

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

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



ADMINISTRATION FOR
CHILDREN & FAMILIES

Executive Summary

The 2010 reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA; Pub. 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 based on a formula that allocates \$50,000 to each state as well as an additional amount based on the population of children age 18 and under in the state. The total appropriation for this grant was approximately \$25.3 million in each of fiscal year (FY) 2014 through FY 2017. The FY 2018 President’s budget requests the same amount.

This third biennial *Report to Congress on the Effectiveness of the Child Abuse Prevention and Treatment Act (CAPTA) State Programs and Technical Assistance*, as well as the first and second biennial reports, 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 evolved 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. This Report also provides information about training and technical assistance (T/TA) networks and systems in place during this reporting period and how these networks help states achieve the desired program improvements specified in their CAPTA plans and other federally mandated plans.

It is not possible to assess the full effectiveness of CAPTA funding on state programs due to the following: the difficulty of measuring effectiveness of the vast array of activities supported by the CAPTA State Grant, the fact that CAPTA funds represent a very small percentage of the funds needed to achieve the program's objectives, and the fact that the information that states are statutorily required to provide in their state plans is descriptive rather than evaluative.

Methodology

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

- The FY 2015 and FY 2016 state CAPTA plans;
- The FY 2010–2014 and FY 2015–2019 State Child and Family Services Plans (CFSPs)¹;
- The FY 2015 and FY 2016 State Annual Progress and Services Reports (APSRs)²; and
- The Assessment Summaries³ completed by states between October 1, 2014, and July 1, 2016.

Findings

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

¹ 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.

² A state APSR is a state's annual update to its CFSP, which is required under Titles IV-E and IV-B of the Social Security Act. Updates to state CAPTA plans are included in the APSR as warranted.

³ Annual assessments, and the resulting Assessment Summaries, play a key role in the Capacity Building Center for States' delivery of tailored services by identifying pressing needs and informing strategic choices about the services to best meet those needs. State participation in the assessment process is voluntary; however, participation is a prerequisite for receiving tailored services.

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 CAPTA State Grant is awarded pursuant to Section 106, which specifically outlines the 14 program areas for which CAPTA funds may be used for the purpose of assisting a state in improving its CPS system. The questions and the key findings for each program area are as follows:

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

- The program areas most frequently selected by states pertained to the following:
 - Intake, assessment, screening, and investigation of reports of child abuse or neglect (program area 1; 69 percent for FY 2015 and 60 percent for FY 2016);
 - Developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response (program area 4; 54 percent for FY 2015 and 50 percent for FY 2016); and
 - Case management, ongoing case monitoring, and delivery of services and treatment provided to families (program area 3; 54 percent for FY 2015 and 46 percent for FY 2016).
- These areas pertain to the immediate investigation and/or assessment process following a report of abuse or neglect, the ongoing monitoring of families, and meeting the service needs of the families. The data suggest that most states continue to be focused on improving the initial up-front processes of their child protective services (CPS) systems and ensuring service provision to families.
- States focused the least on the Section 106 program areas related to the following:
 - Service delivery for specialized populations, such as disabled infants (program

area 9; 19 percent for FY 2015 and 15 percent for FY 2016); and

- Children served dually with the juvenile justice system (program area 12; 15 percent for FY 2015 and 12 percent for FY 2016).

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

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

In addition, the Report includes information about tailored services requested of and/or provided

by the Capacity Building Center for States⁴ that align with one or more of the 14 programs areas listed in Section 106 of CAPTA. Of the 39 states that completed the Assessment Summaries during the period under review, 12 of the states requested and/or received tailored services that align with one or more of the programs areas. Five states (42 percent) requested tailored services to assist them in developing, strengthening, and facilitating training (program area 6), and four states (33 percent) requested tailored services to assist them in developing and updating systems of technology that support the program and track reports of child abuse and neglect (program area 5). Additionally, two states each requested services in intake, assessment, screening, and investigation of reports of child abuse or neglect (program area 1) and in improving the skills, qualifications, and availability of individuals providing services to children, families, and supervisors (program area 7).

Conclusion

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

Drawing conclusions about the effectiveness of states' use of the CAPTA Basic State Grant in making improvements in CPS systems is challenging given the information currently available through state CAPTA plans. A more thorough evaluation of the activities funded by CAPTA

⁴ In 2014, the Children's Bureau launched the Child Welfare Capacity Building Collaborative (the Collaborative). The Collaborative is a partnership among three centers—the Center for States, Center for Tribes, and Center for Courts. The Collaborative is designed to help public child welfare agencies, tribes, and courts enhance and mobilize the human and organizational assets necessary to meet federal standards and requirements; improve child welfare practice and administration; and achieve safety, permanency, and well-being outcomes for children and families.

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. To the extent practicable, HHS will use the information states provide in their annual updates on use of the CAPTA State Grant to determine how they are measuring improvements. Other federal efforts, including the *Annual Report to Congress on Child Welfare Outcomes*, available at <https://www.acf.hhs.gov/cb/resource/cwo-10-14>, also provide a means to assess state performance in ensuring the safety and well-being of children.

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Introduction

The 2010 reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA; Pub. 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 CAPTA, 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 third⁵ biennial Report provides information about the 50 states, the District of Columbia, and the Commonwealth of Puerto Rico⁶ (the states) regarding the CAPTA Section 106 program areas the states have identified as the focus of improvement efforts. This Report also provides information about the federally funded systems in place that provide training and technical assistance (T/TA) to the states to help them achieve the desired program improvements specified in their CAPTA and other federally mandated plans.

The CAPTA State Grant is based on a formula that allocates \$50,000 to each state as well as an additional amount based on the population of children age 18 and under in the state. The total appropriation for this grant was approximately \$25.3 million in each of fiscal year (FY) 2014

⁵ The first *Report to Congress on the Effectiveness of the Child Abuse Prevention and Treatment Act (CAPTA) State Programs and Technical Assistance* was published on August 2, 2013, and is available at <http://www.acf.hhs.gov/programs/cb/resource/capta-effectiveness-report-to-congress>. The second *Report to Congress on the Effectiveness of the Child Abuse Prevention and Treatment Act (CAPTA) State Programs and Technical Assistance* was submitted to Congress on March 3, 2015.

⁶ The latter two entities are included under the term “states” in the remainder of this report.

through FY 2017. The FY 2018 president's budget requests the same amount. The funds are used for an array of activities, mostly for leveraging state child protective services (CPS) systems to employ best practices or for contributing—along with other sources of funding—toward the support of states' respective multimillion dollar service delivery systems.⁷

This third biennial Report, as well as the first two *Reports to Congress on the Effectiveness of the Child Abuse Prevention and Treatment Act (CAPTA) State Programs and Technical Assistance*, focuses on providing an overview of how states have chosen to target their CAPTA funds and how those choices evolved 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.

It is not possible to assess the full effectiveness of CAPTA funding on state programs due to the following:

- It is difficult to measure the effectiveness of the vast array of activities supported by the CAPTA State Grant;
- CAPTA funds represent a very small percentage of the funds needed to achieve the programs objectives; and
- The information that states are statutorily required to provide in their state plans is descriptive rather than evaluative.

However, CAPTA does remain a critical source of federal guidance, structure, and influence in

⁷ A small proportion of the overall total comes from CAPTA.

promoting best practice in state CPS systems.

The CAPTA State Grant

Originally enacted in 1974, CAPTA supports public and private agency efforts to improve programs intended to protect children and strengthen families. Most recently reauthorized on December 20, 2010, the CAPTA Reauthorization Act of 2010 authorized the award of grants and contracts to states, Indian tribes and tribal organizations, and public or private agencies for the prevention, identification, assessment, and treatment of child abuse and neglect. The CAPTA State Grant is awarded pursuant to Section 106 of CAPTA for the purpose of assisting a state in improving its CPS system. To receive funds, each state must submit a plan, referred to as the CAPTA plan, which is to include, but is not limited to, information about the program areas selected by the state for improvement and the activities intended to support improvement in the selected program areas.

Section 106 of the CAPTA Reauthorization Act of 2010 includes the following 14 program areas on which states may spend their CAPTA grant funds:

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 caseworkers; 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; and

14. Developing and implementing procedures for collaboration among child protective services, domestic violence services, and other agencies in (a) investigations, interventions, and the delivery of services and treatment to children and families,

including the use of differential response where appropriate, and (b) the provision of services that assist children exposed to domestic violence and that also support the caregiving role of non-abusing parents.

National Child Welfare Resource Centers (NRCs), Child Welfare Implementation Centers (ICs), and the Child Welfare Capacity Building Collaborative

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

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

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

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

http://www.acf.hhs.gov/sites/default/files/cb/tta_network_directory_2014.pdf.

On October 1, 2014, building on the work of the NRCs and ICs, the Children's Bureau launched the Child Welfare Capacity Building Collaborative (the Collaborative). The Collaborative is a partnership among three centers—the Center for States, Center for Tribes, and Center for Courts. The Collaborative is designed to help public child welfare agencies, tribes, and courts enhance and mobilize the human and organizational assets necessary to meet federal standards and requirements; improve child welfare practice and administration; and achieve safety, permanency, and well-being outcomes for children and families. Information about each of the Centers and their work is available at <https://capacity.childwelfare.gov/>.

Report Questions

The preparation of this Report was guided by questions generated by CAPTA requirements 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 to meet the objectives of Section 106. The following questions were used:

- Which Section 106 program areas were selected by each state?
- Which activities and strategies were identified by each state to improve performance in the selected program areas?

In addition, this Report includes information about tailored services for states that were requested of and/or provided by the Center for States (the Center) that align with one or more of the 14

CAPTA programs areas as identified in states' Assessment Summaries⁸ completed in collaboration with the Center.

Methodology

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

- The FY 2015 and FY 2016 state CAPTA plans;
- The FY 2010 through FY 2014 and FY 2015 through FY 2019 State Child and Family Services Plans (CFSPs)⁹;
- The FY 2015 and FY 2016 State Annual Progress and Services Reports (APSRs)¹⁰; and
- The Assessment Summaries completed by states in conjunction with the Center between October 1, 2014, and July 1, 2016.

To address each Report question, a qualitative content analysis of the information was conducted. This Report presents the findings concerning the program areas selected by states and the activities identified as supporting efforts to improve in the selected program area.

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.

⁸ Annual assessments, and the resulting Assessment Summaries, play a key role in the Capacity Building Center for States' delivery of tailored services by identifying pressing needs and informing strategic choices about the services to best meet those needs. State participation in the assessment process is voluntary; however, participation is a prerequisite for receiving tailored services.

⁹ 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.

¹⁰ 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.

The table below presents the CAPTA program areas selected and the number of states that selected each area as reported in the CAPTA plans for FY 2015 and FY 2016, respectively.

Table 1: Number and Percent of States Selecting Each CAPTA Program Area		
Program area selected	*Number (percent) of states (N=52) FY 2015	Number (percent) of states (N=52) FY 2016
Program area 1: The intake, assessment, screening, and investigation of reports of child abuse or neglect	36 (69)	31 (60)
Program area 2: Creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols and improving legal preparation and representation	24 (46)	22 (42)
Program area 3: Case management, ongoing case monitoring, and delivery of services and treatment provided to families	28 (54)	24 (46)
Program area 4: Developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response	28 (54)	26 (50)
Program area 5: Developing and updating systems of technology that support the program and track reports of child abuse and neglect	16 (31)	15 (29)
Program area 6: Developing, strengthening, and facilitating training	23 (44)	22 (42)
Program area 7: Improving the skills, qualifications, and availability of individuals providing services to children, families, and supervisors	18 (35)	16 (31)
Program area 8: Developing and facilitating training protocols for individuals mandated to report child abuse and neglect	13 (25)	12 (23)
Program area 9: Developing, implementing, or operating programs to assist families of disabled infants with life-threatening conditions	10 (19)	8 (15)
Program area 10: Developing and delivering information to improve public education relating to the role and responsibilities of CPS, including the use of differential response	17 (33)	16 (31)
Program area 11: Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals	14 (27)	15 (29)
Program area 12: Supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system	8 (15)	6 (12)

Table 1: Number and Percent of States Selecting Each CAPTA Program Area		
Program area selected	*Number (percent) of states (N=52) FY 2015	Number (percent) of states (N=52) FY 2016
Program area 13: Supporting and enhancing interagency collaboration among public health agencies, agencies in the CPS system, and agencies carrying out private community-based programs	25 (48)	26 (50)
Program area 14: 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	14 (27)	14 (27)

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

As shown in the table, the program areas most frequently selected by states pertained to the intake, assessment, screening, and investigation of reports of child abuse or neglect (program area 1; 69 percent for FY 2015 and 60 percent for FY 2016); developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response (program area 4; 54 percent for FY 2015 and 50 percent FY 2016); and case management, ongoing case monitoring, and delivery of services and treatment provided to families (program area 3; 54 percent for FY 2015 and 46 percent for FY 2016). Since these areas pertain to the immediate investigation and/or assessment process following a report of abuse or neglect, the ongoing monitoring of families, and meeting the service needs of the families, the data suggest that most states are focused on improving the initial up-front processes of their child welfare systems and ensuring service provision to families. In contrast, very few states focused on the Section 106 program areas related to service delivery for specialized populations, such as disabled infants (program area 9; 19 percent for FY 2015 and 15 percent for FY 2016) and children served dually with the juvenile justice system (program area 12; 15 percent for FY 2015 and 12 percent for FY 2016).

The second *Report to Congress on the Effectiveness of the Child Abuse Prevention and Treatment Act (CAPTA) State Programs and Technical Assistance* provided information from the FY 2014 CAPTA plans. Information collected from the FY 2014 plans identified the most frequently selected program areas as 1, 3, and 4. Therefore, the data suggest that, in FY 2014, most states were also primarily focused on improving the initial up-front processes of their child welfare systems, as well as ongoing case monitoring and service provisions to families served by the CPS system.

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

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

The CAPTA plans of 36 states (69 percent) in FY 2015 and 31 states (60 percent) in FY 2016 identified program area 1 as an area in which they conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. Table 2 lists the strategies and activities that states indicated they used to make improvements in this program area. Information on the strategies and activities was available for 32 (89 percent) of the 36 states that selected program area 1 for FY 2015 and for 27 (87 percent) of the 31 states for FY 2016. Four states in FY 2015 and FY 2016 (11 and 13 percent, respectively) did not clearly identify the strategies or activities that they used to make improvements in this area.

Table 2: Strategies and Activities Selected to Support Improvement in Program Area 1 for FY 2015 (N=36) and for FY 2016 (N= 31)		
Program area 1: Activities to support improvement	*Number (percent) of states that identified this activity type FY 2015 (N=36)	*Number (percent) of states that identified this activity type FY 2016 (N=31)
Provided/supported training for CPS staff, such as training to increase proficiency in gathering sufficient information at CPS intake and analyzing the information to ensure informed screening decisions	18 (50)	14 (45)
Supported/enhanced current policies, practices, and/or practice models, such as strengthening the current safety assessment and updating CPS intake policy	17 (47)	14 (45)
Provided funding for external programs and/or contracts for services, such as child advocacy centers and a parental stress hotline	9 (25)	7 (23)
Evaluated current policies, practices, and/or practice models, such as evaluating the timeliness of CPS investigations and evaluating the effectiveness of the assessment process	9 (25)	5 (16)
Provided/supported training for systemic partners and/or mandated reporters, such as training on a new differential response system	8 (22)	6 (19)
Provided new and/or enhanced technology to support the CPS system, such as the automation of the child welfare e-manual	6 (16)	7 (23)
Established new policies, practices, and/or practice models, such as developing and implementing modified home study to be used by child protective investigators for assessment of a child's parent not currently residing in the household where the maltreatment incident occurred	6 (16)	7 (23)
Established, expanded, and/or enhanced the state's differential response system	5 (14)	4 (13)
Provided funding and support for CPS staff positions, such as funding for specialized staff to investigate reports of abuse and neglect while the child is in custody and placed in a foster home, group home, or institution	5 (14)	3 (10)
Supported/enhanced collaborative projects/programs with other agencies and organizations, such as a partnership with the department of pediatrics to provide services to children diagnosed with non-accidental trauma	5 (14)	5 (16)

Table 2: Strategies and Activities Selected to Support Improvement in Program Area 1 for FY 2015 (N=36) and for FY 2016 (N= 31)		
Program area 1: Activities to support improvement	*Number (percent) of states that identified this activity type FY 2015 (N=36)	*Number (percent) of states that identified this activity type FY 2016 (N=31)
Provided funding and/or support to citizen review panels, review boards, and CPS advisory councils, such as child fatality review teams	3 (8)	3 (10)
Provided public outreach/education on the intake and investigative process, such as a public awareness campaign about a state's child abuse and neglect reporting laws	3 (8)	2 (6)
Provided funding and/or support for CPS related conferences, such as state child abuse and neglect conferences	3 (8)	1 (3)
Provided funding and support for a specialized staff position, such as a full-time attorney to review cases of maltreatment in foster care and other special investigations.	3 (8)	3 (10)

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

The data indicate that one-half (50 percent) of the states selecting program area 1 for FY 2015 and 45 percent for FY 2016 indicated they provided and/or supported training for CPS staff in order to support this program area. This suggests that states believed that training staff to evaluate and investigate reports of child maltreatment is relevant to good decision-making and the protection of children. Almost one-half (47 percent) of states in FY 2015 and 45 percent of states in FY 2016 supported and/or enhanced current policies, practices, or practice models to achieve improvements in this area. This suggests that the states believed that they already had the basic functions in place, but, in some instances, needed to focus on enhancing them or ensuring that they were carried out as intended. One-fourth (25 percent) of the states in FY 2015 and almost one-fourth (23 percent) of the states in FY 2016 indicated that they provided funding for external contracts or programs in order to support this program area, while one-fourth (25

percent) of the states in FY 2015 indicated they evaluated current policies, practices, and practice models to determine how best to gain improvements in this program area.

Data from the FY 2014 CAPTA plans presented in the second *Report to Congress on the Effectiveness of the Child Abuse Prevention and Treatment Act (CAPTA) State Programs and Technical Assistance* indicated that 35 states (67 percent) selected program area 1 as an area in which they planned to or had conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. In addition, the primary activity/strategy identified by states to support improvements was to support and/or enhance current policies, practices, and/or practice models, which was also a key activity from the FY 2015 and FY 2016 CAPTA reports.

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

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

The CAPTA plans of 24 states (46 percent) in FY 2015 and 22 states (42 percent) in FY 2016 identified program area 2 as an area in which they conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. Table 3 lists the strategies and activities that states indicated they used to make improvements in this program area. Information on the

strategies and activities was available for 21 (88 percent) of the 24 states that selected program area 2 for FY 2015 and for 19 (86 percent) of the 22 states for FY 2016. Three states in FY 2015 and FY 2016 (12.5 and 14 percent, respectively) did not clearly identify the strategies or activities that they used to make improvements in this area.

Table 3: Strategies and Activities Selected to Support Improvement in Program Area 2 for FY 2015 (N=24) and for FY 2016 (N=22)		
Program area 2: Strategies/activities to support improvement	*Number (percent) of states that identified this activity type FY 2015 (N=24)	*Number (percent) of states that identified this activity type FY 2016 (N=22)
Provided/supported training for CPS staff, such as how to conduct a forensic interview with an individual who is developmentally disabled	10 (42)	11 (50)
Supported/enhanced collaborative projects/programs with other agencies and organizations, such as a collaboration to ensure that all children placed into state custody have legal representation in judicial proceedings	10 (42)	9 (41)
Provided funding for external programs and/or contracts for services, such as a pediatric forensic medicine contract that provides for medical evaluations of victims of child abuse and neglect	10 (42)	7 (32)
Provided/supported training for systemic partners and/or mandated reporters, such as training for law enforcement, state attorneys, and community partners on the policies, practices, and assessment tools used by the child welfare system	9 (38)	7 (32)
Supported/enhanced current policies, practices, and/or practice models, such as amending policy to provide administrative hearings, as well as administrative reviews, of substantiated investigations of child maltreatment	7 (29)	6 (27)
Provided funding and/or support to citizen review panels and child welfare advisory councils, such as a child fatality review panel	6 (25)	4 (18)
Provided funding and support for specialized staff positions, such as pediatrician consultants who are available throughout the state for expert input into CPS cases	4 (17)	4 (18)

Table 3: Strategies and Activities Selected to Support Improvement in Program Area 2 for FY 2015 (N=24) and for FY 2016 (N=22)		
Program area 2: Strategies/activities to support improvement	*Number (percent) of states that identified this activity type FY 2015 (N=24)	*Number (percent) of states that identified this activity type FY 2016 (N=22)
Established new policies, practices, and/or practice models, such as the development and implementation of a new model of joint investigations that includes the use of a forensic interviewer	3 (13)	2 (9)
Provided new and/or enhanced technology to support the CPS system, such as implementing a new CPS phone intake system, which increased the capacity to manage CPS intake calls and included a dedicated phone line for law enforcement calls	2 (8)	2 (9)
Evaluated current policies, practices, and/or practice models, such as reviewing and evaluating local agency response times to CPS reports	2 (8)	1 (5)
Provided funding and/or support for CPS related conferences, such as the Cross Cultural Conference in Montana	2 (8)	1 (5)
Provided public outreach/education on the child welfare system, such as a parent's guide to working with child protective services	1 (4)	1 (5)

*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 for FY 2015 and one-half (50 percent) of the states for FY 2016 reported that they provided and/or supported training for CPS staff to achieve improvements in this area. In addition, 42 and 41 percent of states selecting program area 2 for FY 2015 and FY 2016, respectively, reported that they supported and/or enhanced collaborative projects or programs with other agencies and organizations to achieve improvements, indicating that they had the collaborative relationships in place, but, in some instances, needed to focus on enhancing them or ensuring that they were carried out as intended. Forty-two percent of states in FY 2015 and 32 percent of states in FY 2016 indicated that they

provided funding for external programs and/or contracts for services to make improvements in this area. More than one-third (38 percent) of states selecting this area in FY 2015 and almost one-third (32 percent) of states in FY 2016 indicated that they provided and/or supported training for systemic partners and/or mandated reporters to achieve improvements. The data further indicate that more than one-fourth (29 and 27 percent) of states selecting program area 2 for FY 2015 and FY 2015, respectively, reported that they supported/enhanced current policies, practices, and/or practice models to support improvements in program area 2. This indicates that states believed that they already had the basic functions in place, but, in some instances, needed to focus on enhancing them or ensuring that they were carried out as intended. In FY 2015, one state revised its policy on differential response to assist in making improvements in this area, while in FY 2015 and FY 2016, one state provided various types of public outreach to systemic partners and the public in general to achieve improvements in program area 2.

Data from the FY 2014 CAPTA plans presented in the second *Report to Congress on the Effectiveness of the Child Abuse Prevention and Treatment Act (CAPTA) State Programs and Technical Assistance* indicated that 24 states (46 percent) selected program area 2 as an area in which they planned to or had conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. In addition, the primary activity/strategy identified by states to support improvements was to support and/or enhance collaborative projects/programs with other agencies and organizations, which also is a key finding from the FY 2015 and FY 2016 CAPTA reports.

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

The CAPTA plans of 28 states (54 percent) in FY 2015 and 24 states (46 percent) in FY 2016 identified program area 3 as an area in which they conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. Table 4 lists the strategies and activities that states indicated they used to make improvements in this program area. Information on the strategies and activities was available for 26 (93 percent) of the 28 states that selected program area 3 for FY 2015 and for 21 (88 percent) of the 24 states for FY 2016. Two states (7 percent) in FY 2015 and three states (13 percent) in FY 2016 did not clearly identify the strategies or activities that they used to make improvements in this area.

Table 4: Strategies and Activities Selected to Support Improvement in Program Area 3 for FY 2015 (N=28) and for FY 2016 (N=24)		
Program area 3: Strategies/activities to support improvement	*Number (percent) of states that identified this activity type FY 2015 (N=28)	*Number (percent) of states that identified this activity type FY 2016 (N=24)
Provided/supported training for CPS staff, such as training on a new safety methodology implemented by the state	15 (54)	10 (42)
Supported/enhanced current policies, practices, and/or practice models, such as continuing to support and fund the assessments required when a child has allegedly experienced a mental injury	14 (50)	13 (54)
Evaluated current policies, practices, and/or practice models, such as establishing a family continuous quality improvement process that allows parents, with prior CPS experience, to complete a confidential survey that provides feedback on CPS policy and practice within the state	10 (36)	5 (21)
Provided funding for external programs and/or contracts for services, such as funding for statewide language interpreter services for CPS staff working with families not proficient in English	9 (32)	5 (21)

Table 4: Strategies and Activities Selected to Support Improvement in Program Area 3 for FY 2015 (N=28) and for FY 2016 (N=24)		
Program area 3: Strategies/activities to support improvement	*Number (percent) of states that identified this activity type FY 2015 (N=28)	*Number (percent) of states that identified this activity type FY 2016 (N=24)
Supported/enhanced collaborative projects/programs with other agencies and organizations, such as a collaborative project with the Coalition Against Domestic Violence for programs for children who witness domestic violence and for the non-abusing parent	7 (25)	6 (25)
Provided new and/or enhanced technology to support the CPS system, such as updating the statewide automated child welfare information system to correspond with the new safety/practice model	7 (25)	5 (21)
Established new policies, practices, and/or practice models, such as the implementation of a new continuing quality assurance system and the implementation of a new safety practice model	5 (18)	3 (13)
Provided funding and support for CPS staff positions, such as frontline case managers and drug and alcohol screeners who accompany the social worker on investigations and assessments and identify substance abuse issues early in the case, as well as assist the parent in obtaining further clinical assessment and treatment as needed	4 (14)	4 (17)
Provided/supported training for systemic partners and/or mandated reporters, such as training on the new CPS safety/practice model	4 (14)	4 (17)
Provided funding and/or support to citizen review panels, review boards, and CPS advisory councils, such as support for a county citizen review board and child fatality review teams	3 (11)	4 (17)
Provided funding and/or support for child welfare related conferences, such as a state child abuse prevention conference	3 (11)	3 (13)
Provided public outreach/education on CPS issues, such as the revision and subsequent publication of a Family Assessment and Investigation brochure, and an Appeals and Fair Hearing brochure for families	2 (7)	1 (4)
Provided funding and support for specialized staff positions, such as a community/family liaison to work within the Ombudsman's Office to provide support for families with concerns about their CPS cases	2 (7)	1 (4)

Table 4: Strategies and Activities Selected to Support Improvement in Program Area 3 for FY 2015 (N=28) and for FY 2016 (N=24)		
Program area 3: Strategies/activities to support improvement	*Number (percent) of states that identified this activity type FY 2015 (N=28)	*Number (percent) of states that identified this activity type FY 2016 (N=24)
Expanded and/or enhanced a differential response system	2 (7)	N/A

*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 (54 percent) of the states that selected program area 3 for FY 2015 and 42 percent of states that selected it for FY 2016 reported that they provided training to their CPS staff in order to achieve improvements in this area. In addition, one-half (50 percent) of the states that selected it for FY 2015 and more than one-half (54 percent) of the states that selected it for FY 2016 reported that they supported and/or enhanced current policies, practices, or practice models in order to achieve improvements. For FY 2015, more than one-third (36 percent) of the states selecting this program area indicated that they evaluated current policies, practices, and/or practice models in order to achieve improvements in this area, while almost one-third (32 percent) of the states in FY 2015 indicated that they provided funding for external programs and/or contracts for services in order to make improvements. One-fourth (25 percent) of the states that selected program area 3 in FY 2015 and FY 2016 reported that they supported and enhanced collaborative projects/programs in order to make improvements in this area. One state developed and published a newsletter for CPS staff to keep them updated on child welfare research and emerging trends in the field to support improvements in this area.

Data from the FY 2014 CAPTA plans presented in the second *Report to Congress on the Effectiveness of the Child Abuse Prevention and Treatment Act (CAPTA) State Programs and Technical Assistance* indicated that 29 states (56 percent) selected program area 3 as an area in which they planned to or had conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. In addition, the primary activity/strategy identified by states to support improvements was to support and/or enhance current policies, practices, and/or practice models, which also was a key finding in the FY 2015 and FY 2016 CAPTA reports.

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

The CAPTA plans of 28 states (54 percent) in FY 2015 and 26 states (50 percent) in FY 2016 identified program area 4 as an area in which they conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. Table 5 lists the strategies and activities that states indicated they used to make improvements in this program area. Information on the strategies and activities was available for 23 (82 percent) of the 28 states that selected program area 4 for FY 2015 and for 19 (73 percent) of the 26 states for FY 2016. Five states (18 percent) in FY 2015 and seven states (30 percent) in FY 2016 did not clearly identify the strategies or activities that they used to make improvements in this area.

<p>Table 5: Strategies and Activities Selected to Support Improvement in Program Area 4 for FY 2015 (N=28) and for FY 2016 (N=26)</p>

Program area 4: Strategies/activities to support improvement	*Number (percent) of states that identified this activity type FY 2015 (N=28)	*Number (percent) of states that identified this activity type FY 2016 (N=26)
Provided/supported training for CPS staff, such as training on the new practice models and assessment tools, and advanced safety training for supervisors	13 (46)	8 (31)
Supported/enhanced current policies, practices, and/or practice models, such as developing and distributing a Safety Guidebook that takes workers through the safety assessment process and assists them and their supervisors in making sound safety decisions.	11 (39)	9 (35)
Evaluated current policies, practices, and/or practice models, such as reviewing the consistency, fidelity, and enhancement of a safety assessment tool	9 (32)	5 (19)
Established new policies, practices, and/or practice models, such as purchasing portable cribs that could be provided to families in the most critical need of safe sleeping arrangements for their infants	6 (21)	5 (19)
Implemented, expanded, and/or enhanced a differential response system	6 (21)	4 (15)
Provided/supported training for systemic partners and/or mandated reporters, such as training to foster parents and other stakeholders on the prevention of human trafficking and the prudent parent standard as outlined in the Preventing Sex Trafficking and Strengthening Families Act	3 (11)	4 (15)
Provided new and/or enhanced technology to support the CPS system, such as the developing and implementing an online reporting system for professionals for CPS reports that do not warrant immediate screening and response	3 (11)	3 (12)
Supported/enhanced collaborative projects/programs with other agencies and organizations, such as collaboration with the department of health, office of the chief medical examiner, and CPS to establish and maintain regional child fatality review teams to review all cases in which a child dies	2 (7)	2 (8)
Provided funding and/or support for child welfare related conferences, such as state child abuse and neglect conference	2 (7)	2 (8)
Provided funding and/or support to citizen review panels, review boards, and CPS advisory councils, such as regional child fatality review teams	2 (7)	1 (4)

Table 5: Strategies and Activities Selected to Support Improvement in Program Area 4 for FY 2015 (N=28) and for FY 2016 (N=26)		
Program area 4: Strategies/activities to support improvement	*Number (percent) of states that identified this activity type FY 2015 (N=28)	*Number (percent) of states that identified this activity type FY 2016 (N=26)
Provided funding for external programs and/or contracts for services, such as child advocacy centers and domestic violence prevention programs	1 (4)	3 (12)

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

Almost one-half (46 percent) of the states selecting program area 4 in FY 2015 reported that they provided training to their CPS staff in order to achieve improvements in this area. The data indicate that more than one-third (39 and 35 percent) of the states selecting this program area for FY 2015 and FY 2016, respectively, indicated that they supported and/or enhanced current policies, practices, or practice models in order to achieve improvements in this area, and almost one-third (32 percent) of the states that chose this program area for FY 2015 indicated they evaluated current policies, practices, and practice models to determine how best to gain improvements in this program area. To support improvement in this program area, one state provided funding and support for CPS coordinators who developed policies and procedures and provided training and consultation to program administration and CPS staff to ensure consistent and appropriate CPS responses. Another state developed brochures for families and systemic partners explaining the CPS process. In addition, one state procured scene investigation kits for CPS Investigators that included such items as a face mask, goggles, foot covers, sterile gloves, water and air thermometers, masking tape, disposable towels, a flashlight, hand sanitizer, and a tote/bag to carry the supplies to help protect the investigator's health and safety, as well as the fidelity of the scene.

Data from the FY 2014 CAPTA plans presented in the second *Report to Congress on the Effectiveness of the Child Abuse Prevention and Treatment Act (CAPTA) State Programs and Technical Assistance* indicated that 30 states (58 percent) selected program area 4 as an area in which they planned to or had conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. In addition, the primary activity/strategy identified by states to support improvements was to support and/or enhance current policies, practices, and/or practice models, which is consistent with the findings from the FY 2015 CAPTA report. However, in FY 2016, the primary activity/strategy identified by states was to provide and/or support training for CPS staff.

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

The CAPTA plans of 16 states (31 percent) in FY 2015 and 15 states (29 percent) in FY 2016 identified program area 5 as an area in which they conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. Table 6 lists the strategies and activities that states indicated they used to make improvements in this program area. This information was available for 12 (75 percent) of the 16 states that selected program area 5 for FY 2015 and for 12 (80 percent) of the 15 states for FY 2016. Four states (25 percent) in FY 2015, as well as three states (20 percent) in FY 2015 did not clearly identify the strategies or activities that they used to make improvements in this area.

<p>Table 6: Strategies and Activities Selected to Support Improvement in Program Area 5 for FY 2015 (N=16) and for FY 2016 (N=15)</p>

Program area 5: Strategies/activities to support improvement	*Number (percent) of states that identified this activity type FY 2015 (N=16)	*Number (percent) of states that identified this activity type FY 2016 (N=15)
Provided new and/or enhanced technology to support the CPS system, 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	12 (75)	10 (67)
Supported/enhanced current policies, practices, and/or practice models, such as revising the safety assessment tools used by CPS staff	5 (31)	5 (33)
Provided training to CPS staff, such as training on enhancements to the child welfare management information system and training to increase CPS staff's ability to analyze SACWIS ¹¹ data to enhance the agency's ability to support decision-making	4 (25)	6 (40)
Evaluated current policies, practices, and/or practice models, such as the review of the current SACWIS to determine the need for further enhancements	3 (19)	2 (13)
Established new policies, practices, and/or practice models, such as hosting the "Good Practice Campaign" on the agency's intranet site to highlight information, training, resources, and tips regarding child abuse/neglect prevention, treatment, well-being, and family engagement, etc. to provide education and resources to staff in areas identified for awareness or improvement	3 (19)	3 (20)

*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 (75 percent) of the states in FY 2015 and two-thirds (67 percent) of the states in FY 2016 that selected program area 5 reported that they provided new and/or enhanced technology to support the CPS system in order to achieve improvements in this area. This suggests that many states believed that they already had the

¹¹ Statewide Automated Child Welfare Information System (SACWIS)

basic technology in place, but, in some instances, needed to focus on enhancing or expanding the technology to support the child welfare system.

Data from the FY 2014 CAPTA plans presented in the second *Report to Congress on the Effectiveness of the Child Abuse Prevention and Treatment Act (CAPTA) State Programs and Technical Assistance* indicated that 17 states (33 percent) selected program area 5 as an area in which they planned to or had conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. In addition, the primary activity/strategy identified by states to support improvements was to provide new and/or enhanced technology to CPS staff, which is consistent with the findings from the FY 2015 and FY 2016 CAPTA reports.

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

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

The CAPTA plans of 23 states (44 percent) in FY 2015 and 22 states (42 percent) in FY 2016 identified program area 6 as an area in which they conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. Table 7 lists the strategies and activities that states indicated they used to make improvements in this program area. This information was

available for 21 (91 percent) of the 23 states that selected program area 7 for FY 2015 and for 20 (91 percent) of the 22 states for FY 2016. Two states (8 percent) in FY 2015 and FY 2016 did not clearly identify the strategies or activities that they used to make improvements in this area.

Table 7: Strategies and Activities Selected to Support Improvement in Program Area 6 for FY 2015 (N=23) and for FY 2016 (N=22)		
Program area 6: Strategies/activities to support improvement	*Number (percent) of states that identified this activity type FY 2015 (N=23)	*Number (percent) of states that identified this activity type FY 2016 (N=22)
Provided/supported training for CPS staff on various topics	20 (87)	19 (86)
Provided/supported training for systemic partners and/or mandated reporters, such as pre-service training for court-appointed special advocates and guardians ad litem, including child development training and an upgrade to the online mandated reporter training	8 (35)	7 (32)
Provided funding and/or support for CPS-related conferences, such as a statewide child abuse and neglect conference	5 (22)	5 (23)
Supported/enhanced collaborative projects/programs with other agencies and organizations, such as the Trauma Informed Committee that developed core competencies for all agencies to follow in becoming trauma informed	2 (9)	1 (5)
Provided funding for external programs and/or contracts for services, such as a contract with a state university to provide advanced training to CPS staff on an annual basis	1 (4)	3 (14)
Provided new and/or enhanced technology to CPS staff, such as funding the statewide use of Accurint used to locate relatives and permanent connections for children and youth in foster care	1 (4)	2 (9)
Provided CPS staff with support programs and services, such as providing therapeutic support to CPS staff experiencing secondary trauma	1 (4)	2 (9)

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

The data indicate that 87 percent of states in their FY 2015 CAPTA plans and 86 percent of states in their FY 2016 CAPTA plans indicated that they provided trainings on various topics to

CPS staff to achieve improvements in this area. Some of the training topics referenced in state CAPTA plans were new caseworker training, supervisor training, training on differential response, child development training, family engagement training, training on the legal responsibilities of CPS staff, training on the prevention of human trafficking and the prudent parent standard, and caseworker safety. In addition, in the FY 2015 and FY 2016 plans, approximately one-third (35 and 32 percent, respectively) of the states indicated that they provided training to systemic partners or to mandated reporters. Almost one-fourth (22 and 23 percent respectively) of the states selecting program area 6 in FY 2015 and FY 2016 plans indicated that they provided funding and/or support for child welfare related conferences and/or for staff to attend these conferences. In addition, states indicated that they used the following strategies to achieve improvements in program area 6:

- Provided funding for staff support of citizen review panels;
- Analyzed data to make practice improvements in out-of-home placements; and
- Expanded the state's differential response system to more areas of the state.

Data from the FY 2014 CAPTA plans presented in the second *Report to Congress on the Effectiveness of the Child Abuse Prevention and Treatment Act (CAPTA) State Programs and Technical Assistance* indicated that 24 (46 percent) of the states selected program area 6 as an area in which they planned to or had conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. In addition, the primary activity/strategy identified by states to support improvements in this area was to provide and or enhance training for CPS staff, which is consistent with the findings from the FY 2015 and FY 2016 CAPTA reports.

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

The CAPTA plans of 18 states (35 percent) in FY 2015 and 16 states (31 percent) in FY 2016 identified program area 7 as an area in which they conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. Table 8 lists the strategies and activities that states indicated they used to make improvements in this program area. This information was available for 17 (94 percent) of the 18 states that selected program area 7 for FY 2015 and for 13 (81 percent) of the 16 states for FY 2016. One state (6 percent) in FY 2015 and three states (19 percent) in FY 2016 did not clearly identify the strategies or activities that they used to make improvements in this area.

Table 8: Strategies and Activities Selected to Support Improvement in Program Area 7 for FY 2015 (N=18) and for FY 2016 (N=16)		
Program area 7: Strategies/activities to support improvement	*Number (percent) of states that identified this activity type FY 2015 (N=18)	*Number (percent) of states that identified this activity type FY 2016 (N=16)
Provided/supported training for CPS staff on various topics	14 (78)	12 (75)
Provided/supported training for mandated reporters and/or systemic partners, such as forensic interviewing training for law enforcement and court personnel, foster parent training, and training on recent changes to the mandated reporting laws	6 (33)	6 (37.5)
Supported/enhanced collaborative projects/programs with other agencies and organizations, such as a partnership with a state-funded college of social work to develop and strengthen social worker recruitment, retention, and training in CPS	5 (28)	4 (25)

Table 8: Strategies and Activities Selected to Support Improvement in Program Area 7 for FY 2015 (N=18) and for FY 2016 (N=16)		
Program area 7: Strategies/activities to support improvement	*Number (percent) of states that identified this activity type FY 2015 (N=18)	*Number (percent) of states that identified this activity type FY 2016 (N=16)
Supported/enhanced current policies, practices, and/or practice models, such as funding and supporting a parent partner program, including the foster parent/birth parent mentoring program	4 (22)	4 (25)
Provided funding and/or support for CPS-related conferences, such as hosting a child abuse prevention conference and a supervisors' conference	4 (22)	2 (12.5)
Provided funding and support for CPS staff positions, such as an assessment and case planning specialist who provides intensive, onsite staff support to increase the skills, knowledge, and expertise of frontline staff in child safety and risk assessment, safety planning, strength and needs assessment, and behaviorally based case planning	3 (17)	2 (12.5)
Provided funding for external programs and/or contracts for services, such as a contract to centralize all CPS intake calls for a rural region	2 (11)	3 (19)
Established new policies, practices, and/or practice models, such as new safety management models	2 (11)	3 (19)
Provided public outreach/education, such as media campaigns about the dangers of co-sleeping	2 (11)	3 (19)
Provided funding and support for specialized staff positions, such as health care consultants who provide input into the medical treatment of children who have been abused and neglected	2 (11)	2 (12.5)
Provided new and/or enhanced technology to CPS staff, such as SACWIS screen changes to complement revised policy and case guidance	2 (11)	2 (12.5)
Provided CPS staff with support programs and services, such as training on and therapeutic support for CPS staff experiencing secondary trauma	2 (11)	1 (6)
Developed staff recruitment materials, including videos with current CPS staff providing information about working in CPS	2 (11)	1 (6)

Table 8: Strategies and Activities Selected to Support Improvement in Program Area 7 for FY 2015 (N=18) and for FY 2016 (N=16)		
Program area 7: Strategies/activities to support improvement	*Number (percent) of states that identified this activity type FY 2015 (N=18)	*Number (percent) of states that identified this activity type FY 2016 (N=16)
Evaluated current policies, practices, and/or practice models, such as the evaluation of response times to reports of suspected child abuse and neglect, face-to-face contact with victims, first meaningful contacts, and compliance with the statute in making determinations within required timeframes	1 (6)	2 (12.5)

*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, more than three-fourths (78 percent) of the states in FY 2015 and three-fourths (75 percent) of the states in FY 2016 indicated in their CAPTA plans that they provided trainings to CPS staff to help make improvements in this area. The training topics identified in the state CAPTA plans by these states included new caseworker training, supervisor training, investigation policy and procedure training, risk and safety assessment training, critical skills for gathering information from children training, and a parent partner program in which parents provide training to CPS staff. In addition, one-third (33 percent) of the states in FY 2015 and more than one-third (37.5 percent) in FY 2016 indicated that they provided training to systemic partners and/or mandated reporters. More than one-fourth (28 percent) of the states in FY 2015 and one-fourth (25 percent) of the states in FY 2016 indicated that they supported and/or enhanced collaborative projects/programs with other agencies and organizations to achieve improvements in program area 7.

Data from the FY 2014 CAPTA plans presented in the second *Report to Congress on the Effectiveness of the Child Abuse Prevention and Treatment Act (CAPTA) State Programs and Technical Assistance* indicated that 19 states (37 percent) selected program area 7 as an area in which they planned to or had conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. In addition, the primary activity/strategy identified by states to support improvements in this area was to provide and or enhance training for CPS staff, which is consistent with the findings from the FY 2015 and FY 2016 CAPTA reports.

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

The CAPTA plans of 13 states (25 percent) in FY 2015 and 12 states (23 percent) in FY 2016 identified program area 8 as an area in which they conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. Table 9 lists the strategies and activities that states indicated they used to make improvements in this program area. Information on the strategies and activities was available for 12 (92 percent) of the 13 states that selected program area 8 for FY 2015 and for 11 (92 percent) of the 12 states for FY 2016. One state (8 percent) in both FY 2015 and FY 2016 did not clearly identify the strategies or activities that it used to make improvements in this area.

Table 9: Strategies and Activities Selected to Support Improvement in Program Area 8 for FY 2015 (N=13) and for FY 2016 (N=12)		
Program area 8: Strategies/activities to support improvement	*Number (percent) of states that identified this activity type FY 2015 (N=13)	*Number (percent) of states that identified this activity type FY 2016 (N=12)
Provided training for mandated reporters and/or systemic partners, such as web-based mandated reporter training and training on recognizing the signs of child abuse and neglect	10 (77)	10 (83)
Provided/supported training for CPS staff, such as training on changes to the mandated reporting laws	4 (31)	5 (42)
Provided new and/or enhanced technology to support the CPS system, such as the development of a basic mandated reporting tips application for Android users, that can be downloaded from the Android Marketplace or Google Play Store	3 (23)	3 (25)
Provided public outreach/education on the reporting process, such as implementing a public education and awareness campaign for targeted audiences to increase knowledge of the CPS system and improve reporting of alleged child abuse and neglect	3 (23)	3 (25)
Supported/enhanced collaborative projects/programs with other agencies and organizations, such as collaborating with health care providers to emphasize the need to notify CPS of infants born with and identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a fetal alcohol spectrum disorder	2 (15)	3 (25)
Supported/enhanced current policies, practices, and/or practice models, such as offering mandated reporter training on a monthly basis and continuing to refine and improve training for mandated reports	2 (15)	2 (17)
Evaluated current practices, such as the continued exploration and evaluation of data related to mandated reporter online training modules	2 (15)	1 (8)

*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 (77 and 83 percent) of the states selecting program area 8 in FY 2015 and FY 2016, respectively, reported that they provided targeted training to those individuals mandated to report child abuse and neglect in order to achieve improvements in

this area. Almost one-third (31 percent) of states in FY 2015 and more than one-third (42 percent) in FY 2016 reported that they provided training to CPS staff to support improvements for area 8. In addition, almost one-fourth (23 percent) of states in FY 2015 and one-fourth (25 percent) in FY 2016 indicated that they provided public outreach/education on the process of reporting child abuse and neglect and provided new and/or enhanced technology to achieve improvements in this area. One state reported that it supported a state child abuse and neglect conference attended by systemic partners, stakeholders, and CPS personnel to support improvements.

Data from the FY 2014 CAPTA plans presented in the second *Report to Congress on the Effectiveness of the Child Abuse Prevention and Treatment Act (CAPTA) State Programs and Technical Assistance* indicated that 12 states (23 percent) selected program area 8 as an area in which they planned to or had conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. In addition, the primary activity/strategy identified by states to support improvements in this area was to provide and/or support training for systemic partners and/or mandated reporters, which is consistent with the findings from the FY 2015 and FY 2016 CAPTA reports.

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

- Existing social and health services;
- Financial assistance;

- **Services necessary to facilitate adoptive placement of any such infants who have been relinquished for adoption; and**
- **The use of differential response in preventing child abuse and neglect.**

The CAPTA plans of nine states (17 percent) in FY 2015 and seven states (13 percent) in FY 2016 identified program area 9 as an area in which they conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. Table 10 lists the strategies and activities that states indicated they used to make improvements in this program area. Information on the strategies and activities was available for eight (89 percent) of the nine states that selected program area 9 for FY 2015 and for six (86 percent) of the seven states that selected area 9 for FY 2016. One state (11 and 14 percent) in FY 2015 and FY 2016, respectively, did not clearly identify the strategies or activities that it used to make improvements in this area.

Table 10: Strategies and Activities Selected to Support Improvement in Program Area 9 for FY 2015 (N=9) and for FY 2016 (N=7)		
Program area 9: Strategies/activities to support improvement	*Number (percent) of states that identified this activity type FY 2015 (N=9)	*Number (percent) of states that identified this activity type FY 2016 (N=7)
Supported/enhanced collaborative projects/programs with other agencies and organizations, such as a collaborative agreement with the state chapter of pediatrics for the availability of pediatricians to assist with “Baby Doe” cases	4 (44)	5 (71)
Supported/enhanced current policies, practices, and/or practice models, such as policies and programs that assist with coordinating necessary services for families of disabled infants with life-threatening conditions	4 (44)	4 (57)
Provided funding and support for CPS and/or specialized staff positions, such as a developmental disability specialist who in partnership with the assigned case manager, coordinated services to children with disabilities and special health care needs.	3 (33)	3 (43)

Table 10: Strategies and Activities Selected to Support Improvement in Program Area 9 for FY 2015 (N=9) and for FY 2016 (N=7)		
Program area 9: Strategies/activities to support improvement	*Number (percent) of states that identified this activity type FY 2015 (N=9)	*Number (percent) of states that identified this activity type FY 2016 (N=7)
Provided public outreach/education, such as a statewide campaign to increase public awareness of the need for respite care for children with special needs	2 (22)	2 (29)
Provided funding for external programs and/or contracts for services, such as a contract with medical providers to assist in the investigations of suspected medical neglect	N/A	2 (29)

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

To achieve improvements in this area, almost one-half (44 percent) of the states selecting program area 9 for FY 2015 and almost three-fourths (71 percent) of the states in FY 2016 indicated that they provided support and/or enhanced collaborative projects/programs with other agencies and organizations to achieve improvements in this area, while approximately one-half (44 and 57 percent) of the states in FY 2015 and FY 2016, respectively, indicated that they supported and/or enhanced current policies, practices, and/or practice models to make improvements. This again suggests that the states believed that they already had the basic functions in place, but, in some instances, needed to focus on enhancing them or ensuring that they were carried out as intended. In addition, to support improvement in program area 9, one-third (33 percent) of the states in FY 2015 and 43 percent of the states in FY 2016 indicated that they provided funding and support for specialized staff positions. The strategies and activities indicated by the states generally targeted the specialized population of disabled infants. In addition to those listed in the Table 10, states indicated that they used the following strategies to achieve improvements in program area 9:

- A medical advisory committee, which included CPS staff, reviewed policies and made

recommendations on how CPS could meet the medical needs of children and also provided a bi-monthly forum to discuss medical issues pertaining to child abuse and neglect;

- The medical advisory committee convened an annual conference, supported by the CPS agency, on abuse and neglect;
- The state created a substance-exposed newborn policy that required multiple case staffings between CPS administration, CPS supervisors, and the Bureau of General Counsel to ensure that present and impending danger are being assessed for these children; and
- The state provided training for CPS staff and systemic partners on health resources for children with intellectual and developmental disabilities.

Data from the FY 2014 CAPTA plans presented in the second *Report to Congress on the Effectiveness of the Child Abuse Prevention and Treatment Act (CAPTA) State Programs and Technical Assistance* indicated that eight states (15 percent) selected program area 9 as an area in which they planned to or had conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. The two primary activities and strategies identified by states were to (1) provide support and/or enhance current policies, practices, and/or practice models and (2) support and/or enhance collaborative projects/programs with other agencies and organizations, which is consistent with the findings from the FY 2015 and FY 2016 CAPTA reports.

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

The CAPTA plans of 17 states (33 percent) in FY 2015 and 16 states (31 percent) in FY 2016 identified program area 10 as an area in which they conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. Table 11 lists the strategies and activities that states indicated they used to make improvements in this program area. Information on the strategies and activities was available for 15 (88 percent) of the 17 states that selected program area 10 for FY 2015 and for 14 (88 percent) of the 16 states for FY 2016. Two states (12 and 13 percent) in FY 2015 and FY 2016, respectively, did not clearly identify the strategies or activities that it used to make improvements in this area.

Table 11: Strategies and Activities Selected to Support Improvement in Program Area 10 for FY 2015 (N=17) and for FY 2016 (N=16)		
Program area 10: Strategies/activities to support improvement	*Number (percent) of states that identified this activity type FY 2015 (N=17)	*Number (percent) of states that identified this activity type FY 2016 (N=16)
Provided public outreach/education on issues relevant to CPS, such as a public awareness campaign to increase the knowledge of the state CPS system's centralized intake number and various public awareness campaigns on keeping children safe, e.g., "Safe sleep for your baby" and "Hugs and Kisses," a child sexual abuse play presented to school children across the state	9 (53)	9 (56)
Provided/supported training for systemic partners and/or mandated reporters, such as training on the responsibilities of a mandated reporter and detecting and reporting child abuse and neglect for school personnel	9 (53)	8 (50)

Table 11: Strategies and Activities Selected to Support Improvement in Program Area 10 for FY 2015 (N=17) and for FY 2016 (N=16)		
Program area 10: Strategies/activities to support improvement	*Number (percent) of states that identified this activity type FY 2015 (N=17)	*Number (percent) of states that identified this activity type FY 2016 (N=16)
Supported/enhanced collaborative projects/programs with other agencies and organizations, such as providing a forum through regular meetings with stakeholders to assist in improving collaboration, communication, and case decisions	6 (35)	6 (38)
Provided funding and/or support to citizen review panels, review teams, and CPS advisory councils, such as state and local citizen review panels and child fatality review teams	1 (6)	1 (6)
Provided funding for external programs and/or contracts for services, such as a contract with a state-funded university for the publication of a child protection newsletter that provides the latest resources and research on CPS issues	3 (18)	3 (19)
Provided/supported training for CPS staff, such as providing training for county CPS staff to improve knowledge and understanding of secondary trauma	3 (18)	4 (25)
Provided support for CPS staff positions, such as a state-level liaison for tribes	2 (12)	2 (13)
Provided funding and/or support for CPS-related conferences, such as a regional child abuse and neglect conference	3 (18)	3 (19)

*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 (53 and 56 percent) of the states selecting program area 10 in FY 2015 and in FY 2016, respectively, indicated that they provided public outreach and education on issues relevant to CPS to achieve improvements in this area. The topics of public outreach ranged from videos explaining child abuse and neglect and CPS intervention to public awareness campaigns about safe sleeping with infants and safe haven laws for relinquishing young children. In addition, more than one-half (53 percent) of the states selecting this program area in FY 2015 and one-half (50 percent) of the states for FY 2016 indicated that they supported

and/or provided training for mandated reporters and/or systemic partners in order to support improvements. More than one-third (35 and 38 percent) of the states for FY 2015 and FY 2016, respectively, indicated that they supported and/or enhanced collaborative projects/programs with other agencies and organizations to make improvements in program area 10. In addition, states indicated that they used the following strategies to achieve improvements in program area 10:

- Provided funding to an external agency for parent education and home visitation for new parents;
- Provided support to case managers experiencing secondary trauma; and
- Developed an e-learning platform for mandated reporter training.

Data from the FY 2014 CAPTA plans presented in the second *Report to Congress on the Effectiveness of the Child Abuse Prevention and Treatment Act (CAPTA) State Programs and Technical Assistance* indicated that 16 states (31 percent) selected program area 10 as an area in which they planned to or had conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. In addition, the primary activity/strategy identified by states to support improvements in this area was to provide public outreach and/or education on issues relevant to the CPS system, which is consistent with the findings from the FY 2015 and FY 2016 CAPTA reports. Another key activity/strategy of the states was training for systemic partners and mandated reporters, which also is consistent with FY 2015 and FY 2016 data.

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

The CAPTA plans of 14 states (27 percent) in FY 2015 and 15 states (29 percent) in FY 2016 identified program area 11 as an area in which they conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. Table 12 lists the strategies and activities that states indicated they used to make improvements in this program area. Information on the strategies and activities was available for 13 (93 percent) of the 14 states that selected program area 11 for FY 2015 and for 13 (87 percent) of the 15 states that selected area 11 for FY 2016. One state (7 percent) in FY 2015 and two states (13 percent) in FY 2016 did not clearly identify the strategies or activities that they used to make improvements in this area.

Table 12: Strategies and Activities Selected to Support Improvement in Program Area 11 for FY 2015 (N=14) and for FY 2016 (N=15)		
Program area 11: Strategies/activities to support improvement	*Number (percent) of states that identified this activity type FY 2015 (N=14)	*Number (percent) of states that identified this activity type FY 2016 (N=15)
Provided funding for external programs and/or contracts for services, such as a contract with a college of social work for the Grandparent Connections program and a contract for a 24-hour hotline (or stress line) for parents to call when having a parenting crisis	8 (57)	9 (60)
Supported/enhanced collaborative projects/programs with other agencies and organizations, such as a minority youth and family initiative that works closely with community-based partnerships and local prevention providers to build relationships with minority communities and to assist in the development of community-based prevention programs that meet their specific needs	8 (57)	7 (47)
Provided funding and/or support to citizen review panels, review teams, and CPS advisory councils, such as child welfare boards that support public/private partnerships in their communities	7 (50)	7 (47)
Supported/enhanced current policies, practices, and/or practice models, such as continuing to support a practice that addressed disproportionality within the CPS system	4 (29)	4 (27)

Table 12: Strategies and Activities Selected to Support Improvement in Program Area 11 for FY 2015 (N=14) and for FY 2016 (N=15)		
Program area 11: Strategies/activities to support improvement	*Number (percent) of states that identified this activity type FY 2015 (N=14)	*Number (percent) of states that identified this activity type FY 2016 (N=15)
Provided/supported training for CPS staff, such as training frontline CPS staff on family engagement skills and child death investigations	3 (21)	5 (33)
Provided/supported training for systemic partners and/or mandated reporters, such as annual training on child death investigations, child abuse and neglect definitions, new protocols, and prevention for CPS staff, medical examiners, law enforcement, and other professionals	3 (21)	3 (20)
Provided new and/or enhanced technology to support the CPS system, such as the development of a data collection system to collect accurate death information for children under the care and supervision of CPS	3 (21)	2 (13)
Provided training and parent education to families served by the CPS system	3 (21)	2 (13)
Provided funding for and/or supported CPS-related conferences, such as a safety forum that brought together community partners, prosecutors, and families to discuss child safety and to educate the community on the shared responsibility for child safety	2 (14)	2 (13)
Provided/supported public outreach/education on issues relevant to CPS, such the development of brochures for parents that provide an overview of the CPS system, and various public awareness activities during child abuse prevention month	2 (14)	1 (7)

*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 and 60 percent) of the states selecting program area 11 for FY 2015 and FY 2016, respectively, indicated that they provided funding for external programs and/or contracts for services to achieve improvements in this program area. More than one-half (57 percent) of the states selecting program area 11 for FY 2015 and almost one-half (47 percent) of the states in FY 2016 indicated that they supported and/or enhanced collaborative projects/programs with other agencies and organizations. One-half (50 percent) of the states in

FY 2015 and almost one-half (47 percent) in FY 2016 indicated support for improvements in this area by providing funding to and/or supporting citizen review panels, other review teams, and CPS advisory councils. More than one-fourth (29 and 27 percent) of the states selecting program area 11 in FY 2015 and FY 2016, respectively, indicated they supported and/or enhanced current policies, practices, and/or practice models to make improvements in this program area. One-third (33 percent) of the states in FY 2016 indicated that they provided and/or supported training for CPS staff to achieve improvements. States also indicated they used the following strategies to achieve improvements in program area 11:

- Participated in the development of training to assist CPS and community-based organizations in developing a structure to recruit, train, and support parent leaders in their communities and to engage parent leaders in the planning, development, and evaluation of parent leadership strategies/programs to meet the diverse needs of families; and
- Enhanced a statewide differential response system.

Data from the FY 2014 CAPTA plans presented in the second *Report to Congress on the Effectiveness of the Child Abuse Prevention and Treatment Act (CAPTA) State Programs and Technical Assistance* indicated that 15 states (29 percent) selected program area 11 as an area in which they planned to or had conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. In addition, the primary activity/strategy identified by states to support improvements in this area was supporting and/or enhancing collaborative projects/programs with other agencies and organizations as the primary activity for achieving improvements in program area 11, with providing funding for external programs being the second most popular activity/strategy, which were both key findings in FY 2015 and FY 2016.

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

The CAPTA plans of eight states (15 percent) in FY 2015 and six states (12 percent) in FY 2016 identified program area 12 as an area in which they conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. Table 13 lists the strategies and activities that states indicated they would use to make improvements in this program area. Information on the strategies and activities was available for six (75 percent) of the eight states that selected program area 12 for FY 2015 and for five (83 percent) of the six states for FY 2016. Two states (25 percent) in FY 2015 and one state (17 percent) in FY 2016 did not clearly identify the strategies or activities that they used to make improvements in this area.

Table 13: Strategies and Activities Selected to Support Improvement in Program Area 12 for FY 2015 (N=8) and for FY 2016 (N=6)		
Program area 12: Strategies/activities to support improvement	*Number (percent) of states that identified this activity type FY 2015 (N=8)	*Number (percent) of states that identified this activity type FY 2016 (N=6)
Supported/enhanced collaborative projects/programs with other agencies and organizations, such as implementing a coordinated system of care that uses evidence-based practices to treat children and youth	4 (50)	4 (67)
Supported/enhanced current policies, practices, and/or practice models, such as the seamless provision of services as mandated by state protocol on youth dually served by juvenile justice and CPS	3 (38)	2 (33)

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

One-half (50 percent) of the states for FY 2015 and more than two-thirds (67 percent) of the

states selecting this program area for FY 2016 indicated that they supported and/or enhanced collaborative projects/programs with other agencies and organizations, primarily the state juvenile justice agency, to achieve improvements in this area. In addition, in FY 2015, more than one-third (38 percent) of the states, and one-third (33 percent) of the states in FY 2016 indicated they supported and or enhanced current policies or practices to support improvements. States also indicated they used the following strategies to achieve improvements in program area 12:

- Provided training on new practice model tools to the judiciary and other officers of the court;
- Supported the juvenile court judges' attendance at a national legal conference; and
- Conducted a provider survey of needs to assess provider availability.

Data from the FY 2014 CAPTA plans presented in the second *Report to Congress on the Effectiveness of the Child Abuse Prevention and Treatment Act (CAPTA) State Programs and Technical Assistance* indicated that six states (12 percent) selected program area 12 as an area in which they planned to or had conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. In addition, the primary activity/strategy identified by states to support improvements in this area was to support and/or enhance collaborative projects/programs with other agencies and organizations, which is consistent with the findings from the FY 2015 and FY 2016 CAPTA reports.

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; and**
- **To address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt and comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports.**

The CAPTA plans of 25 states (48 percent) for FY 2015 and 26 states (50 percent) for FY 2016 identified program area 13 as an area in which they conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. Table 14 lists the strategies and activities that states indicated they used to make improvements in this program area. Information on the strategies and activities was available for 23 (92 percent) of the 25 states that selected program area 13 for FY 2015 and for 24 (92 percent) of the 26 states for FY 2016. Two states (8 percent) in both FY 2015 and FY 2016 did not clearly identify the strategies or activities that they used to make improvements in this area.

Table 14: Strategies and Activities Selected to Support Improvement in Program Area 13 for FY 2015 (N=25) and for FY 2016 (N=26)		
Program area 13: Strategies/activities to support improvement	*Number (percent) of states that identified this activity type FY 2015 (N=25)	*Number (percent) of states that identified this activity type FY 2016 (N=26)

Table 14: Strategies and Activities Selected to Support Improvement in Program Area 13 for FY 2015 (N=25) and for FY 2016 (N=26)		
Program area 13: Strategies/activities to support improvement	*Number (percent) of states that identified this activity type FY 2015 (N=25)	*Number (percent) of states that identified this activity type FY 2016 (N=26)
Supported/enhanced collaborative projects/programs with other agencies and organizations, such as a convening of CPS staff, medical personnel, public health officials, and members of the judiciary in a collaborative effort to enhance the health care plan for children in foster care	14 (56)	16 (62)
Provided funding for external programs and/or contracts for services, such as a contract with a system of trained, available ‘certified’ medical providers who provide medical evaluations for suspected physical abuse, sexual abuse, neglect, and human trafficking cases and provide a link for CPS staff to ensure the children on their caseloads receive the necessary medical evaluations and follow-up	11 (44)	11 (42)
Provided/supported training for CPS staff, such as training on teaming with educators to meet the educational needs of children served by the CPS system	9 (36)	8 (31)
Provided training for mandated reporters and/or systemic partners, such as training on trauma informed care for educators and the judiciary	8 (32)	8 (31)
Supported/enhanced current policies, practices, and/or practice models, such as the continued practice of referring children under the age of 5 in substantiated CPS cases for developmental evaluations	6 (24)	8 (31)
Provided public outreach/education on issues relevant to the prevention of child abuse and neglect and the CPS system, such as public awareness of the state law regarding the legal abandonment of newborn babies	4 (16)	5 (19)
Provided funding and/or support to citizen review panels, review boards, and CPS advisory councils, such as supporting a trauma-informed care advisory team whose task is to increase awareness of the importance of trauma-informed care and trauma-specific services	4 (16)	3 (12)
Funded a CPS position, such as a CPS investigator who specializes in conducting abuse investigations in congregate care facilities	3 (12)	2 (8)

Table 14: Strategies and Activities Selected to Support Improvement in Program Area 13 for FY 2015 (N=25) and for FY 2016 (N=26)		
Program area 13: Strategies/activities to support improvement	*Number (percent) of states that identified this activity type FY 2015 (N=25)	*Number (percent) of states that identified this activity type FY 2016 (N=26)
Provided new and/or enhanced technology to support the CPS system, such as expanding the capacity of the centralized intake telephone system in order to manage the high volume of calls during peak hours	2 (8)	4 (16)
Evaluated current policies, practices, and/or practice models, such as reviewing the efficiency of CPS investigations	2 (8)	4 (16)
Provided funding and/or support for CPS related conferences, such as a state child abuse prevention conference	2 (8)	2 (8)
Established new policies, practices, and/or practice models, such as the development and implementation of policy on psychotropic medication for children in foster care	1 (4)	3 (12)

*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 (56 percent) of the states selecting program area 13 for FY 2015 and 62 percent of the states selecting it for FY 2016 indicated that they supported and/or enhanced collaborative projects/programs with other agencies and organizations to achieve improvements in this area. In addition, 44 percent and 42 percent of states in FY 2015 and FY 2016, respectively, indicated that they provided funding for external programs and/or contracts for services in order to support improvements in this program area. More than one-third (36 percent) of the states in FY 2015 and almost one-third (31 percent) of the states in FY 2016 indicated that they provided and/or supported training for CPS staff in order to achieve improvements in this area, while almost one-third (32 and 31 percent) of states selecting program area 13 in FY 2015 and FY 2016, respectively, reported that they provided training to systemic partners and/or mandated reporters in order to support improvements in this program area. The

following are additional strategies states indicated they used to achieve improvements relevant to this program area:

- Expanded the statewide differential response system;
- Provided parent education to parents in the CPS system; and
- Developed and published a newsletter for CPS staff to keep them updated on child welfare research and emerging trends in the field to support improvements in this area.

Data from the FY 2014 CAPTA plans presented in the second *Report to Congress on the Effectiveness of the Child Abuse Prevention and Treatment Act (CAPTA) State Programs and Technical Assistance* indicate that 23 states (44 percent) selected program area 13 as an area in which they planned to or had conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. In addition, the primary activity/strategy identified by states to support improvements in this area was to support and/or enhance collaborative projects/programs with other agencies and organizations, which is consistent with the findings from the FY 2015 and FY 2016 CAPTA reports.

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

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

The CAPTA plans of 14 states (27 percent) in both FY 2015 and FY 2016 identified program area 14 as an area in which they conducted activities, utilized strategies, and/or used CAPTA funds to improve the CPS system. Table 15 lists the strategies and activities that states indicated they used to make improvements in this program area. Information on the strategies and activities was available for 12 (86 percent) of the 14 states that selected program area 14 for both FY 2015 and FY 2016. Two states (14 percent) in both FY 2015 and FY 2015 did not clearly identify the strategies or activities that they used to make improvements in this area.

Table 15: Strategies and Activities Selected to Support Improvement in Program Area 14 for FY 2015 (N=14) and for FY 2016 (N=14)		
Program area 14: Strategies/activities to support improvement	*Number (percent) of states that identified this activity type FY 2015 (N=14)	*Number (percent) of states that identified this activity type FY 2016 (N=14)

Table 15: Strategies and Activities Selected to Support Improvement in Program Area 14 for FY 2015 (N=14) and for FY 2016 (N=14)		
Program area 14: Strategies/activities to support improvement	*Number (percent) of states that identified this activity type FY 2015 (N=14)	*Number (percent) of states that identified this activity type FY 2016 (N=14)
Supported/enhanced collaborative projects/programs with other agencies and organizations, such as a collaborative among the CPS agency, the state supreme court, the state domestic violence network, and the National Center for Adoption Law and Policy established to reduce trauma to children experiencing violence in their homes and avoidable entry of children into foster care by forging community partnerships to develop a collaborative and holistic response to intimate partner violence, especially within the context of a differential response child protection practice approach	9 (64)	9 (64)
Provided/supported training for CPS staff, such as training on the Safe and Together model, which provides a methodology for improving child welfare competencies and cross-system collaboration between the child welfare agency and its domestic violence agency partners	5 (36)	4 (29)
Supported/enhanced current policies, practices, and/or practice models, such as revising the state's CPS guidance manual to include tools on how to more accurately and consistently assess initial child safety and risk when domestic violence is a factor	4 (29)	5 (36)
Provided/supported training for mandated reporters and/or systemic partners, such as cross-training projects to promote coordination of services between CPS and domestic violence services	3 (21)	2 (14)
Provided funding and/or support to citizen review panels, review boards, and CPS advisory councils	2 (14)	3 (21)
Evaluated current policies, practices, and/or practice models, such as the domestic violence treatment community and the Domestic Violence Fatality Review conducting focus groups with parents who had their children removed and placed in state custody due to domestic violence to solicit input as to what both the treatment community and CPS could have done differently that would have been helpful	2 (14)	2 (14)

Table 15: Strategies and Activities Selected to Support Improvement in Program Area 14 for FY 2015 (N=14) and for FY 2016 (N=14)		
Program area 14: Strategies/activities to support improvement	*Number (percent) of states that identified this activity type FY 2015 (N=14)	*Number (percent) of states that identified this activity type FY 2016 (N=14)
Provided public outreach/education, such as the development of a best practice guide for agencies/organizations working with children who have witnessed domestic violence	2 (14)	1 (7)
Developed new policies, such as the implementation of the Safe and Together Model for the handling of cases involving domestic violence	1 (7)	2 (14)

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

The data indicate that almost two-thirds (64 percent) of states selecting program area 14 in both FY 2015 and FY 2016 indicated that they supported and/or enhanced collaborative projects with other agencies to achieve improvements in this area. More than one-third (36 percent) of the states in FY 2015 and more than one-fourth (29 percent) in FY 2016 indicated that they provided and/or supported training for CPS staff to support improvements in this area. In addition, more than one-fourth (29 percent) of the states in FY 2015 and more than one-third (36 percent) in FY 2016 reported that they supported and/or enhanced current policies, practices, and/or practice models. One state reported that they hired a statewide domestic violence specialist to provide case consultation services for frontline CPS staff to support improvements in program area 14.

Data from the FY 2014 CAPTA plans presented in the second *Report to Congress on the Effectiveness of the Child Abuse Prevention and Treatment Act (CAPTA) State Programs and Technical Assistance* indicated that 15 states (29 percent) selected program area 14 as an area in which they planned to or had conducted activities, utilized strategies, and/or used CAPTA funds

to improve the CPS system. In addition, the primary activity/strategy identified by states to support improvements in this area was to provide and/or support training for CPS staff.

Although providing training for CPS staff is a key finding in the FY 2015 and FY 2016 CAPTA reports, the primary activity/strategy identified by states in FY 2015 and FY 2016 to support improvements in this area is supporting and/or enhancing collaborative projects/programs with other agencies and organizations.

Tailored Services Requested of and/or Provided by the Center

The information included in this section of the Report pertains to the tailored services for states that were requested of and/or provided by the Center that align with one or more of the 14 CAPTA program areas as indicated in the needs assessment completed by states from October 1, 2014, through August 1, 2016. The Center provides tailored services to help individual states and territories assess their needs, develop the capacity to improve performance, and achieve positive outcomes for children and families. Each state, in collaboration with the Center, participates in an annual assessment, and an Assessment Summary is developed that identifies areas of strengths and areas of need within the state's child welfare system. Of the 39 states that completed the Assessment Summaries during the period of review, 12 of the states requested and/or received tailored services that align with one or more of the 14 CAPTA programs areas as shown in Table 16.

Table 16: Number of States that Requested and/or Received Tailored Services by Program Area (N=12)	*Number (percent) states (N=12)
Program area 1: The intake, assessment, screening, and investigation of reports of child abuse or neglect	2 (17)

Table 16: Number of States that Requested and/or Received Tailored Services by Program Area (N=12)	*Number (percent) states (N=12)
Program area 4: Developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response	1 (8)
Program area 5: Developing and updating systems of technology that support the program and track reports of child abuse and neglect	4 (33)
Program area 6: Developing, strengthening, and facilitating training	5 (42)
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	2 (17)
Program area 11: Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level	1 (8)

*A state may have requested and/or been provided services under more than one program area.

The data indicate that five states (42 percent) requested tailored services to assist them in program area 6, while four states (33 percent) requested tailored services to assist them in program area 5, and two states (17 percent) each requested services for program area 1 and for program area 7.

Examples of Tailored Services Provided by the Center

This section provides examples of tailored services requested of and/or provided by the Center to strengthen training and workforce capacity, select and implement a new practice model, and improve the use of data to improve services for children and families.

Strengthen Training and Workforce Development Capacity

Addressing issues related to developing, strengthening, and facilitating training (program area 6), the Alabama Department of Human Resources (DHR) identified a need to update its preservice and ongoing training curricula to ensure that its workforce is provided with relevant and up-to-date trainings. The Center engaged with DHR to analyze current training materials and to develop and analyze a training survey. The Center will continue to work with DHR to identify new curricula and develop and implement a new comprehensive training that will enable the workforce to better serve children, youth, and families.

Improve Service Array by Selecting and Implementing an Intensive Family Preservation (IFP) Model

Addressing issues related to developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals (program area 11), the Center is assisting the Nebraska Department of Health and Human Services (DHHS) in identifying evidence-based models of IFP that can be applied by service providers statewide. When an IFP model is selected, the Center will assist DHHS in enhancing knowledge and skills related to the implementation of the IFP model. The Center is coaching DHHS staff through the change management process, the development of practice profiles, and the design of other instruments that will assist the agency in applying results-based accountability to service providers with the goal of reducing placements of children in out-of-home care.

Develop Knowledge and Skills on Using Data to Inform Practice

Addressing issues related to systems of technology that support the child welfare system (program area 5), the Center is providing services to assist the District of Columbia's Child and

Family Services Agency (CFSA) build its knowledge and skills on how to use the National Youth in Transition Database (NYTD), Adoption and Foster Care Analysis and Reporting System (AFCARS), and National Child Abuse and Neglect Data System (NCANDS) to inform decision-making about practice in order to improve services for children, youth, and families.

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

The following are the key findings of this Report:

- The majority of states selected program areas 1 (intake and investigations), 3 (case management), and 4 (safety and risk assessment) as the focus of their improvement efforts.
- The primary activities being implemented or supported to bring about improvements involved providing and supporting training to CPS staff; supporting and enhancing collaborative projects/programs with other agencies and organizations; supporting and/or enhancing current policies, practices, and/or practice models; and supporting and providing training for systemic partners and/or mandated reporters. However, this varied somewhat across program areas.
- Twelve states requested and/or received tailored services from the Center in areas that align with one or more of the 14 CAPTA program areas.

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. To the extent practicable, HHS will use the information states provide in their annual updates on use of the CAPTA State Grant to determine how they are measuring improvements. Other federal efforts, including the *Annual Report to Congress on Child Welfare Outcomes*, also provide a means to assess state performance in ensuring the safety and well-being of children.

References

CAPTA Reauthorization Act of 2010 § 106, 42 US Code § 5106(a) (2011)

Child Welfare Capacity Building Collaborative. (2015). *About the Collaborative*. Retrieved from <https://capacity.childwelfare.gov/about/>

U.S. Department of Health and Human Services. (2014). *The Children's Bureau Training & Technical Assistance Network 2014 directory*. Washington, DC: Author.