

**Report to Congress on the Effectiveness of the
Child Abuse Prevention and Treatment Act (CAPTA)
State Programs and Technical Assistance:
Fiscal Years 2016 and 2017**

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

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Executive Summary

Background

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 (CAPTA State Grants)—in achieving the specified objectives of those grants. Section 106 outlines 14 program areas through which states can improve their child protective services (CPS) systems. This fourth biennial Report was developed in response to this requirement and provides information about the 50 states, the District of Columbia, and the Commonwealth of Puerto Rico (the states) for fiscal year (FY) 2016 and FY 2017. This Report also provides information about the federally funded system that provides training and technical assistance to the states to help them achieve the desired program improvements specified in their CAPTA and other federally mandated plans.

Methodology

Data for the Report were developed using qualitative content analysis of various documents. The data were primarily gathered from the FY 2017 and FY 2018 state CAPTA reports, which should be submitted by states as part of their Annual Progress and Services Reports (APSRs).¹ Information on program areas and strategies gathered from an APSR reflects what occurred in the previous FY. For example, an FY 2017 APSR provides details on program areas and corresponding strategies for FY 2016. Additional information was collected from CAPTA reports from FY 2013 through FY 2016, the FY 2012 CAPTA plans, and states' FY 2015–2019 Child and Family Services Plans. Information about CAPTA technical assistance was collected from the assessment summaries and work plans completed by states in conjunction with the Capacity Building Center (CBC) for States between July 1, 2016, and December 31, 2017.

Key Findings

The following are key findings from the fourth biennial Report to Congress:

- The three most frequently selected program areas for FY 2016 and FY 2017 were the following:
 - Program area 1 (intake, assessment, screening, and investigation)
 - Program area 3 (case management)
 - Program area 4 (risk and safety assessment tools and protocols)
- The three program areas selected least frequently were the following:

¹ The APSR provides an annual update on the progress a state makes toward accomplishing the goals and objectives in its Child and Family Services Plan (CFSP) and the planned activities for the upcoming fiscal year. The CFSP is a 5-year strategic plan that sets forth the state's vision and the goals to be accomplished to strengthen the state's overall child welfare system. For additional information, refer to Children's Bureau Program Instruction ACYF-CB-PI-18-01 at <https://www.acf.hhs.gov/cb/resource/pi1801>.

- Program area 8 (research-based strategies and training protocols for individuals mandated to report child abuse and neglect)
- Program area 9 (obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions)
- Program area 12 (collaboration between the child protection system and the juvenile justice system)
- States that indicated their selections chose, on average, 6.6 program areas in FY 2016 and 6.7 program areas in FY 2017.
- In general, the most frequently selected program areas focus on the treatment and support of children already involved with the child protection system. States tended not to select program areas that emphasize prevention efforts, collaboration, or training and education for mandated reporters of child abuse and neglect.
- States utilized a wide range of strategies to support the 14 program areas. The most commonly used strategies to support the program areas were training or other professional development for child welfare agency staff and collaborations with other agencies or organizations. Each was among the top three strategies for the majority of program areas in FY 2016 and FY 2017.
- Between July 1, 2016, and December 31, 2017, 43 states participated in an assessment with the CBC for States that identified the areas of strength and need within the state's child welfare system. Of those states, 11 requested and/or received tailored services that aligned with one or more of the 14 program areas. The CBC for States conducted 15 tailored services projects in those 11 states. Three states participated in multiple tailored services projects, and one state participated in one tailored services project that covered two program areas.

Conclusion

Drawing conclusions about the effectiveness of states' use of these grants to improve their CPS systems is challenging given the information states are required to provide through their CAPTA plans. A more thorough evaluation of the strategies funded by CAPTA would require the design and funding of new experimental or quasi-experimental studies, which could be problematic due to the necessity of separating exact outcomes from the multitude of funding streams.

Introduction

Report Purpose

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 (CAPTA State Grants)—in achieving the specified objectives of these grants. Section 106 outlines 14 program areas through which states can improve their child protective services (CPS) systems. This fourth biennial Report was developed in response to this requirement and provides information about the 50 states, the District of Columbia, and the Commonwealth of Puerto Rico (the states) for fiscal year (FY) 2016 and FY 2017. This Report also provides information about the federally funded systems that provide training and technical assistance to the states to help them achieve the desired program improvements specified in their CAPTA and other federally mandated plans.

CAPTA State Grants

Originally enacted in 1974, CAPTA supports public and private agency efforts to improve programs intended to protect children and strengthen families. The CAPTA Reauthorization Act of 2010, the most recent reauthorization, allowed for the award of grants and contracts to states, American Indian tribes and tribal organizations, and public or private agencies for the prevention, identification, assessment, and treatment of child abuse and neglect. This includes the CAPTA State Grants. To receive CAPTA State Grant funds, each state must submit a plan, referred to as a CAPTA plan, which must include, but is not limited to, information about the program areas selected by the state for improvement and the strategies used to support improvement in the selected program areas.

The CAPTA State Grants are 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 year of FY 2014 through FY 2017. The appropriation increased to \$85.3 million for FY 2018.² The funds are used for an array of strategies, primarily supporting state CPS systems in employing best practices or contributing—along with other sources of funding—to the support of states' respective multimillion dollar service delivery systems. To be eligible for funding, states must submit a state plan that specifies the program areas the state will address with amounts received under the CAPTA State Grant.

It is not possible, however, to assess the full effectiveness of programs receiving CAPTA funds. These funds represent a small percentage of the funds needed to achieve state program

² Historically, funding for the CAPTA State Grants has remained stable, but the Consolidated Appropriations Act for FY 2018, enacted into law on March 23, 2018 (Pub. L. 115–141), provided a \$60 million increase in funding for the CAPTA State Grants in FY 2018. It also prioritized using the increased funding to enhance supports for plans of safe care for substance-exposed infants and their families. States' use of this increased funding will be addressed in a future biennial report.

objectives, and the information that states are statutorily required to provide in their state plans is descriptive rather than evaluative. Nevertheless, CAPTA remains a critical source of federal guidance, structure, and influence in promoting best practices in state CPS systems.

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

- (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 (i) procedures for appealing and responding to appeals of substantiated reports of child abuse or neglect; and (ii) 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; (C) services necessary to facilitate adoptive placement of any such infants who have been relinquished for adoption; and (D) 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 CPS system, and agencies carrying out private community-based programs (A) to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and the use of differential response; and (B) to address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports
- (14) Developing and implementing procedures for collaboration among CPS, 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 nonabusing parents

Capacity Building Center for States

On October 1, 2014, the Children's Bureau launched the Child Welfare Capacity Building Collaborative (the Collaborative) to build on the prior work of the National Child Welfare Resource Centers and Child Welfare Implementation Centers. The Collaborative is a partnership among three Capacity Building Centers (CBCs)—the CBC for States, CBC for Tribes, and CBC for Courts. The CBC for States helps state and territorial public child welfare agencies and Title IV-E waiver demonstration jurisdictions build capacity to improve child welfare practices and achieve better outcomes for children, youth, and families. It uses information gathered from research, expert consultation, and jurisdictions to strengthen systems and enhance the abilities of individuals in those systems to better achieve their goals. To assess agency needs and develop individualized solutions, the CBC for States uses five categories of capacity to guide its approach: resources, infrastructure, knowledge and skills, culture and climate, and engagement and partnership.

The CBC for States' provides the following types of services:

- Universal services to increase awareness and understanding of current and emerging child welfare issues and promote engagement among a broad audience of agency professionals
- Constituency services to enhance knowledge, skills, and relationships among groups of professionals and cohorts of jurisdictions
- Tailored services to help individual states, tribes, and territories assess their needs, develop the capacity to improve performance, and achieve positive outcomes for children and families

For more information about the CBC for States, refer to <https://capacity.childwelfare.gov/states/about-states/>.

Report Questions

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

1. Which Section 106 program areas were selected by each state?
2. Which strategies were identified by each state to improve performance in the selected program areas?
3. In which program areas did states request and/or receive tailored services from the CBC for States?

Methodology

Data for the Report were developed using qualitative content analysis of various documents. The data were primarily gathered from the FY 2017 and FY 2018 state CAPTA reports, which should be submitted by states as part of their Annual Progress and Services Reports (APSRs).³ Information on program areas and strategies gathered from an APSR reflects what occurred in the previous FY. For example, an FY 2017 APSR provides details on program areas and corresponding strategies for FY 2016. Section 108(e) of CAPTA requires states that receive a CAPTA State Grant to annually submit these reports, which, among other information. States are required to include certain information in the reports, including any significant changes from the state's previously approved CAPTA plan in how the state proposes to use funds to support the 14 program areas as well as how the CAPTA State Grant funds were used, alone or in combination with other federal funds, in support of the state's approved CAPTA plan. CAPTA plans, which were originally submitted for FY 2012, outlined program areas for which the state would use their CAPTA State Grant. The plans remain in effect as long as a state continues to participate in the CAPTA State Grant program unless amended by an annual CAPTA report.

When additional information was necessary about program areas, it was collected from CAPTA reports from FY 2013 through FY 2016, the FY 2012 CAPTA plans, and states' FY 2015–2019 Child and Family Services Plans. Information about CAPTA technical assistance was collected from the assessment summaries and work plans completed by states in conjunction with the CBC for States between July 1, 2016, and December 31, 2017.

³ The APSR provides an annual update on the progress a state makes toward accomplishing the goals and objectives in its Child and Family Services Plan (CFSP) and the planned activities for the upcoming fiscal year. The CFSP is a 5-year strategic plan that sets forth the state's vision and the goals to be accomplished to strengthen the states' overall child welfare system. For additional information, refer to Children's Bureau Program Instruction ACYF-CB-PI-18-01 at <https://www.acf.hhs.gov/cb/resource/pi1801>.

Findings

This section presents findings regarding the program areas selected by the states, the strategies identified by each state to improve performance in the program areas, and the areas in which states requested and/or received tailored services from the CBC for States.

Report Question 1: Which Section 106 Program Areas Were Selected by Each State?

The three most frequent program area selections for FY 2016 and FY 2017 were program areas 1 (intake, assessment, screening, and investigation), 3 (case management), and 4 (risk and safety assessment tools and protocols). The three program areas selected least frequently were program areas 8 (research-based strategies and training protocols for individuals mandated to report child abuse and neglect), 9 (obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions), and 12 (collaboration between the child protection system and the juvenile justice system). In general, the most frequently selected program areas focus on the treatment and support of children already involved with the child protection system and tended not to focus on program areas that emphasize prevention efforts, collaboration, or training and education. States that indicated which program areas they were implementing selected an average of 6.6 program areas for FY 2016 and 6.7 program areas for FY 2017.

Table 1 presents additional details about the program areas selected by states for FY 2016 and FY 2017. The program areas included in table 1 represent those explicitly indicated by states in plans submitted to the Children's Bureau. Each state's program area selections may change from year to year.

Table 1
Number and Percentage of States Selecting Each CAPTA Program Area

Program Area	FY 2016 Number (Percent) of States (N=46)*	FY 2017 Number (Percent) of States (N=45)*
Program area 1: The intake, assessment, screening, and investigation of reports of child abuse or neglect	36 (78%)	36 (80%)
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 (i) procedures for appealing and responding to appeals of substantiated reports of child abuse or neglect; and (ii) provisions for the appointment of an individual appointed to represent a child in judicial proceedings	25 (54%)	24 (53%)

Program Area	FY 2016 Number (Percent) of States (N=46)*	FY 2017 Number (Percent) of States (N=45)*
Program area 3: Case management, including ongoing case monitoring and delivery of services and treatment provided to children and their families	30 (65%)	29 (64%)
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	28 (61%)	28 (62%)
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	21 (46%)	21 (47%)
Program area 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	25 (54%)	24 (53%)
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	21 (48%)	21 (47%)
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	14 (33%)	15 (33%)

Program Area	FY 2016 Number (Percent) of States (N=46)*	FY 2017 Number (Percent) of States (N=45)*
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 (A) existing social and health services; (B) financial assistance; (C) services necessary to facilitate adoptive placement of any such infants who have been relinquished for adoption; and (D) the use of differential response in preventing child abuse and neglect	9 (20%)	11 (24%)
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	21 (46%)	21 (47%)
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	15 (33%)	15 (33%)
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 plan and services as children transition between systems	12 (26%)	13 (29%)

Program Area	FY 2016 Number (Percent) of States (N=46)*	FY 2017 Number (Percent) of States (N=45)*
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 (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	26 (59%)	25 (56%)
Program area 14: Developing and implementing procedures for collaboration among CPS, 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 nonabusing parents	16 (35%)	14 (31%)

* Not all states provided information about the program areas they selected in their APSRs or whether there had been changes since the previously approved CAPTA plan.

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

As part of their annual CAPTA reports, states include a description of how their CAPTA State Grant funds were used, alone or in combination with other federal funds, to support their approved CAPTA plan.

Table 2 shows how many states clearly described the strategies they used specifically for each program area they selected in FY 2016 and FY 2017.

Table 2
Number and Percentage of States Describing Strategies by Program Area

Program Area	FY 2016 Number (Percent) of States	FY 2017 Number (Percent) of States
1	22 (61%)	21 (58%)
2	13 (52%)	12 (50%)
3	19 (63%)	18 (62%)
4	17 (61%)	17 (61%)
5	12 (57%)	11 (52%)
6	14 (56%)	14 (58%)
7	12 (55%)	13 (59%)
8	9 (60%)	9 (56%)
9	6 (67%)	8 (73%)
10	11 (52%)	12 (57%)
11	9 (60%)	10 (67%)
12	5 (42%)	6 (46%)
13	17 (63%)	16 (62%)
14	12 (75%)	10 (71%)

Note: The denominator for each of these calculations is the number of states that selected the program area for that particular year, as shown in table 1.

The following are caveats about the strategies data presented in this section:

- The strategy categories were developed based on commonalities observed in the state APSRs; they do not represent activities mandated or recommended by legislation or other policy.
- The determination of whether a strategy occurred and to which program area it aligned is based on researcher analysis.
- Some strategies described by a state may be aligned with multiple program areas.
- Some activities described by states did not align with the strategies outlined in this Report.
- The inclusion of a strategy from a state's report does not take into account the scope or amount of work performed by the state to accomplish that particular strategy.
- The tables for each program area only present strategies that were selected by at least one state in either FY 2016 or FY 2017.

The most commonly used strategies to support the program areas were (1) training or other professional development for child welfare agency staff and (2) collaborations with other agencies or organizations. Each of those were among the top three strategies for the majority of program areas in FY 2016 and FY 2017.

Program area 1: The intake, assessment, screening, and investigation of reports of child abuse or neglect. States used a variety of strategies to achieve positive outcomes in this program area. The most common strategy in both years was providing training or other professional development to child welfare agency staff. Other strategies used by at least one-third of states in one or both years include collaborations; providing funding for child welfare staff positions; and using, developing, or enhancing tools or instruments.

Table 3 provides additional details about the strategies used by states to make improvements in program area 1.

Table 3
Strategies Selected to Support Improvement in Program Area 1

Strategy	FY 2016 Number (Percent) of States (N=22)	FY 2017 Number (Percent) of States (N=21)
Provided or developed training or other professional development (e.g., coaching) for public child welfare agency staff	11 (50%)	11 (52%)
Provided or developed training or other professional development support for staff at partner agencies or organizations	6 (27%)	3 (14%)
Provided or developed training, parent education, mentoring, or other support programs for parents served by child welfare agencies	2 (9%)	2 (10%)
Evaluated or assessed child welfare practices, including continuous quality improvement (CQI) and evaluation efforts	6 (27%)	6 (29%)
Established, maintained, or enhanced the state's differential response system	4 (18%)	2 (10%)
Provided funding for external programs or contracts for services	3 (14%)	5 (24%)
Supported or enhanced collaborative projects or programs with other agencies or organizations	8 (36%)	5 (24%)

Strategy	FY 2016 Number (Percent) of States (N=22)	FY 2017 Number (Percent) of States (N=21)
Provided, developed, maintained, or enhanced technology to support the child welfare system, including functionality to support report development (does not include external websites or intranet sites for information dissemination)	4 (18%)	3 (14%)
Provided funding or support for implementing child welfare-related conferences, including presenting at the conference (does not include attendance)	5 (23%)	2 (10%)
Provided funding for child welfare staff positions	6 (27%)	7 (33%)
Supported staff recruitment or retention	1 (5%)	1 (5%)
Provided outreach or education, including external websites, about child welfare topics	2 (9%)	1 (5%)
Used, developed, or enhanced tools or instruments to support child welfare practice	9 (31%)	8 (38%)
Established, maintained, or enhanced hotlines to support child welfare practice	6 (27%)	5 (24%)
Developed or revised child welfare policies or protocols	7 (32%)	6 (29%)
Provided funding or support to citizen review panels, review boards, and advisory councils as well as other forms of public input	4 (18%)	2 (10%)

Program area 2: (A) Creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations; and (B) improving legal preparation and representation, including procedures for appealing and responding to appeals of substantiated reports of child abuse or neglect, and provisions for the appointment of an individual appointed to represent a child in judicial proceedings. Although states employed a wide range of strategies to support program area 2, more than half utilized collaborations as well as child welfare agency staff training and professional development in both years. Other common strategies included training or other professional development for partner agencies or organizations, developing or revising policies and protocols, and providing funding for external programs or contracts.

Table 4 provides additional details about the strategies used by states to make improvements in program area 2.

Table 4
Strategies Selected to Support Improvement in Program Area 2

Strategy	FY 2016 Number (Percent) of States (N=13)	FY 2017 Number (Percent) of States (N=12)
Provided or developed training or other professional development (e.g., coaching) for child welfare agency staff	8 (62%)	7 (58%)
Provided or developed training or other professional development support for staff at partner agencies or organizations	4 (31%)	4 (33%)
Provided or developed training, parent education, mentoring, or other support programs for parents served by child welfare agencies	2 (15%)	1 (8%)
Evaluated or assessed child welfare practices, including CQI and evaluation efforts	3 (23%)	2 (17%)
Provided funding for external programs or contracts for services	4 (31%)	3 (25%)
Supported or enhanced collaborative projects or programs with other agencies or organizations	12 (92%)	8 (67%)

Strategy	FY 2016 Number (Percent) of States (N=13)	FY 2017 Number (Percent) of States (N=12)
Provided, developed, maintained, or enhanced technology to support the child welfare system, including functionality to support report development (does not include external websites or intranet sites for information dissemination)	1 (8%)	0 (0%)
Provided funding or support for implementing child welfare-related conferences, including presenting at the conference (does not include attendance)	3 (23%)	2 (17%)
Provided funding for child welfare staff positions	2 (15%)	3 (25%)
Supported staff recruitment or retention	1 (8%)	0 (0%)
Used, developed, or enhanced tools or instruments to support child welfare practice	1 (8%)	3 (25%)
Established, maintained, or enhanced hotlines to support child welfare practice	1 (8%)	0 (0%)
Developed or revised child welfare policies or protocols	4 (31%)	5 (42%)
Provided funding or support to citizen review panels, review boards, and advisory councils as well as other forms of public input	3 (23%)	0 (0%)

Program area 3: Case management, including ongoing case monitoring and delivery of services and treatment provided to children and their families. State efforts in this program area incorporated a wide array of strategies. Training or other professional development for child welfare agency staff was the most common approach. Examples of other frequent strategies included evaluating or assessing practices; collaborations; the use of technology, tools, or instruments to support practice; and providing funding or support for public input on child welfare practice.

Table 5 lists the strategies used by states to make improvements in program area 3.

Table 5
Strategies Selected to Support Improvement in Program Area 3

Strategy	FY 2016 Number (Percent) of States (N=19)	FY 2017 Number (Percent) of States (N=18)
Provided or developed training or other professional development (e.g., coaching) for child welfare agency staff	9 (47%)	13 (72%)
Provided or developed training or other professional development support for staff at partner agencies or organizations	3 (16%)	3 (17%)
Provided or developed training, parent education, mentoring, or other support programs for parents served by child welfare agencies	3 (16%)	3 (17%)
Evaluated or assessed child welfare practices, including CQI and evaluation efforts	4 (21%)	9 (50%)
Provided funding for external programs or contracts for services	5 (26%)	6 (33%)
Supported or enhanced collaborative projects or programs with other agencies or organizations	7 (37%)	7 (39%)
Provided, developed, maintained, or enhanced technology to support the child welfare system, including functionality to support report development (does not include external websites or intranet sites for information dissemination)	7 (37%)	5 (28%)
Provided funding or support for implementing child welfare-related conferences, including presenting at the conference (does not include attendance)	3 (16%)	5 (28%)
Provided funding for child welfare staff positions	5 (26%)	5 (28%)
Supported staff recruitment or retention	1 (5%)	1 (6%)

Strategy	FY 2016 Number (Percent) of States (N=19)	FY 2017 Number (Percent) of States (N=18)
Provided public outreach or education, including external websites, about child welfare topics	1 (5%)	2 (11%)
Used, developed, or enhanced tools or instruments to support child welfare practice	4 (21%)	7 (39%)
Established, maintained, or enhanced hotlines to support child welfare practice	2 (11%)	2 (11%)
Developed or revised child welfare policies or protocols	4 (21%)	5 (28%)
Provided funding or support to citizen review panels, review boards, and advisory councils as well as other forms of public input	5 (26%)	5 (28%)

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 three most common strategies used by states to support this program area were training or other professional development for child welfare agency staff, evaluating or assessing child welfare practices, and tools or instruments to support child welfare practice.

Table 6 provides a list of strategies used by states to make improvements in program area 4.

**Table 6
Strategies Selected to Support Improvement in Program Area 4**

Strategy	FY 2016 Number (Percent) of States (N=17)	FY 2017 Number (Percent) of States (N=17)
Provided or developed training or other professional development (e.g., coaching) for child welfare agency staff	13 (76%)	12 (71%)
Provided or developed training or other professional development support for staff at partner agencies or organizations	4 (24%)	2 (12%)

Strategy	FY 2016 Number (Percent) of States (N=17)	FY 2017 Number (Percent) of States (N=17)
Provided or developed training, parent education, mentoring, or other support programs for parents served by child welfare agencies	1 (6%)	1 (6%)
Evaluated or assessed child welfare practices, including CQI and evaluation efforts	7 (41%)	9 (53%)
Established, maintained, or enhanced the state's differential response system	6 (35%)	6 (35%)
Provided funding for external programs or contracts for services	3 (18%)	5 (29%)
Supported or enhanced collaborative projects or programs with other agencies or organizations	4 (24%)	4 (24%)
Provided, developed, maintained, or enhanced technology to support the child welfare system, including functionality to support report development (does not include external websites or intranet sites for information dissemination)	2 (12%)	2 (12%)
Provided funding or support for implementing child welfare-related conferences, including presenting at the conference (does not include attendance)	4 (24%)	2 (12%)
Provided funding for child welfare staff positions	1 (6%)	1 (6%)
Supported staff recruitment or retention	1 (6%)	1 (6%)
Used, developed, or enhanced tools or instruments to support child welfare practice	10 (59%)	10 (59%)
Established, maintained, or enhanced hotlines to support child welfare practice	1 (6%)	1 (6%)

Strategy	FY 2016 Number (Percent) of States (N=17)	FY 2017 Number (Percent) of States (N=17)
Developed or revised child welfare policies or protocols	4 (24%)	3 (18%)
Provided funding or support to citizen review panels, review boards, and advisory councils as well as other forms of public input	1 (6%)	0 (0%)

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. As would be expected, the primary vehicle for implementing this program area was providing, developing, using, or enhancing the use of technology to support the child welfare system. Some states also used training or other professional development to assist with this work.

Table 7 provides the strategies used by states to make improvements in program area 5.

**Table 7
Strategies Selected to Support Improvement in Program Area 5**

Strategy	FY 2016 Number (Percent) of States (N=12)	FY 2017 Number (Percent) of States (N=11)
Provided or developed training or other professional development (e.g., coaching) for child welfare agency staff	2 (17%)	4 (36%)
Provided or developed training or other professional development support for staff at partner agencies or organizations	0 (0%)	1 (9%)
Evaluated or assessed child welfare practices, including CQI and evaluation efforts	1 (8%)	0 (0%)
Provided funding for external programs or contracts for services	1 (8%)	0 (0%)
Supported or enhanced collaborative projects or programs with other agencies or organizations	2 (17%)	1 (9%)

Strategy	FY 2016 Number (Percent) of States (N=12)	FY 2017 Number (Percent) of States (N=11)
Provided, developed, maintained, or enhanced technology to support the child welfare system, including functionality to support report development (does not include external websites or intranet sites for information dissemination)	11 (92%)	10 (91%)
Used, developed, or enhanced tools or instruments to support child welfare practice	0 (0%)	2 (18%)
Established, maintained, or enhanced hotlines to support child welfare practice	1 (8%)	1 (9%)

Program area 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. The majority of states utilized training or other professional development for child welfare agency staff to further the objectives of this program area. Other common strategies included training or other professional development for partner agencies or organizations, collaboration, and funding or support for conferences.

Table 8 provides a complete list of the strategies used by states to make improvements in program area 6.

**Table 8
Strategies Selected to Support Improvement in Program Area 6**

Strategy	FY 2016 Number (Percent) of States (N=14)	FY 2017 Number (Percent) of States (N=14)
Provided or developed training or other professional development (e.g., coaching) for child welfare agency staff	12 (86%)	13 (93%)
Provided or developed training or other professional development support for staff at partner agencies or organizations	7 (50%)	4 (29%)

Strategy	FY 2016 Number (Percent) of States (N=14)	FY 2017 Number (Percent) of States (N=14)
Provided or developed training, parent education, mentoring, or other support programs for parents served by child welfare agencies	3 (21%)	2 (14%)
Evaluated or assessed child welfare practices, including CQI and evaluation efforts	0 (0%)	1 (7%)
Provided funding for external programs or contracts for services	4 (29%)	3 (21%)
Supported or enhanced collaborative projects or programs with other agencies or organizations	5 (36%)	5 (36%)
Provided funding or support for implementing child welfare-related conferences, including presenting at the conference (does not include attendance)	4 (29%)	4 (29%)
Provided funding for child welfare staff positions	0 (0%)	1 (7%)
Provided funding or support to citizen review panels, review boards, and advisory councils as well as other forms of public input	1 (7%)	1 (7%)

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. Nearly all the states selecting this program area used training or other professional development to achieve their objectives. Other strategies used by multiple states included training or other professional development for staff from partner agencies or organizations; training, education, or other supports for parents involved with the child welfare system; and collaboration.

Table 9 provides the strategies used by states to implement program area 7.

Table 9
Strategies Selected to Support Improvement in Program Area 7

Strategy	FY 2016 Number (Percent) of States (N=12)	FY 2017 Number (Percent) of States (N=13)
Provided or developed training or other professional development (e.g., coaching) for child welfare agency staff	11 (92%)	12 (92%)
Provided or developed training or other professional development support for staff at partner agencies or organizations	3 (25%)	3 (23%)
Provided or developed training, parent education, mentoring, or other support programs for parents served by child welfare agencies	3 (25%)	4 (31%)
Evaluated or assessed child welfare practices, including CQI and evaluation efforts	3 (25%)	2 (15%)
Provided funding for external programs or contracts for services	1 (8%)	1 (8%)
Supported or enhanced collaborative projects or programs with other agencies or organizations	6 (50%)	4 (31%)
Provided, developed, maintained, or enhanced technology to support the child welfare system, including functionality to support report development (does not include external websites or intranet sites for information dissemination)	1 (8%)	1 (8%)
Provided funding or support for implementing child welfare-related conferences, including presenting at the conference (does not include attendance)	3 (25%)	3 (23%)
Provided funding for child welfare staff positions	2 (17%)	2 (15%)
Supported staff recruitment or retention	2 (17%)	3 (23%)

Strategy	FY 2016 Number (Percent) of States (N=12)	FY 2017 Number (Percent) of States (N=13)
Provided public outreach or education, including external websites, about child welfare topics	0 (0%)	1 (8%)
Used, developed, or enhanced tools or instruments to support child welfare practice	2 (17%)	0 (0%)
Developed or revised child welfare policies or protocols	2 (17%)	2 (15%)
Provided funding or support to citizen review panels, review boards, and advisory councils as well as other forms of public input	2 (17%)	2 (15%)

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. States used training and other professional development for staff from partner agencies and organizations as the primary means to achieve the objectives of this program area. Other strategies included collaboration, public outreach or education, and hotlines.

Table 10 provides additional information about the strategies used by states regarding program area 8.

**Table 10
Strategies Selected to Support Improvement in Program Area 8**

Strategy	FY 2016 Number (Percent) of States (N=9)	FY 2017 Number (Percent) of States (N=9)
Provided or developed training or other professional development (e.g., coaching) for child welfare agency staff	0 (0%)	1 (11%)
Provided or developed training or other professional development support for staff at partner agencies or organizations	7 (78%)	5 (56%)

Strategy	FY 2016 Number (Percent) of States (N=9)	FY 2017 Number (Percent) of States (N=9)
Evaluated or assessed child welfare practices, including CQI and evaluation efforts	1 (11%)	0 (0%)
Supported or enhanced collaborative projects or programs with other agencies or organizations	3 (33%)	2 (22%)
Provided funding or support for implementing child welfare-related conferences, including presenting at the conference (does not include attendance)	0 (0%)	1 (11%)
Provided public outreach or education, including external websites, about child welfare topics	3 (33%)	3 (33%)
Established, maintained, or enhanced hotlines to support child welfare practice	3 (33%)	3 (33%)

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 (A) existing social and health services; (B) financial assistance; (C) services necessary to facilitate adoptive placement of any such infants who have been relinquished for adoption; and (D) the use of differential response in preventing child abuse and neglect. Few states selected program area 9, and only a small number of those states described the strategies they used. Collaboration was the most commonly selected strategy.

Table 11 provides additional details about the strategies used by states to make improvements in program area 9.

Table 11
Strategies Selected to Support Improvement in Program Area 9

Strategy	FY 2016 Number (Percent) of States (N=6)	FY 2017 Number (Percent) of States (N=8)
Evaluated or assessed child welfare practices, including CQI and evaluation efforts	1 (17%)	1 (13%)
Provided funding for external programs or contracts for services	1 (17%)	1 (13%)
Supported or enhanced collaborative projects or programs with other agencies or organizations	2 (33%)	4 (50%)
Provided, developed, maintained, or enhanced technology to support the child welfare system, including functionality to support report development (does not include external websites or intranet sites for information dissemination)	1 (17%)	0 (0%)
Provided funding or support for implementing child welfare-related conferences, including presenting at the conference (does not include attendance)	1 (17%)	1 (13%)
Provided funding for child welfare staff positions	1 (17%)	2 (25%)
Established, maintained, or enhanced hotlines to support child welfare practice	1 (17%)	1 (13%)
Provided funding or support to citizen review panels, review boards, and advisory councils as well as other forms of public input	1 (17%)	0 (0%)

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. To achieve the objectives of program area 10, states most commonly used training and other professional development for staff from partner agencies and organizations, as well as public education and outreach.

Table 12 presents additional information about the strategies used by states to make improvements in program area 10.

Table 12
Strategies Selected to Support Improvement in Program Area 10

Strategy	FY 2016 Number (Percent) of States (N=11)	FY 2017 Number (Percent) of States (N=12)
Provided or developed training or other professional development support for staff at partner agencies or organizations	3 (27%)	5 (42%)
Provided funding for external programs or contracts for services	1 (9%)	1 (8%)
Supported or enhanced collaborative projects or programs with other agencies or organizations	2 (18%)	2 (17%)
Provided funding or support for implementing child welfare-related conferences, including presenting at the conference (does not include attendance)	0 (0%)	1 (8%)
Provided funding for child welfare staff positions	0 (0%)	2 (17%)
Supported staff recruitment or retention	0 (0%)	1 (8%)
Provided public outreach or education, including external websites, about child welfare topics	7 (64%)	5 (42%)
Established, maintained, or enhanced hotlines to support child welfare practice	1 (9%)	3 (25%)

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. Only a few states implemented strategies for this program area that aligned with the categories used in this Report.

Table 13 lists the strategies used by states to make improvements in program area 11.

**Table 13
Strategies Selected to Support Improvement in Program Area 11**

Strategy	FY 2016 Number (Percent) of States (N=9)	FY 2017 Number (Percent) of States (N=10)
Provided or developed training or other professional development support for staff at partner agencies or organizations	1 (11%)	0 (0%)
Provided or developed training, parent education, mentoring, or other support programs for parents served by child welfare agencies	0 (0%)	1 (10%)
Evaluated or assessed child welfare practices, including CQI and evaluation efforts	1 (11%)	1 (10%)
Provided funding for external programs or contracts for services	0 (0%)	1 (10%)
Supported or enhanced collaborative projects or programs with other agencies or organizations	2 (22%)	1 (10%)
Provided funding or support to citizen review panels, review boards, and advisory councils as well as other forms of public input	1 (11%)	0 (0%)

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 plan and services as children

transition between systems. In each year, at least 80 percent of states that described their strategies (N=5 in FY 2016 and N=6 in FY 2017) used collaborations to bolster their work in this area. Other strategies that were utilized by multiple states in each year were training or other professional development for staff from partner agencies and organizations and the use of technology.

Table 14 provides a detailed list of the strategies used by states to make improvements in program area 12.

Table 14
Strategies Selected to Support Improvement in Program Area 12

Strategy	FY 2016 Number (Percent) of States (N=5)	FY 2017 Number (Percent) of States (N=6)
Provided or developed training or other professional development (e.g., coaching) for child welfare agency staff	2 (40%)	1 (17%)
Provided or developed training or other professional development support for staff at partner agencies or organizations	2 (40%)	2 (33%)
Evaluated or assessed child welfare practices, including CQI and evaluation efforts	1 (20%)	1 (17%)
Provided funding for external programs or contracts for services	0 (0%)	1 (17%)
Supported or enhanced collaborative projects or programs with other agencies or organizations	4 (80%)	5 (83%)
Provided, developed, maintained, or enhanced technology to support the child welfare system, including functionality to support report development (does not include external websites or intranet sites for information dissemination)	2 (40%)	2 (33%)
Used, developed, or enhanced tools or instruments to support child welfare practice	0 (0%)	1 (17%)

Strategy	FY 2016 Number (Percent) of States (N=5)	FY 2017 Number (Percent) of States (N=6)
Developed or revised child welfare policies or protocols	1 (20%)	1 (17%)

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 (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. The use of collaborations was the most popular strategy for this program area. Other strategies frequently used by states included providing training or professional development to both child welfare agency staff and partner staff, the evaluation or assessment of child welfare practices, providing funding for external programs or contracts, and the use of technology.

Table 15 provides a list of strategies used by states to meet the objectives of program area 13.

**Table 15
Strategies Selected to Support Improvement in Program Area 13**

Strategy	FY 2016 Number (Percent) of States (N=17)	FY 2017 Number (Percent) of States (N=16)
Provided or developed training or other professional development (e.g., coaching) for child welfare agency staff	3 (18%)	6 (38%)
Provided or developed training or other professional development support for staff at partner agencies or organizations	7 (41%)	5 (31%)
Provided or developed training, parent education, mentoring, or other support programs for parents served by child welfare agencies	3 (18%)	3 (19%)
Evaluated or assessed child welfare practices, including CQI and evaluation efforts	5 (29%)	4 (25%)

Strategy	FY 2016 Number (Percent) of States (N=17)	FY 2017 Number (Percent) of States (N=16)
Established, maintained, or enhanced the state's differential response system	1 (6%)	1 (6%)
Provided funding for external programs or contracts for services	6 (35%)	5 (31%)
Supported or enhanced collaborative projects or programs with other agencies or organizations	12 (71%)	10 (63%)
Provided, developed, maintained, or enhanced technology to support the child welfare system, including functionality to support report development (does not include external websites or intranet sites for information dissemination)	4 (24%)	3 (19%)
Provided funding for child welfare staff positions	1 (6%)	2 (13%)
Provided public outreach or education, including external websites, about child welfare topics	1 (6%)	2 (13%)
Used, developed, or enhanced tools or instruments to support child welfare practice	1 (6%)	1 (6%)
Established, maintained, or enhanced hotlines to support child welfare practice	1 (6%)	0 (0%)
Developed or revised child welfare policies or protocols	2 (12%)	3 (19%)
Provided funding or support to citizen review panels, review boards, and advisory councils as well as other forms of public input	0 (0%)	2 (13%)

Program area 14: Developing and implementing procedures for collaboration among CPS, 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 nonabusing parents. At least half of the states in each year described using training or professional development for child welfare agency staff and/or collaborations. Other strategies selected by multiple states, in each year, included providing funding for external contracts or services, providing funding for child welfare staff positions, and developing or revising child welfare policies or protocols.

Table 16 lists the strategies used by states to make improvements in program area 14.

Table 16
Strategies Selected to Support Improvement in Program Area 14

Strategy	FY 2016 Number (Percent) of States (N=12)	FY 2017 Number (Percent) of States (N=10)
Provided or developed training or other professional development (e.g., coaching) for child welfare agency staff	6 (50%)	6 (60%)
Provided or developed training or other professional development support for staff at partner agencies or organizations	2 (17%)	1 (10%)
Evaluated or assessed child welfare practices, including CQI and evaluation efforts	1 (8%)	1 (10%)
Established, maintained, or enhanced the state's differential response system	0 (0%)	1 (10%)
Provided funding for external programs or contracts for services	2 (17%)	2 (20%)
Supported or enhanced collaborative projects or programs with other agencies or organizations	6 (50%)	6 (60%)
Provided funding or support for implementing child welfare-related conferences, including presenting at the conference (does not include attendance)	1 (8%)	1 (10%)
Provided funding for child welfare staff positions	2 (17%)	2 (20%)

Strategy	FY 2016 Number (Percent) of States (N=12)	FY 2017 Number (Percent) of States (N=10)
Used, developed, or enhanced tools or instruments to support child welfare practice	1 (8%)	0 (0%)
Developed or revised child welfare policies or protocols	2 (17%)	3 (30%)
Provided funding or support to citizen review panels, review boards, and advisory councils as well as other forms of public input	2 (17%)	0 (0%)

Report Question 3: In Which Program Areas Did States Request and/or Receive Tailored Services From the CBC for States?

Through its tailored services, the CBC for States supports individual states by partnering with them to assess capacity-building needs, create plans, and deliver effective services. Between July 1, 2016, and December 31, 2017, 43 states participated in an assessment that identified the areas of strength and need within the state's child welfare system. Of those states, 11 requested and/or received tailored services that aligned with one or more of the 14 program areas. The CBC for States conducted 15 tailored services projects in those 11 states. Three states participated in multiple tailored services projects, and one state participated in one tailored services project that covered two program areas.

Table 17 lists the program areas for which the CBC for States provided tailored services between July 1, 2016, and December 31, 2017.

Table 17
Number of States that Requested and/or Received Tailored Services by Program Area (July 1, 2016 through December 31, 2017)

Program Area	Number of States
Program area 1: The intake, assessment, screening, and investigation of reports of child abuse or neglect	3
Program area 3: Case management, including ongoing case monitoring and delivery of services and treatment provided to children and their families	1
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	2
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	3
Program area 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	1
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	4
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 (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	1

The following are brief descriptions of the tailored services that the CBC for States provided from July 1, 2016, to December 31, 2017 that align with the CAPTA program areas⁴:

- **Connecticut: Strengthen the Department of Children and Families (DCF) Academy for Workforce Development (program area 6).** To explore the existing capacity of

⁴ The CBC for States is still providing some of the tailored services described here.

DCF's Academy for Workforce Development, the CBC for States helped DCF build its infrastructure and explore processes that transfer knowledge and skills to the workforce. The CBC for States also assessed the capacity of the academy and systemic issues, which resulted in a report and recommendations.

- **Nevada: Support expansion of differential response (program area 4).** The CBC for States provided capacity-building consultation to identify gaps in resources, data, policies, and procedures in order to make a successful transition of differential response management from the Nevada Department of Health and Human Services to its Division of Child and Family Services (DCFS). The CBC for States conducted interviews and focus groups with state child welfare staff that resulted in recommendations for initial contact, assessment, and service delivery under the differential response system. It also assisted DCFS in developing statewide criteria related to its differential response pathways. The project then shifted to a focus on statewide implementation support, including policy and procedure development, curriculum alignment, staffing tools, supervisory coaching, and the integration of CQI and program fidelity monitoring.
- **Nevada: Learning management system support (program area 7).** The CBC for States is consulting with Nevada about recommended system requirements and implementation support for an effective learning management system. This includes the identification of needs, vendor selection criteria, proposal assessment and implementation, and project support needs after implementation.
- **Nevada: Coaching model support (program area 7).** The CBC for States is partnering with the state to identify and establish core components of a supervisory coaching model and develop and deliver a curriculum that focuses on building capacity and sustainability for supervisors to effectively coach workers. The CBC for States is partnering with the state and its university training partners to build capacity and sustain coaching practices across the state.
- **New Hampshire: Supporting interventions that prevent overdue assessments (program area 4).** Previously, the CBC for States conducted a root cause analysis in New Hampshire, including the collection and analysis of quantitative and qualitative data, to better understand the causes of the state's overdue assessments. Using this assessment and the subsequent recommendations, the CBC for States helped the state analyze the recommendations and coached the state on the necessary next steps for prioritizing potential solutions.
- **New Mexico: Timely medical and dental assessments (program area 13).** The CBC for States engaged in a problem exploration process regarding the timeliness of initial and follow-up medical and dental appointments for children receiving in-home services and those in foster care. The process involved data analysis and statewide focus groups and interviews that included staff at all levels as well as managed health-care entities responsible for New Mexico coverage. The information was provided to a steering committee of regional and state leadership, and the CBC for States provided potential intervention recommendations based on the problem analysis.
- **North Carolina: Improve the consistency and quality of child safety practices (program area 1).** The CBC for States is coaching North Carolina in the

implementation of a child safety-focused practice framework that operationalizes assessment of and planning for child safety in all program areas through state-based technical assistance. The CBC for States is providing support and coaching throughout the process related to the state's Program Improvement Plan⁵ implementation.

- **North Dakota: Supervisor training and mentoring model (program area 7).** The CBC for States supported North Dakota in the selection, customization, and implementation of a core supervisor training model to increase the working knowledge of its field supervisors and support consistent and quality service delivery to families. This project includes collaboration with the University of North Dakota, which provides the state's child welfare core training, to support sustainability. The work plan includes consulting on curriculum development, implementation, and evaluation.
- **Oklahoma: Enhancing safety assessment and decision-making—Piloting a supervisory practice model (program areas 1 and 7).** This project is a continuation of work that began in 2016 to assist the Oklahoma Department of Human Services in the development of a leadership and supervisory practice model to provide the administrative, educational, supportive, and clinical framework to ensure quality and consistent child safety practices. During this project, the CBC for States continues to coach the state team as it pilots a supervisory coaching model. The CBC for States is also supporting the state in developing implementation tools related to readiness and the evaluation of efforts for ongoing tracking and monitoring. Another component of the project is examining sustainability as the pilot expands statewide.
- **Puerto Rico: Intake and investigation process issues—Root cause analysis (program area 1).** The CBC for States is working with Puerto Rico to understand how it conducts investigations in a timely manner and to develop potential strategies for improving practice based on the identified root causes of barriers to timeliness. This project was temporarily on hold due to the disaster recovery process but is once again active.
- **Puerto Rico: Improved documentation of face-to-face contacts (program area 3).** The CBC for States is partnering with Puerto Rico to assess its practices related to caseworker contacts and to identify barriers and root causes to quality issues. The CBC for States plans to work with the territory to develop potential strategies to improve practices based on identified root causes. This project was put on hiatus due to the disaster recovery process on the island and as of September 2018 has not been restarted.
- **Puerto Rico: Case Management Integration System implementation and federal reporting (program area 5).** The CBC for States is working with Puerto Rico on a project to improve data quality, agency culture and climate regarding data collection, and data utilization and reporting. These issues are critical to federal reporting and outcome

⁵ Program Improvement Plans (PIPs) are developed as part of the Child and Family Services Reviews (CFSRs), which are periodic reviews of state child welfare systems. At the end of the CFSR onsite review, states determined not to have achieved substantial conformity in all the areas assessed must develop and implement PIPs to address areas of nonconformity. The Children's Bureau supports the states with technical assistance and monitors implementation of their plans. States must successfully complete their plans to avoid financial penalties for nonconformity. For more information about the CFSRs and PIPs, refer to <https://www.acf.hhs.gov/cb/monitoring/child-family-services-reviews>.

measurement. The project was temporarily on hold due to the disaster recovery process on the island but is once again active.

- **Tennessee: Strengthen the infrastructure of the Office of Training and Professional Development and enhance skills of staff responsible for training delivery (program area 7).** The CBC for States is working with Tennessee's training office to develop worker competencies and measurement tools, targeted support in the areas of coaching and supervision skills, and a tool and process for curriculum review. The CBC for States is also engaged in building the knowledge and skills of staff responsible for training delivery. This includes a focus on transfer of knowledge and engagement.
- **West Virginia: Data extraction and visualization (program area 5).** The CBC for States is collaborating with state partners to improve West Virginia's capacity to extract, analyze, and present data to staff to promote action planning, monitoring, and CQI. As a result of this project, the state is increasing its capacity to support frontline workers and supervisors with needed data, a process for utilizing data reports, and other visualization efforts to inform practice.
- **Wyoming: Data system and mobile pilot project (program area 5).** The CBC for States provided expertise on data information systems and mobile technology to support Wyoming. The CBC for States facilitated information sharing with other states that had implemented similar projects and brought in vendors for technical demonstrations. It coached state staff on strategic planning decisions related to the integration of this work into their current system and future information technology planning. At the conclusion of this project, the state launched a pilot project to allow caseworkers to enter data onto a tablet when they were in remote areas of the state that did not have internet access and then upload the data when they returned to the office.

Conclusion

At least nine states addressed each available program area using their CAPTA State Grant funds. On average, states selected nearly seven program areas for each year and used a wide array of strategies to address those program areas. The most frequently used strategies were training for child welfare agency staff and collaborations with other agencies and organizations. In addition, 11 states requested and/or received tailored services that aligned with one or more of the 14 program areas.

Drawing conclusions about the effectiveness of states' use of these grants to improve their CPS systems is challenging given the information states are required to provide through their CAPTA plans. A more thorough evaluation of the strategies funded by CAPTA would require the design and funding of new experimental or quasi-experimental studies that could assess change and attribute any observed changes in outcomes to CAPTA-funded strategies. Given the multitude of funding streams states use to bolster their CPS systems, separating the exact outcomes from the specific funding streams would likely prove exceedingly difficult or unfeasible.

To the extent practicable, HHS will use the information states provide in their annual updates on the use of the CAPTA State Grants to determine how they are measuring improvements. Other

federal efforts, including the annual Child Welfare Outcomes reports to Congress, also provide a means to assess state performance in ensuring the safety and well-being of children.