

## **Executive Summary**

The CAPTA Reauthorization Act of 2010 (P.L. 111-320) requires the U.S. 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 FY 2012 and \$24,734,000 for FY 2013. The FY 2014 President’s Budget requests \$26,432,000, the same as FY 2012. Given the array of activities supported by the CAPTA State Grant, the fact that states combine CAPTA funds with other sources of funding in order to achieve the objectives of the program, and the fact that the information states are statutorily required to provide in their state plans is descriptive rather than evaluative, it is not possible to assess the full effectiveness of CAPTA funding on state programs. Therefore, the 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 the states achieve the desired program improvements specified in their CAPTA plans. Finally, the report provides information about states' use of differential response for reports of child abuse and/or neglect.

## Methodology

Reviewers gathered information for this report from the following sources:

- The fiscal year (FY) 2012 state CAPTA plans
- The FY 2012 state Annual Progress and Services Reports
- The FY 2010–2014 state Child and Family Services Plans (CFSPs)
- OneNet<sup>1</sup>
- The Training and Technical Assistance Coordination Center (TTACC) Information Portal<sup>2</sup>
- Discussions and correspondence with staff members from NRCs, ICs, Quality Improvement Centers, OneNet, and TTACC

## 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?**

- The program areas most frequently selected by states pertained to the following:
  - The intake, assessment, screening, and investigation of reports of child abuse or neglect (program area 1; 85 percent)

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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

- Developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response (program area 4; 73 percent)
- Because these areas pertain to the immediate investigation and/or assessment process following a report of abuse or neglect, the data suggest that most states are focused on improving the initial up-front processes of their child protective services (CPS) systems.
- 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; 15 percent)
  - Children served dually with the juvenile justice system (program area 12; 17 percent)

**2. What was the reason the state chose the program area?**

- Thirty states provided explanations in their CAPTA plans for selecting particular program areas. These explanations included, but were not limited to, the following:
  - 14 states (47 percent) selected the program area because it aligned with the state's Program Improvement Plan (PIP) that was developed to address the findings of the federal Child and Family Services Report (CFSR).
  - 11 states (37 percent) selected the program area because it aligned with the CFSP.
  - Six states (11 percent) selected the program area because it aligned with a new initiative or practice model that the state was implementing.

**3. 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:
  - Evaluate, support, and/or enhance current policies, practices, and/or practice models
  - Establish new policies, practices, and/or practice models
  - Provide new and/or enhanced technology to CPS staff
  - Provide/support training for CPS staff, mandated reporters and/or systemic partners
  - Provide funding for external programs and/or contracts for services
  - Provide public outreach/education on issues relevant to CPS
  - Support/enhance collaborative projects/programs with other agencies and organizations
  - Provide training and/or support to citizen review panels, review boards, and CPS advisory councils

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

- Reviewers determined that 17 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, 2011, to June 30, 2012.
- The 17 states that received tailored T/TA were able to address five 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
- The largest number of T/TA hours were spent assisting states in program area 1, which was the program area selected for improvement by 12 of the 17 states.
- The primary purpose of the T/TA provided to states was to implement/refine a practice model or agency system, including implementing or refining differential response, which occurred in 13 of the 17 states.

## **Implementation of State Differential Response Programs**

- The CAPTA Reauthorization Act of 2010 requires that states report on the status of a differential response system.
- The data indicate that about 58 percent of states had fully operational differential response systems in place or were in the process of piloting and/or implementing differential response systems, and five of the states (10 percent) were in the planning process.

## **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 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 means to assess state performance in ensuring the safety and well-being of children.

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## Introduction

The CAPTA Reauthorization Act of 2010 (P.L. 111-320) requires the U.S. 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 report provides information about the 50 states, the District of Columbia, and the Commonwealth of Puerto Rico<sup>3</sup> regarding the CAPTA section 106 program areas they 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. Finally, the report provides information about states’ use of differential response<sup>4</sup> for reports of child abuse and/or neglect.

The CAPTA State is provided through a formula with a base amount of \$50,000.00 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 for FY 2012 and \$24,734,000 for FY 2013. The FY 2014 President’s requests \$26,432,000, the same as FY 2012.

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<sup>3</sup> The latter two entities are included under the term “states” in the remainder of this report.

<sup>4</sup> Two or more discrete responses used by states for screened-in reports of child abuse or neglect, including an investigation pathway and a non-investigation family assessment response pathway (Gilmore, 2010).



The funds are used for an array of activities, mostly for leveraging state 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>

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

Therefore, this report 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 (P.L. 93-247), CAPTA supports public and private agency efforts to improve programs intended to protect children and strengthen families. Most 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

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

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 child protective services (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 (NRC) and Child Welfare**

### **Implementation Centers (IC)**

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, along with three Quality Improvement Centers (QICs) and other federally funded organizations and 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 2012 Directory*, is:

...to build the capacity of state, local, tribal, and other publicly administered or publicly supported child welfare agencies and family and juvenile courts through the provision of training, technical assistance, research, and consultation on the full array of federal requirements administered by the Children's Bureau. [T/TA] Network members provide assistance to states and tribes in improving child welfare systems and conformity with the outcomes and systemic factors defined in the Child and Family Services Reviews (CFSRs) and the results of other monitoring reviews conducted by the Children's Bureau to ensure the safety, permanency, and well-being of children and families. (HHS, 2012a)

The NRCs provide free onsite and remote T/TA to states, tribes, and courts to assist them in building systemic capacity in the NRCs' 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, 2012a). 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\\_2012.pdf](http://www.acf.hhs.gov/sites/default/files/cb/tta_network_directory_2012.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?
- What was the reason the state chose the program area?
- 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?

An additional topic area considered in this report is the number of states reporting that they had an operational differential response program, the number reporting that they were in the process of implementing a differential response program, and the number reporting that they did not have a differential response program. This topic area is a specific requirement of the CAPTA reauthorization.

## Methodology

Reviewers gathered information for this report from the following sources:

- The fiscal year (FY) 2012 state CAPTA plans
- The FY 2012 State Annual Progress and Services Reports (APSRs)<sup>6</sup>
- The FY 2010–2014 State Child and Family Services Plans (CFSPs)<sup>7</sup>

In addition, reviewers gathered information 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, 2010). The information about hours of T/TA gathered by reviewers from OneNet for this report 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, 2011). Finally, reviewers gathered

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<sup>6</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>7</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>8</sup> Substantial T/TA refers to the direct provision of T/TA that occur onsite and to the direct provision of T/TA that occurs in person offsite or remotely where the offsite or remote T/TA totals a minimum of 1 hour direct communication occurring in 1 day (HHS, 2010).

information concerning the provision of T/TA from discussions and correspondence with staff members from NRCs, ICs, QICs, OneNet, and TTACC.

To address each report question, reviewers conducted a qualitative content analysis of the information. This report presents the reviewers' findings concerning the program areas selected by states; the activities identified as supporting efforts to improve in the selected program area; the type and amount of T/TA provided to the states by the NRCs and ICs, as identified in the CAPTA plans; and states' use of differential response.

### **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.

**Table 1: Number and Percent of States Selecting Each CAPTA Program Area**

<b>Program area selected</b>	<b>*Number (percent) of states (N=52)</b>
<b>Program area 1:</b> The intake, assessment, screening, and investigation of reports of child abuse or neglect	44 (85)
<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	29 (48)
<b>Program area 3:</b> Case management, ongoing case monitoring, and delivery of services and treatment provided to families	34 (65)
<b>Program area 4:</b> Developing, improving, and implementing risk	38 (73)

<b>Program area selected</b>	<b>*Number (percent) of states (N=52)</b>
and safety assessment tools and protocols, including the use of differential response	
<b>Program area 5:</b> Developing and updating systems of technology that support the program and track reports of child abuse and neglect	18 (35)
<b>Program area 6:</b> Developing, strengthening, and facilitating training	26 (50)
<b>Program area 7:</b> Improving the skills, qualifications, and availability of individuals providing services to children, families, and supervisors	29 (56)
<b>Program area 8:</b> Developing and facilitating training protocols for individuals mandated to report child abuse and neglect	15 (29)
<b>Program area 9:</b> Developing, implementing, or operating programs to assist families of disabled infants with life-threatening conditions	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	21 (40)
<b>Program area 11:</b> Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals	19 (37)
<b>Program area 12:</b> Supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system	9 (17)
<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)
<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	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 either the intake, assessment, screening, and investigation of reports of child abuse or neglect (program area 1; 85 percent) or to developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response (program area 4; 73 percent). Since both of these areas pertain to the immediate investigation and/or assessment



process following a report of abuse or neglect, the data suggest that most states are focused on improving the initial up-front processes of their CPS systems. 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; 15 percent) and children served dually with the juvenile justice system (program area 12; 17 percent).

## **Report Question 2: What Was the Reason the State Chose the Program Area?**

Thirty states provided explanations in their CAPTA plans for selecting particular program areas. These explanations included, but were not limited to, the following: (1) the program area aligned with the CFSP; (2) the program area aligned with the state's Program Improvement Plan (PIP) that was developed to address the findings of the federal CFSR; and/or (3) the program aligned with a new initiative or practice model<sup>9</sup> that the state was implementing.

The table below provides the explanations provided by the 30 states.

**Table 2: States' Explanations for Selecting Program Areas**

<b>Explanations for the selection of program areas</b>	<b>*Number (percent) of states that identified this reason (N=30)</b>
The program area aligned with items in the state's PIP.	14 (47)
The program area aligned with the focus of the state's CFSP.	11 (37)
The program area aligned with new practice models and initiatives.	6 (20)
The program areas aligned with the focus of the federal CFSR.	3 (10)

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<sup>9</sup> A practice model is an organizational framework articulated by the state concerning the principles and policies for intervention, engagement, and treatment that support improved outcomes for children and families (National Child Welfare Resource Center for Organizational Improvement and National Resource Center for Permanency and Family Connections, 2008).

<b>Explanations for the selection of program areas</b>	<b>*Number (percent) of states that identified this reason (N=30)</b>
The program area aligned with ongoing CPS initiatives.	2 (7)
The program area aligned with the mission of the CPS agency.	2 (7)
The program area was chosen by the state's Citizen Review Panels.	1 (3)
The state completed a systemic analysis of its CPS system and determined that intake and investigation of child abuse/neglect reports was an area that needed improvement.	1 (3)
The state quality assurance results indicated that intake and investigation was an area of low performance.	1 (3)
A federal consent decree required changes to the CPS intake system.	1 (3)
The program area was selected in order to address the findings of two state legislative studies.	1 (3)
The program area was selected in order to maintain statutorily required caseload levels.	1(3)
The CFSR results indicate low performance in this area.	1 (3)
The state legislature made changes that required changes to the CPS system.	1 (3)

\*Some states provided more than one reason for program area selection and may be included in more than one category.

Of the states providing reasons, 47 percent indicated that a key reason for selecting an area was that it was identified as an area needing improvement in the state's most recent CFSR and was addressed in the state's PIP. Specifically, the majority of states providing reasons indicated that they selected all of the program areas, except program area 11, because the program areas aligned with their PIPs. Based on the data, program area 11 was selected by states because it aligned with the state's CFSP, which was the explanation provided most frequently after alignment with the PIP.

## Report Question 3: 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

Reviewers found that 44 states (85 percent) selected program area 1 as an area in which they planned to make improvements and/or an area in which they planned to use CAPTA funds to improve the CPS system. Table 3 presents a list of 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 41 (93 percent) of the 44 states that selected program area 1. Three states (7 percent) did not clearly identify the strategies or activities that they planned to use to make improvements in this area.

**Table 3: Strategies and Activities Selected to Support Improvement in Program Area 1 (N=41)**

<b>Program area 1: Activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type (N=41)</b>
Support/enhance current policies, practices, and/or practice models, such as strengthening the current safety assessment and refining the current centralized intake process**	23 (56)
Provide new and/or enhanced technology to CPS staff, such as developing and implementing a remote data capture system	16 (39)
Establish new policies, practices, and/or practice models, such as establishing a centralized intake process or new safety model or implementing a differential response system	13 (32)
Provide/support training for CPS staff, such as increasing proficiency regarding a new safety model and developing training for CPS investigators related to safety planning	12 (29)

<b>Program area 1: Activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type (N=41)</b>
Evaluate current policies, practices, and/or practice models, such as evaluating the CPS investigations units' workloads and evaluating the effectiveness of the assessment process	11 (27)
Provide 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	7 (17)
Provide funding for external programs and/or contracts for services, such as child advocacy centers and contracting with an outside organization to develop policy and methodology for identification, assessment, and intervention in chronic child neglect cases	6 (15)
Support/enhance collaborative projects/programs with other agencies and organizations, such as a remote, telemedicine, pediatric sexual assault pilot project	6 (15)
Provide funding and/or support to citizen review panels, review boards, and CPS advisory councils, such as child fatality review teams	3 (7)
Provide public outreach/education on the intake and investigative process, such as a public awareness campaign about a state's new short code cellular phone child abuse hotline	2 (5)
Provide funding and/or support for CPS related conferences	2 (5)

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

\*\*In this context, intake includes the activities associated with the receipt of a child maltreatment referral and the screening of the information about the alleged child maltreatment to determine appropriate action (Child Welfare Information Gateway, 2011).

The data indicate that more than one-half (56 percent) of the states selecting program area 1 indicated they would either support or enhance current policies, practices, or practice models to achieve improvements in this area. This suggests that the states believe that they already have the basic functions in place, but, in some instances, needed to focus on enhancing them or ensuring that they were carried out as intended. Almost 40 percent of the states indicated that they would provide new or enhanced technology to CPS staff in order to support this program area, while almost one-third of the states indicated they would establish new policies, practices,

and practice models to gain improvements in this program area. To achieve improvements in this program area, one state indicated that it would establish a workgroup to review and recommend changes to CPS policy that may be needed as a result of the implementation of a new practice model, and another state indicated that it would support training for law enforcement on issues relevant to CPS.

**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*

Reviewers found that 29 states (56 percent) selected program area 2 as an area in which to make improvements and/or an area in which to use CAPTA funds to improve the CPS system. Table 4 presents a list of the strategies and other activities that states indicated they would use to make improvements in this program area. Information on the activities was available for 26 (90 percent) of the 29 states that selected program area 2. Three states (10 percent) did not clearly identify the strategies or activities they planned to use to make improvements in this area.

**Table 4: Strategies and Activities Selected to Support Improvement in Program Area 2 (N=26)**

<b>Program area 2: Strategies/activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type (N=26)</b>
Support/enhance collaborative projects/programs with other agencies and organizations, such as collaboration with a parent partners program to develop a “Parent Bill of Rights” and collaboration with the developmental disabilities system to better serve common clientele	11(42)
Support/enhance current policies, practices, and/or practice models, such as informing parents of the results of a child abuse and neglect assessment and their right to appeal the findings	8 (31)
Provide funding for external programs and/or contracts for services, such as the development of a court-appointed special advocate program	5 (19)
Evaluate current policies, practices, and/or practice models, such as reviewing the consistency of the parental notification of the appeals process	5 (19)
Provide/support training for mandated reporters and/or systemic partners, such as pre-service training for guardians ad litem	5 (19)
Provide funding and/or support to citizen review panels and CPS advisory councils, such as a child fatality review panel	4 (15)
Provide funding and support for CPS staff positions, such as a child fatality and injury prevention program specialist to coordinate the child fatality review process and specialist positions to provide leadership for strategies contained within the PIP	4 (15)
Provide/support training for CPS staff, such as special investigation training	3 (12)

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

The data indicate that 42 percent of states selecting program area 2 reported that they would support or enhance collaborative projects or programs with other agencies and organizations to achieve improvements in this area. In addition, almost one-third of the states indicated that they would either support or enhance current policies, practices, or practice models in order to achieve improvements. For both of these categories, states again indicated that they have the basic functions, processes, or collaborative relationships in place, but, in some

instances, need to focus on enhancing them or ensuring that they are carried out as intended. In addition, states indicated they would use the following strategies to achieve improvements in program area 2:

- Sponsor a conference that focuses on tribal child welfare issues
- Provide funds to purchase guides for parents working with the CPS system
- Develop practice guidelines to ensure seamless services for families working with the CPS system

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

Reviewers found that 34 states (65 percent) selected program area 3 as an area in which to make improvements and/or an area in which to use CAPTA funds to improve the CPS system. Table 5 presents a list of 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 29 (85 percent) of the 34 states that selected program area 3. Five states (15 percent) did not clearly identify the strategies or activities they planned to use to make improvements in this area.

**Table 5: Strategies and Activities Selected to Support Improvement in Program Area 3 (N=29)**

<b>Program area 3: Strategies/activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type (N=29)</b>
Support/enhance current policies, practices, and/or practice models, such as continuing to integrate family engagement practice through family team meetings	13 (45)
Provide/support training for CPS staff, such as specialized training for new caseworkers on recognizing and evaluating the impact of substance abuse, domestic violence, mental health, and sexual	10 (34)

<b>Program area 3: Strategies/activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type (N=29)</b>
trauma on families	
Provide funding for external programs and/or contracts for services, such as funding for substance abuse programs that focus on parents involved with the CPS system	8 (28)
Provide 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)
Establish new policies, practices, and/or practice models, such as implementation of a new safety management model	5 (17)
Support/enhance 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 (17)
Provide funding and support for CPS staff positions, such as a family group decision making (FGDM) specialist who will provide leadership for the FGDM process	4 (14)
Provide 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	4 (14)

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

The data indicate that almost one-half (45 percent) of the states selecting program area 3 reported that they would either support or enhance current policies, practices, or practice models in order to achieve improvements in this area. Approximately one-third (34 percent) of the states selecting this program area indicated that they would provide training to their CPS staff in order to achieve improvements in this area. In addition, states indicated they would use the following strategies to achieve improvements in program area 3:

- Provide support for a conference on drug-endangered children
- Develop and provide educational materials to community stakeholders on issues pertaining to the CPS system
- Continue a statewide project that assesses and addresses disproportionality throughout the



**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**

Reviewers found that 38 states (73 percent) selected program area 4 as an area in which they planned to make improvements and/or an area in which they planned to use CAPTA funds to improve the CPS system. Table 6 presents a list of the strategies and activities that states indicated they would use to make improvements in this program area. Information on strategies and activities was available for 35 (92 percent) of the 38 states that selected program area 4. Three states (8 percent) did not clearly identify the strategies or activities they planned to use to make improvements in this area.

**Table 6: Strategies and Activities Selected to Support Improvement in Program Area 4 (N=35)**

<b>Program area 4: Strategies/activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type (N=35)</b>
Support/enhance current policies, practices, and/or practice models, such as the revision of risk and safety assessment tools and the revision of CPS staff manuals in order to provide guidance on assessing risk and safety	20 (57)
Provide/support training for CPS staff, such as training on the new practice models and assessment tools and training on changes to the child welfare information systems	12 (34)
Establish new policies, practices, and/or practice models, such as the development and subsequent implementation of risk and safety assessment tools	9 (26)
Evaluate current policies, practices, and/or practice models, such as the evaluation of data regarding the assessment versus the	7 (20)

<b>Program area 4: Strategies/activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type (N=35)</b>
investigation process to determine if there is any difference in the recidivism rate	
Provide funding for external programs and/or contracts for services, such as child advocacy centers	5 (14)
Provide/support training for mandated reporters and/or systemic partners, such as training for systemic partners on the differential response system	4 (11)
Implement or improve a differential response system	3 (9)

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

The data indicate that more than one-half (57 percent) of the states selecting program area 4 reported that they would either support or enhance current policies, practices, or practice models in order to achieve improvements in this area. Approximately one-third (34 percent) of the states selecting this program area indicated that they would provide training to their CPS staff in order to achieve improvements in this area. The following are additional strategies to achieve improvements that are relevant to this program area:

- Maintain citizen review panels in all regions of the state
- Revise the CPS information system to capture changes in the risk and safety assessment process
- Support collaboration of the CPS agency and the Indian Child Welfare Advisory Council

**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**

Reviewers found that 18 states (35 percent) selected program area 5 as an area in which they planned to make improvements and/or an area in which they planned to use CAPTA

funding to improve the CPS system. Table 7 presents a list of 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 14 (78 percent) of the 18 states that selected program area 5. Four states (22 percent) did not clearly identify the strategies or activities they planned to use to make improvements in this area.

**Table 7: Strategies and Activities Selected to Support Improvement in Program Area 5 (N=14)**

<b>Program area 5: Strategies/activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type (N=14)</b>
Provide 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	13 (93)
Continue a project that focuses on all aspects of FGDM, including hiring new staff to guide the FGDM process at the local level	1 (7)
Provide funding for CPS staff to attend a conference focusing on data and technology	1 (7)
Provide training to CPS staff on the child welfare management information system	1 (7)

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

All but one of the states selecting program area 5 indicated that they would provide new technology to, or would enhance current technology for, CPS staff to achieve improvements in this area.

**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 case workers*
- *Training in early childhood, child, and adolescent development*

Reviewers found that 26 (50 percent) of the states selected program area 6 as an area in which they planned to make improvements and/or an area in which they planned to use CAPTA funds to improve the CPS system. Table 8 presents a list of the strategies and activities that the states indicated they would use to make improvements in this program area. Information on the strategies and activities was available for 22 (85 percent) of the 26 states that selected program area 6. Four states (15 percent) did not clearly identify the strategies or activities they planned to use to make improvements in this area.

**Table 8: Strategies and Activities Selected to Support Improvement in Program Area 6 (N=22)**

<b>Program area 6: Strategies/activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type (N=22)</b>
Provide/support training for CPS staff on various topics	18 (82)
Provide/support training for mandated reporters and/or systemic partners, such as pre-service training for court-appointed special advocates and guardians ad litem, including child development training	5 (23)
Evaluate current policies, practices, and/or practice models, such as review and modify the training academy's structure and related pre-service training content	4 (18)
Support/enhance collaborative projects/programs with other agencies and organizations, such as the Strengthening Families and Communities initiative	3 (14)
Provide funding and/or support to citizen review panels and CPS advisory councils, such as provision of staff support for citizen review panels	2 (9)
Provide funding and/or support for CPS-related conferences, such as a statewide child abuse and neglect conference	2 (9)
Provide 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.	2 (9)

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

More than three-fourths (82 percent) of the states selecting program area 6 suggested that they would provide various trainings to CPS staff, such as 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 order to achieve improvements in this area. In addition, almost one-fourth (23 percent) of the states indicated that they would provide training to mandated reporters or to systemic partners. One state indicated that it would develop, automate, and publish the CPS manual online as part of its improvement efforts in the program area. Another state noted that it would implement a continuing quality assurance system to achieve improvements in program area 6.

**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**

Reviewers found that 29 states (56 percent) selected program area 7 as an area in which they planned to make improvements and/or an area in which they planned to use CAPTA funds to improve the CPS system. Table 9 presents a list of the strategies and activities that the states indicated they would use to make improvements in this program area. Information on the strategies and activities was available for 24 (83 percent) of the 29 states that selected program area 7. Five (17 percent) states did not clearly identify the strategies or activities they planned to use to make improvements in this area.

**Table 9: Strategies and Activities Selected to Support Improvement in Program Area 7 (N=24)**

<b>Program area 7: Strategies/activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type (N=24)</b>
Provide/support training for CPS staff on various topics	23 (96)
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 parent and caregiver training, including parents' rights training	8 (33)
Provide funding and support for CPS staff positions, such as state office program specialists who provide T/TA to county CPS staff	4 (17)
Support/enhance 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	4 (17)
Provide funding and/or support for CPS-related conferences, such as hosting a child abuse prevention conference and a supervisor's conference	3 (12.5)
Provide funding and/or support to citizen review panels, review boards, and CPS advisory councils, such as the hiring of a part-time citizen review panel coordinator	2 (8)

\*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, all but one of the states selecting program area 6 indicated that they would provide various trainings to CPS staff, such as new caseworker training, supervisor training, advanced training for CPS staff, risk and safety assessment training, and a parent partner program in which parents provide training to CPS staff. In addition, one-third (33 percent) of the states indicated that they would provide training to mandated reporters or to systemic partners. States also identified the following as strategies they would use to achieve improvements in program area 7:

- Issue a contract to develop policy and methodology for identification, assessment, and intervention in chronic child neglect cases
- Develop and disseminate a video to help potential applicants for CPS positions understand the nature of child welfare work as well as inform them of their responsibilities should they be employed by the CPS agency
- Evaluate completed risk and safety instruments to determine if training had improved the use

of the instrument

**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**

Reviewers found that 15 states (29 percent) selected program area 8 as an area in which they planned to make improvements and/or an area in which they planned to use CAPTA funds to improve the CPS system. Table 10 presents a list of 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 11 (73 percent) of the 15 states that selected program area 8. Four states (27 percent) did not clearly identify the strategies or activities they planned to use to make improvements in this area.

**Table 10: Strategies and Activities Selected to Support Improvement in Program Area 8 (N=11)**

<b>Program area 8: Strategies/activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type (N=11)</b>
Provide training for mandated reporters and/or systemic partners, such as multidisciplinary, web-based mandated reporter training that includes an evaluation of its effectiveness and saturation	9 (82)
Provide public outreach/education on the reporting process, such as the development and implementation of a targeted child abuse and neglect campaign to educate the medical community on recognizing and reporting substance-exposed infants	3 (27)
Support/enhance 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	3 (27)
Evaluate current training and practices, such as using data to strengthen training protocols for individuals mandated to report	2 (18)

<b>Program area 8: Strategies/activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type (N=11)</b>
child abuse and neglect	

\*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 (82 percent) of the states selecting program area 8 reported that they would provide targeted training to those individuals mandated to report child abuse and neglect in order to achieve improvements in this area. In addition, 27 percent of the states indicated that they would support/enhance current policies, practices, and/or practice models. The same percent also indicated they would provide public outreach/education on the process of reporting child abuse and neglect. States also identified the following strategies they would use to achieve improvements in program area 8:

- Collaborate with the state's children's trust fund to incorporate mandated reporter awareness and education into its activities and projects
- Create a network of skilled child abuse evaluators throughout the state who are available for consultation and examinations of cases of suspected child physical and sexual abuse
- Support the continued use of a CPS Program Specialist to provide T/TA statewide

**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*



Reviewers found that eight states (15 percent) selected program area 9 as an area in which they planned to make improvements and/or an area in which they planned to use CAPTA funds to improve the CPS system. Table 11 presents a list of the strategies and activities that states indicated they would use to make improvements in this program area. All eight of these states identified the strategies or activities they planned to use to make improvements program area 9.

**Table 11: Strategies and Activities Selected to Support Improvement in Program Area 9 (N=8)**

<b>Program area 9: Strategies/activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type (N=8)</b>
Support/enhance 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	2 (25)
Provide funding for external programs and/or contracts for services, such as a contract with an external organization to provide education, training, and support services to all families who care for children who are medically fragile or have special needs, including children who are substance-exposed, HIV positive, or developmentally delayed	2 (25)
Support/enhance 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	2 (25)
Provide/support training for CPS staff, such as training on Medicaid waiver programs and on health resources for children with intellectual and developmental disabilities	2 (25)

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

To achieve improvements in this area, one-fourth of the states selecting program area 9 indicated that they would provide support or enhance current policies, practices, and/or practice models; provide funding for external programs and/or contracts for services; support/enhance

collaborative projects/programs with other agencies and organizations; and/or provide/support training for CPS staff. The strategies and activities indicated by the states were all targeted to the specialized population of disabled infants. In addition, states indicated they would use the following strategies to achieve improvements in program area 9:

- Continue a statewide project that assesses and addresses the service needs of children with disabilities
- Support Early Start and CPS-integrated training
- Provide funding and support for a CPS/public health nurse advisor
- Develop cross-collaboration between regional education specialists and developmental disability specialists in identifying and delivering services to school-age children with special needs in foster care.

**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**

Reviewers found that 21 states (40 percent) selected program area 10 as an area in which they planned to make improvements and/or an area in which they planned to use CAPTA funds to improve the CPS system. Table 12 presents a list of 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 11 (79 percent) of the 14 states that selected program area 10. Three states (21 percent) did not clearly identify the strategies or activities they planned to use to make improvements in this area.

**Table 12: Strategies and Activities Selected to Support Improvement in Program Area 10 (N=11)**

<b>Program area 10: Strategies/activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type (N=11)</b>
Provide public outreach/education on issues relevant to CPS, such as public service announcements on mandatory reporting of child abuse and neglect and a public awareness campaign to increase the knowledge of the state's CPS system's centralized intake number	10 (91)
Provide/support training for mandated reporters and/or systemic partners, such as training on the responsibilities of a mandated reporter, including webinars available for viewing online and training for medical professionals on recognizing serious injuries	9 (82)
Provide 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	4 (36)
Provide funding for external programs and/or contracts for services, such as continued contracts with the prosecuting attorneys association to produce trainings for mandated reporters	3 (27)
Support/enhance 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; to obtain a complete history of a case involving a fatality or near fatality; and to determine local level strengths and challenges	3 (27)
Provide/support training for CPS staff, such as improving the knowledge and understanding of the process to certify a report of suspected child abuse as a near fatality by providing ongoing training and technical assistance to county CPS staff	2(18)

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

All but one of the states selecting program area 11 indicated that they would provide public outreach and education on issues relevant to CPS to achieve improvements in this area. The topics of public outreach range from videos explaining child abuse and neglect and CPS intervention to public awareness campaigns about newborn safe haven laws. In addition, more than three-fourths (82 percent) of the states selecting this program area indicated that they would support or provide training for mandated reporters and/or systemic partners in order to achieve improvements. One state indicated that it would fund and support a staff person to act as a

liaison between the CPS agency and the tribes. Another state reported that it would provide funding for specific CPS staff to attend national conferences relevant to CPS.

**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**

Reviewers found that 19 states (36 percent) selected program area 11 as an area in which they planned to make improvements and/or an area in which they planned to use CAPTA funds to improve the CPS system. Table 13 presents a list of 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 14 (74 percent) of the 19 states that selected program area 11. Five states (26 percent) did not clearly identify strategies or activities they planned to use to make improvements in this area.

**Table 13: Strategies and Activities Selected to Support Improvement in Program Area 11 (N=14)**

<b>Program area 11: Strategies/activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type (N=14)</b>
Provide funding for external programs and/or contracts for services, such as contract for a 24-hour hotline (or stress line) for parents to call when having a parenting crisis and a contract with a college of social work for the Family Connections program and the Grandparent Connections program	7 (50)
Provide 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 (35)
Support/enhance current policies, practices, and/or practice models, such as FGDM	5 (35)
Provide/support training for CPS staff, such as developing and/or	3 (21)

<b>Program area 11: Strategies/activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type (N=14)</b>
contracting for the development of training for local CPS staff about implementing the Family Engagement Model when conducting family assessments	
Establish new policies, practices, and/practice models, such as the development and implementation of a plan for sustaining and supporting a consistent statewide approach to family engagement and kinship care	2 (14)
Support/enhance collaborative projects/programs with other agencies and organizations, such as the CPS agency's participation in a domestic violence coalition	2 (14)

\*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 selecting program area 11 indicated that they would provide funding for external programs and/or contracts for services to achieve improvements in this area. In addition more than one-third (35 percent) of the states indicated that they would provide funding and/or support to citizen review panels, other types of review teams, and advisory councils. The same percent indicated they would support or enhance current policies, practices, and/or practice models in order to achieve improvements in program area 11. States also indicated they would use the following strategies to achieve improvements in program area 11:

- Provide funding to cohost a child abuse and neglect prevention conference
- Publish and distribute community resource guides throughout the state
- Provide funding for staff positions that provide leadership on FGDM

**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**

Reviewers found that nine states (17 percent) selected program area 12 as an area in which they planned to make improvements and/or an area in which they planned to use CAPTA funds to improve the CPS system. Table 14 presents a list of 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 six (67 percent) of the nine states that selected program area 12. Three states (33 percent) did not clearly identify the strategies or activities they planned to use to make improvements in this area.

**Table 14: Strategies and Activities Selected to Support Improvement in Program Area 12 (N=6)**

<b>Program area 12: Strategies/activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type (N=6)</b>
Support/enhance collaborative projects/programs with other agencies and organizations, such as the implementation of a coordinated system of care that uses evidence-based practices to treat children and youth	2 (33)
Provide new technology, such as working on the integration of all juvenile justice data into a single repository	2 (33)
Continue to allow CPS and juvenile justice to exchange information in order to ensure the needs of children and youth are met	1 (17)
Provide training to the judiciary and parent's attorneys on an interview protocol	1 (17)
Support workgroups that are attempting to merge CPS with juvenile justice as required by an executive order signed in FY	1 (17)

<b>Program area 12: Strategies/activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type (N=6)</b>
2011	

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

One-third (33 percent) of the states selecting program area 12 indicated that they would support and/or enhance collaborative projects/programs with other agencies and organizations, primarily the state juvenile justice agency, to achieve improvements in this area. In addition, one-third (33 percent) of the states also indicated they would provide new technology for staff in order to achieve improvements.

**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*

Reviewers found that 24 states (46 percent) selected program area 13 as an area in which they planned to make improvements and/or an area in which they planned to use CAPTA funds to improve the CPS system. Table 15 presents a list of the strategies and activities that the states indicated they would use to make improvements in this program area. Information on the strategies and activities was available for 22 (92 percent) of the 24 states that selected program area 13. Two states (8 percent) did not clearly identify the strategies or activities they planned to use to make improvements in this area.

**Table 15: Strategies and Activities Selected to Support Improvement in Program Area 13 (N=22)**

<b>Program area 13: Strategies/activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type (N=22)</b>
Support/enhance collaborative projects/programs with other agencies and organizations, such as the development and implementation of protocols for referrals of infants born with fetal alcohol spectrum disorders	15 (68)
Provide 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	6 (27)
Provide funding and/or support to citizen review panels, review boards, and CPS advisory councils, such as child fatality review teams and a state council on child abuse and neglect	5 (22)
Support/enhance current policies, practices, and/or practice models, such as referrals to early intervention services for children under the age of 3 who are found to be abused or neglected	5 (22)
Provide/support training for CPS staff, such as training on abusive head trauma	2 (9)
Evaluate current policies, practices, and/or practice models, such as identifying gaps in the assessment and delivery of services related to children under the age of 3 who are victims of substantiated abuse or neglect	2 (9)
Provide 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	2 (9)
Provide training for mandated reporters and/or systemic partners, such as training on the prevention of sexual abuse	2 (9)

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

More than two-thirds (68 percent) of the states selecting program area 13 indicated that they would support and/or enhance collaborative projects/programs with other agencies and organizations to achieve improvements in this area. In addition, more than one-fourth (27



percent) of the states indicated that they would provide funding for external programs and/or contracts for services in order to achieve improvement in this program area.

**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*

Reviewers found that 15 states (29 percent) selected program area 14 as an area in which they planned to make improvements and/or an area in which the planned to use CAPTA funds to improve the CPS system. Table 16 presents a list of 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 11 (73 percent) of the 15 states that selected program area 14. Four states (27 percent) did not identify the strategies or activities they planned to use to make improvements in this area.

**Table 16: Strategies and Activities Selected to Support Improvement in Program Area 14 (N=11)**

<b>Program area 14: Strategies/activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type (N=11)</b>
Support/enhance 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, including factors such as domestic violence, mental health issues, and substance abuse	4 (36)

<b>Program area 14: Strategies/activities to support improvement</b>	<b>*Number (percent) of states that identified this activity type (N=11)</b>
Provide 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	4 (36)
Support/enhance collaborative projects/programs with other agencies and organizations, such as cross-training projects to promote coordination of services between CPS and domestic violence services	3 (27)
Provide/support training for CPS staff, such as training on the <i>Safe and Together</i> model, which provides a methodology for improving child welfare competencies and cross-system collaboration between child welfare and its community partners	2 (18)
Provide/support training for mandated reporters and/or systemic partners, such as training on a new CPS and domestic violence protocol	2 (18)
Establish new practices and/or practice models, such as county-specific tools and responses to cases of co-occurring child abuse/neglect and domestic violence and best practices regarding how to respond	2 (18)

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

The data indicate that more than one-third (36 percent) of the states selecting program area 14 indicated that they would support/enhance current policies, practices, and/or practice models to achieve improvements in this area. In addition, more than one-third (36 percent) of the states also indicated that they would provide funding for external programs and/or contracts for services to achieve improvements in this program area. More than one-fourth (27 percent) of the states indicated that they would support and or enhance collaborative projects/programs with other agencies and organizations to achieve improvements in program area 14. One state reported that it would hire a domestic violence specialist to provide T/TA statewide in order to assist in the improvement effort.

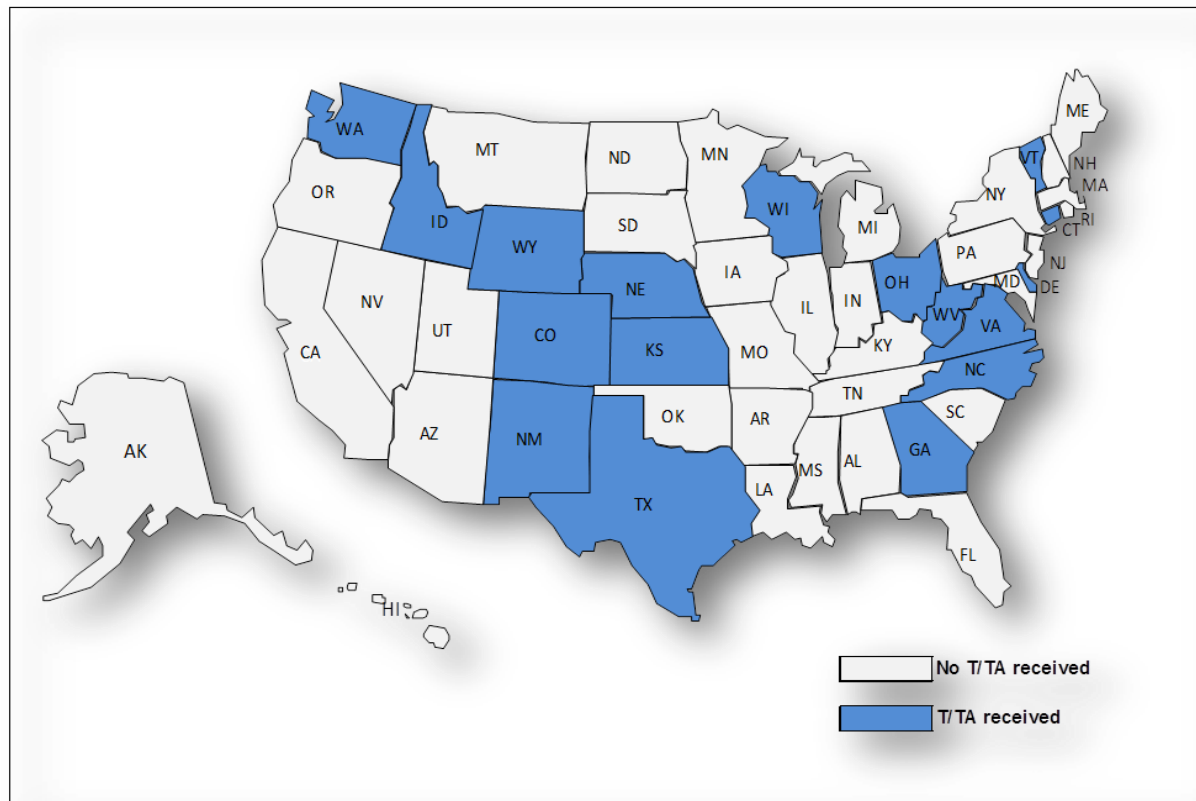
#### **Report Question 4: What Type and Amount (in Hours) of Tailored Technical Assistance Were Received by States to Address Selected Program Areas?**

Reviewers used information included by states in their FY 2012 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 to determine that 17 states received tailored T/TA from an NRC and/or a IC to help them achieve the desired program improvements specified in their CAPTA plans during the period July 1, 2011, to June 30, 2012.<sup>10</sup> (See Exhibit 1 for additional information.)

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<sup>10</sup> In order to ensure that the T/TA data included in this report was CAPTA related and occurred after the 2010 reauthorization, only the T/TA referenced in states' FY 2012 CAPTA plans was included. Therefore, CAPTA-related T/TA occurring outside the period July 1, 2011, to June 30, 2012, 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.

### Exhibit 1: States Receiving T/TA Related to Their State CAPTA Plans



The 17 states received tailored T/TA to address 5 of the 14 program areas identified in CAPTA section 106. The following are the five program areas:

- 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

The T/TA received by the 17 states was provided by the following NRCs and ICs:

- National Resource Center for Child Protective Services (NRCCPS)
- National Resource Center for Child Welfare Data and Technology (NRC-CWDT)
- National Resource Center for In-Home Services (NRC In-Home)
- National Child Welfare Resource Center for Organizational Improvement (NRCOI)
- National Resource Center for Permanency and Family Connections (NRC-PFC)
- Atlantic Coast Child Welfare Implementation Center (ACCWIC)
- Mountains and Plains Child Welfare Implementation Center (MPCWIC)
- Northeast and Caribbean Child Welfare Implementation Center (NCIC)

The NRCs and ICs assisted the state efforts in one program area or in a combination of program areas, as shown in Table 17. Twelve states (71 percent) received T/TA to assist them in program area 1, either individually or in combination with one or more of the other program areas.

**Table 17: Number of States Receiving T/TA by Program Area or Combination of Program Areas (N=17)**

<b>Program area/combined program areas</b>	<b>*Number (percent) states (N=17)</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.	7 (41)	NRCCPS NRC-PFC	ACCWIC MPCWIC
Program area 3: Case management ongoing case monitoring, and delivery of services and treatment provided to families	1 (6)	NRC In-Home	--
Program area 4: Developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response	2 (12)	NRCCPS NRC In-Home	--

<b>Program area/combined program areas</b>	<b>*Number (percent) states (N=17)</b>	<b>NRCs providing T/TA in program area(s)</b>	<b>ICs providing T/TA in program area(s)</b>
Program area 1 and Program area 4: The intake, assessment, screening, and investigation of reports of child abuse or neglect; developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response	3 (18)	NRCCPS NRC In-Home	ACCWIC
Program area 1, Program area 2, and Program area 3: The intake, assessment, screening, and investigation of reports of child abuse or neglect; creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols and improving legal preparation and representation; case management ongoing case monitoring, and delivery of services and treatment provided to families	1 (6)	--	MPCWIC
Program area 1, Program area 4 and Program area 7: The intake, assessment, screening, and investigation of reports of child abuse or neglect; developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response; improving the skills, qualifications, and availability of individuals providing services to children and families, and supervisors	1 (6)	NRCCPS	--
Program area 3 and Program area 7: Case management ongoing case monitoring, and delivery of services and treatment provided to families; improving the skills, qualifications, and availability of individuals providing services to children and families, and supervisors	2 (12)	NRCCPS NRCOI NRC-CWDT	NCIC

\*A state may have received T/TA from more than one NRC and from an NRC and an IC between July 1, 2011 and June 30, 2012.

Reviewers used information from OneNet for the period of July 1, 2011, to June 30, 2012, 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>11</sup>

<sup>11</sup> Type of T/TA activities refers to the functional nature of the T/TA and/or the role of the NRC or CWIC in the

- The mode used to provide the T/TA<sup>12</sup>

The 17 states received a total of 3,353.8 hours of T/TA. There was variation in the number of hours of direct T/TA received by the states, ranging from 1 hour to 1,286.5 hours. Factors that influence or contribute to the variation in T/TA hours include the intensity of T/TA, 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 five program areas is shown in Table 18. The largest number of T/TA hours was spent assisting states in program area 1, which was the program area selected for improvement by 12 of the 17 states.

**Table 18: T/TA Hours by Program Area**

<b>Program area</b>	<b>*Total hours all T/TA activity</b>	<b>**Number of activity entries</b>
Program area 1: Intake, assessment, and investigation	2,397.8	273
Program area 2: Multidisciplinary teams and legal representation	214.8	41
Program area 3: Case management	668.3	93
Program area 4: Risk and safety assessment	447.0	74
Program area 7: Improving skills, qualifications, and availability of staff	498.5	53

\*The activity and T/TA hours of an NRC and IC can be attributed toward more than one program area.

\*\*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 (79.1 percent);<sup>13</sup> facilitation (55.7 percent);<sup>14</sup> and

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T/TA provision (HHS, 2010).

<sup>12</sup> Mode refers to the method by which the T/TA is communicated, such as in person onsite work, telephone calls, and webinars (HHS, 2010).

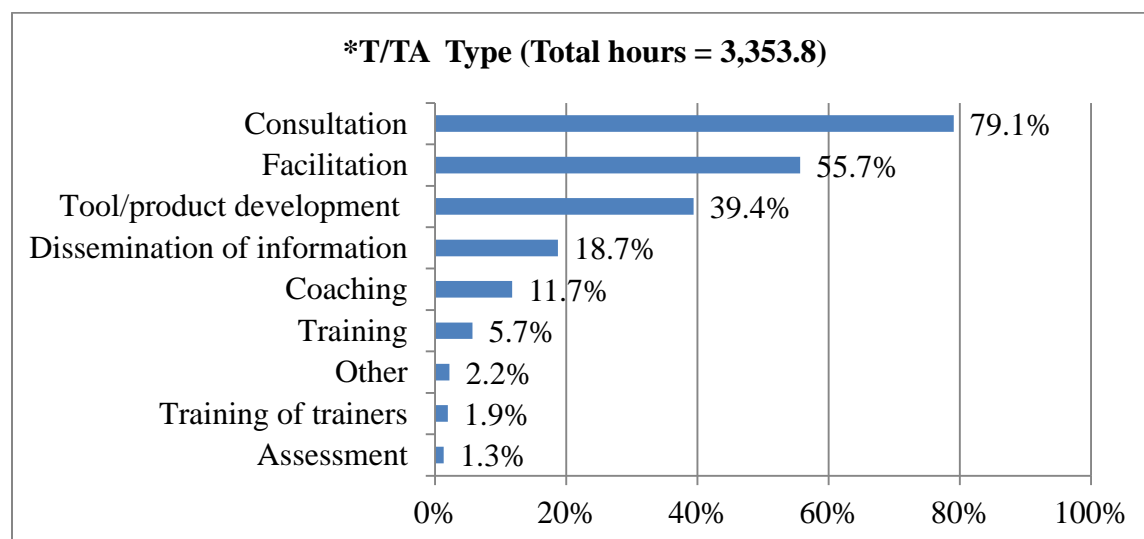
<sup>13</sup> Consultation/problem-solving/discussion typically involves sharing experiences and insights, identifying issues, joint problem-solving, workgroup meetings, or similar dynamic, interactive group activities (HHS, 2010).

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

<sup>14</sup> Facilitation typically involves helping group members understand common objectives and have effective dialogue

tool/product development and refinement (39.4 percent).<sup>15</sup> Consultation activities were provided in 16 (94 percent) of the 17 states, facilitation activities were provided in 13 (76 percent) of the 17 states, and tool/product development activities were provided in 11 (65 percent) of the 17 states. Although dissemination of information<sup>16</sup> activities did not consume many hours, this assistance was provided in 11(65 percent) of the 17 states. The other types of activities provided were coaching,<sup>17</sup> training,<sup>18</sup> training of trainers,<sup>19</sup> assessment,<sup>20</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**



(HHS, 2010).

<sup>15</sup> Tool/product development typically involves collaboratively developing or refining tools or products that assist the state to work more effectively (HHS, 2010). Tool/product development and refinement is referred to under the term “tool product/development” in the remainder of this report.

<sup>16</sup> Dissemination of information typically involves the use of an agenda and presentation of new information (HHS, 2010).

<sup>17</sup> Coaching typically takes the form of one-on-one interaction between the individual and coach to enhance performance (HHS, 2010).

<sup>18</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, 2010).

<sup>19</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.

<sup>20</sup> Assessment typically involves gathering information for the purposes of identifying need, readiness, capacity, and presenting problems underlying systemic issues (HHS, 2010).



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

Table 19 provides data on the percent of hours dedicated to each type of T/TA activity for each of the five program areas. NRCs and ICs reported the largest number of T/TA hours in program area 1, and the largest percentage of T/TA hours occurred in consultation activities for all program areas. Facilitation was also a primary T/TA activity for program areas 1, 2, and 4, and tool/product development was a prominent T/TA activity for program area 1.

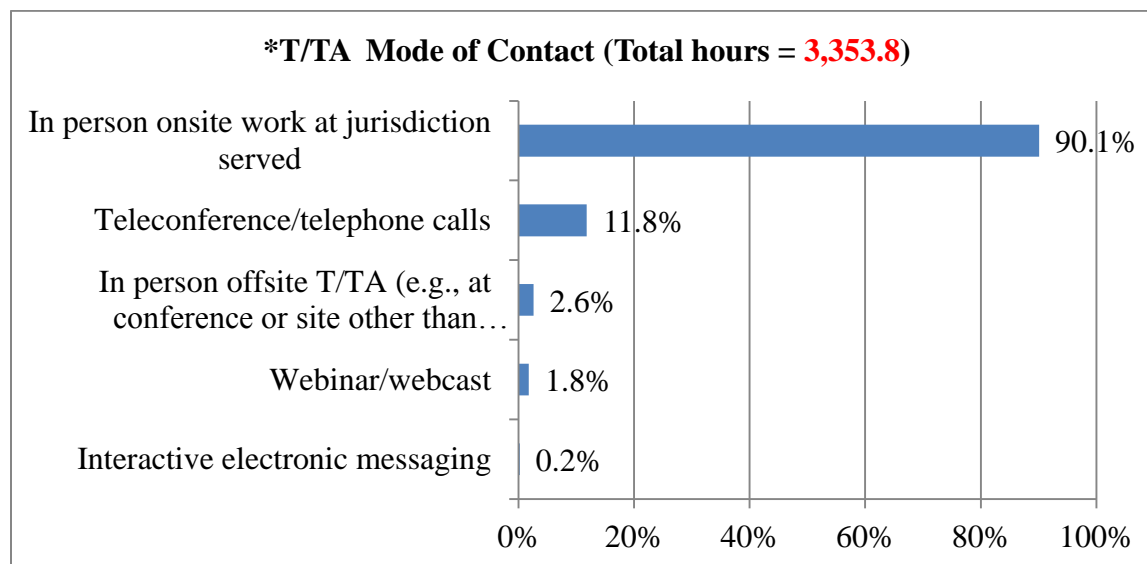
**Table 19: Percentages of T/TA Activity Type Provided by Program Area**

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	2,397.8	7.5	7.4	2.7	20.4	77.2	64.1	53.3	1.1	2.1
Program area 2: Multidisciplinary teams and legal representation	214.8	3.0	-	-	24.4	68.1	60.8	6.5	12.6	7.4
Program area 3: Case management	668.3	1.0	2.5	-	8.0	78.5	28.1	4.3	5.4	2.4
Program area 4: Risk and safety assessment	447.0	18.9	35.1	8.6	20.5	79.6	63.4	10.4	1.8	-
Program area 7: Improving skills, qualifications, and availability of staff	498.5	-	6.6	-	3.2	85.5	19.6	2.6	1.6	-

\*: 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 ICs was intended to help states implement or refine practice models and systems, strengthen practice and programs, and enhance supervisory development. As shown in Table 20, 13 (76 percent) of the 17 states received T/TA to assist them in implementing or enhancing a practice model or agency system, including a differential response system.

**Table 20: Purpose of T/TA Provision to States by NRCs and ICs**

<b>T/TA purpose</b>	<b>*Number (percent) of states (N=17)</b>	<b>NRCs providing T/TA</b>	<b>ICs providing T/TA</b>
Implement/refine practice model or agency system, including differential response	13 (76)	NRCCPS NRC In-Home	ACCWIC MPCWIC
Strengthen agency practice and programs	3 (18)	NRCCPS NRC In-Home NRC PFC	ACCWIC MPCWIC
Enhance supervisory development	2 (12)	NRCOI NRC-CWDT	NCIC

\*A state may have received T/TA from more than one NRC and from an NRC and an IC between July 1, 2011, and June 30, 2012.

## State Examples

This section provides examples of T/TA provided by the NRCs or ICs about implementing or refining a practice model or agency system, strengthening agency practices and programs, and enhancing supervisory development.

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

**Colorado Practice Model.** The Colorado Department of Human Services (DHS) received T/TA to address program area 1 by participating with MPCWIC in a 3-year T/TA implementation project to define specific practice strategies, methods, and tools to implement a practice model (MPCWIC, 2009). Between July 1, 2011, and June 30, 2012, MPCWIC provided T/TA through consultation, tool/product development, facilitation, and coaching (HHS, 2012b). This T/TA supported efforts by Colorado DHS to standardize and align the new practice model with the state PIP, identify challenging areas and promising practices, improve capacity for data measurement, develop quality assurance teams, and develop a transition plan to sustain the implementation process (HHS, TTACC, 2012a). Colorado DHS reported that the T/TA project

with MPCWIC helped bring about dialogue between the state and counties about developing a practice model that aligns vision, mission, and practice principles (Colorado DHS, 2011).

**Springboard Georgia.** The Georgia DHS, Division of Family and Children Services (DFCS) received T/TA to address program area 1 by participating in a T/TA implementation project with ACCWIC and NRCCPS to develop a state-of-the-art, safety-driven decision-making practice model that incorporates differential response (ACCWIC, 2012). Between July 1, 2011, and June 30, 2012, ACCWIC and NRCCPS provided T/TA through consultation, facilitation, dissemination of information, training, tool/product development, coaching, and other non-specified activities (HHS, 2012b). The T/TA activities supported efforts by DFCS to finalize the agency's mission, vision, and practice values; utilize a steering and subcommittee structure to involve all levels in the organization; and finalize a plan for the implementation of differential response across the state (HHS, TTACC, 2012b). DFCS stated that Springboard Georgia, which used a change-management approach, was the vehicle for developing the state's differential response system (Georgia DHS, 2011).

**Kansas Safety Management Through the Life of the Case.** The Kansas Department of Social and Rehabilitation Services (SRS) received T/TA to address program area 4. SRS worked with NRCCPS to implement a comprehensive safety intervention system from intake through case closure (NRCCPS, March 2011). The types of T/TA provided by NRCCPS between July 1, 2011, and June 30, 2012, were consultation, dissemination of information, facilitation, assessment, and tool/product development (HHS, 2012b). The T/TA activities supported efforts by SRS to revise intake tools, policies, and procedures; gather input from external stakeholders concerning agency policies and procedures; and conduct a case review to assess practice (HHS, TTACC, 2012c). The T/TA from NRCCPS helped the state improve risk and safety assessment

tools and enhance the safety information gathered at the time of intake (Kansas SRS, 2011).

**Vermont Review of Centralized Intake.** The Vermont Department for Children and Families (DCF) received T/TA to address program area 1, working with NRCCPS to evaluate their centralized intake system (Vermont DCF, 2011). The types of T/TA provided by NRCCPS between July 1, 2011, and June 30, 2012, were consultation, facilitation, tool/product development, dissemination of information, and other non-specified T/TA (HHS, 2012b). The T/TA activities supported efforts by DCF to design an evaluation process, finalize customer satisfaction surveys, develop a review tool for accepted and unaccepted intake reports, and plan focus groups (NRCCPS, 2012).

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

**North Carolina REAP (Reaching for Excellence and Accountability in Practice).** The North Carolina Division of Social Services (NCDSS) received T/TA to address program area 1. NCDSS worked with ACCWIC to develop and implement a technical assistance model that would effectively meet the needs of the state and county departments (NCDSS, 2011). The types of T/TA provided by ACCWIC between July 1, 2011, and June 30, 2012, were consultation, facilitation, tool/product development, dissemination of information, and training of trainers (HHS, 2012b). The T/TA activities supported efforts by NCDSS to engage in a structured sustainability planning process that used lessons learned from REAP pilot counties to revise the model and plan an expansion to additional counties (ACCWIC, 2011).

### *Enhancing Supervisory Development*

**Wyoming Supervision Strategic Plan.** The Wyoming Department of Family Services (DFS) received T/TA to address program areas 3 and 7. Wyoming DFS worked with NRCOI

and NRC-CWDT to develop a strategic plan for applying family-centered principles to the supervision of casework practice (Wyoming DFS, 2011). The types of T/TA provided by NRCOI and NRC-CWDT between July 1, 2011, and June 30, 2012, were facilitation, consultation, and coaching (HHS, 2012b). The T/TA activities supported efforts by Wyoming DFS to implement the strategic plan by enhancing supervisors' understanding of outcome-based management and coaching supervisors to take leadership responsibilities in implementing the strategic plan (HHS, TTACC, 2012d).

## **Implementation of State Differential Response Programs**

In addition to providing information on the 14 program areas in their FY 2012 CAPTA plans, the CAPTA Reauthorization Act of 2010 requires states to “report policies and procedures regarding the use of differential response, as applicable.” Table 21 presents the information on the status of differential response among states as described in their FY 2012 CAPTA plans and/or the corresponding APSRs.

**Table 21: Status of Differential Response in Each State**

<b>Status of differential response</b>	<b>Number (percent) of states (N=52)</b>
The state had an active differential response system.	24 (46)
The state was in the process of implementing a differential response system.	6 (12)
The state was in the process of planning for a differential response system.	5 (10)

The data indicate that about 58 percent of states had fully operational differential response systems in place or were in the process of piloting and/or implementing differential response systems, and five of the states (10 percent) were in the planning process.

## 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, 2011, and June 30 2012, the NRCs and ICs assisted 17 states in implementing or refining practice models and systems, strengthening practice and programs, and enhancing supervisory development. The primary focus of the T/TA to these states was program area 1, or program area 1 in combination with one or more of program areas 2, 3, 4, and 7.

- 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 explanation provided for program area selection was that the area aligned with the PIP or with the CFSP.
  - The primary activities to be implemented to bring about improvements involved supporting and/or enhancing current policies, practices, and/or practice models and supporting and providing training to CPS staff. However, this varied somewhat across program areas.
  - Seventeen states requested T/TA to assist them with one or more of the program areas that they selected for their system improvement efforts.
  - The primary types of T/TA provided, regardless of program area, were consultation activities and facilitation activities.

- The NRCs and ICs provided a total of 3,353.8 T/TA hours to the 17 states, with the number of hours per state ranging from 1 hour to 1,286.5 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 means to assess state performance in ensuring the safety and well-being of children.



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