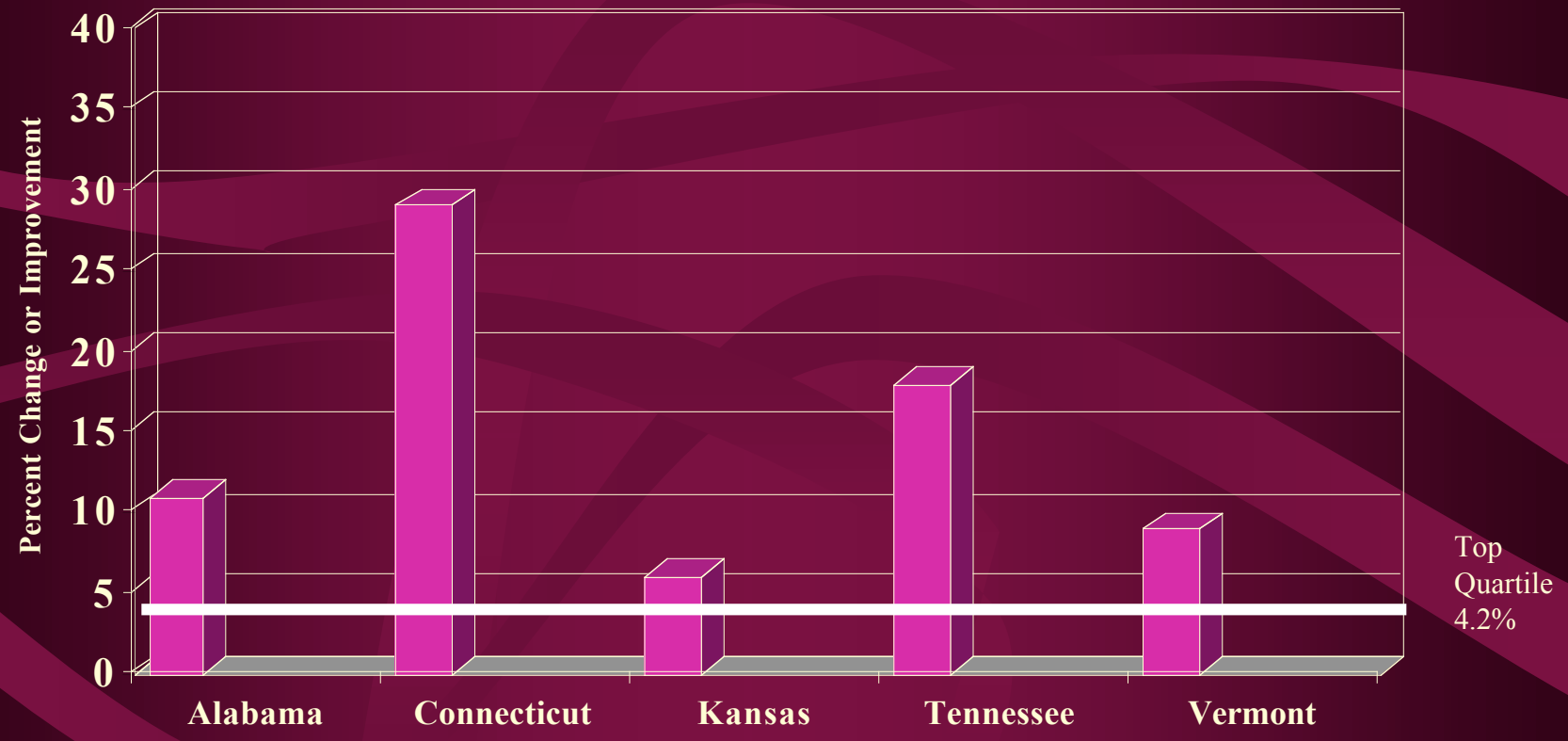
(Among 23 States with PIP focus on Adoption)

State	% Improvement	Range
Arizona	33	28.5 – 38.0
California	35	20.9 – 28.3
Connecticut	87	10.6 - 19.9
Delaware	96	14.0 – 27.4
Kentucky	50	14.9 - 22.4
New Mexico	35	32.7 – 44.2
Oregon	41	12.5 – 17.6
Tennessee	78	11.8 – 21.0
Vermont	34	23.0 – 30.8

Strategies for Addressing Adoption of Most Improved States

- Training for judges and/or courts on TPR and concurrent planning (8 of the 9 States)
- Concurrent planning policy development implementation or training (8 of the 9 States)
- Focus on supervision of permanency planning (8 of the 9 States)
- Use of specialized teams reviewing adoption progress (4 of the 9 States)
- Strengthened capacity of information systems measuring progress to adoption (8 of the 9 States)

Performance Above National Top Quartile on Reunification Measure for 19 States with PIP focus on Reunification
(Percent Change from FY 2002 to FY 2004)



States with Highest Improvement on Reunification Measure

(Among 19 States with PIP focus on reunification)

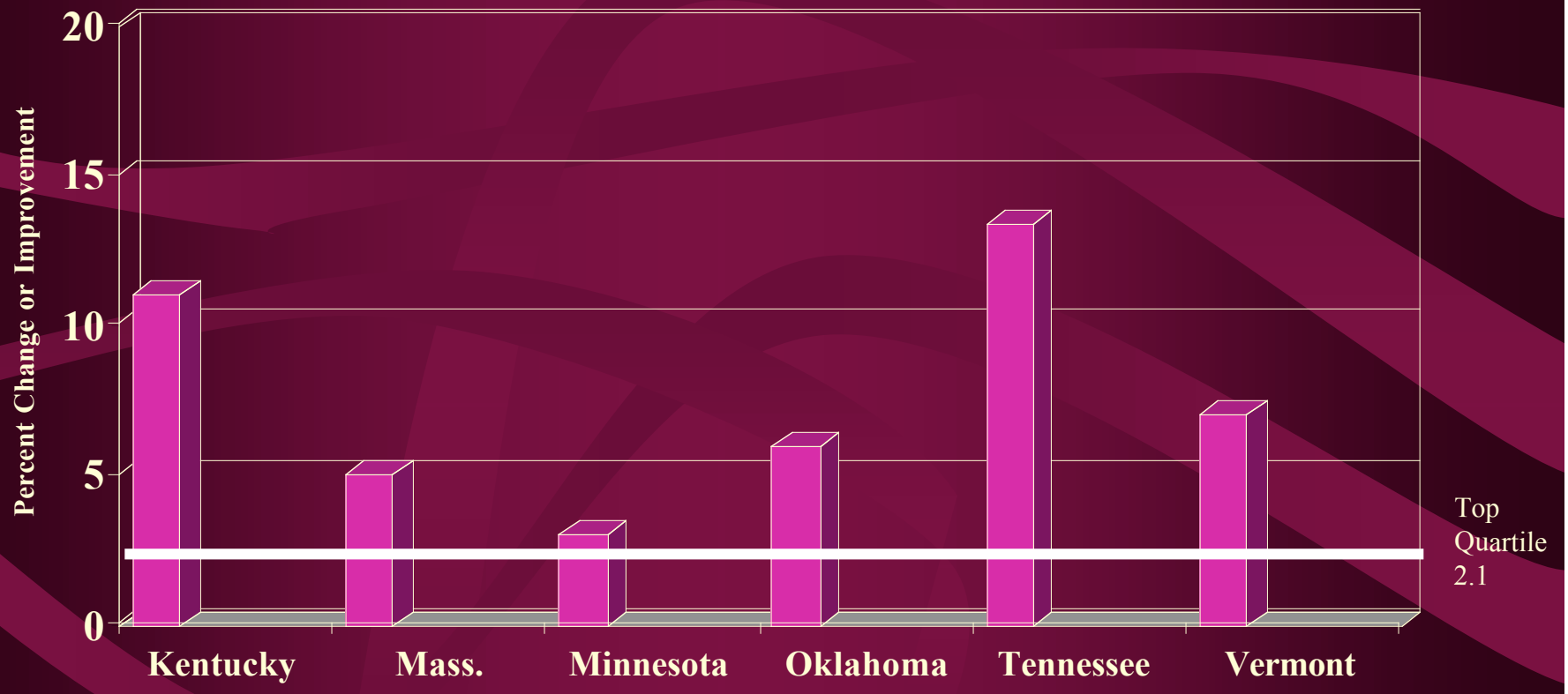
State	% Improvement	Range
Alabama	11	61.4 – 68.0
Connecticut	29	40.5 – 63.0
Kansas	6	42.3 – 45.1
Tennessee	18	65.0 – 76.0
Vermont	9	60.8 – 66.5

Strategies Addressing Reunification for Most Improved States

- Strengthen supervision on permanency planning (2 of the 5 States)
- Concurrent Planning (3 of the 5 States)
- Developing data reports to monitor reunification (3 of the 5 States)
- Enhancing quality of parental visitation (1 of the 5 States)

Performance above Top Quartile on Stability Measure for States with PIP focus on Stability

(Percent Change from FY 2002 to FY 2004)



States with Highest Improvement on Placement Stability

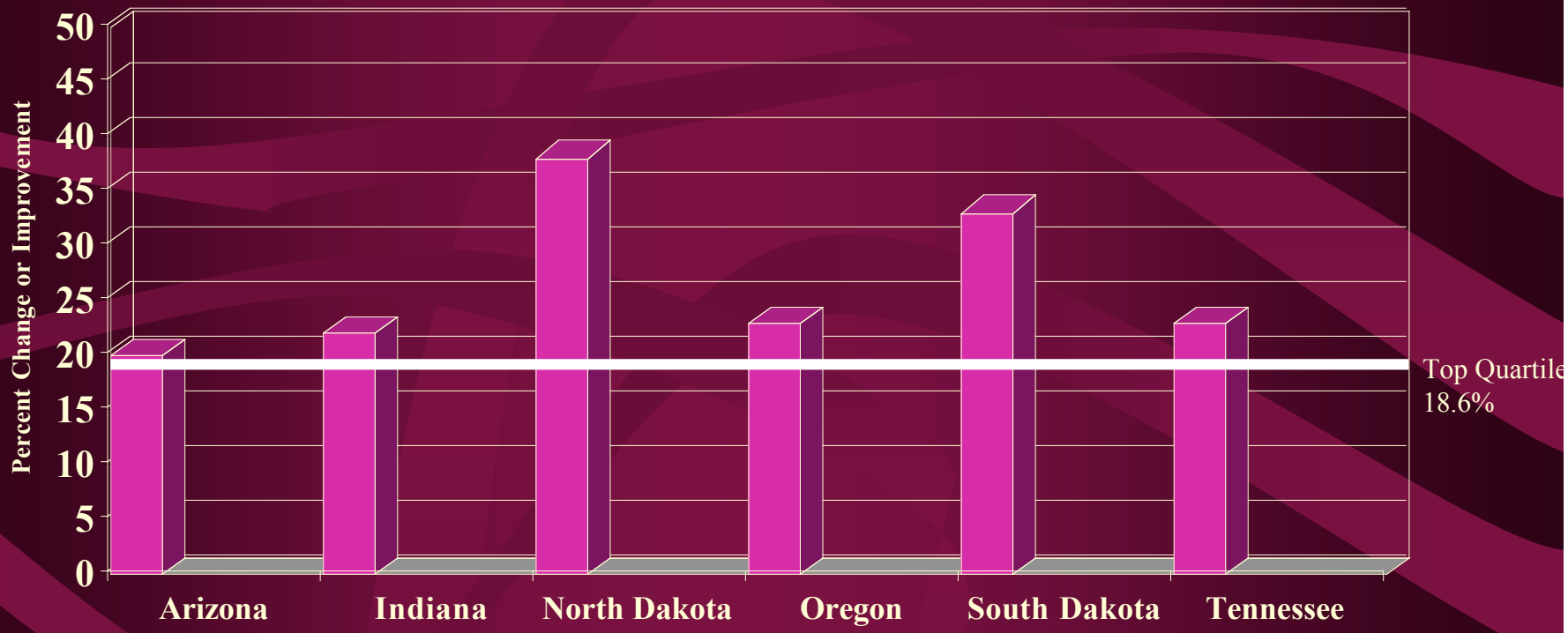
(Among 22 States with PIP focus on Placement Stability)

State	% Improvement	Range
Tennessee	13	64.9 - 73.7
Kentucky	11	79.0 - 87.5
Vermont	7	63.9 – 68.5
Oklahoma	6	72.3 – 76.7
Massachusetts	5	75.8 – 79.6
Minnesota	3	87.5 – 89.8

Strategies Addressing Placement Stability for Most Improved States

- Build on promising practice from more successful counties (2 of the 6 States)
- Use of foster parent teams or support groups (2 of the 6 States)
- Training on partnerships with foster parents, agency staff, service providers (2 of the 6 States)
- Expanded and targeted Foster Family recruitment (2 of the 6 States)
- Data reports on stability distributed to county level (5 of the 6 States)

Performance Above National Top Quartile on Re-entry Measure for 16 States with PIP focus on Re-entry
(Percent Change from FY 2002 to FY 2004)



States with Highest Improvement on Re-entries

(Among 16 States with PIP focus on Re-entry)

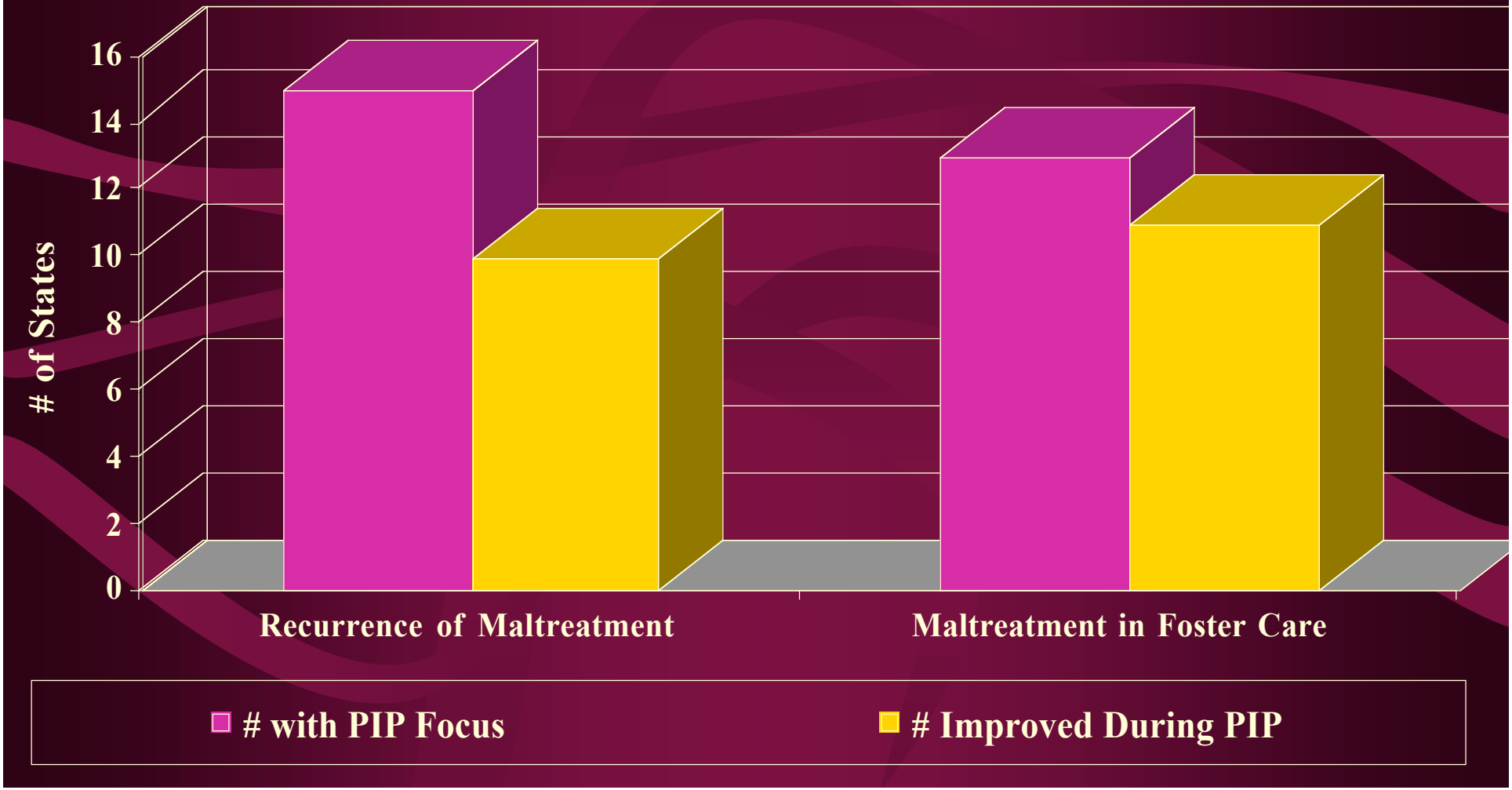
State	% Improvement	Range
Arizona	20	12.2 – 9.7
Indiana	22	11.6 – 9.0
North Dakota	38	19.5 – 12.1
Oregon	23	10.8 – 8.3
South Dakota	33	19.9 – 13.2
Tennessee	23	11.1 – 8.6

Strategies Addressing Re-entry for Most Improved States

- Training on clinical skills and supervision related to discharge planning (3 of the 6 States)
- Policy, training on enhancing input from families prior to discharge (3 of the 6 States)
- Examination of data and reasons children re-enter (3 of the 6 States)
- Implement multidisciplinary review prior to reunification (2 of the 6 States)
- Improve access to services post discharge (3 of the 6 States)
- Training on needs of older foster children (2 of the 6 States)

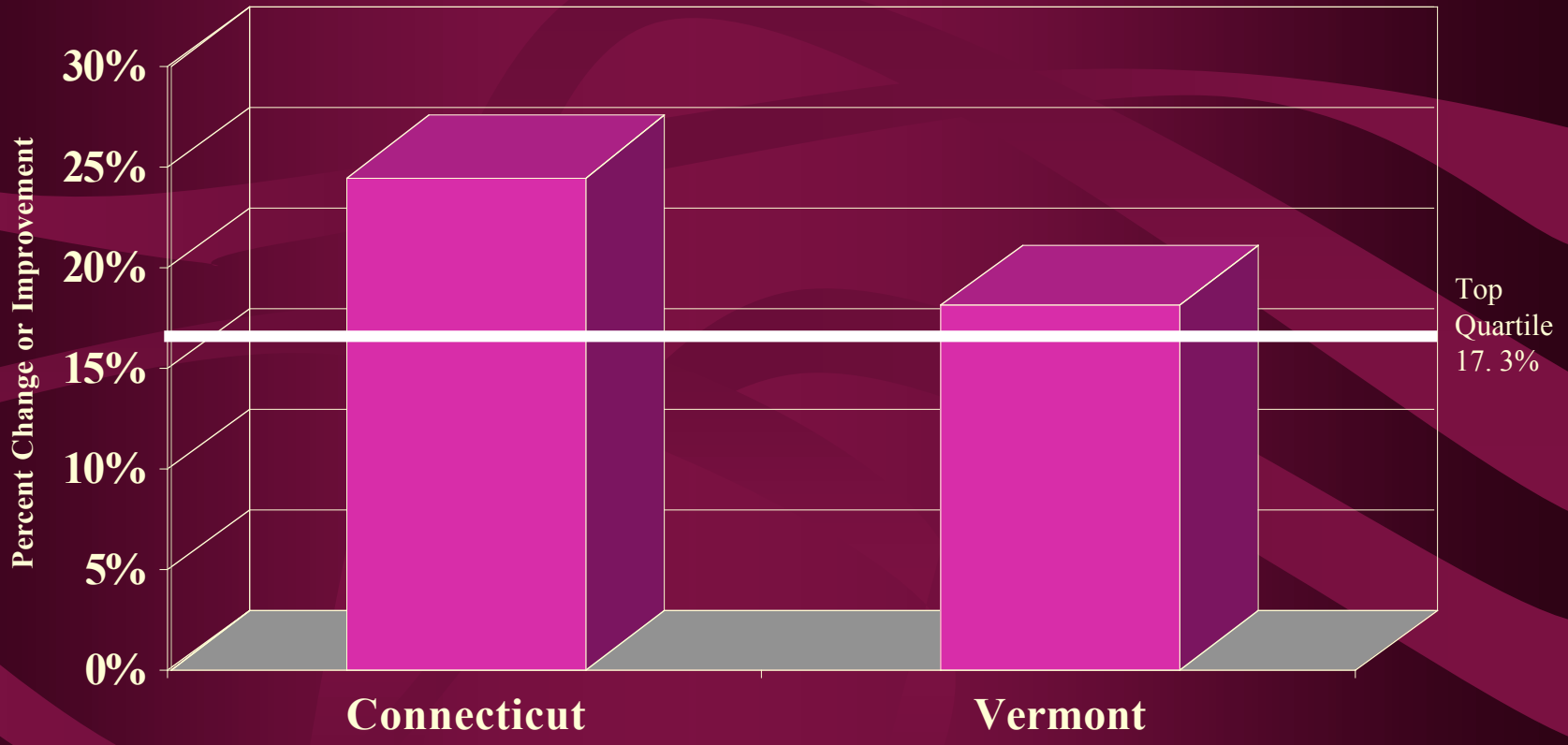
Safety Indicators

Completed PIP States' Performance on Safety Indicators for NCANDS Child File Reporting



Performance Above National Top Quartile on Recurrence of Maltreatment for 15 States with PIP focus on the Measure

(Percent Change from FY 2002 to FY 2004)



States with Highest Improvement on Recurrence of Maltreatment

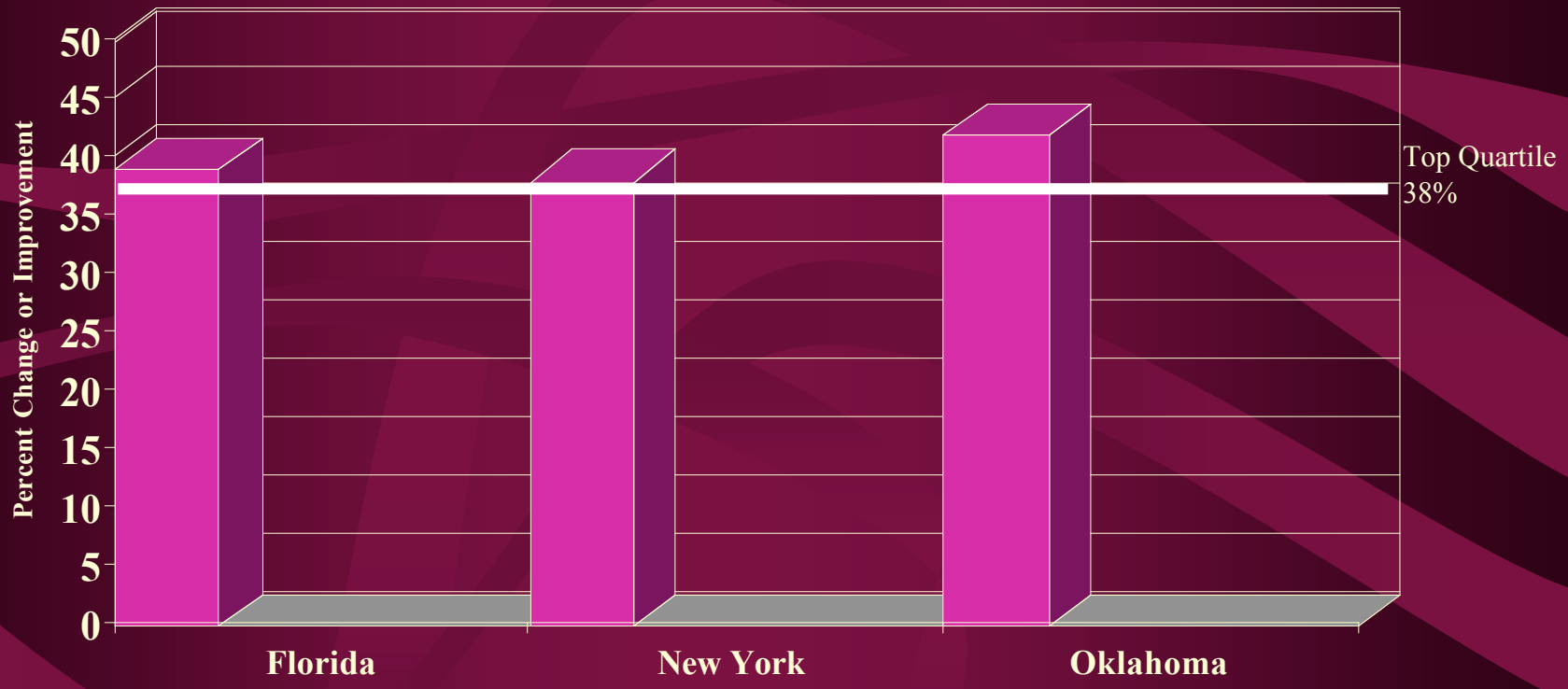
(Among 15 States with PIP focus on Recurrence of Maltreatment)

State	% Improvement	Range
Connecticut	25	11.8 – 8.9
Vermont	18	5.5 – 4.5

Strategies Addressing Recurrence of Maltreatment for Most Improved States

- Develop and implement or revise Structured Decision Making (2 of the 2 States)
- QA System used to examine causes and address through supervision (1 of the 2 States)
- Monitoring progress and reports to local staff (2 of the 2 States)

Performance In National Top Quartile on Maltreatment in Foster Care for 13 States with PIP focus on the Measure
(Percent Change from FY 2002 to FY 2004)



States with Highest Improvement on Maltreatment in Foster Care

(Among 13 States with PIP focus on Measure)

State	% Improvement	Range
Oklahoma	42	1.62 – 0.93
Florida	39	0.52 – 0.32
New York	38	0.87 – 0.54

Strategies Addressing Maltreatment in Foster Care for Most Improved States

- Implemented system of care for foster care providers (1 of the 3 States)
- Training to staff on conducting foster parent risk assessments and investigations (1 of the 3 States)
- Supervisors trained on high risk protocol (1 of the 3 States)
- Training on continuous family assessment (1 of the 3 States)
- Training manual/CD to all foster parents on expectations (1 of the 3 States)

CONTEXTUAL FACTORS AND APPROACHES TO PIP DEVELOPMENT AND IMPLEMENTATION

How have States engaged their local offices in PIP development and implementation?

- Implementation of quality assurance systems
- Developing local program improvement plans
- Improved communication techniques
- Use of data
- Expanding practice changes or piloting new approaches in the PIP
- Providing enhanced technical assistance to counties

How have States engaged courts in PIP development and implementation?

- Use PIP to increase communication with court
- Coordinate PIP/CIP strategic plan efforts
- Chief Judge support change and/or leads change efforts
- Cross-train judges, attorneys, child welfare staff
- Judges and CIP leaders participate as partners in the CFSR and PIP process
- Governor promotes collaboration between courts and the agency

What are the challenges to collaboration with courts?

- Lack of statewide focus of CIP
- Lack of communication and information-sharing between the agency and the CIP
- Courts not involved in the CFSR/PIP development process
- Inconsistency in commitment to making court improvements

How have States collaborated with Tribes in PIP development and implementation?

- Inclusion in quality assurance process
- Clarification of roles and responsibilities
- Establishment of State/Tribal agreements, incl. IV-E
- Implementation of new or improved services
- Improve ICWA compliance, including tribal liaisons
- Training, including an academy for tribal CPS staff
- Sharing information and improving communication
- Included tribes in CFSR and PIP development

How have States collaborated with youth in PIP development and implementation?

- Youth advisory boards
- Add staff to work with youth
- Development of youth handbooks or other communication materials
- Expansion of services to youth

How have the following areas affected PIP development and implementation?

- Leadership and Agency Culture
- Consent Decrees or litigation
- Use of Training and Technical Assistance
- Budget and resources, etc.
- Change at the local level

How has leadership affected PIP development and implementation?

- Governor's and legislature's support and involvement in spearheading improvements
- Embraced the CFSR/PIP process – used it to create a vision for change
- Supported involvement and responsibility at the county and local levels, including supervisory staff
- Promoted and demonstrated receptivity for change
- Commitment to the PIP was sustained through administration changes

What are the challenges to effective PIP leadership?

- Institutional instability; one or more changes at director/commissioner level
- PIP not integrated with consent decrees
- Inability to model a positive attitude toward change and systems improvement
- Did not support systemic change
- Agency leadership not involved in PIP process

How did consent decrees impact PIPs?

- Design the PIP to align with Consent Decree exit strategies
- Use the PIP action steps to reach resolution of the Consent Decree
- Did not integrate the Consent Decree and the PIP
- The lawsuit diverted attention away from the PIP process
- Prioritize the Consent Decree and left some PIP goals unaddressed

How did States use Training/Technical Assistance?

- Forge a relationship with one or more trainers from an NRC
- Use NRCs as part of an overall T/TA plan
- Use T/TA to motivate agency change
- Use T/TA to address specific issues, such as court/legal, recruitment, adoption, QA
- Request T/TA but did not follow-through with NRC recommendations
- Ask for T/TA very late in the PIP process
- Utilize T/TA only to satisfy a PIP requirement

What resource issues were frequently cited?

- Hiring freezes and/or slowdowns
- Increased caseloads
- Issues with staff retention
- Need to promote less-experienced staff due to high turnover
- Inability to meet basic family needs for housing, employment, etc.
- Temporary cutbacks in services
- Cutbacks in supports to foster and adoptive families

How did States manage economic setbacks?

- Approximately half of the States overcame barriers through creative means and were able to complete PIP initiatives
- Approximately half of the States obtained restored or increased funds for PIP initiatives
- Some States used the PIP as a mandate to leverage funds from their legislature

How are States managing and sustaining change?

- Local and State QA systems
- Promote supervisory development
- Use QA results and data with local offices and supervisors to change practice
- Use forums and stakeholder input to analyze and correct problems
- Open communication between administration and the field

What are the challenges to sustaining change?

- Not institutionalizing QA efforts or starting QA reviews late in the PIP process
- PIPs that focus on "plan-to-plan" and do not fully implement change
- Not addressing the need to change agency culture
- Not engaging stakeholders, particularly other State entities, to assist with systems change

What were examples of State successes in PIP implementation?

- Agency is speaking “the same language”
- Use data in daily practice
- Institute a learning organization via CQI
- Change agency culture
- Align CW, JJ, mental health through communication and common vision
- Improve collaboration with community partners, connect planning at local level
- Improve supervision to direct and monitor casework
- Obtain additional funding for new staff
- Train the field on best practice initiatives

What were examples of the challenges to PIP implementation?

- Economic/resource issues
- Unanticipated complexity of implementing some strategies
- Lack of leadership
- Challenges in State/county relationships
- Low morale in the field and staff turnover
- Lack of collaboration with other State agencies and other key stakeholders

What were examples of the challenges to PIP implementation? (continued)

- Issues with data quality and quality assurance systems
- Over-reliance on training and policy changes as a strategy
- Lack of alignment with consent decree and other plans
- Failure to involve all levels of the agency in PIP

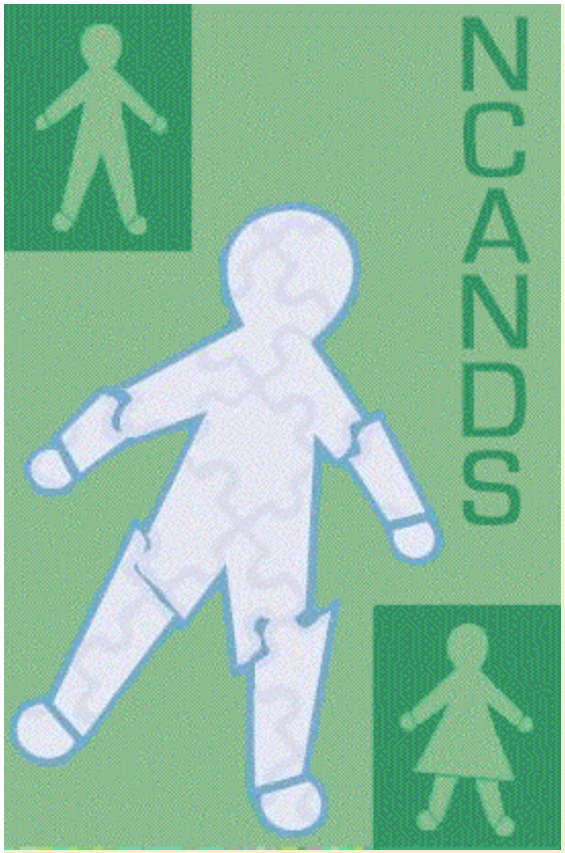
Sustaining Change

How can States sustain the improvements they make?

- Invest in values, belief, vision
- Strengthen the practices that are linked to outcomes
- Engage external stakeholders
- Engage counties
- Engage State legislatures
- Implement and use quality assurance

Children's Bureau Website

www.acf.hhs.gov/programs/cb



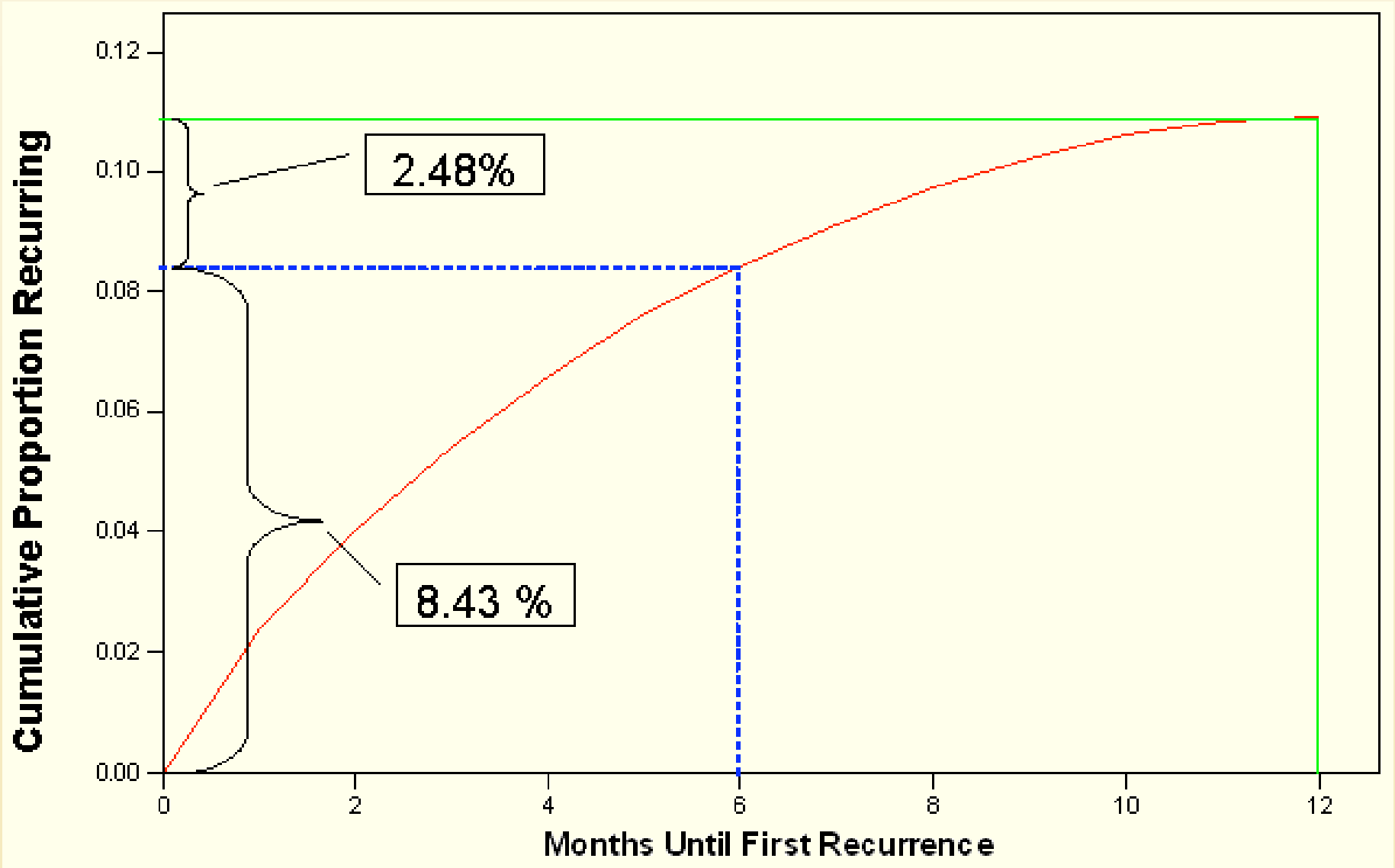
Rereporting and Recurrence Data: Implications for Strategies

John D. Fluke
Walter R. McDonald & Associates, Inc.

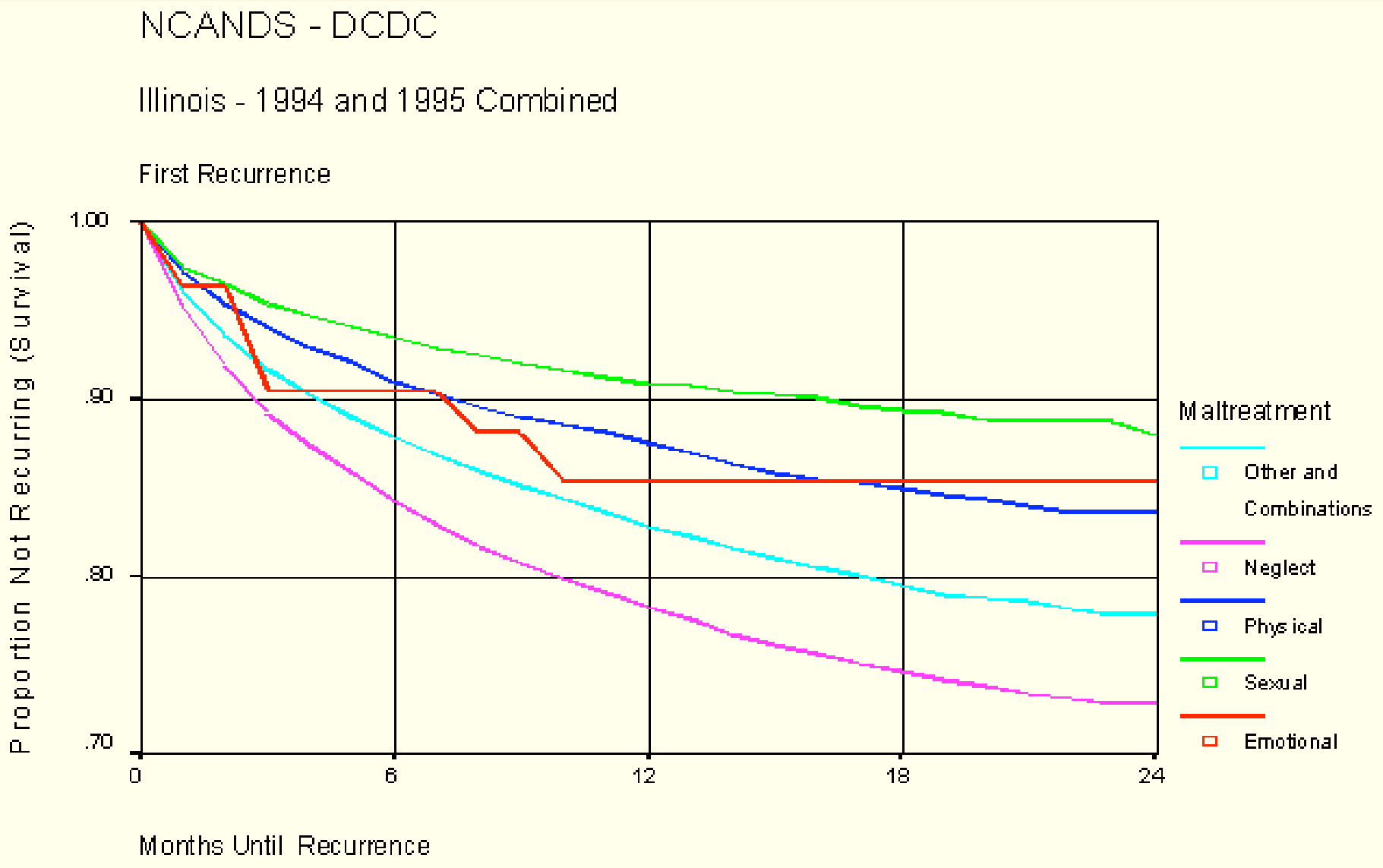
National Child Welfare Resource Center for Organizational Improvement
Teleconference Program
THURSDAY, APRIL 13, 2006

Survival Analysis Plot for 2002 CM Data:

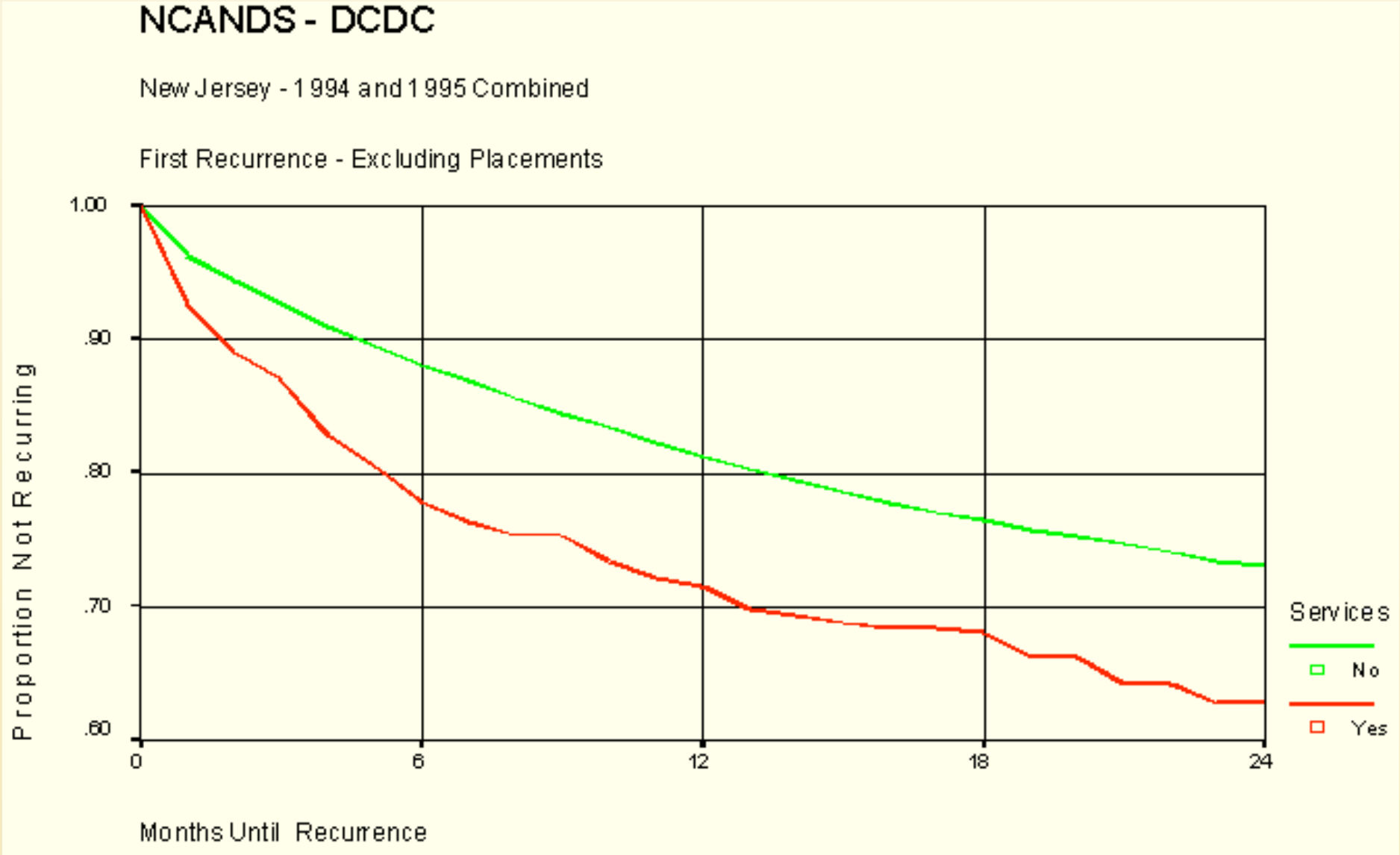
Recurrence During a 12 Month Period, Over 75% Recurred Within 6 Months (n = 210,641 – 26 States)



Maltreatment Factors



Post-Investigation Service and Recurrence



Child Maltreatment 2004: Overall Recurrence Trends

Percent Recurrence in 6 Months					
	2000	**2001**	**2002**	**2003**	**2004**
Number of States	34	39	42	45	45
National Average	8.6	8.9	8.8	8.5	8.1
Number of States Meeting Standard*	10	13	16	17	19
Percent of States Meeting Standard	29.4	33.3	38.1	37.8	42.2

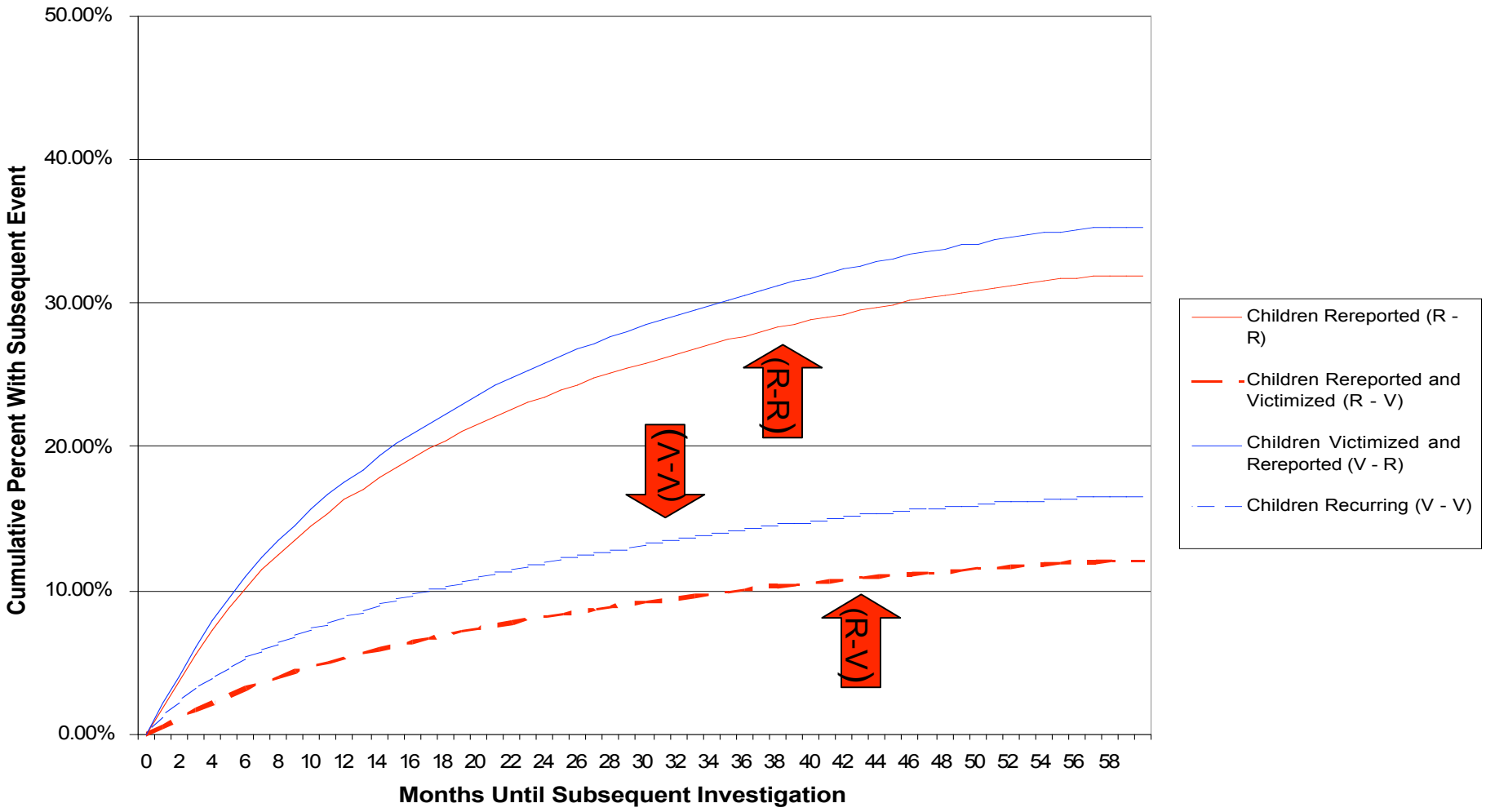
*National Standard is 6.1%

6 Month Recurrence Findings Over Time: Comparisons of Interest

	Year					
	1999	**2000***	**2001**	**2002**	**2003***	**2004***
Number of Children	142,726	97,406	186,220	196,774	146,509	161,721
States	15	15	21	26	23	25
Rate of Recurrence in 6 Months for These States	7.4%	7.9%	7.6%	7.1%	6.9%	
Risk Ratios						
Prior Victim	2.71	3.32	2.14	2.03	2.53	1.84
Neglect/Medical Neglect	1.44	1.27	1.44	1.46	1.31	1.23
Post-Investigation Services	1.16	1.66	1.50	1.44	1.20	1.35
Child Disability					1.51	1.61
Father Only Perpetrator		0.87	0.89	0.91	0.85	0.86

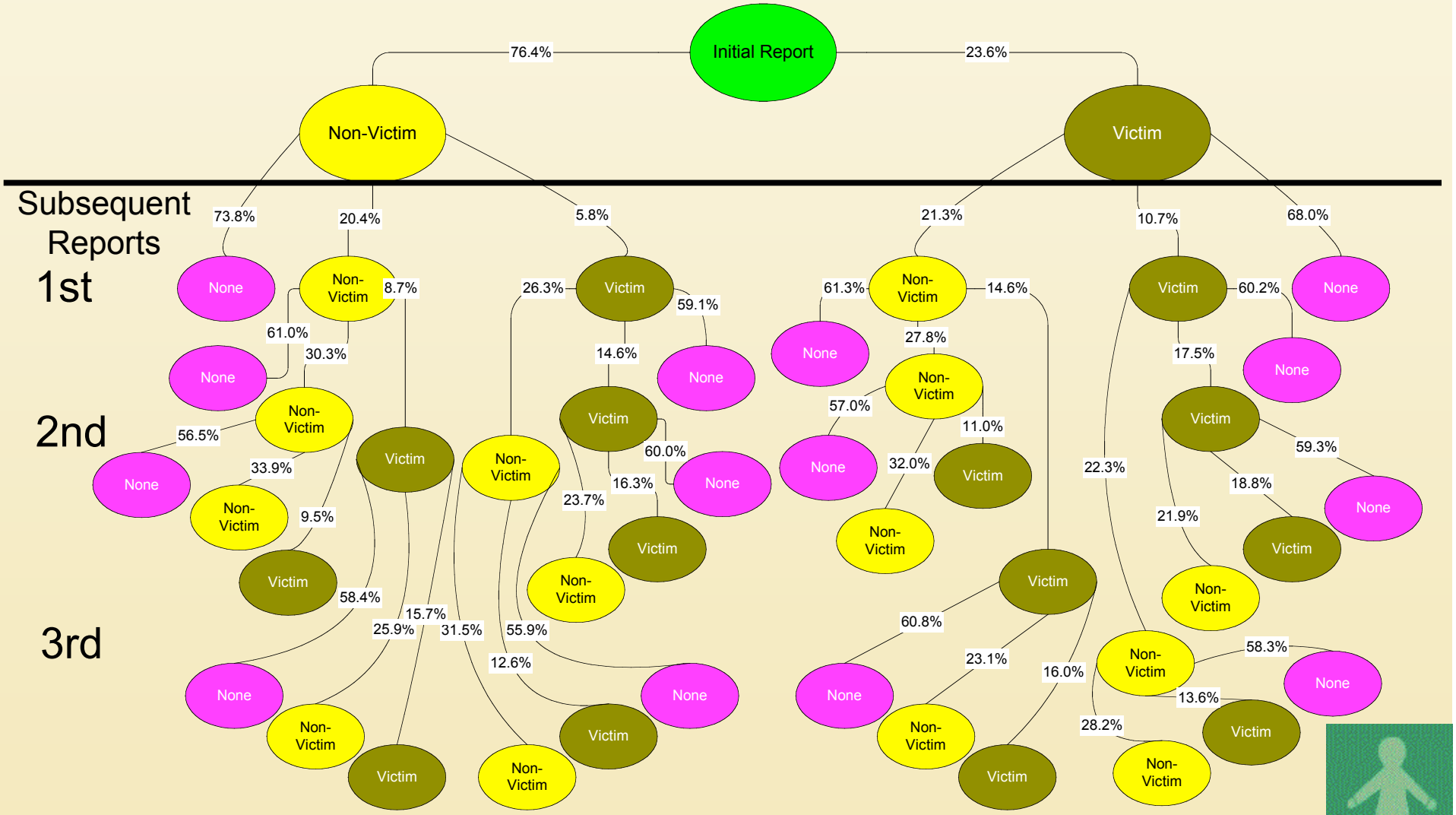
*Does not include California

Percentage of Children with Subsequent Reports Over Time (nine States)

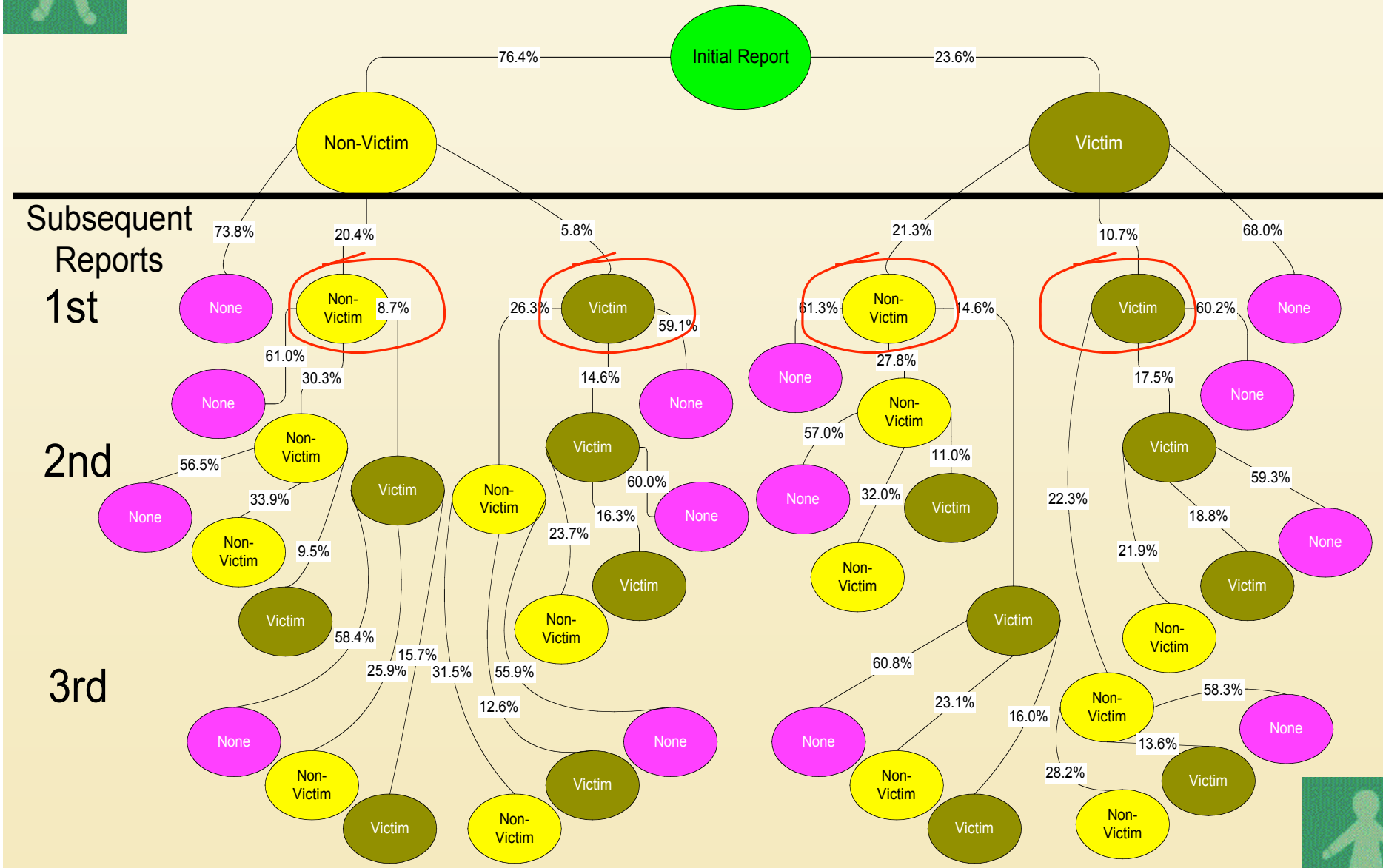


Subsequent Events Within Three Years: Pattern Diagram for Children Reported 1998-1999

N=803,320 (Nine States)



Single Event Rereporting (R-R)

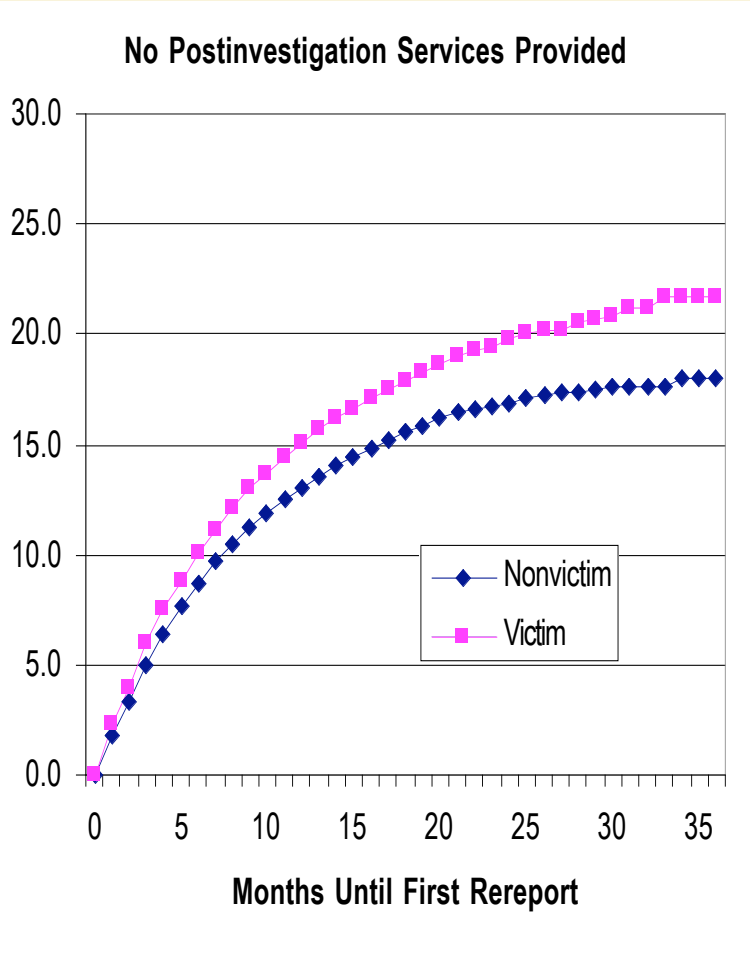


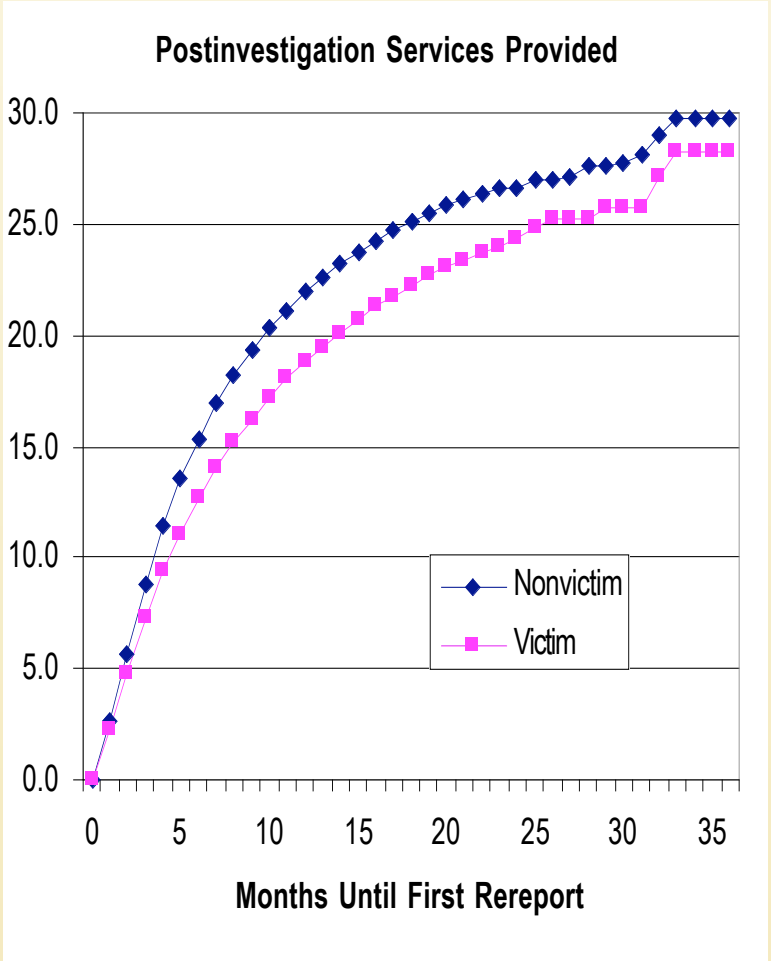
Factors Associated with Increased Risk of Rereporting (R-R)

Two year follow-up (N= 495,900, eight States)

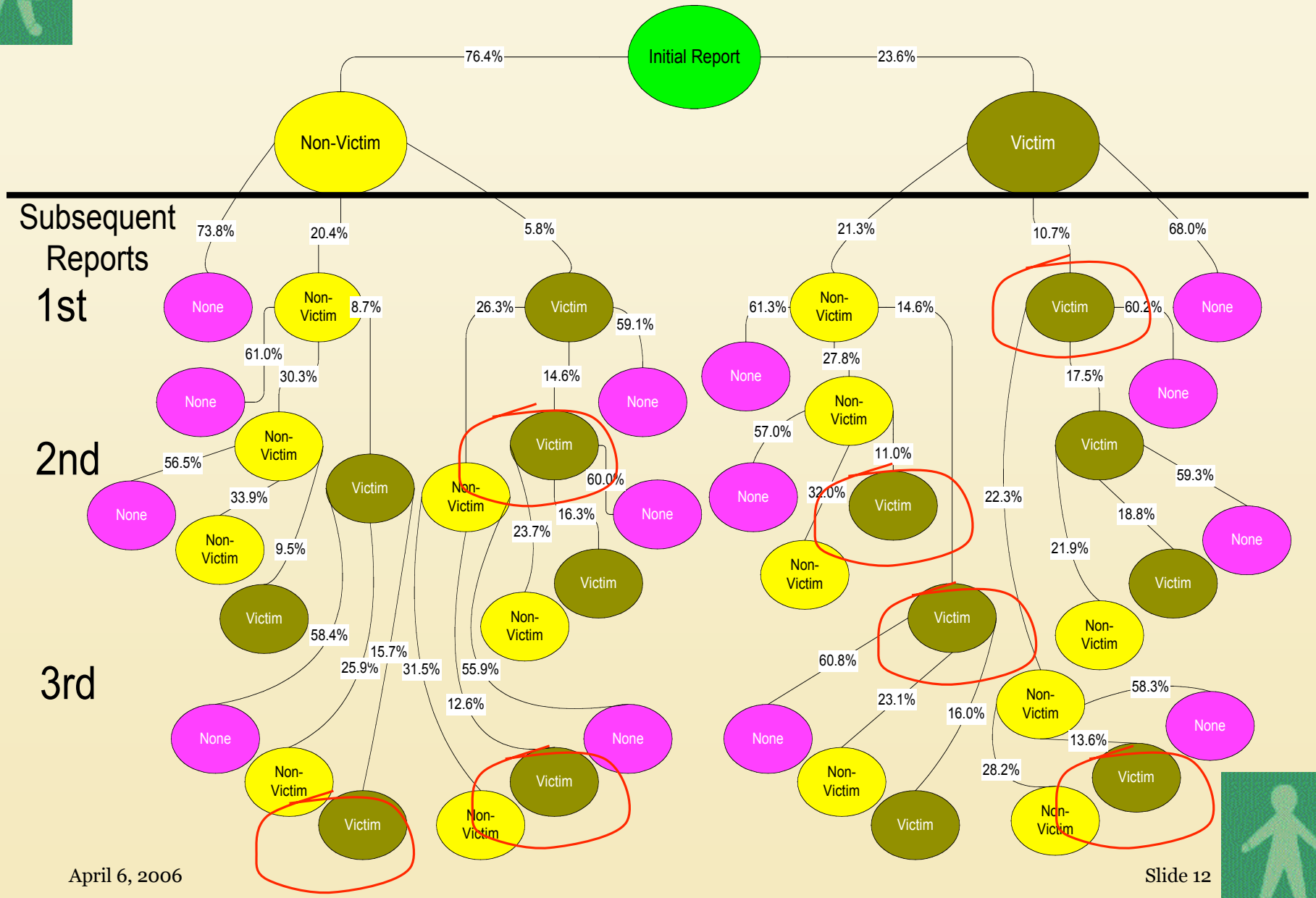
Reporting Source (Social Services)		Caretaker	
Non-Professional and Other Sources	1.14	Alcohol	1.12
Children		CPS	
Younger (decreases from 2 to 18)	0.92 - 0.53	Initial Victim	1.11
Female	1.31	Services	1.35
White (rc African American)	1.19	Placement	2.18
Multi Race (rc African American)	1.53	Interaction	
Disabled	1.47	Victim and Service	0.93
		Victim and Placement	0.35

Interaction of Services and Victimization for Rereporting





Single Event Recurrence (V-V)



Factors Associated with Increased Risk of Subsequent Victimization (V-V)

Five year follow-up (N= 190,552 eight States)			
Reporting Source		Maltreatment	
Day Care and Foster Care Providers	1.53	Initial Neglect	1.35
Non-Professional and Other Sources	1.27	Other Abuse Only	1.20
Children		Caretaker	
Younger (decreases from 1 to 18)	0.86 - 0.46	Alcohol (trend)	1.12
White (rc African American, trend)	1.11	CPS	
Native American (rc African American)	1.53	Services	1.57
		Placement	0.88