

**Report on the Effectiveness of the  
Child Abuse Prevention and Treatment Act (CAPTA)  
State Programs and Technical Assistance**

U.S. Department of Health and Human Services  
Administration for Children and Families  
Administration on Children, Youth and Families  
Children's Bureau

## **Executive Summary**

The 2010 reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA; Public Law 111-320) requires the Department of Health and Human Services (HHS) to submit a biennial report evaluating the effectiveness of state programs receiving assistance under section 106 of CAPTA—the Grants to States for Child Abuse or Neglect Prevention and Treatment Programs. Section 106 specifically states that these grants are “for purposes of assisting the states in improving the child protective services system.”

CAPTA State Grant funding is provided through a formula with a base amount of \$50,000 allocated to each state and an additional amount based on the population of children age 18 and under in the state. The total appropriation for this grant was \$26,432,000 in fiscal year (FY) 2012, \$24,734,000 for FY 2013, and \$25,310,000 for FY 2014. The FY 2015 President’s Budget requests \$25,310,000. It is not possible to assess the full effectiveness of CAPTA funding on state programs due to the following: the vast array of activities supported by the CAPTA State Grant makes it difficult to apply one measure of effectiveness, the fact that states combine CAPTA funds with other sources of funding in order to achieve the program’s objectives, and the fact that the information states are statutorily required to provide in their state plans is descriptive rather than evaluative. Therefore, this report, as did the first biennial report, focuses on providing an overview of how the 50 states, the District of Columbia, and the Commonwealth of Puerto Rico have chosen to target their CAPTA funds and how those choices evolve in response to ongoing assessments of state performance in ensuring the safety, permanency, and well-being of children and families involved in the child welfare system. The report also provides information about training and technical assistance (T/TA) requested and received by states from the federally funded National Resource Centers (NRCs) and/or regional

Child Welfare Implementation Centers (ICs) to help states achieve the desired program improvements specified in their CAPTA plans.

## Methodology

Information gathered for this report came from the following sources:

- The FY 2013 and FY 2014 state CAPTA plans
- The FY 2013 and FY 2014 state Annual Progress and Services Reports (APSRs)
- OneNet<sup>1</sup>
- The Training and Technical Assistance Coordination Center (TTACC) Information Portal<sup>2</sup>

## Findings

The preparation of this report was guided by a set of questions generated by the requirements of CAPTA and the legislative requirements for HHS regarding reporting to Congress. Specifically, the report questions were developed to gather and present information about the states' selection of program areas and activities and the types and amount of T/TA provided to states to meet the objectives of section 106. The questions and the key findings for each are as follows:

### 1. Which section 106 program areas were selected by each state for each year?

- The program areas most frequently selected by states pertained to the following:
  - Intake, assessment, screening, and investigation of reports of child abuse or neglect (program area 1; 73 percent for FY 2013 and 67 percent for FY 2014)
  - Case management, ongoing case monitoring, and delivery of services and treatment provided to families (program area 3; 58 percent for FY 2013 and 56 percent for FY 2014)
  - Developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response (program area 4; 58 percent for FY 2013 and FY 2014).

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<sup>1</sup> OneNet is a federally funded system containing information about substantial T/TA provided in person or remotely to the states by the NRCs and the ICs.

<sup>2</sup> The TTACC coordinates T/TA and monitors the progress of the assistance provided to states and tribes. The TTACC Information Portal is a web-based environment that supports the collection and sharing of T/TA information and knowledge among T/TA Network members.

- These areas pertain to the immediate investigation and/or assessment process following a report of abuse or neglect, the ongoing monitoring of families, and meeting the service needs of the families. The data suggest that most states are focused on improving the initial up-front processes of their child protective services (CPS) systems and ensuring service provision to families.
- States focused the least on the section 106 program areas related to the following:
  - Service delivery for specialized populations, such as disabled infants (program area 9; 19 percent for FY 2013 and 15 percent for FY 2014)
  - Children served dually with the juvenile justice system (program area 12; 17 percent for FY 2013 and 12 percent for FY 2014)

**2. Which activities and strategies were identified by each state to improve performance in the selected program areas?**

- Most states provided information on multiple strategies/activities for each program area selected. The strategies and activities provided were specific to each program area selected, and they included, but were not limited to, the following activity types:
  - Provided/supported training for CPS staff, mandated reporters, and/or systemic partners
  - Supported/enhanced collaborative projects/programs with other agencies and organizations
  - Evaluated, supported, and/or enhanced current policies, practices, and/or practice models
  - Provided funding for external programs and/or contracts for services
  - Established new policies, practices, and/or practice models
  - Provided new and/or enhanced technology to CPS staff
  - Provided public outreach/education on issues relevant to CPS
  - Provided funding and/or support to citizen review panels, review boards, and CPS advisory councils

**3. What type and amount (in hours) of T/TA were received by states to address selected program areas?**

- It was determined that 11 states received tailored T/TA from an NRC and/or an IC to help them achieve the desired program improvements specified in their CAPTA plans during the period July 1, 2012, to May 31, 2014.
- The 11 states that received tailored T/TA were able to address six of the 14 program areas identified in CAPTA section 106:
  - Program area 1: The intake, assessment, screening, and investigation of reports of child abuse or neglect
  - Program area 2: (a) Creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations and (b) improving legal preparation and representation, including procedures for appealing and responding to appeals of substantiated reports of child abuse or neglect and provisions for the appointment of an individual appointed to represent a child in judicial proceedings
  - Program area 3: Case management, including ongoing case monitoring and delivery of services and treatment provided to children and their families

- Program area 4: Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response
- Program area 7: Improving the skills, qualifications, and availability of individuals providing services to children and families and the supervisors of such individuals through the child protection system, including improvements in the recruitment and retention of caseworkers
- Program Area 11: Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level
- The largest number of T/TA hours were spent assisting states in program area 1, which was the program area selected for improvement by two of the 11 states.
- The primary purpose of the T/TA provided to states was to implement or refine a practice model or agency system, including differential response, which occurred in six of the 11 states.

## **Conclusion**

The information provided in this report suggests states are selecting more than one program area on which to focus their improvement efforts and generally provide detailed information about what activities and services they plan to implement to make those improvements.

Drawing conclusions about the effectiveness of states' use of the CAPTA Basic State Grant in making improvements in CPS systems is challenging given the information currently available through state CAPTA plans. A more thorough evaluation of the activities funded by CAPTA would require the design and funding of new, specialized studies involving experimental or quasi-experimental designs to be able to both assess change and attribute any observed changes in outcomes to CAPTA-funded activities. However, to the extent practicable, HHS will use the information states provide in their annual updates on use of the CAPTA State Grant to determine how they are measuring improvements. Other federal efforts, including the *Annual Report to Congress on Child Welfare Outcomes*, available at <http://www.acf.hhs.gov/programs/cb/resource/cwo-08-11>, also provide a means to assess state

performance in ensuring the safety and well-being of children.

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## Introduction

The 2010 reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA; Public Law 111-320) requires the Department of Health and Human Services (HHS) to submit a biennial report evaluating the effectiveness of state programs receiving assistance under section 106 of CAPTA—the Grant to States for Child Abuse or Neglect Prevention and Treatment Programs (CAPTA State Grant)—in achieving the objectives of section 106 of the act, which specifically states that these grants are “for purposes of assisting the states in improving the child protective services system.”

In response to this requirement, this second<sup>3</sup> biennial report provides information about the 50 states, the District of Columbia, and the Commonwealth of Puerto Rico<sup>4</sup> (the states) regarding the CAPTA section 106 program areas the states have identified as the focus of improvement efforts. This report also provides information about the amount and types of training and technical assistance (T/TA) requested and received by states from the federally funded National Resource Centers (NRCs) and/or regional Child Welfare Implementation Centers (ICs) to help them achieve the desired program improvements specified in their CAPTA plans.

The CAPTA State Grant is provided through a formula with a base amount of \$50,000 allocated to each state and an additional amount based on the population of children age 18 and under in the state. The total appropriation for this grant was \$26,432,000 in fiscal year (FY) 2012, \$24,734,000 for FY 2013, and \$25,310,000 for FY 2014. The FY 2015 President’s

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<sup>3</sup> The first Report to Congress on CAPTA Effectiveness was published on August 2, 2013, and is available at <http://www.acf.hhs.gov/programs/cb/resource/capta-effectiveness-report-to-congress>.

<sup>4</sup> The latter two entities are included under the term “states” in the remainder of this report.

Budget requests \$25,310,000. The funds are used for an array of activities, mostly for leveraging state child protective services (CPS) systems to employ best practices or for contributing—along with other, much greater, sources of funding—toward the support of states’ respective multimillion dollar service delivery systems.<sup>5</sup>

It is not possible to assess the full effectiveness of CAPTA funding on state programs due to the following: the vast array of activities supported by the CAPTA Basic State Grant makes it difficult to apply one measure of effectiveness; the fact that CAPTA funds are limited and therefore, of necessity, combined with other larger sources of funding in order to achieve the program objectives; and the fact that the information that states are statutorily required to provide in their state plans is descriptive rather than evaluative. However, CAPTA does remain a critical source of federal guidance, structure, and influence in promoting best practice in state CPS systems.

Therefore, this report, as did the first Report to Congress on CAPTA Effectiveness, focuses on providing an overview of how states have chosen to target their CAPTA funds and how those choices evolve in response to ongoing assessments of state performance in ensuring the safety, permanency, and well-being of children and families involved in the child welfare system.

## **The CAPTA Basic State Grant**

Originally enacted in 1974 Public Law 93-247, CAPTA supports public and private agency efforts to improve programs intended to protect children and strengthen families. Most

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<sup>5</sup> A small proportion of the overall total comes from CAPTA.

recently amended and reauthorized on December 20, 2010, the CAPTA Reauthorization Act of 2010 authorizes the award of grants and contracts to states, Indian tribes and tribal organizations, and public or private agencies for the prevention, identification, assessment, and treatment of child abuse and neglect. The Basic State Grant is awarded pursuant to section 106 of CAPTA for the purpose of assisting a state in improving its CPS system. To receive funds, each state must submit a plan, referred to as the CAPTA plan, which is to include, but is not limited to, information about the program areas selected by the state for improvement and the activities intended to support improvement in the selected program areas.

Section 106 of the CAPTA Reauthorization Act of 2010 includes the following 14 program areas for states to report on:

1. The intake, assessment, screening, and investigation of reports of child abuse or neglect
2. (a) Creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations and (b) improving legal preparation and representation, including procedures for appealing and responding to appeals of substantiated reports of child abuse or neglect, and provisions for the appointment of an individual appointed to represent a child in judicial proceedings
3. Case management, including ongoing case monitoring and delivery of services and treatment provided to children and their families
4. Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response
5. Developing and updating systems of technology that support the program and track

reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange

6. Developing, strengthening, and facilitating training, including (a) training regarding research-based strategies, including the use of differential response to promote collaboration with the families; (b) training regarding the legal duties of such individuals; (c) personal safety training for case workers; and (d) training in early childhood, child, and adolescent development

7. Improving the skills, qualifications, and availability of individuals providing services to children and families and the supervisors of such individuals through the child protection system, including improvements in the recruitment and retention of caseworkers

8. Developing, facilitating the use of, and implementing research-based strategies and training protocols for individuals mandated to report child abuse and neglect

9. Developing, implementing, or operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions, including (a) existing social and health services; (b) financial assistance; and (c) services necessary to facilitate adoptive placement of any such infants who have been relinquished for adoption; and the use of differential response in preventing child abuse and neglect

10. Developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect, including the use of differential response

11. Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level
12. Supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment, including methods for continuity of treatment plan and services as children transition between systems
13. Supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs (a) to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and the use of differential response; and (b) to address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports
14. Developing and implementing procedures for collaboration among child protective services, domestic violence services, and other agencies in (a) investigations, interventions, and the delivery of services and treatment to children and families, including the use of differential response where appropriate and (b) the provision of services that assist children exposed to domestic violence and that also support the caregiving role of non-abusing parents

## **National Child Welfare Resource Centers (NRCs) and Child Welfare**

### **Implementation Centers (ICs)**

Assistance to states to improve their CPS systems is available from 11 NRCs and five regional ICs funded by the Children's Bureau within the Administration for Children and Families (ACF). The NRCs and ICs and other federally funded projects comprise the Children's Bureau's T/TA Network. The purpose of the T/TA Network, as described in *The Children's Bureau Training & Technical Assistance Network 2014 Directory*, is:

...to provide a seamless array of services that build the capacity of states, tribes, territories, and courts to achieve sustainable, systemic changes that will result in improved outcomes for children, youth, and families. To do so, the [T/TA] Network members provide training, [technical assistance], research, information and referral, and consultation on the full array of federal requirements administered by the Children's Bureau. T&TA Network members also assist State, local, Tribal, and other publicly administered or publicly supported child welfare agencies and family and juvenile courts to achieve conformity with the outcomes and systemic factors defined in the monitoring reviews conducted by the Children's Bureau (HHS, 2014).

The NRCs provide free onsite and remote T/TA to states, tribes, and courts to assist them in building systemic capacity in each NRC's particular area of expertise. The ICs provide in-depth and long-term consultation and support to states and tribes. Each IC has formal partnerships with states and tribes in its region to implement programs to achieve sustainable, systemic change to improve safety, permanency, and well-being for families (HHS, 2014).

Information about the focus and role of each NRC and IC is available at

[http://www.acf.hhs.gov/sites/default/files/cb/tta\\_network\\_directory\\_2014.pdf](http://www.acf.hhs.gov/sites/default/files/cb/tta_network_directory_2014.pdf)

### **Report Questions**

The preparation of this report was guided by a set of questions generated by the requirements of CAPTA and the legislative requirements for HHS regarding reporting to

Congress. Specifically, the report questions were developed to gather and present information about the states' selection of program areas and activities and the types and amount of T/TA provided to states to meet the objectives of section 106. The questions used were as follows:

- Which section 106 program areas were selected by each state?
- Which activities and strategies were identified by each state to improve performance in the selected program areas?
- What type and amount (in hours) of T/TA were received by states to address selected program areas?

## **Methodology**

The information gathered for this report came from the following sources:

- The FY 2013 and 2014 state CAPTA plans
- The FY 2010–2014 State Child and Family Services Plans (CFSPs)<sup>6</sup>
- The FY 2013 and 2014 State Annual Progress and Services Reports (APSRs)<sup>7</sup>

In addition, information was gathered about T/TA requests and activities that corresponded with T/TA identified in states' CAPTA plans and the state-specific, tailored T/TA identified in the federally funded OneNet system. OneNet is a system containing information about substantial T/TA<sup>8</sup> provided in person or remotely to the states by the NRCs and the ICs. OneNet also includes information about T/TA requests and the provision of T/TA to general audiences and/or multiple jurisdictions made available in webinars, conference presentations, and regional meetings (HHS, 2013). The information about hours of T/TA included in this report was

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<sup>6</sup> State CFSPs are state plans required under titles IV-E and IV-B of the Social Security Act that provide a state's 5-year plan for improving outcomes for children and families served by the state's child welfare system.

<sup>7</sup> A state APSR is a state's annual update to its state CFSP, which is required under titles IV-E and IV-B of the Social Security Act.

<sup>8</sup> Substantial T/TA involves at least 1 hour of either direct T/TA (in person or remote communication between the provider and the T/TA recipient) or indirect T/TA (efforts by the provider to prepare tailored products, content, or feedback in lieu or support of direct consultation) in a single business day. Substantial T/TA can be provided either during an onsite visit at a state/tribal jurisdiction or when a provider is offsite (HHS, 2013).

gathered from OneNet and involved only tailored T/TA received during direct contact between the provider and the state.

Information on T/TA also was obtained from the Training and Technical Assistance Coordination Center (TTACC) Information Portal. The TTACC coordinates T/TA and monitors the progress of the assistance provided to states and tribes. The TTACC Information Portal is a web-based environment that supports the collection and sharing of T/TA information and knowledge among T/TA Network members (HHS, 2014).

To address each report question, a qualitative content analysis of the information was conducted. This report presents the findings concerning the program areas selected by states, the activities identified as supporting efforts to improve in the selected program area, and the type and amount of T/TA provided to the states by the NRCs and ICs as identified in the CAPTA plans.

### **Report Question 1: Which section 106 program areas were selected by each state?**

The CAPTA Reauthorization Act of 2010 includes the following requirement:

To be eligible to receive a grant under this section, a state shall submit to the Secretary a state plan that specifies the areas of the child protective services system described in subsection (a) that the state will address with amounts received under the grant.

The table below presents the CAPTA program areas selected and the number of states that selected each area as reported in the CAPTA plans for FY 2013 and FY 2014, respectively.

<b>Table 1: Number and Percent of States Selecting Each CAPTA Program Area</b>		
<b>Program area selected</b>	<b>*Number (percent) of states (N=52) FY 2013</b>	<b>Number (percent) of states (N=52) FY 2014</b>
<b>Program area 1:</b> The intake, assessment, screening, and investigation of reports of child abuse or neglect	38 (73)	35 (67)
<b>Program area 2:</b> Creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols and improving legal preparation and representation	27 (52)	24 (46)
<b>Program area 3:</b> Case management, ongoing case monitoring, and delivery of services and treatment provided to families	30 (58)	29 (56)
<b>Program area 4:</b> Developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response	30 (58)	30 (58)
<b>Program area 5:</b> Developing and updating systems of technology that support the program and track reports of child abuse and neglect	21 (40)	17 (33)
<b>Program area 6:</b> Developing, strengthening, and facilitating training	25 (48)	24 (46)
<b>Program area 7:</b> Improving the skills, qualifications, and availability of individuals providing services to children, families, and supervisors	24 (46)	19 (37)
<b>Program area 8:</b> Developing and facilitating training protocols for individuals mandated to report child abuse and neglect	18 (35)	12 (23)
<b>Program area 9:</b> Developing, implementing, or operating programs to assist families of disabled infants with life-threatening conditions	10 (19)	8 (15)
<b>Program area 10:</b> Developing and delivering information to improve public education relating to the role and responsibilities of CPS, including the use of differential response	18 (35)	16 (31)
<b>Program area 11:</b> Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals	16 (31)	15 (29)
<b>Program area 12:</b> Supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system	9 (17)	6 (12)
<b>Program area 13:</b> Supporting and enhancing interagency collaboration among public health agencies, agencies in the CPS system, and agencies carrying out private community-based programs	24 (46)	23 (44)

<b>Table 1: Number and Percent of States Selecting Each CAPTA Program Area</b>		
<b>Program area selected</b>	<b>*Number (percent) of states (N=52) FY 2013</b>	<b>Number (percent) of states (N=52) FY 2014</b>
<b>Program area 14:</b> Developing and implementing procedures for collaboration among CPS, domestic violence services, and other agencies in the provision of service that assist children exposed to domestic violence	18 (35)	15 (29)

\*All states selected multiple program areas and are included in more than one category.

As shown in the table, the program areas most frequently selected by states pertained to the intake, assessment, screening, and investigation of reports of child abuse or neglect (program area 1; 73 percent for FY 2013 and 67 percent for FY 2014); case management, ongoing case monitoring, and delivery of services and treatment provided to families (program area 3; 58 percent for FY 2013 and 56 percent for FY 2014); and developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response (program area 4; 58 percent for FY 2013 and FY 2014). Since these areas pertain to the immediate investigation and/or assessment process following a report of abuse or neglect, the ongoing monitoring of families, and meeting the service needs of the families, the data suggest that most states are focused on improving the initial up-front processes of their child welfare systems and ensuring service provision to families. In contrast, very few states focused on the section 106 program areas related to service delivery for specialized populations, such as disabled infants, (program area 9; 19 percent for FY 2013 and 15 percent for FY 2014) and children served dually with the juvenile justice system (program area 12; 17 percent for FY 2013 and 12 percent for FY 2014).

The first Report to Congress on CAPTA Effectiveness provided information from the FY 2012 CAPTA plans. Information collected from the FY 2012 plans identified the most frequently selected program areas as 1 and 4. Therefore, the data suggest that, in FY 2012, most states were primarily focused on improving the initial up-front processes of their child welfare systems with the focus expanding, as reported in the FY 2013 and FY 2014 plans, to include ongoing case monitoring and service provisions to families served by the CPS system.

## **Report Question 2: Which Activities and Strategies Were Identified by Each State to Improve Performance in the Selected Program Areas?**

### **Program Area 1: The intake, assessment, screening, and investigation of reports of child abuse and neglect**

The CAPTA plans of 38 states (73 percent) in FY 2013 and 35 states (67 percent) in FY 2014 identified program area 1 as an area in which they conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. Table 2 lists the strategies and activities that states indicated they used to make improvements in this program area. Information on the strategies and activities was available for 36 (95 percent) of the 38 states that selected program area 1 for FY 2013 and for 31 (89 percent) of the 35 states for FY 2014. Two states (5 percent) in FY 2013 and four states (11 percent) in FY 2014 did not clearly identify the strategies or activities that they used to make improvements in this area.

**Table 2: Strategies and Activities Selected to Support Improvement in Program Area 1 for FY 2013 (N=38) and for FY 2014 (N= 35)**

<b>Program area 1: Activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type FY 2013 (N=38)</b>	<b>*Number (percent) of states that identified this activity type FY 2014 (N=35)</b>
Supported/enhanced current policies, practices, and/or practice models, such as strengthening the current safety assessment and updating CPS intake policy	19 (50)	20 (57)
Provided/supported training for CPS staff, such as training to increase proficiency in gathering sufficient information at CPS intake and analyzing the information to ensure informed screening decisions	13 (34)	13 (37)
Evaluated current policies, practices, and/or practice models, such as evaluating the timeliness of CPS investigations and evaluating the effectiveness of the assessment process	12 (32)	7 (20)
Provided new and/or enhanced technology to CPS staff, such as the automation of the child welfare e-manual	10 (26)	7 (20)
Supported/enhanced collaborative projects/programs with other agencies and organizations, such as a partnership with the Department of Pediatrics to provide services to children diagnosed with non-accidental trauma	10 (26)	7 (20)
Provided funding for external programs and/or contracts for services, such as child advocacy centers and a parental stress hotline	9 (24)	10 (29)
Established new policies, practices, and/or practice models, such as implementing Structured Decision Making,** and a new safety model	9 (24)	8 (23)
Established, expanded, and/or enhanced the state's differential response system	8 (21)	6 (17)
Provided funding and support for CPS staff positions, such as funding for specialized staff to investigate reports of abuse and neglect while the child is in custody and placed in a foster home, group home, or institution	8 (21)	7 (20)
Provided/supported training for systemic partners and/or mandated reporters, such as training on a new differential response system and the development of an e-learning platform on detecting and reporting child abuse and neglect for school personnel	7 (18)	8 (23)

<b>Table 2: Strategies and Activities Selected to Support Improvement in Program Area 1 for FY 2013 (N=38) and for FY 2014 (N= 35)</b>		
<b>Program area 1: Activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type FY 2013 (N=38)</b>	<b>*Number (percent) of states that identified this activity type FY 2014 (N=35)</b>
Provided funding and/or support to citizen review panels, review boards, and CPS advisory councils, such as child fatality review teams	2 (5)	3 (9)
Provided public outreach/education on the intake and investigative process, such as a public awareness campaign about a state's child abuse and neglect reporting laws	2 (5)	2 (6)
Provided funding and/or support for CPS related conferences, such as state child abuse and neglect conferences	1 (3)	3 (9)

\*Most states provided information on multiple strategies/activities and may be included in more than one category.

\*\*Structured Decision Making is an approach to CPS that uses clearly defined and consistently applied decision-making criteria in screening for investigation, determining response priority, identifying immediate threatened harm, and estimating the risk of future abuse and neglect (Child Welfare Information Gateway, 2014).

The data indicate that one-half (50 percent) of the states selecting program area 1 for FY 2013 and more than one-half (57 percent) for FY 2014 indicated they supported and/or enhanced current policies, practices, or practice models to achieve improvements in this area. This suggests that the states believed that they already had the basic functions in place, but, in some instances, needed to focus on enhancing them or ensuring that they were carried out as intended. More than one-third (34 percent) of the states in FY 2013 and almost 40 percent of the states in FY 2014 indicated that they provided and/or supported training for CPS staff in order to support this program area, while almost one-third (32 percent) of the states in FY 2013 indicated they evaluated current policies, practices, and practice models to determine how best to gain improvements in this program area. To achieve improvements in this program area, one state indicated that it delivered parent education and intervention classes to parents in the child

welfare system regarding the use of marijuana.

Data from the FY 2012 CAPTA plans presented in the first Report to Congress on CAPTA Effectiveness indicated that 44 states (85 percent) selected program area 1 as an area in which they planned to or had conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. In addition, the primary activity/strategy identified by states to support improvements was to support and/or enhance current policies, practices, and/or practice models, which is consistent with the findings from the FY 2013 and FY 2014 CAPTA reports.

**Program Area 2: (a) Creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations and (b) improving legal preparation and representation, including the following:**

- *Procedures for appealing and responding to appeals of substantiated reports of child abuse or neglect*
- *Provisions for the appointment of an individual appointed to represent a child in judicial proceedings*

The CAPTA plans of 27 states (52 percent) in FY 2013 and 24 states (46 percent) in FY 2014 identified program area 2 as an area in which they conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. Table 3 lists the strategies and activities that states indicated they used to make improvements in this program area. Information on the strategies and activities was available for 25 (93 percent) of the 27 states that selected program area 2 for FY 2013 and for 21 (87.5 percent) of the 24 states for FY 2014. Two states (7 percent) in FY 2013 and three states (12.5 percent) in FY 2014 did not clearly identify the strategies or activities that they used to make improvements in this area.

<b>Table 3: Strategies and Activities Selected to Support Improvement in Program Area 2 for FY 2013 (N=27) and for FY 2014 (N=24)</b>		
<b>Program area 2: Strategies/activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type FY 2013 (N=27)</b>	<b>*Number (percent) of states that identified this activity type FY 2014 (N=24)</b>
Supported/enhanced collaborative projects/programs with other agencies and organizations, such as a collaboration to ensure that all children placed into the custody of the state have legal representation in judicial proceedings	17 (63)	15 (62.5)
Supported/enhanced current policies, practices, and/or practice models, such as amending policy to provide administrative hearings, as well as administrative reviews, of substantiated investigations of child maltreatment	7 (26)	7 (29)
Provided/supported training for CPS staff, such as special investigation training and multidisciplinary team training	6 (22)	7 (29)
Provided funding and support for specialized staff positions, such as a an administrative law judge who provides for a due process review of child maltreatment dispositions	6 (22)	6 (25)
Provided funding for external programs and/or contracts for services, such as the development of a court-appointed special advocate program and a pediatric forensic medicine contract that provides for medical evaluations of victims of child abuse and neglect	5 (19)	5 (21)
Provided/supported training for systemic partners and/or mandated reporters, such as pre-service training for guardians ad litem and training on childhood trauma for multidisciplinary teams	5 (19)	6 (25)
Provided funding and/or support to citizen review panels and child welfare advisory councils, such as a child fatality review panel	4 (15)	4 (17)
Evaluated current policies, practices, and/or practice models, such as conducting a survey about the state's centralized intake system	4 (15)	2 (8)
Provided public outreach/education on the child welfare system, such as a parent's guide to working with child protective services	2 (7)	3 (12.5)

<b>Table 3: Strategies and Activities Selected to Support Improvement in Program Area 2 for FY 2013 (N=27) and for FY 2014 (N=24)</b>		
<b>Program area 2: Strategies/activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type FY 2013 (N=27)</b>	<b>*Number (percent) of states that identified this activity type FY 2014 (N=24)</b>
Established new policies, practices, and/or practice models, such as the development of new guidelines on court proceedings involving children in the CPS system	2 (7)	3 (12.5)
Provided funding and/or support for CPS related conferences, such as the Justice for Children Conference	1 (4)	2 (8)

\*Most states provided information on multiple strategies/activities and may be included in more than one category.

The data indicate that almost two-thirds (63 and 62.5 percent, respectively) of states selecting program area 2 for FY 2013 and FY 2014 reported that they supported and/or enhanced collaborative projects or programs with other agencies and organizations to achieve improvements in this area. In addition, over one-fourth (26 percent) of the states in FY 2013 and (29 percent) in FY 2014 indicated that they supported and/or enhanced current policies, practices, or practice models in order to achieve improvements. For both of these categories, states again indicated that they had the basic functions, processes, or collaborative relationships in place, but, in some instances, needed to focus on enhancing them or ensuring that they were carried out as intended. In more than one-fourth (29 percent) of the states in FY 2014 and in almost one-fourth (22 percent) in FY 2013, states reported that they provided and/or supported training for CPS staff. In one-fourth (25 percent) of the states in FY 2014 and in almost one-fourth (22 percent) in FY 2013, states reported that they provided funding and support for specialized staff positions, while one-fourth (25 percent) of the states in FY 2014 indicated that they provided and/or supported training for systemic partners and/or mandated reporters to

support improvements in program area 2.

Data from the FY 2012 CAPTA plans presented in the first Report to Congress on CAPTA Effectiveness indicated that 29 states (56 percent) selected program area 2 as an area in which they planned to or had conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. In addition, the primary activity/strategy identified by states to support improvements was to support and/or enhance collaborative projects/programs with other agencies and organizations, which is consistent with the findings from the FY 2013 and FY 2014 CAPTA reports.

**Program Area 3: Case management, including ongoing case monitoring and delivery of services and treatment provided to children and their families**

The CAPTA plans of 30 states (58 percent) in FY 2013 and 29 states (56 percent) in FY 2014 identified program area 3 as an area in which they conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. Table 4 lists the strategies and activities that states indicated they used to make improvements in this program area. Information on the strategies and activities was available for 28 (93 percent) of the 30 states that selected program area 3 for FY 2013 and for 26 (90 percent) of the 29 states for FY 2014. Two states (7 percent) in FY 2013 and three states (10 percent) in FY 2014 did not clearly identify the strategies or activities that they used to make improvements in this area.

**Table 4: Strategies and Activities Selected to Support Improvement in Program Area 3 for FY 2013 (N=30) and for FY 2014 (N=29)**

<p align="center"><b>Program area 3: Strategies/activities to support improvement</b></p>	<p align="center"><b>*Number (percent) of states that identified this activity type FY 2013 (N=30)</b></p>	<p align="center"><b>*Number (percent) of states that identified this activity type FY 2014 (N=29)</b></p>
Supported/enhanced current policies, practices, and/or practice models, such as decreasing the time between Family Team Meetings in order to review case plan progress more often	15 (50)	13 (45)
Provided/supported training for CPS staff, such as specialized training on engaging fathers in case planning and core training for new CPS caseworkers	12 (40)	12 (41)
Provided funding for external programs and/or contracts for services, such as funding for intensive family services and treatment services for parents of children who have been sexually abused	10 (33)	10 (34)
Evaluated current policies, practices, and/or practice models, such as reviewing policy and practice in order to reduce disproportionality in the state’s child welfare system	8 (27)	8 (28)
Provided funding and support for CPS and/or specialized staff positions, such as a frontline case managers and CPS coordinators who provide technical assistance to frontline CPS staff on program and practice issues	5 (17)	6 (21)
Established new policies, practices, and/or practice models, such as the redesign of a state’s foster care system and the implementation of a new safety management model	5 (17)	6 (21)
Provided new and/or enhanced technology to CPS staff, such as the purchase of laptops and wireless cards so CPS staff can work remotely	5 (17)	5 (17)
Supported/enhanced collaborative projects/programs with other agencies and organizations, such as a collaborative project with the Coalition Against Domestic Violence for programs for children who witness domestic violence and for the non-abusing parent	4 (13)	6 (21)
Provided funding and/or support to citizen review panels, review boards, and CPS advisory councils, such as support for a county citizen review board and child fatality review teams	3 (10)	4 (14)

<b>Table 4: Strategies and Activities Selected to Support Improvement in Program Area 3 for FY 2013 (N=30) and for FY 2014 (N=29)</b>		
<b>Program area 3: Strategies/activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type FY 2013 (N=30)</b>	<b>*Number (percent) of states that identified this activity type FY 2014 (N=29)</b>
Provided public outreach/education on CPS issues, such as a brochure on perinatal substance abuse that provides information about the state's requirements for reporting substance exposed infants	3 (10)	3 (10)
Provided/supported training for systemic partners and/or mandated reporters, such as training on meeting the educational needs of children in foster care	2 (7)	4 (14)
Provided funding and/or support for child welfare related conferences, such as a state child abuse prevention conference	1 (3)	3 (10)

\*Most states provided information on multiple strategies/activities and may be included in more than one category.

The data indicate that one-half (50 percent) of the states that selected program area 3 for FY 2013 and almost one-half (45 percent) of the states that selected it for FY 2014 reported that they supported and/or enhanced current policies, practices, or practice models in order to achieve improvements in this area. For FY 2013 and FY 2014, 40 percent and 41 percent, respectively, of the states selecting this program area indicated that they provided training to their CPS staff in order to achieve improvements in this area, while approximately one-third (33 percent and 34 percent, respectively) of the states indicated that they provided funding for external programs and/or contracts for services in order to make improvements in this area. In addition, one state indicated it was in the process of integrating a differential response system into practice to achieve improvements in program area 3.

Data from the FY 2012 CAPTA plans presented in the first Report to Congress on CAPTA Effectiveness indicated that 34 states (65 percent) selected program area 3 as an area in which they planned to or had conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. In addition, the primary activity/strategy identified by states to support improvements was to support and/or enhance current policies, practices, and/or practice models, which is consistent with the findings from the FY 2013 and FY 2014 CAPTA reports.

**Program Area 4: Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response**

The CAPTA plans of 30 states (58 percent) identified program area 4 in FY 2013 and FY 2014 as an area in which they conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. Table 5 lists the strategies and activities that states indicated they used to make improvements in this program area. Information on the strategies and activities was available for 28 (93 percent) of the 30 states that selected program area 4 for FY 2013 and for 26 (87 percent) of the 30 states for FY 2014. Two states (7 percent) in FY 2013 and four states (13 percent) in FY 2014 did not clearly identify the strategies or activities that they used to make improvements in this area.

**Table 5: Strategies and Activities Selected to Support Improvement in Program Area 4 for FY 2013 (N=30) and for FY 2014 (N=30)**

<b>Program area 4: Strategies/activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type FY 2013 (N=30)</b>	<b>*Number (percent) of states that identified this activity type FY 2014 (N=30)</b>
Supported/enhanced current policies, practices, and/or practice models, such as continue to incorporate and refine Solution Based Casework and the practice model into agency practice	17 (57)	13 (43)
Provided/supported training for CPS staff, such as training on the new practice models and assessment tools and advanced safety training for supervisors	13 (43)	14 (47)
Evaluated current policies, practices, and/or practice models, such as a review of Structured Decision Making tools completed by frontline staff to ensure consistency with state policies and regulations	11 (37)	7 (23)
Established new policies, practices, and/or practice models, such as the development and subsequent implementation of supervisor review tools	6 (20)	9 (30)
Provided new and/or enhanced technology to CPS staff, such as the developing an electronic referral process to the Early Development Network and purchasing cameras for all CPS investigators	5 (17)	4 (13)
Provided funding for external programs and/or contracts for services, such as child advocacy centers and domestic violence prevention programs	4 (13)	4 (13)
Provided/supported training for systemic partners and/or mandated reporters, such as training for systemic partners on the differential response system	3 (10)	6 (20)
Supported/enhanced collaborative projects/programs with other agencies and organizations, such working in partnership with the Multidisciplinary Pediatric Education and Evaluation Consortium to ensure child abuse victims receive thorough assessments of head trauma, fractures, and burns	3 (10)	3 (10)
Explored, implemented, expanded, and/or enhanced a differential response system	3 (10)	4 (13)

<b>Table 5: Strategies and Activities Selected to Support Improvement in Program Area 4 for FY 2013 (N=30) and for FY 2014 (N=30)</b>		
<b>Program area 4: Strategies/activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type FY 2013 (N=30)</b>	<b>*Number (percent) of states that identified this activity type FY 2014 (N=30)</b>
Provided funding and support for CPS staff positions, such as hiring 138 critical CPS investigators as part of the state child welfare agency reorganization	1 (3)	3 (10)
Provided funding and/or support to citizen review panels, review boards, and CPS advisory councils, such as regional child fatality review teams	1 (3)	2 (7)
Provided public outreach/education on CPS issues, such as a brochure explaining the new centralized intake process	1 (3)	2 (7)
Provided funding and/or support for child welfare related conferences, such as state child abuse and neglect conference	1 (3)	2 (7)

\*Most states provided information on multiple strategies/activities and may be included in more than one category.

More than one-half (57 percent) of the states selecting program area 4 in FY 2013 reported that they supported and/or enhanced current policies, practices, or practice models in order to achieve improvements in this area, while 43 percent of the states reported these same activities/strategies for FY 2014. Almost one-half (47 percent) of the states selecting this program area for FY 2014 indicated that they provided training to their CPS staff in order to achieve improvements in this area, and more than one-third (37 percent) of the states that chose this program area for FY 2013 indicated they evaluated current policies, practices, and practice models to determine how best to gain improvements in this program area.

Data from the FY 2012 CAPTA plans presented in the first Report to Congress on CAPTA Effectiveness indicated that 38 states (73 percent) selected program area 4 as an area in

which they planned to or had conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. In addition, the primary activity/strategy identified by states to support improvements was to support and/or enhance current policies, practices, and/or practice models, which is consistent with the findings from the FY 2013 CAPTA reports. However, in FY 2014, the primary activity/strategy identified by states was to provide and/or support training for CPS staff.

**Program Area 5: Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange**

The CAPTA plans of 21 states (40 percent) in FY 2013 and 17 states (33 percent) in FY 2014 identified program area 5 as an area in which they conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. Table 6 lists the strategies and activities that states indicated they used to make improvements in this program area. This information was available for 19 (90 percent) of the 21 states that selected program area 5 for FY 2013 and for 15 (88 percent) of the 17 states for FY 2014. Two states (10 percent) in FY 2013, as well as two states (12 percent) in FY 2013 did not clearly identify the strategies or activities that they used to make improvements in this area.

<b>Table 6: Strategies and Activities Selected to Support Improvement in Program Area 5 for FY 2013 (N=21) and for FY 2014 (N=17)</b>		
<b>Program area 5: Strategies/activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type FY 2013 (N=21)</b>	<b>*Number (percent) of states that identified this activity type FY 2014 (N=17)</b>
Provided new and/or enhanced technology to CPS staff, such as the development of child welfare management information systems and the improvement and/or expansion of the capabilities of existing child welfare information systems	17 (81)	15 (88)
Provided training to CPS staff, such as training on enhancements to the child welfare management information system and training to increase CPS staff's ability to analyze Statewide Automated Child Welfare Information System (SACWIS) and National Youth in Transition Database data to enhance the agency's ability to support decision making	3 (14)	3 (18)
Evaluated current policies, practices, and/or practice models, such as the review and recommendations for change of an enhancement to the child welfare information system	2 (10)	2 (12)
Provided funding and support for CPS staff positions, such as CPS coordinators who participated in the design, development, and implementation of modifications and enhancements to SACWIS	2 (10)	1 (6)

\*Most states provided information on multiple strategies/activities and may be included in more than one category.

The data indicate that more than three-fourths (81 percent and 88 percent) of the states selecting program area 5 for FY 2013 and FY 2014, respectively, reported that they provided new and/or enhanced technology to CPS staff in order to achieve improvements in this area. This suggests that many states believe that they already had the basic technology in place, but, in some instances, needed to focus on enhancing or expanding the technology to support the child

welfare system. In addition, states indicated they used the following strategies to achieve improvement in program area 5:

- Provided training to CPS staff and systemic partners on the use of the National Children’s Alliance data tracking system (NCATrak<sup>9</sup>) as part of the multidisciplinary investigation process
- Provided funding for an external organization to complete the transition from the legacy data system to the state’s new SACWIS
- Collaborated with lead agencies to implement a state SACWIS that would support public and contracted child welfare service providers

Data from the FY 2012 CAPTA plans presented in the first Report to Congress on CAPTA Effectiveness indicated that 18 states (35 percent) selected program area 5 as an area in which they planned to or had conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. In addition, the primary activity/strategy identified by states to support improvements was to provide new and/or enhanced technology to CPS staff, which is consistent with the findings from the FY 2013 and FY 2014 CAPTA reports.

**Program Area 6: Developing, strengthening, and facilitating training, including the following:**

- *Training regarding research-based strategies (including the use of differential response) to promote collaboration with the families*
- *Training regarding the legal duties of such individuals*
- *Personal safety training for caseworkers*
- *Training in early childhood, child, and adolescent development*

The CAPTA plans of 25 states (48 percent) in FY 2013 and 24 states (46 percent) in FY 2014 identified program area 6 as an area in which they conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. Table 7 lists the strategies and activities

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<sup>9</sup> NCATrak is a computerized, web-based case tracking system developed to help Child Advocacy Centers track case specific information in a user-friendly manner.

that states indicated they used to make improvements in this program area. This information was available for 23 (92 percent) of the 25 states that selected program area 7 for FY 2013 and for 22 (92 percent) of the 24 states for FY 2014. Two states (8 percent) in FY 2013 and FY 2014 did not clearly identify the strategies or activities that they used to make improvements in this area.

<b>Table 7: Strategies and Activities Selected to Support Improvement in Program Area 6 for FY 2013 (N=25) and for FY 2014 (N=24)</b>		
<b>Program area 6: Strategies/activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type FY 2013 (N=25)</b>	<b>*Number (percent) of states that identified this activity type FY 2014 (N=24)</b>
Provided/supported training for CPS staff on various topics	24 (96)	22 (92)
Provided/supported training for systemic partners and/or mandated reporters, such as pre-service training for court-appointed special advocates and guardians ad litem, including child development training and an upgrade to the online mandated reporter training	13 (52)	10 (42)
Evaluated current policies, practices, and/or practice models, such as reviewing and modifying all CPS standards and modifying the CPS training accordingly	4 (16)	2 (8)
Supported/enhanced collaborative projects/programs with other agencies and organizations, such as the Trauma Informed Committee that developed core competencies for all agencies to follow in becoming trauma informed	4 (16)	3 (12.5)
Provided funding and/or support for CPS-related conferences, such as a statewide child abuse and neglect conference	4 (16)	6 (25)
Provided funding for external programs and/or contracts for services, such as a contract with a state university to provide advanced training to CPS staff on an annual basis	4 (16)	4 (17)
Supported/enhanced current policies, practices, and/or practice models, such as revising the CPS policy and procedure manual to better support connections to relatives	3 (12)	3 (12.5)

<b>Table 7: Strategies and Activities Selected to Support Improvement in Program Area 6 for FY 2013 (N=25) and for FY 2014 (N=24)</b>		
<b>Program area 6: Strategies/activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type FY 2013 (N=25)</b>	<b>*Number (percent) of states that identified this activity type FY 2014 (N=24)</b>
Provided new and/or enhanced technology to CPS staff, such as funding the statewide use of Accurint used to locate relatives and permanent connections for children and youth in foster care	3 (12)	2 (8)
Provided funding and/or support to citizen review panels and CPS advisory councils, such as provision of staff support for citizen review panels	2 (8)	2 (8)
Established new policies, practices, and/or practice models, such as implementing a new practice model	1 (4)	2 (8)
Provided CPS staff with support programs and services, such as providing therapeutic support to CPS staff experiencing secondary trauma	1 (4)	2 (8)

\*Most states provided information on multiple strategies/activities and may be included in more than one category.

All but one of the 25 states selecting program area 6 in their FY 2013 CAPTA plans indicated that they provided trainings on various topics to CPS staff to achieve improvements in this area; in their FY 2014 CAPTA plans, 22 of the 24 states indicated the same strategy. Some of the training topics referenced in state CAPTA plans were new caseworker training, supervisor training, training on differential response, child development training, family engagement training, training on the legal responsibilities of CPS staff, and caseworker safety. In addition, in FY 2013 plans, more than one-half (52 percent) of the states indicated that they provided training to systemic partners or to mandated reporters; in FY 2014 plans, 42 percent of the states indicated that they provided training to these parties. One-fourth (25 percent) of the states selecting program area 6 in FY 2014 plans indicated that they provided funding and/or support for child welfare related conferences and/or for staff to attend these conferences. In addition,

states indicated that they used the following strategies to achieve improvements in program area 6:

- Provided funding for a staff position that coordinates the program, provides technical assistance, and monitors cases for concentrated in-home safety services for families in the CPS system
- Distributed information to the public on shaken baby/abusive head trauma prevention
- Provided parent education and intervention classes to parents in the CPS system regarding the use of marijuana
- Expanded the state's differential response system to more areas of the state

Data from the FY 2012 CAPTA plans presented in the first Report to Congress on CAPTA Effectiveness indicated that 26 (50 percent) of the states selected program area 6 as an area in which they planned to or had conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. In addition, the primary activity/strategy identified by states to support improvements in this area was to provide and or enhance training for CPS staff, which is consistent with the findings from the FY 2013 and FY 2014 CAPTA reports.

**Program Area 7: Improving the skills, qualifications, and availability of individuals providing services to children and families and the supervisors of such individuals through the child protection system, including improvements in the recruitment and retention of caseworkers**

The CAPTA plans of 24 states (46 percent) in FY 2013 and 19 states (37 percent) in FY 2014 identified program area 7 as an area in which they conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. Table 8 lists the strategies and activities that states indicated they used to make improvements in this program area. This information was available for 23 (96 percent) of the 24 states that selected program area 7 for FY 2013 and for 15 (79 percent) of the 19 states for FY 2014. One state (4 percent) in FY 2013 and four states (21

percent) in FY 2014 did not clearly identify the strategies or activities that they used to make improvements in this area.

<b>Table 8: Strategies and Activities Selected to Support Improvement in Program Area 7 for FY 2013 (N=24) and for FY 2014 (N=19)</b>		
<b>Program area 7: Strategies/activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type FY 2013 (N=24)</b>	<b>*Number (percent) of states that identified this activity type FY 2014 (N=19)</b>
Provide/support training for CPS staff on various topics	21 (87.5)	14 (74)
Provide/support training for mandated reporters and/or systemic partners, such as forensic interviewing training for law enforcement and court personnel, foster parent training, and training on recent changes to the mandated reporting laws	8 (33)	7 (36)
Supported/enhanced collaborative projects/programs with other agencies and organizations, such as a partnership with a state-funded college of social work to develop and strengthen social worker recruitment, retention, and training in CPS	6 (25)	7 (36)
Provided funding for external programs and/or contracts for services, such as a contract with a state-funded college of social work to provide a part-time education program for CPS supervisors or caseworkers culminating in a master's degree in social work	4 (17)	3 (16)
Supported/enhanced current policies, practices, and/or practice models, such as revising the CPS policy manual to include tools on how to more accurately and consistently assess initial child safety and risk when including factors such as domestic violence, mental health issues, and substance abuse	4 (17)	3 (16)
Provided funding and/or support for CPS-related conferences, such as hosting a child abuse prevention conference and a supervisors' conference	3 (12.5)	2 (11)

<b>Table 8: Strategies and Activities Selected to Support Improvement in Program Area 7 for FY 2013 (N=24) and for FY 2014 (N=19)</b>		
<b>Program area 7: Strategies/activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type FY 2013 (N=24)</b>	<b>*Number (percent) of states that identified this activity type FY 2014 (N=19)</b>
Provided funding and support for CPS staff positions, such as an Assessment and Case Planning Specialist who provides intensive, onsite staff support to increase the skills, knowledge, and expertise of frontline staff in child safety and risk assessment, safety planning, strength and needs assessment, and behaviorally based case planning	3 (12.5)	2 (11)
Provided public outreach/education, such as bulletins and broadcasts on changes to mandated reporting laws	3 (12.5)	1 (5)
Evaluated current policies, practices, and/or practice models, such as the continuous quality improvement process by which all staff are involved in the evaluation and examination of the agency's internal systems, procedures, and outcomes; the examination of input from families; and the examination of relationships and interactions between CPS staff and stakeholders	2 (8)	4 (21)

\*Most states provided information on multiple strategies/activities and may be included in more than one category.

In order to achieve improvements in this area, 21 of the 24 states selecting program area 7 in FY 2013 indicated that they provided trainings to CPS staff to help make improvements in this area, and for FY 2014, almost three-fourths (74 percent) of the 19 states indicated that they provided trainings to CPS staff. The training topics identified in the state CAPTA plans by these states included new caseworker training, supervisor training, advanced training for CPS staff, risk and safety assessment training, child abuse injury reconstruction techniques training, and a parent partner program in which parents provide training to CPS staff. In addition, one-third (33 percent) of the states in FY 2013 and more than one-third (36 percent) in FY 2014 indicated that they provided training to systemic partners and/or mandated reporters. In addition, one-fourth

(25 percent) of the states in FY 2013 and more than one-third (36 percent) of the states in FY 2014 indicated that they supported and/or enhanced collaborative projects/programs with other agencies and organizations to achieve improvements in program area 7. States also identified the following as strategies they used to support improvements in program area 7:

- Maintained a child welfare supervision advisory committee to identify strategies to improve staff retention
- Continued the use of the Better Together model that involves training birth parents, CPS staff, and community providers together to learn more effective ways to engage and partner with families through the case planning process
- Developed a policy manual section on domestic violence that provides screening and assessment tools, information on service provision, and information about interviewing the non-offending parent, the child, and the alleged perpetrator

Data from the FY 2012 CAPTA plans presented in the first Report to Congress on CAPTA Effectiveness indicated that 29 states (56 percent) selected program area 7 as an area in which they planned to or had conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. In addition, the primary activity/strategy identified by states to support improvements in this area was to provide and or enhance training for CPS staff, which is consistent with the findings from the FY 2013 and FY 2014 CAPTA reports.

### **Program Area 8: Developing, facilitating the use of, and implementing research-based strategies and training protocols for individuals mandated to report child abuse and neglect**

The CAPTA plans of 18 states (35 percent) in FY 2013 and 12 states (23 percent) in FY 2014 identified program area 8 as an area in which they conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. Table 9 lists the strategies and activities that states indicated they used to make improvements in this program area. Information on the strategies and activities was available for all of the states that selected program area 8 for FY

2013 and for 11 (92 percent) of the 12 states for FY 2014. One state (8 percent) in FY 2014 did not clearly identify the strategies or activities that it used to make improvements in this area.

<b>Table 9: Strategies and Activities Selected to Support Improvement in Program Area 8 for FY 2013 (N=18) and for FY 2014 (N=12)</b>		
<b>Program area 8: Strategies/activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type FY 2013 (N=18)</b>	<b>*Number (percent) of states that identified this activity type FY 2014 (N=12)</b>
Provided training for mandated reporters and/or systemic partners, such as trauma response training and multidisciplinary, web-based mandated reporter training that includes an evaluation of its effectiveness	13 (72)	9 (75)
Provided public outreach/education on the reporting process, such as a statewide campaign to notify mandated reports of the child abuse hotline telephone number	4 (22)	4 (33)
Provided/supported training for CPS staff, such as training on a change in mandated reporting laws	3 (17)	3 (25)
Supported/enhanced collaborative projects/programs with other agencies and organizations, such as the continued partnership with a state-funded college of social work to produce online curricula focusing on the role and responsibilities of the child protection system and the reporting of suspected child abuse and neglect	3 (17)	3 (25)
Evaluated current mandated practices, such as the continued exploration and evaluation of data related to mandated reporter online training modules	2 (11)	4 (33)
Supported/enhanced current policies, practices, and/or practice models, such as offering mandated reporter training on a monthly basis and continuing to refine and improve training for mandated reports	1 (6)	3 (25)

\*Most states provided information on multiple strategies/activities and may be included in more than one category.

The data indicate that almost three-fourths (72 percent) of the states selecting program area 8 in FY 2013 and three-fourths (75 percent) of the states selecting it for FY 2014 reported

that they provided targeted training to those individuals mandated to report child abuse and neglect in order to achieve improvements in this area. In addition, for FY 2014, one-third (33 percent) of the states indicated that they provided public outreach/education on the process of reporting child abuse and neglect and evaluated current practices in order to make improvement in this area.

Data from the FY 2012 CAPTA plans presented in the first Report to Congress on CAPTA Effectiveness indicated that 15 states (29 percent) selected program area 8 as an area in which they planned to or had conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. In addition, the primary activity/strategy identified by states to support improvements in this area was to provide and/or support training for systemic partners and/or mandated reporters, which is consistent with the findings from the FY 2013 and FY 2014 CAPTA reports.

**Program Area 9: Developing, implementing, or operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions, including the following:**

- *Existing social and health services*
- *Financial assistance*
- *Services necessary to facilitate adoptive placement of any such infants who have been relinquished for adoption*
- *The use of differential response in preventing child abuse and neglect*

The CAPTA plans of 10 states (19 percent) in FY 2013 and eight states (15 percent) in FY 2014 identified program area 9 as an area in which they conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. Table 10 lists the strategies and activities that states indicated they used to make improvements in this program area.

Information on the strategies and activities was available for all of the states that selected program area 9 for FY 2013 and FY 2014.

<b>Table 10: Strategies and Activities Selected to Support Improvement in Program Area 9 for FY 2013 (N=10) and for FY 2014 (N=8)</b>		
<b>Program area 9: Strategies/activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type FY 2013 (N=10)</b>	<b>*Number (percent) of states that identified this activity type FY 2014 (N=8)</b>
Supported/enhanced current policies, practices, and/or practice models, such as policies and programs that assist with coordinating necessary services for families of disabled infants with life-threatening conditions	5 (50)	4 (50)
Supported/enhanced collaborative projects/programs with other agencies and organizations, such as a collaborative project with the Department of Education that focuses on meeting the educational needs of children and youth in foster care	5 (50)	4 (50)
Provided funding for external programs and/or contracts for services, such as a contract with medical providers to assist in the investigations of suspected medical neglect	2 (20)	2 (25)
Provided/supported training for CPS staff, such as Early Start** and child welfare services integrated training and training on health resources for children with intellectual and developmental disabilities	2 (20)	2 (25)
Provided/supported training for systemic partners and/or mandated reporters, such as Early Start and child welfare services integrated training	2 (20)	2 (25)
Provided public outreach/education, such as an updated brochure that includes the process of reporting prenatal neglect	2 (20)	1 (12.5)
Evaluated current policies, practices, and/or practice models, such as reviewing the CPS and foster care policies and procedures on meeting the medical needs of children served by the agency	2 (20)	1 (12.5)

\*Most states provided information on multiple strategies/activities and may be included in more than one category.

\*\* Early Start provides services to families whose infants or toddlers have a developmental delay or disability or an established risk condition with a high probability of resulting in a developmental delay (California Department of Developmental Services, 2014).

To achieve improvements in this area, one-half (50 percent) of the states selecting program area 9 for FY 2013 and FY 2014 indicated that they provided support and/or enhanced current policies, practices, and/or practice models and supported and/or enhanced collaborative projects/programs with other agencies and organizations. This again suggests that the states believed that they already had the basic functions in place, but, in some instances, needed to focus on enhancing them or ensuring that they were carried out as intended. In addition, to support improvement in program area 9, 20 percent of the states in FY 2013 and one-fourth (25 percent) of the states in FY 2014 indicated that they provided funding for external programs and/or contracts for services, provided and/or supported training for CPS staff, and/or provided and/or supported training for systemic partners and/or mandated reporters. The strategies and activities indicated by the states generally targeted the specialized population of disabled infants. In addition, one state indicated that it continued the use of its differential response system, while another indicated it provided funding and support for a CPS/public health advisor to achieve improvements in program area 9.

Data from the FY 2012 CAPTA plans presented in the first Report to Congress on CAPTA Effectiveness indicated that eight states (15 percent) selected program area 9 as an area in which they planned to or had conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. In addition, the primary activities/strategies identified by states to support improvements in this area were to (1) provide support or enhance current policies, practices, and/or practice models; (2) provide funding for external programs and/or contracts for services; (3) support/enhance collaborative projects/programs with other agencies

and organizations; and/or (4) provide/support training for CPS staff. In the FY 2013 and FY 2014 CAPTA plans, the two primary activities and strategies identified by states were to (1) provide support and/or enhance current policies, practices, and/or practice models and (2) support and/or enhance collaborative projects/programs with other agencies and organizations.

**Program Area 10: Developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect, including the use of differential response**

The CAPTA plans of 18 states (35 percent) in FY 2013 and 16 states (31 percent) in FY 2014 identified program area 10 as an area in which they conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. Table 11 lists the strategies and activities that states indicated they used to make improvements in this program area. Information on the strategies and activities was available for all of the states that selected program area 10 for FY 2013 and for 15 (94 percent) of the 16 states for FY 2014. One state (6 percent) in FY 2014 did not clearly identify the strategies or activities that it used to make improvements in this area.

<b>Table 11: Strategies and Activities Selected to Support Improvement in Program Area 10 for FY 2013 (N=18) and for FY 2014 (N=16)</b>		
<b>Program area 10: Strategies/activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type FY 2013 (N=18)</b>	<b>*Number (percent) of states that identified this activity type FY 2014 (N=16)</b>
Provided public outreach/education on issues relevant to CPS, such as a public awareness campaign to increase the knowledge of the state CPS system’s centralized intake number and various public awareness campaigns on keeping children safe, e.g., “Safe sleep for your baby,” “Get water wise-supervise,” and “How well do you know your lover?”	13 (72)	11 (69)
Provided/supported training for systemic partners and/or mandated reporters, such as training on the responsibilities of a mandated reporter and detecting and reporting child abuse and neglect for school personnel	9 (50)	10 (62.5)
Supported/enhanced collaborative projects/programs with other agencies and organizations, such as providing a forum through regular meetings with stakeholders to assist in improving collaboration, communication, and case decisions; a project to obtain a complete history of a case involving a fatality or near fatality; and a project to determine local-level strengths and challenges	7 (39)	6 (37.5)
Provided funding and/or support to citizen review panels, review teams, and CPS advisory councils, such as state and local citizen review panels and child fatality review teams	3 (17)	2 (12.5)
Provided funding for external programs and/or contracts for services, such as a contract with a state-funded university for the publication of a child protection newsletter that provides the latest resources and research on CPS issues	2 (11)	3 (19)
Provided/supported training for CPS staff, such as providing training and technical assistance to county CPS staff to improve knowledge and understanding of the process for certifying a report of suspected child abuse as a near fatality	2 (11)	1 (6)
Provided funding and support for CPS staff positions, such as a state-level coordinator for child advocacy centers	2 (11)	2 (12.5)
Supported/enhanced current policies, practices, and/or practice models, such as revising CPS intake policy to clarify information about safe haven relinquishments**	2 (11)	1 (6)

<b>Table 11: Strategies and Activities Selected to Support Improvement in Program Area 10 for FY 2013 (N=18) and for FY 2014 (N=16)</b>		
<b>Program area 10: Strategies/activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type FY 2013 (N=18)</b>	<b>*Number (percent) of states that identified this activity type FY 2014 (N=16)</b>
Provided funding and/or support for CPS related conferences, such as a regional child abuse and neglect conference	1 (6)	3 (19)

\*Most states provided information on multiple strategies/activities and may be included in more than one category.

\*\*Safe haven refers to the policy in which a parent can relinquish a child, usually a newborn, to lawfully designated places such as a hospital. When a child is surrendered in this way, the parent is protected from criminal prosecution (Child Welfare Information Gateway, 2014).

The data indicate that almost three-fourths (72 percent) of the states selecting program area 10 in FY 2013 and 69 percent in FY 2014 indicated that they provided public outreach and education on issues relevant to CPS to achieve improvements in this area. The topics of public outreach ranged from videos explaining child abuse and neglect and CPS intervention to public awareness campaigns about newborn safe haven laws and selecting proper supervision for children. In addition, one-half (50 percent) of the states selecting this program area in FY 2013 and almost two-thirds (62.5 percent) of the states for FY 2014 indicated that they supported and/or provided training for mandated reporters and/or systemic partners in order to support improvements. More than one-third (39 and 37.5 percent, respectively) of the states for FY 2013 and FY 2014 indicated that they supported and/or enhanced collaborative projects/programs with other agencies and organizations to make improvements in program area 10. In addition, one state indicated that it continued to enhance its differential response system to further improvements in this area.

Data from the FY 2012 CAPTA plans presented in the first Report to Congress on CAPTA Effectiveness indicated that 21 states (40 percent) selected program area 10 as an area in which they planned to or had conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. In addition, the primary activity/strategy identified by states to support improvements in this area was to provide public outreach and/or education on issues relevant to the CPS system, which is consistent with the findings from the FY 2013 and FY 2014 CAPTA reports.

**Program Area 11: Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level**

The CAPTA plans of 16 states (31 percent) in FY 2013 and 15 states (29 percent) in FY 2014 identified program area 11 as an area in which they conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. Table 12 lists the strategies and activities that states indicated they used to make improvements in this program area. Information on the strategies and activities was available for all of the states that selected program area 11 for FY 2013 and FY 2014.

<b>Table 12: Strategies and Activities Selected to Support Improvement in Program Area 11 for FY 2013 (N=16) and for FY 2014 (N=15)</b>		
<b>Program area 11: Strategies/activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type FY 2013 (N=16)</b>	<b>*Number (percent) of states that identified this activity type FY 2014 (N=15)</b>
Supported/enhanced collaborative projects/programs with other agencies and organizations, such as the CPS agency's participation in a domestic violence coalition	10 (62.5)	8 (53)
Provided funding for external programs and/or contracts for services, such as a contract with a college of social work for the Grandparent Connections program and a contract for a 24-hour hotline (or stress line) for parents to call when having a parenting crisis	9 (56)	9 (60)
Provided funding and/or support to citizen review panels, review teams, and CPS advisory councils, such as child welfare boards that support public/private partnerships in their respective communities	5 (31)	6 (40)
Provided/supported training for CPS staff, such as training frontline CPS staff on family engagement skills and Family Team Decision Making processes	4 (25)	4 (27)
Supported/enhanced current policies, practices, and/or practice models, such as supporting increased adherence to Family Team Decision Making policy and providing wraparound services	4 (25)	2 (13)
Provided/supported public outreach/education on issues relevant to CPS, such the development of video and brochures for parents that provide an overview of the CPS and/or foster care system	3 (19)	3 (20)
Provided/supported training for systemic partners and/or mandated reporters, such as training for foster parents on maintaining relationships and communication between the birth and foster families with the goal of supporting family reunification or another permanency plan	3 (19)	3 (20)
Provided funding for and/or supported CPS-related conferences, such as co-hosting a child abuse and neglect prevention conference	2 (12.5)	2 (13)

\*Most states provided information on multiple strategies/activities and may be included in more than one category.

The data indicate that almost two-thirds (62.5 percent) of the states selecting program area 11 for 2013 and more than one-half (53 percent), for FY 2014 indicated that they supported and/or

enhanced collaborative projects/programs with other agencies and organizations to achieve improvements in this program area. More than one-half (56 and 60 percent, respectively) of the states selecting program area 11 for FY 2013 and FY 2014 indicated that they provided funding for external programs and/or contracts for services. Almost one-third (31 percent) of the states in FY 2013 and more than one-third (40 percent) in FY 2014 indicated support for improvements in this area by providing funding to and/or supporting citizen review panels, other review teams, and CPS advisory councils. One-fourth (25 percent) and more than one-fourth (27 percent), of the states selecting program area 11 in FY 2013 and FY 2014 indicated they provided and/or supported training for CPS staff to achieve improvements. One-fourth (25 percent) of the states in FY 2013 indicated that they supported and/or enhanced current policies, practices, and/or practice models to make improvements in this program area. States also indicated they used the following strategies to achieve improvements in program area 11:

- Participated in the development of training to assist CPS and community-based organizations in developing a structure to recruit, train, and support parent leaders in their communities and to engage parent leaders in the planning, development, and evaluation of parent leadership strategies/programs to meet the diverse needs of families
- Funded the statewide use of Accurint to locate relatives and permanent connections for children and youth in foster care
- Implemented and integrated a statewide differential response system
- Evaluated a recently implemented practice model by conducting individual interviews and focus groups with those served by the CPS system
- Implemented a new policy that requires CPS investigators to discuss unsafe sleeping with parents of any child under the age of 12 months

Data from the FY 2012 CAPTA plans presented in the first Report to Congress on CAPTA Effectiveness indicated that 19 states (36 percent) selected program area 11 as an area in which they planned to or had conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. In addition, the primary activity/strategy identified by states to support improvements in this area was to provide funding for external programs and/or contracts

for services. However, the data from the FY 2013 and FY 2014 CAPTA plans indicate that states identified supporting and/or enhancing collaborative projects/programs with other agencies and organizations as the primary activity for achieving improvements in program area 11, with providing funding for external programs being the second most popular activity/strategy.

**Program Area 12: Supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment, including methods for continuity of treatment plans and services as children transition between systems**

The CAPTA plans of nine states (17 percent) in FY 2013 and six states (12 percent) in FY 2014 identified program area 12 as an area in which they conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. Table 13 lists the strategies and activities that states indicated they would use to make improvements in this program area. Information on the strategies and activities was available for eight (89 percent) of the states that selected program area 12 for FY 2013 and for five (83 percent) of the six states for FY 2014. One state (11 percent and 17 percent, respectively) in both FY 2013 and FY 2014 did not clearly identify the strategies or activities that it planned to use to make improvements in this area.

<b>Table 13 : Strategies and Activities Selected to Support Improvement in Program Area 12 for FY 2013 (N=9) and for FY 2014 (N=6)</b>		
<b>Program area 12: Strategies/activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type FY 2013 (N=9)</b>	<b>*Number (percent) of states that identified this activity type FY 2014 (N=6)</b>
Supported/enhanced collaborative projects/programs with other agencies and organizations, such as implementing a coordinated system of care that uses evidence-based practices to treat children and youth	5 (56)	4 (67)
Supported/enhanced technology for staff, such as integrating juvenile justice and CPS data into a single information system	2 (22)	2 (33)
Provided/supported training for CPS and juvenile justice staff, such as training on providing service to non-custodial youth and their families	1 (11)	2 (33)

\*Most states provided information on multiple strategies/activities and may be included in more than one category.

More than one-half (56 percent) of the states for FY 2013 and more than two-thirds (67 percent) of the states selecting this program area for FY 2014 indicated that they supported and/or enhanced collaborative projects/programs with other agencies and organizations, primarily the state juvenile justice agency, to achieve improvements in this area. In addition, in FY 2013, one-third (33 percent) of the states indicated they supported and or enhanced technology for staff as well as provided and/or supported training for CPS and juvenile justice staff to support improvements. One state reported that it provided training on an interview protocol to the judiciary and parents' attorneys, and another state reported that it supported the juvenile court judges' attendance at a national legal conference.

Data from the FY 2012 CAPTA plans presented in the first Report to Congress on CAPTA Effectiveness indicated that nine states (17 percent) selected program area 12 as an area in which they planned to or had conducted activities, utilized strategies, and/or used CAPTA

funds to improve the CPS system. In addition, the primary activity/strategy identified by states to support improvements in this area was to support and/or enhance collaborative projects/programs with other agencies and organizations, which is consistent with the findings from the FY 2013 and FY 2014 CAPTA reports. In addition, in FY 2012, providing new technology was identified as a primary activity.

**Program Area 13: Supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs for the following purposes:**

- *To provide child abuse and neglect prevention and treatment services (including linkages with education systems) and the use of differential response*
- *To address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt and comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports*

The CAPTA plans of 24 states (46 percent) for FY 2013 and 23 states (44 percent) for FY 2014 identified program area 13 as an area in which they conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. Table 14 lists the strategies and activities that states indicated they used to make improvements in this program area.

Information on the strategies and activities was available for 23 (96 percent) of the 24 states that selected program area 13 for FY 2013 and for 21 (91 percent) of the 23 states for FY 2014. One state (4 percent) in FY 2013 and two states (9 percent) in FY 2014 did not clearly identify the strategies or activities that they used to make improvements in this area.

<b>Table 14: Strategies and Activities Selected to Support Improvement in Program Area 13 for FY 2013 (N=24) and for FY 2014 (N=23)</b>		
<b>Program area 13: Strategies/activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type FY 2013 (N=24)</b>	<b>*Number (percent) of states that identified this activity type FY 2014 (N=23)</b>
Supported/enhanced collaborative projects/programs with other agencies and organizations, such as the convening of CPS staff, medical personnel, public health officials, and members of the judiciary in a collaborative effort to enhance the health care plan for children in foster care	16 (67)	13 (57)
Supported/enhanced current policies, practices, and/or practice models, such as the requirement for all children in foster care, birth to 10 years of age, to receive a physical, developmental, and mental health screening every 6 months	9 (37.5)	8 (35)
Provided funding for external programs and/or contracts for services, such as the Pediatric Sexual Assault Nurse Examiners program and a network of specially trained, locally based medical and mental health providers to conduct expert medical and psychological evaluations for children suspected of being abused or neglected	8 (33)	11 (48)
Evaluated current policies, practices, and/or practice models, such as exploring the use of psychotropic medications among children in foster care	6 (25)	6 (26)
Provided/supported training for CPS staff, such as training on meeting the educational needs of children in foster care	6 (25)	5 (22)
Provided training for mandated reporters and/or systemic partners, such as training on the prevention of sexual abuse and the unique educational needs of children served by the child welfare system	4 (17)	8 (35)
Provided public outreach/education on issues relevant to the prevention of child abuse and neglect and the CPS system, such as public awareness of the state law regarding the legal abandonment of newborn babies	4 (17)	5 (22)
Provided funding and/or support to citizen review panels, review boards, and CPS advisory councils, such as supporting a trauma-informed care advisory team whose task is to increase awareness of the importance of trauma-informed care and trauma-specific services	4 (17)	3 (13)

<b>Table 14: Strategies and Activities Selected to Support Improvement in Program Area 13 for FY 2013 (N=24) and for FY 2014 (N=23)</b>		
<b>Program area 13: Strategies/activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type FY 2013 (N=24)</b>	<b>*Number (percent) of states that identified this activity type FY 2014 (N=23)</b>
Established new policies, practices, and/or practice models, such as the development of a medical protocol for children entering foster care and the establishment of a requirement for a medical home for children in foster care	3 (12.5)	1 (4)
Provided funding and/or support for CPS related conferences, such as a conference that focuses on tribal child welfare issues	1 (4)	3 (13)

\*Most states provided information on multiple strategies/activities and may be included in more than one category.

Two-thirds (67 percent) of the states selecting program area 13 for FY 2013 and more than one-half (57 percent) of the states selecting it for FY 2014 indicated that they supported and/or enhanced collaborative projects/programs with other agencies and organizations to achieve improvements in this area. More than one-third (37.5 and 35 percent, respectively) of states in FY 2013 and FY 2014 reported that they supported and/or enhanced current policies, practices, and programs. In addition, almost one-half (48 percent) of the states in FY 2014 and one-third (33 percent) of the states in FY 2013 indicated that they provided funding for external programs and/or contracts for services in order to support improvements in this program area. The following are additional strategies states indicated they used to achieve improvements relevant to this program area:

- Provided funding for a CPS specialist to conduct abuse and neglect investigations in congregate care settings
- Developed, implemented, and integrated a statewide differential response system
- Upgraded technology for field workers through the distribution of iPhones and other mobile devices
- Provided parent education and intervention classes to parents in the CPS system regarding

the use of marijuana

Data from the FY 2012 CAPTA plans presented in the first Report to Congress on CAPTA Effectiveness indicate that 24 states (46 percent) selected program area 13 as an area in which they planned to or had conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. In addition, the primary activity/strategy identified by states to support improvements in this area was to support and/or enhance collaborative projects/programs with other agencies and organizations, which is consistent with the findings from the FY 2013 and FY 2014 CAPTA reports.

**Program Area 14: Developing and implementing procedures for collaboration among child protective services, domestic violence services, and other agencies in the following areas:**

- *Investigations, interventions, and the delivery of services and treatment provided to children and families, including the use of differential response, where appropriate*
- *The provision of services that assist children exposed to domestic violence and that also support the caregiving role of their non-abusing parents*

The CAPTA plans of 18 states (35 percent) in FY 2013 and 15 states (29 percent) in FY 2014 identified program area 14 as an area in which they conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. Table 15 lists the strategies and activities that states indicated they used to make improvements in this program area. Information on the strategies and activities was available for 17 (94 percent) of the 18 states that selected program area 14 for FY 2013 and all of the 15 states for FY 2014. One state (6 percent) in FY 2013 did not clearly identify the strategies or activities that it used to make improvements in this area.

<b>Table 15: Strategies and Activities Selected to Support Improvement in Program Area 14 for FY 2013 (N=18) and for FY 2014 (N=15)</b>		
<b>Program area 14: Strategies/activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type FY 2013 (N=18)</b>	<b>*Number (percent) of states that identified this activity type FY 2014 (N=15)</b>
Provided/supported training for mandated reporters and/or systemic partners, such as training on a new CPS and domestic violence protocol	8 (44)	7 (47)
Supported/enhanced collaborative projects/programs with other agencies and organizations, such as cross-training projects to promote coordination of services between CPS and domestic violence services	7 (39)	6 (40)
Provided/supported training for CPS staff, such as training on the Safe and Together model, which provides a methodology for improving child welfare competencies and cross-system collaboration between child welfare and its domestic violence agency partners	6 (33)	8 (53)
Supported/enhanced current policies, practices, and/or practice models, such as revising the state's CPS guidance manual to include tools on how to more accurately and consistently assess initial child safety and risk when domestic violence is a factor	5 (28)	3 (20)
Provided funding for external programs and/or contracts for services, such as trauma-informed and evidence-based programs and services for children and youth who have been exposed to domestic violence	5 (28)	3 (20)
Provided funding and/or support for CPS related conferences, such as a state's annual conference on child abuse and neglect	4 (22)	2 (13)
Evaluated current policies, practices, and/or practice models, such as the review and revision of domestic violence curricula for new and veteran CPS staff	2 (11)	2 (13)
Provided funding and/or support to citizen review panels, review boards, and CPS advisory councils	2 (11)	2 (13)
Provided funding and support for specialized CPS staff positions, such as a domestic violence specialist to provide T/TA statewide	2 (11)	2 (13)

<b>Table 15: Strategies and Activities Selected to Support Improvement in Program Area 14 for FY 2013 (N=18) and for FY 2014 (N=15)</b>		
<b>Program area 14: Strategies/activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type FY 2013 (N=18)</b>	<b>*Number (percent) of states that identified this activity type FY 2014 (N=15)</b>
Provided public outreach/education, such as the development of a best practice guide for agencies/organizations working with children who have witnessed domestic violence	1 (6)	3 (20)

\*Most states provided information on multiple strategies/activities and may be included in more than one category.

The data indicate that 44 percent and 47 percent of the states selecting program area 14 in FY 2013 and FY 2014, respectively, indicated that they provided and/or supported training for mandated reporter and/or systemic partners to achieve improvements in this area. More than one third (39 percent and 40 percent) selecting this program area in FY 2013 and FY 2014, indicated that they supported and/or enhanced collaborative projects with other agencies to achieve improvements in this area. The data also indicate that one-third (33 percent) of the states selecting program area 14 in FY 2013 and more than one-half (53 percent) in FY 2014 indicated that they provided and/or supported training for CPS staff to achieve improvements in this area. More than one-fourth (28 percent) of the states in FY 2013 reported that they supported and/or enhanced current policies, practices, and/or practice models and provided funding and/or support for external programs and/or contracts for services to achieve improvements in this program area, while in FY 2014, 20 percent of the states indicated that they selected the same strategies and/or activities. In addition, states indicated that they developed, implemented, and integrated a statewide differential response system and developed a policy manual section on domestic violence that provides screening and assessment tools, information on service provision, and

information about interviewing the non-offending parent, the child, and the alleged perpetrator to support improvements in program area 14.

Data from the FY 2012 CAPTA plans presented in the first Report to Congress on CAPTA Effectiveness indicated that 15 states (29 percent) selected program area 14 as an area in which they planned to or had conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. In addition, the primary activity/strategy identified by states to support improvements in this area was to support and/or enhance current policies, practices, and/or practice models. This finding is not consistent with the data included in this Report, which identifies the primary activity/strategy in FY 2013 as providing and/or supporting training for mandated reporters and/or systemic partners and in FY 2014 as providing and supporting training for CPS staff.

### **Report Question 3: What Type and Amount (in Hours) of Tailored Technical Assistance Were Received by States to Address Selected Program Areas?**

The data used included information provided by states in their FY 2013 and FY 2014 state CAPTA plans about T/TA they were receiving, anticipated receiving, and/or anticipated requesting as well as information concerning T/TA maintained in OneNet and the TTACC Information Portal. These data showed that 11 states received tailored T/TA from an NRC and/or an IC to help them achieve the desired program improvements specified in their CAPTA plans during the period July 1, 2012, to May 30, 2014.<sup>10</sup> (See Exhibit 1 for additional

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<sup>10</sup> In order to ensure that the T/TA data included in this report was related to CAPTA, only the T/TA referenced in states' FY 2013 and FY 2014 CAPTA plans was included. Therefore, CAPTA-related T/TA occurring outside the period July 1, 2012, to May 31, 2014, and T/TA from NRCs, CWICs, or other members of the T/TA network related to states' CFSPs, APSRs, and PIPs are not included in this report.



- Program Area 11: Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level

The T/TA received by the 11 states was provided by the following NRCs and IC:

- National Resource Center for Child Protective Services (NRCCPS)
- National Resource Center for In-Home Services (NRC In-Home)
- Atlantic Coast Child Welfare Implementation Center (ACCWIC)

The NRCs and IC assisted the state efforts in program areas<sup>11</sup> as shown in Table 16. Four states (36 percent) received T/TA to assist them in program area 4, while two states (18 percent) received T/TA to assist them in program area 1 and two in program area 3.

<b>Table 16: Number of States Receiving T/TA by Program Area (N=11)</b>			
<b>Program area</b>	<b>*Number (percent) states (N=11)</b>	<b>NRCs providing T/TA in program area(s)</b>	<b>ICs providing T/TA in program area(s)</b>
Program area 1: The intake, assessment, screening, and investigation of reports of child abuse or neglect	2 (18)	NRCCPS	ACCWIC
Program area 2: (a) Creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations and (b) improving legal preparation and representation	1 (9)	NRCCPS	--
Program area 3: Case management ongoing case monitoring and delivery of services and treatment provided to families	2 (18)	NRC In-Home NRCCPS	--

<sup>11</sup> One state identified the T/TA in two separate program areas of their CAPTA plans. The T/TA was included in the calculations of the program area most aligned with the T/TA topic which also corresponded with the program areas under which this particular T/TA activity was included in the first biennial Report to Congress on CAPTA effectiveness

<b>Table 16: Number of States Receiving T/TA by Program Area (N=11)</b>			
<b>Program area</b>	<b>*Number (percent) states (N=11)</b>	<b>NRCs providing T/TA in program area(s)</b>	<b>ICs providing T/TA in program area(s)</b>
Program area 4: Developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response	4 (36)	NRCCPS NRC In-Home	--
Program Area 7: Improving the skills, qualifications, and availability of individuals providing services to children and families and the supervisors of such individuals through the child protection system, including improvements in the recruitment and retention of caseworkers	1(9)	NRCCPS	--
Program area 11: Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level	1 (9)	NRC In-Home	--

\*A state may have received T/TA from more than one NRC and from an NRC and the IC between July 1, 2012, and May 31, 2014.

Information used from OneNet was for the period of July 1, 2012, to May 31, 2014, to determine the following:

- The amount of T/TA received based on the number of hours of T/TA activity reported by the NRCs and ICs to OneNet
- The type of T/TA activities provided<sup>12</sup>
- The mode used to provide the T/TA<sup>13</sup>

The 11 states received a total of 1,680.5 hours of T/TA. There was variation in the number of hours of direct T/TA received by the states, ranging from 4 to 849.5 hours. Factors that influenced or contributed to the variation in T/TA hours included the intensity of T/TA,

<sup>12</sup> Type of T/TA activities refers to the functional nature of the T/TA and/or the role of the NRC or IC in the T/TA provision (HHS, 2013).

<sup>13</sup> Mode refers to the method by which the T/TA is communicated, such as in person onsite work, telephone calls, and webinars (HHS, 2013).

whether the T/TA was provided for all or a portion of the period under review, and the number of multiple-day T/TA activities occurring onsite within the period under review.

The number of hours of T/TA received by the states to support the six program areas is shown in Table 17. The largest number of T/TA hours was spent assisting states in program area 1, which was the program area selected for improvement by two of the 11 states.

<b>Table 17: T/TA Hours by Program Area</b>		
<b>Program area</b>	<b>Total hours of all T/TA activity</b>	<b>*Number of activity entries</b>
Program area 1: Intake, assessment, and investigation	908	164
Program area 2: Multidisciplinary teams and legal representation	15	1
Program area 3: Case management	12	2
Program area 4: Risk and safety assessment	335.5	55
Program area 7: Improving skills, qualifications, and availability of staff	404	31
Program area 11: Developing community-based programs	6	1

\*Hours of contact are recorded in OneNet for each substantial T/TA activity.

The T/TA activities with the largest percentages of T/TA hours were consultation/problem-solving/discussion (76.2 percent);<sup>14</sup> training (30.4 percent)<sup>15</sup>, facilitation (24.8 percent);<sup>16</sup> and dissemination of information (22.6 percent).<sup>17</sup> Consultation activities were provided in eight (73 percent) of the 11 states, training activities were provided in five (45 percent) of the 11 states, facilitation activities were provided in six (55 percent) of the 11 states,

<sup>14</sup> Consultation/problem-solving/discussion typically involves sharing experiences and insights, identifying issues, joint problem-solving, workgroup meetings, or similar dynamic, interactive group activities (HHS, 2013).

Consultation/problem-solving/discussion is referred to under the term “consultation” in the remainder of this report.

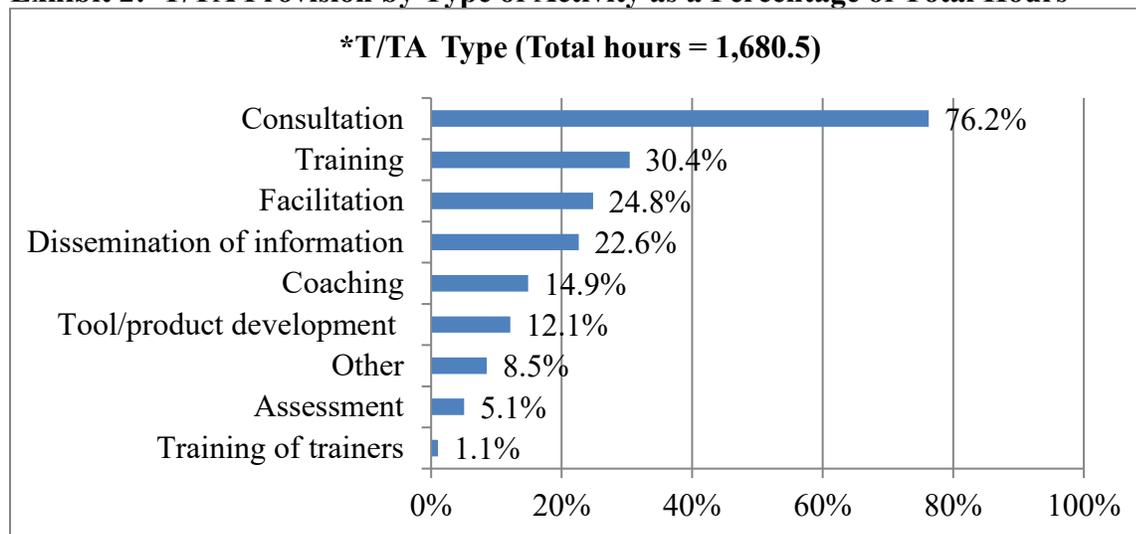
<sup>15</sup> Training typically involves knowledge or skill building on specific topics or issues using learning objectives, a curriculum, and delivery within a specified time frame (HHS, 2013).

<sup>16</sup> Facilitation typically involves helping group members understand common objectives and have effective dialogue (HHS, 2013).

<sup>17</sup> Dissemination of information typically involves the use of an agenda and presentation of new information (HHS, 2013).

and dissemination of information activities were provided in seven (64 percent) of the 11 states. Although tool/product development activities<sup>18</sup> did not consume many hours, this assistance was provided in seven (64 percent) of the 11 states. The other types of activities provided were coaching,<sup>19</sup> assessment,<sup>20</sup> training of trainers,<sup>21</sup> and other. T/TA hours by type of activity are shown in Exhibit 2.

**Exhibit 2: T/TA Provision by Type of Activity as a Percentage of Total Hours**



\*T/TA hours may be counted as more than one activity type.

Table 18 provides data on the percent of hours dedicated to each type of T/TA activity for each of the six program areas. NRCs and the IC reported the largest number of T/TA hours in program area 1, and the largest overall percentage of T/TA hours occurred in consultation activities. Dissemination of information, training, and facilitation were also primary T/TA

<sup>18</sup> Tool/product development typically involves collaboratively developing or refining tools or products that assist the state to work more effectively (HHS, 2013).

<sup>19</sup> Coaching typically takes the form of one-on-one interaction between the individual and coach to enhance performance (HHS, 2013).

<sup>20</sup> Assessment typically involves gathering information for the purposes of identifying need, readiness, capacity, and presenting problems underlying systemic issues (HHS, 2013).

<sup>21</sup> Training of trainers typically involves knowledge or skill building on specific topics or issues using learning objectives, a curriculum, and delivery within a specified timeframe to individuals who will provide training to others (HHS, 2013).

activities overall.

**Table 18: Percentages of T/TA Activity Type Provided by Program Area**

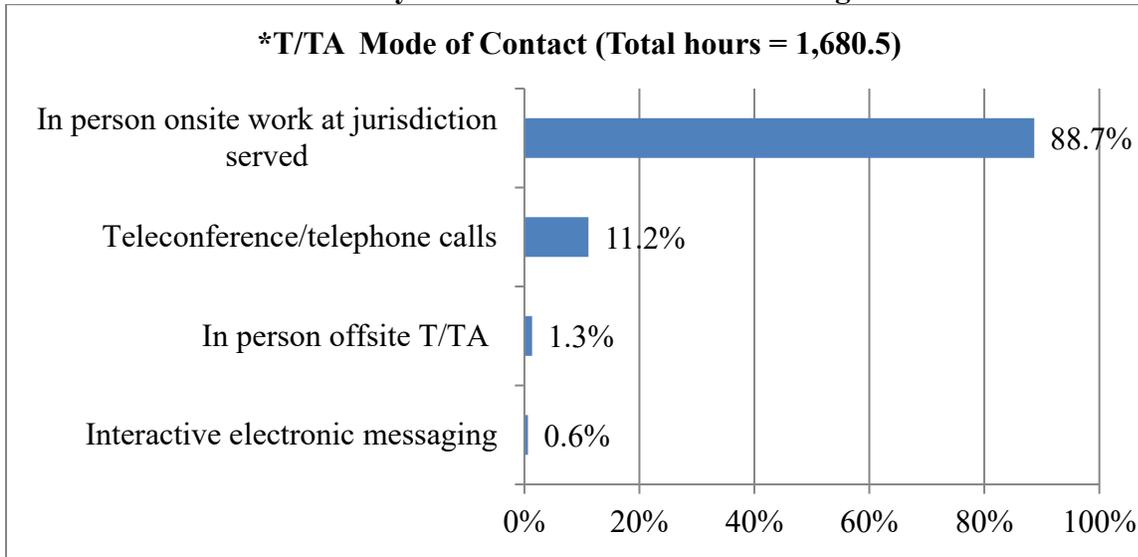
Program area	Total hours	*Percent of total T/TA activity hours								
		Training	Coaching	Training of trainers	Dissemination of information	Consultation	Facilitation	Tool/product development	Assessment	Other
Program area 1: Intake, assessment, and investigation	908	37.9%	13.3%	2.0%	10.5%	69.8%	23.2%	14.6%	0.6%	8.3%
Program area 2: Multidisciplinary teams and legal representation	15	100%	-	-	100%	100%	100%	-	100%	-
Program area 3: Case management	12	-	-	-	33.3%	66.7%	-	-	-	-
Program area 4: Risk and safety assessment	335.5	14.3%	9.5%	-	21.9%	72.6%	11.9%	9.1%	14.9%	19.4%
Program area 7: Improving skills, qualifications, and availability of staff	404	25.7%	24.3%	-	47.5%	94.3%	37.6%	8.4%	3.7%	0.7%
Program area 11: Developing community-based programs	6	-	-	-	-	-	-	100%	-	-

\* Method used to calculate percentages: In order to analyze the relative “weight” of each activity type, a total sum of direct contact hours received was calculated for all identified T/TA during the 12-month period. Because activity types are not mutually exclusive, contact hours are duplicated but allow for proportional comparison. Hours may be counted more than once if multiple types are checked; however, proportionality remains the same.

T/TA activities most often occurred in person and onsite. Exhibit 3 provides additional

information about modes of T/TA provision.

**Exhibit 3: T/TA Provision by Mode of Contact as a Percentage of Total Hours**



\* T/TA hours may be counted in more than one mode.

The T/TA provided by the NRCs and the IC was intended to help states implement or refine practice models and systems, strengthen practice and programs, and/or enhance citizen review panels. As shown in Table 19, six (55 percent) of the 11 states received T/TA to assist them in implementing or enhancing a practice model or agency system, including a differential response system, as well as for providing training on a new practice model.

**Table 19: Purpose of T/TA Provision to States by NRCs and ICs**

T/TA purpose	*Number (percent) of states (N=11)	NRCs providing T/TA	ICs providing T/TA
Implement or refine practice model or agency system, including differential response	6 (55)	NRCCPS NRC In-Home	ACCWIC
Strengthen agency practices and programs	3 (27)	NRCCPS NRC In-Home	

<b>Table 19: Purpose of T/TA Provision to States by NRCs and ICs</b>			
<b>T/TA purpose</b>	<b>*Number (percent) of states (N=11)</b>	<b>NRCs providing T/TA</b>	<b>ICs providing T/TA</b>
Enhance citizen review panels	2 (18)	NRCCPS	

\*Two states received T/TA from both the NRCCPS and ACCWIC between July 1, 2012, and May 31, 2014.

## **State Examples**

This section provides examples of T/TA provided by the NRCs and/or the ACCWIC of implementing or refining and/or providing training on a practice model or agency system, strengthening agency practices and programs, and enhancing citizen review panels.

### **Implementing or Refining a Practice Model or Agency System**

**West Virginia’s Safety Assessment Management System.** Beginning in 2009, the West Virginia Department of Health and Human Resources (DHHR), Bureau for Children and Families (BCF), partnered with the ACCWIC and the NRCCPS to develop and implement an integrated safety system called the West Virginia Safety Assessment and Management System (SAMS). SAMS provides an improved system of safety intervention based on consistent standards; focused and efficient information collection; and a family-centered approach designed to improve caregiver and family functioning and increase child safety, permanency, and well-being. SAMS focuses services on safety and the protective capacities of caregivers, while strengthening family engagement (ACCWIC, 2013). Between July 1, 2012, and May 31, 2014, NRCCPS and ACCWIC provided T/TA through consultation, dissemination of information, facilitation, training, and tool/product development activities. BCF reported that although SAMS is not fully integrated into practice, children and families in West Virginia are beginning to see

improved outcomes. Based on data from West Virginia's SACWIS, repeat maltreatment has declined in the past several years and, at the time the 2013 APSR was submitted, the repeat maltreatment rate was within the national standard. The repeat maltreatment rate in FY 2009 was 8.5 percent, declined to 4.4 percent in FY 2010, to 2.38 percent in FY 2011, and was 2.43 percent in FY 2012 (WV DHHR, 2013).

### **Strengthening Agency Practice and Programs**

**Virginia in-home services case review and assessment.** After seeing an increase in child fatalities in families involved with CPS at the time of the child's death or with recent CPS involvement, the Virginia Department of Social Services (DSS) requested assistance from the NRC for In-Home Services to assist in the review of cases that met the following criteria:

- A child fatality occurred during an open CPS case or in a family with recent CPS involvement
- A child fatality occurred in a family with no history of CPS involvement
- A random sample of open or recently closed CPS cases with no child fatalities

The purpose for the review was to have a better understanding of both child fatalities and overall service practices within the state (HHS TTACC, 2014a). Between July 1, 2012, and May 31, 2014, the NRC In-Home provided T/TA through consultation activities. DSS worked with the NRC to develop a review tool that assessed the quality and level of service provision, as well as the consistency by which the forms and assessment tools were completed. DSS wanted to ensure that service needs assessments and risk and safety assessment tools' ratings and completion were consistent with state policy requirements and best practice frameworks (VA DSS, 2012; VA DSS 2013).

### **Enhancing Citizen Review Panels**

**Ohio enhanced effectiveness of citizen review panels.** Ohio Department of Job and

Family Services (ODJFS) requested assistance from the NRCCPS to create a statewide citizen review panel program that enhances the effectiveness of the three existing citizen review panels. The state inquired about strategies for recruitment of citizen review panel participants, the development of a charter for the group that includes roles and responsibilities, and a feedback loop for informing statewide policy (HHS TTACC, 2014b). Between July 1, 2012, and May 31, 2014, NRCCPS provided T/TA through dissemination of information activities. A consultant with the NRCCPS met with ODJFS program staff and provided information on the citizen review panel structure in other states and discussed ideas for restructuring Ohio's panels and how to strengthen the panels to more effectively address systemic improvement of child welfare policy, procedures, and practices. Ohio reported in their 2013 APSR that the recommendations are under consideration, and they are considering requesting additional T/TA from NRCCPS (ODJFS, 2013).

## **Summary of Findings**

The information provided in this report suggests states are selecting more than one program area on which to focus their improvement efforts and generally provide detailed information about what activities and services they plan to implement to make those improvements. Between July 1, 2012, and May 31, 2014, two NRCs and ACCWIC assisted 11 states in implementing or refining practice models and systems, strengthening practice and programs, and enhancing citizen review panels. Program area 4 was selected as the primary focus by the most states; however, the largest number of T/TA hours were spent assisting states in program area 1.

**The following are the key findings of this report:**

- The majority of states selected program areas 1 (intake and investigations), 3 (case management), and 4 (safety and risk assessment) as the focus of their improvement efforts.
- The primary activities being implemented or supported to bring about improvements involved providing and supporting training to CPS staff; supporting and enhancing collaborative projects/programs with other agencies and organizations; supporting and/or enhancing current policies, practices, and/or practice models; and supporting and providing and supporting training for systemic partners and/or mandated reporters. However, this varied somewhat across program areas.
- Eleven states received T/TA to assist them with a program area that they selected for their system improvement efforts.
- The primary types of T/TA provided, regardless of the program area, were consultation activities and training activities.
- The NRCs and an IC provided a total of 1,680.5 T/TA hours to the 11 states, with the number of hours per state ranging from 4 to 849.5 hours.

Drawing conclusions about the effectiveness of states' use of the CAPTA State Grant in making improvements in CPS systems is challenging given the information available through state CAPTA plans. A more thorough evaluation of the activities funded by CAPTA would require the design and funding of new, specialized studies involving experimental or quasi-experimental designs to be able to both assess change and attribute any observed changes in outcomes to CAPTA-funded activities. However, to the extent practicable, HHS will use the information states provide in their annual updates on use of the CAPTA State Grant to determine how they are measuring improvements. Other federal efforts, including the *Annual Report to*

*Congress on Child Welfare Outcomes*, also provide a means to assess state performance in ensuring the safety and well-being of children.

## References

- Atlantic Coast Child Welfare Implementation Center. (2013) *West Virginia Implementation Project*. Baltimore, MD: Author. Retrieved from [http://www.accwic.org/ip/Round\\_One\\_Projects/west\\_virginia\\_ip.htm](http://www.accwic.org/ip/Round_One_Projects/west_virginia_ip.htm)
- California Department of Developmental Services. (2014). *Early Start*. Retrieved from <http://www.dds.ca.gov/EarlyStart/home.cfm>
- CAPTA Reauthorization Act of 2010 § 106, 42 US Code § 5106(a) (2011)
- Child Welfare Information Gateway. (2014). *Glossary*. Retrieved from <https://www.childwelfare.gov/admin/glossary/index.cfm>
- Ohio Department of Job and Family Services, Office of Families and Children (2013). *CAPTA plan update*. Columbus, OH: Author.
- U.S. Department of Health and Human Services. (2013). *OneNet user's guide*. Washington, DC: Author.
- U.S. Department of Health and Human Services. (2014). *The Children's Bureau Training & Technical Assistance Network 2014 directory*. Washington, DC: Author.
- U.S. Department of Health and Human Services, Training and Technical Assistance Coordination Center (2014a). *Virginia training and technical assistance status summary*. Washington, DC: Author.
- U.S. Department of Health and Human Services, Training and Technical Assistance Coordination Center (2014b). *Ohio training and technical assistance status summary*. Washington, DC: Author.
- Virginia Department of Social Services, Division of Family Services (2012). *Virginia's Annual Report on the Five Year Child Welfare Plan*. Richmond, VA: Author
- Virginia Department of Social Services, Division of Family Services (2013). *Virginia's Annual Report on the Five Year Child Welfare Plan*. Richmond, VA: Author
- West Virginia Department of Health and Human Resource Bureau for Children and Families. (2013). *West Virginia Child and Family Service Plan Annual Progress Report 2013*. Charleston, WV: Author.