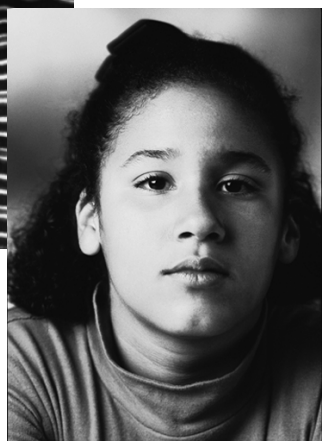
National Survey of Child and Adolescent Well-Being (NSCAW)

State Child Welfare Agency Survey: Report



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EXECUTIVE SUMMARY

To study the children and families who come in contact with the child welfare system--their characteristics, needs, experiences, and outcomes--the Children's Bureau of the Administration on Children, Youth and Families, U.S. Department of Health and Human Services, has undertaken the National Survey of Child and Adolescent Well-Being (NSCAW). Although the study's primary focus is child-level information collected directly from children, families, caregivers, caseworkers, and teachers, its researchers have also collected data from administrators in local and state child welfare agencies. These data from agencies provide a current snapshot, from an administrator's point of view, of how child welfare services are organized and delivered and give context to and inform the child- and family-level data being collected.

This report provides a cross-sectional national overview of child welfare services as reported by 46 state administrators who participated in the State Agency Discussion Guide interview. Data were analyzed within four major categories:

1. factors affecting child welfare policies and services
2. child welfare agency organization and service delivery
3. innovative programs
4. the future of child welfare.

Key findings include the following:

- Two-thirds of the respondents reported that the Adoption and Safe Families Act (ASFA) has resulted in enhancements or changes in at least one of the following four areas: child safety, permanency, collaboration with the courts, and data collection.

- Although there have always been informal collaborations to provide services to clients and their families, administrators report an increased emphasis on formal collaborations between agencies and groups providing services to those children and families served by child welfare agencies.

- Child welfare providers report increasing participation in multidisciplinary teams. Case teams have long existed, but these innovative programs (1) involve many more partners, including families and (2) begin at an earlier stage in the assessment of children and families.

- State administrators identified several areas of concern about the future of child welfare, including insufficient funding, increasingly complex caseloads, and workforce issues (e.g., high turnover, low salaries, and insufficient training).

- The most frequently reported promising developments in child welfare included the following:
  - Growing emphasis on prevention and early intervention
  - Increased collaboration with other service providers
  - Greater involvement of families in decision-making
  - Increased emphasis on evaluation and outcomes

The interviews conducted for this report suggest that, while states face similar challenges, they are using diverse strategies to address them. State administrators consistently expressed interest in learning about how other states are responding to Federal, state, and local changes and challenges. This report will be useful to state and local child welfare agencies as they evaluate and consider the implementation of new service delivery systems, innovative practice models, and the experiences of other states related to recent changes in Federal legislation and policy.

1. INTRODUCTION

1.1 Background

To learn what happens to the children and families who come in contact with the child welfare system, the Children's Bureau of the Administration on Children, Youth and Families, U.S. Department of Health and Human Services, has undertaken the National Survey of Child and Adolescent Well-Being (NSCAW). The first national longitudinal study of its kind, NSCAW is examining the characteristics, needs, experiences, and outcomes for these children and families. The study, authorized under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA),[1] also will provide information about crucial program, policy, and practice issues of concern to the Federal government, state and local governments, and child welfare agencies. It is the first such study to relate child and family well-being to family characteristics, experience with the child welfare system, community environment, and other factors.

1.2 Purpose

NSCAW is gathering information associated with 6,100 children from public child welfare agencies in a stratified random sample of 92 localities across the United States.[2] Although NSCAW's primary focus is the collection of child-level information directly from children, families, caregivers, caseworkers, and teachers on children's functioning, well-being, services, and outcomes, the study has also collected data from administrators in local and state child welfare agencies. These data from agencies provide a current snapshot, from an administrator's point of view, of how child welfare services are organized and delivered, and give context to and inform the child- and family-level data being collected.

1.3 Overview

This report describes the information obtained from *state-level* child welfare administrators who were asked about several factors affecting the delivery of child welfare services, including the following:

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[1] Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Sec. 429A, National Random Sample Study of Child Welfare (PL No. 104-193).

[2] For a detailed description of NSCAW, see NSCAW Research Group, Methodological Lessons from the National Survey of Child and Adolescent Well-Being: The first three years of the USA's first national probability study of children and families investigated for abuse and neglect. *Children and Youth Services Review*, in press.

- Organization and structure of child welfare service delivery
- Formal and informal collaborative agreements with agencies and service providers
- Use of subcontractors for various types of service delivery
- Investigation processes and caseworker assignments
- Use of performance-based measures and accountability
- Impact of Federal legislation on state policies and child welfare service delivery
- Concerns and promising developments in child welfare
- State representatives' perspectives on innovative programs and the future of child welfare

1.4 Organization of the Report

This report contains analyses of responses to both open- and closed-ended interview questions. Respondents' answers to open-ended questions were coded, and frequencies are presented for both open- and closed-ended responses. Data were analyzed within four major categories:

- Factors affecting child welfare policies and services
- Child welfare agency organization and service delivery
- Innovative programs
- The future of child welfare

Following the discussion of methods, below, sections 2.1 to 2.4 provide an overview of the data gathered in each of these categories.

1.5 Data Collection Methods

The State Agency Discussion Guide (SADG; see Appendix A) was used to facilitate discussions with state child welfare administrators. Administrators from all 50 states and the District of Columbia were invited to participate. The inclusion of administrators from states not contributing case-level data to NSCAW allowed researchers to gain a national perspective on child welfare policies and practices.

The SADG was pilot tested with administrators from 3 states. Revisions were made based on participant feedback, including altering the sequence of items pertaining to

Federal legislation and state practice and expanding the number of open-ended items. A revised SADG was developed, and a second pilot test conducted with 2 states. Based on positive participant response, the data collection process was initiated. Representatives from each of the 50 states were asked to participate. A list of the general areas of inquiry included in the SADG was faxed to each of the 50 participants prior to the interview. This approach allowed respondents to seek input from colleagues on any issues with which they were not directly familiar. A trained team of interviewers completed telephone interviews with 46 state administrators between March and August 2000; the length of each interview averaged 55 minutes. Telephone interviews were completed with 46 state representatives; those in the remaining 4 states did not respond to interview requests.

2. FINDINGS

2.1 Factors Affecting Child Welfare Policies and Services

Although many of the factors affecting child welfare policy and service delivery are interrelated, respondents were asked how a number of specific items had affected policies and services. These factors included the following:

- Federal legislation, such as Temporary Assistance for Needy Families (TANF) and the Adoption and Safe Families Act (ASFA)
- Changes in the needs and characteristics of clients
- System and agency issues
- Other factors, such as new state legislation and media attention

The following section describes the results and emerging trends for these factors affecting child welfare policies and services. Even though these results are based on information and perceptions reported by 46 high-level state administrators, their responses may not fully describe the activities in their states or agree with those of other state or local administrators. Although some respondents sought additional information from their colleagues, the study procedures did not require confirmation of respondents' responses. Given this limitation, the reader should use caution in generalizing this information and in drawing conclusions from it.

2.1.1 Federal Legislation

Recent Federal legislation has prompted significant changes in state-level child welfare policies and practices. This legislation included TANF, ASFA, the Multiethnic Placement Act (MEPA)/Interethnic Placement Provisions (IEP), and, most recently, the Foster Care Independence Act (FCIA). The following section presents a synthesis of administrators' perceptions about the impact of Federal legislation on legislation, policy, and service delivery in their states.

Temporary Assistance for Needy Families

As states began designing their own TANF programs following the enactment of PRWORA, child welfare professionals and advocates expressed concern about the effect the legislation would have on the child welfare system (CWLA, 1997; Courtney, 1998; Kamerman & Kahn, 1997).

Legislation and policy effects. To gauge initial perceptions of and reactions to TANF, researchers asked state administrators what effects they felt TANF has had on state child welfare legislation and policies. Although 75% of respondents reported that, from their perspective, the implementation of TANF had not affected child welfare legislation or policy, it is important to note that more than half of these respondents stated either that it was too early to comment or they were unsure about the effects of TANF. Twenty-five percent of administrators reported that the implementation of TANF expanded access to new funding and resources. In some states, this expanded access allowed agencies to increase the scope of prevention services, enhance flexibility to fund out-of-home placements, and/or expand intervention efforts. Examples of expanded interventions included new state legislation and/or policies supporting joint TANF and Child Protective Services (CPS) assessments and new training policies to provide cross-training of TANF and child welfare staff.

Service delivery effects. Researchers also asked state administrators how TANF was affecting child welfare service delivery. One-third of the state representatives reported that they had not detected any impact, although they added again that it was premature to assess whether TANF has affected service delivery. Approximately 20% of the respondents reported that they had not detected any impact of TANF on child welfare service delivery. In contrast, approximately 45% reported that when new TANF funds and resources were available, they had utilized them to enhance or expand child welfare service delivery in one or more of the following three domains:

- Prevention services targeting at-risk children and families
  - School-based preventive programs
  - Family support/preservation focus
- Intervention services for maltreated children and their families
  - Early assessment and intervention
  - Domestic violence services
  - Substance abuse services
  - Child care
- Placement of children who remain at-risk for further maltreatment
  - Kinship care
  - Transitional services for adolescent foster youth
  - Enhancement of least-restrictive placements

Many opponents of TANF feared its implementation would significantly affect child welfare caseloads. Researchers asked respondents for their perceptions of the effect that TANF has had on the number and/or characteristics of clients served by the child welfare system. Half (52%) of the respondents were unsure or reported that it was too early to determine; 22% stated that they had not observed any relationship between the implementation of TANF and changes in client characteristics. In contrast, 15% stated

that despite the statewide reduction in TANF recipients, there appeared to be an increase in the proportion of TANF families using prevention, CPS investigation, and ongoing or long-term child welfare services. Specifically, those respondents observed increases in the number of TANF families referred to prevention programs, the number transferred to ongoing child welfare services, and the number of mandatory reports of sanctioned TANF families to CPS investigations. One state's legislature mandates CPS investigations of neglect in those families that have been sanctioned for TANF violations; the number of TANF families referred to CPS by TANF workers in this state increased nearly fourfold from 15 sanctioned families in 1998 to 59 in 1999.

Adoption and Safe Families Act

Implemented in 1997, ASFA requirements led states to change and/or amend current child welfare regulations primarily in the areas of safety, permanency, and well-being, and were anticipated to have a substantial impact on state child welfare legislation and policies. Researchers asked state administrators to describe the effects ASFA has had thus far.

Legislation and policy effects. According to all 46 respondents, ASFA has substantially affected child welfare legislation and/or policies, with all states having passed some form of new legislation. Changes such as new adoption laws, permanency legislation and/or policies, and increased licensing requirements for foster, kinship, and adoptive parents were passed in the states. Since the implementation of ASFA, 50% of the states enacted new legislation to reduce permanency time frames and mirror federal permanency guidelines of 15 months or less. Also, half of the state administrators reported that ASFA has had an impact across systems such as the courts and juvenile justice. For example, respondents reported that new policies were developed to hire additional attorneys in order to remain in compliance with ASFA timelines, that comprehensive juvenile justice bills were developed, and that legislation was passed to promote multidisciplinary team training.

Service delivery effects. Researchers also asked state administrators for examples of how ASFA has affected child welfare service delivery; administrators unanimously reported significant effects. Two-thirds of the respondents reported enhancements or changes in at least one of four areas: child safety, permanency, collaboration with the courts, and data collection.

- **Child safety.** Some administrators reported that ASFA had led to "better practice" by focusing on developing new casework strategies to promote child safety at the front end of service delivery. These enhanced practices included increasing child welfare staff awareness of child safety needs, addressing short- and long-term safety issues in risk assessment tools, and integrating child safety into the development of case plans.

- **Permanency.** Several administrators stated that ASFA has had an impact on permanency through reduction in permanency time frames, institution of concurrent planning at the front end of child welfare, reduction in the child's length of stay in foster care, and increased rates of adoption.

- **Collaboration with the courts.** Some respondents reported that ASFA had enhanced collaboration with the courts, including increasing the number of joint trainings conducted, which resulted in the hiring of additional judges and attorneys, and expanded the time child welfare staff spend in court.

- **Data collection.** Several state administrators said that ASFA had affected child welfare practice by instructing states to collect data and track outcomes.

Approximately 33% of the respondents stated that they had experienced unanticipated consequences as a result of ASFA; areas noted include the following:

- **Availability and timing of treatment for parents' substance abuse.** The 12-18 month ASFA time frame and the lack of available treatment for substance-abusing parents/caregivers have resulted in problems achieving permanency, particularly with reunification efforts and termination of parental rights. Respondents noted that the ASFA time frames were inconsistent with substance abuse treatment time frames. State administrators expressed concern about parents who were receptive to substance abuse treatment but resided in communities with inadequate facilities or waiting lists as long as 18 months before treatment was scheduled to begin.

- **Lack of adoptive placements.** Some state administrators reported documenting an increase in the number of Termination of Parental Rights (TPR) cases involving children who were ready for placement with adoptive parents but for whom there were no adoptive caregivers available. Furthermore, a high proportion of this population includes adolescents, who often have special needs. Some respondents said the ongoing lack of adoptive placements for hard-to-place children had made it difficult to meet the ASFA permanency time frames.

- **Maintaining ASFA time frames.** State administrators reported that caseworkers were concerned about complying with ASFA time frames. Specifically, juvenile court time frames have not mirrored those of AFSA and have resulted in a backlog of children remaining in out-of-home placements. Recently, some states have hired additional judges to ensure that cases are heard within ASFA time frames.

- **Intra-agency response.** Respondents stated that the ASFA time frames pressured child welfare staff. Professionals said they were being held accountable to ASFA regulations despite their frequent dependence on other agencies (juvenile and criminal courts, mental health and other treatment providers) not under similar constraints.

- **Increase in CPS investigations and out-of-home placements.** ASFA's emphasis on child safety expanded CPS investigations and services to also include those children who are "at risk" for maltreatment. Before ASFA, some states would accept referrals only for CPS investigations in which maltreatment had already occurred. Since ASFA's enactment, more children have been determined to be at-risk, leading both to more CPS investigations and, correspondingly, more out-of-home placements.

Multiethnic Placement Act (MEPA) and the Interethnic Placement Provisions (IEP)
MEPA and IEP were implemented in 1994 and 1996, respectively, to remove barriers to permanency for children in the child protective system and to ensure that adoption and foster placements are not delayed or denied because of race, color, or national origin.

Legislation and policy effects: Researchers asked state administrators to describe how MEPA and IEP have affected child welfare legislation or policies and child welfare service delivery. Of the 45 states responding, more than 33% did not believe that MEPA and IEP have had an impact on state legislation or policies. The remaining 67% reported that MEPA and IEP had altered state legislation and/or policies by, for example, creating an increased emphasis on foster parent recruitment. Nearly half of these respondents identified one or more areas of concern about MEPA and IEP, including the following:

- **Ambiguity of policy:** States have found policies surrounding MEPA and IEP to be unclear; policy makers, administrators, and staff attempting to clarify linkages among policy, training, and practice have experienced uncertainty due to different interpretations of these policies. For fear of being in violation of the policy, one potential unintended consequence of this ambiguity was the removal by some states of the language of "race, ethnicity and culture" from placement criteria as well as the elimination of the term "cultural diversity tools" from training policies for adoptive parents.

- **State audits:** The perceived ambiguity of the MEPA and IEP policies has led administrators to express concern about noncompliance and its potential consequences, including fines, resulting from recent audits conducted by the Office of Civil Rights to ensure that states are in compliance with MEPA and IEP.

- **Different policy interpretation by courts:** Some respondents explained that several juvenile court judges continue to use the race of the child as a key factor for placement by issuing court orders for minority children to be placed with minority foster parents.

Service delivery effects: Almost 60% of respondents declared that MEPA and IEP have had a considerable impact on child welfare service delivery. Among those states that reported that MEPA and IEP had altered service delivery, changes were identified in four categories:

- **Training:** Efforts to update and inform child welfare staff and service providers about MEPA and IEP included the following:
  - Expansion of curricula to enhance staff awareness and decision making
  - Inclusion of foster and adoptive parents/caregivers in MEPA and IEP training

- **Practice:** Although a number of state administrators said that MEPA and IEP had eliminated the language of "race, ethnicity and culture" from placement criteria, respondents acknowledged that child welfare practice was also modified in some ways, such as the following:
  - Development of specialized cultural assessments for children
  - Utilization of independent psychological evaluations to assess the fit between the child's culture and his or her potential adoptive home
  - Increased case record documentation to verify the decision-making process concerning placement in the event that concerns were raised at a later date

- **Out-of-home placement:** These mandates have also affected child welfare placements, including the following:
  - Expedited permanency placements by "loosening" the cultural/ethnic match between the foster child and adoptive parent
  - Increased recruitment efforts by targeting additional outreach to minority families

- **Difficulties in implementation:** Administrators identified two difficulties arising from implementation:
  - Difficulty in addressing long-held staff attitudes and values about culture and permanency
  - Staff discomfort during placement decision-making resulting from the ambiguity surrounding MEPA and IEP policy interpretation

IV-E Funds and Unlicensed Care

Title IV-E of the Social Security Act provides Federal payments for foster care and adoption assistance. The January 2000 Final Rule issued by HHS stipulates that IV-E funding can no longer be used for any unlicensed temporary, emergency, kinship, or other out-of-home care. Respondents were asked what effect this has had on agency practice and how they were addressing this change.

Of the 27 state administrators responding, 40% said that this ruling would have little to no effect, and 20% were unsure how the ruling would affect their services.[3] Forty percent of respondents anticipated that the new rule would have a negative effect on agency practice, such as (1) losing current placements with kinship caregivers and (2) forcing at-risk children who need out-of-home placement to remain in an unsafe setting with their maltreating families because of fewer placement options.

Foster Care Independence Act of 1999 (FCIA; Chaffee Foster Care Independence Program)

The FCIA's intent was to provide states with more funding and greater flexibility in helping youth make the transition from foster care to self-sufficiency. Respondents were asked if their states had begun implementing any service delivery or policy changes in response to the new program created under FCIA, the Chaffee Foster Care Independence Program.

Most of the administrators were enthusiastic about this program and anticipated a positive impact on service delivery. Anticipated changes included enhancement of transitional living arrangements, increased subsidies of college tuition, extension of Medicaid coverage until age 21, enhancement of training for foster parents caring for older adolescents, and expansion of mentoring programs. Approximately 25% of respondents indicated that this program would have little impact or that it was too early to ascertain what that impact would be.

2.1.2 Needs and Characteristics of Clients

One of the challenges facing child welfare agencies is the changing needs and characteristics of the clients being served. State administrators consistently identified problems at the systemic level affected by the evolving needs and characteristics of clients, such as extensive waiting lists for treatment programs and inadequate screening, diagnostic, and treatment options. Among the 46 respondents, more than half of the administrators reported at least one of three major challenges:

[3] This question was inserted during the data collection process, and the researchers did not recontact the initial interviewees.

- **Substance abuse:** Respondents consistently identified substance abuse as a significant and chronic challenge. Areas of concern included the following:
  - — Increased abuse of methamphetamines among parents
  - — Drug-addicted newborns and children suffering from fetal alcohol syndrome
  - — Insufficient screening and treatment options for drug or alcohol abuse, particularly given ASFA timelines

- **Domestic violence:** Respondents reported an increase in the co-occurrence of domestic violence and child maltreatment and noted the inherent difficulty of ensuring child safety in families in which domestic violence occurs.

- **Mental health:** Professionals have observed an increasing severity of parental and child mental health problems, requiring extensive staff time to assess and treat.

Thirty percent of the state representatives reported that children and families presented with more complex problems than ever before, leading to an increasing difficulty in providing effective services. Specific examples of children's problems include (1) increased severity of developmental, emotional, and learning disabilities and (2) higher incidence of behavioral problems (e.g., sexual aggression and violent criminal acts).

Thirteen percent of the respondents noted difficulties providing effective services to minority populations. Specific challenges included language barriers between families and child welfare staff, lack of services that address specific needs of minority families, and the inability of children of undocumented immigrants to receive IV-E funding.

2.1.3 System and Agency Issues

Thirty-five percent of the state administrators identified one or more of the following four trends or situations that affected their ability to provide effective services.

- **Inadequate local and state resources:** Resources are insufficient to serve children and families who present with complex situations.

- **Staff retention and recruitment:** Staff turnover remains high and is compounded by inexperienced staff insufficiently trained to intervene with complex referrals.

- **Inadequate data collection:** Little attention and resources have been given to utilizing research and data to inform child welfare practice.

- **Lack of out-of-home placement options:** There are few therapeutic placements for children and adolescents with complex needs. Moreover, it is difficult to recruit

trained foster parents, or to train those recruited, to care for children with complex or special needs.

2.1.4 Other Factors

Respondents were asked if any other factors or events, such as new state legislation, media attention, advocacy groups, or a child fatality, have had an impact on child welfare services. Approximately 85% of the state administrators reported that one or more of the above-mentioned events had an impact on child welfare services. One-third of the state administrators acknowledged that recent child fatalities resulted in new legislation, consent decrees, and heightened media coverage. Asked whether certain events had a substantial impact on child welfare services, four-fifths of the respondents identified at least one of the following four kinds of events:

- **Child fatalities:** The occurrence of child fatalities had a variety of effects, including the following:
  - Redesign of confidentiality policies to promote information sharing across agencies
  - Creation of Child Fatality and Citizens' Review Panels
  - Development of statewide foster parent licensing standards
  - Automatic notification of child welfare services when police activity occurs at any foster home
  - Increase in the number of child welfare staff

- **Legislation:** Although state administrators reported that child fatalities frequently resulted in initiation of new legislation, 25% of the respondents reported other legislative action, independent of child fatalities, that resulted in an impact on child welfare services. In some cases, legislation reduced the scope of child welfare by shifting responsibility for services to other agencies, such as mental health and police. In other cases, legislation expanded the scope of child welfare by permitting (1) acceptance of referrals concerning unborn children and/or abandoned infants and (2) the inclusion of juvenile justice cases and domestic violence reports.

- **Consent Decree:** Six states reported that they were currently operating under consent decrees, which often originated from legal proceedings concerning high-profile child fatalities. Two resulting benefits for child welfare services were the (1) enhancement of quality assurance and measurement of outcomes and (2) a directive to hire additional staff.

- **Media:** Three state administrators reported positive media exposure. In contrast, other respondents also reported that child fatalities and high-profile cases often led to

negative media attention. Specific media activities perceived as negative included requests for court records and media attendance at juvenile court proceedings.

2.2 Child Welfare Agency Organization and Service Delivery

As the child welfare system faces new challenges, agencies have begun to implement variations in traditional service delivery and organizational strategies. These variations include changes in the organization of service delivery, increased collaboration with other service providers, increased subcontracting of services, changes in processes for investigations and decision-making, and expanded use of performance-based measurement. Innovative programs arising from these national trends are discussed in Section 2.3.

Organization of service delivery: As can be seen in Table 2-1, states are adopting a variety of organizational strategies, ranging from integration and specialization of agencies and units to changes in methods and location of child protective services.

Collaboration: Collaboration with other service providers is a rapidly growing movement in the field (Besharov, Lowry, Pelton & Weber, 1998; U.S. DHHS, 1999) and one of the key trends and promising developments identified by respondents. As Table 2-2 shows, approximately 90% of state administrators reported formal collaboration with at least one other service provider from the choices provided (i.e., utilizing Letters of Agreement, Memoranda of Understanding, or other written confirmation of a collaborative agreement). Approximately two in three respondents reported statewide collaboration with police, courts, juvenile justice, health service providers, and/or mental health service providers. Almost one-half of respondents reported statewide collaboration with schools and/or substance abuse treatment providers. Although domestic violence service providers and child welfare agencies historically have not collaborated (Beeman, Hagemeister & Edelson, 1999; Carter & Schecter, 1997; Findlater and Kelly, 1999; Whitney & Davis, 1999), there is a trend toward increasing collaboration between these two types of agencies, with 87% of respondents reporting collaboration between these providers in at least some counties.

Several catalysts may be behind the increase in formal collaboration: (1) changes in funding (several federally funded demonstration projects now require collaboration, such as Title II, of the Child Abuse Prevention and Treatment Act, Sec. 201(b)(2) and (4) [42 U.S.C. 5116]) and (2) the desire to improve service delivery to clients who are increasingly exhibiting a complex constellation of problems and needs, as noted by

Table 2-1. Organization of service delivery (%)

Organizational feature of child welfare service delivery	Percent			
	Yes, statewide	Yes, some counties	No	Missing
Child welfare system is integrated into an omnibus or umbrella human services agency	56	9	35	-
Neighborhood services or satellite offices	22	68	11	-
Specialized child welfare service units	24	65	11	-
Assignment of same caseworker from beginning until end of case	2	52	44	2
Use of community-based organizations as service providers	59	30	9	2

Table 2-2. Formal collaboration with other service providers (%)

Type of service providers with which child welfare agencies have formal collaboration	Percent			
	Yes, statewide	Yes, some counties	No	Missing
Domestic violence services	37	50	11	2
Schools	46	46	6	2
Substance abuse treatment services	46	39	13	2
Police	72	24	2	2
Mental health services	61	30	7	2
Courts	72	20	6	2
Health services	65	31	2	2
Juvenile justice	67	20	7	6

Waldfogel (2000) and Tracy and Pine (2000). Agencies realized that collaboration between the families' different service providers often proved more effective in these multifaceted cases.

Asked to identify "lessons learned," 28% of administrators cited the importance of bringing all interested and key parties to the table early in the collaboration process so that partnerships and relationships may be built from the beginning. Twenty-six percent

of respondents identified awareness of the need to address or control turf issues as a key lesson learned. Slightly more than one in five respondents (22%) reported learning that collaboration requires sufficient resources. Not only does collaboration require time and money, but it also requires that collaborators set ground rules regarding how each partner's resources will be pooled and shared. Twenty percent of respondents noted that it was challenging, but essential, to maintain the commitment of collaborative members. The importance of a shared mission and common goals was cited by 13% of respondents as a key lesson learned. Thirteen percent also identified open communication as critical to successful collaboration.

Subcontracting of services: Over the past few years, the subcontracting and/or privatization of services have grown in the child welfare field, ranging all along the child welfare spectrum from family support services through family preservation and reunification, through adoption. As shown in Table 2-3, residential treatment was the most commonly subcontracted service, occurring statewide in 70% of states participating in the survey and in at least some counties in an additional 26% of states. Family preservation or support services and foster care placement are also subcontracted in at least some counties in at least 90% of responding states. CPS investigations and assessments were the least likely services to be subcontracted, with 20% of responding state administrators reporting that these services were subcontracted.

Table 2-3. Service subcontracting (%)

	Percent			
Type of service subcontracted	**Yes, statewide**	**Yes, some counties**	**No**	**Missing**
CPS/investigations/assessments	11	9	80	-
Family preservation and family support services	59	35	2	4
Family reunification program services	46	37	17	-
Foster care placement services	33	57	6	4
Residential treatment services	70	26	4	-
Special needs adoption services	30	48	22	-
Other adoptive placement services	35	30	33	2
Recruitment of foster care/adoptive family services	39	44	17	-

Investigation and decision-making: Traditionally, although the initial reports of abuse and neglect come to child protective services agencies, CPS investigators and law enforcement have worked together to investigate the most egregious cases of child maltreatment. As Table 2-4 shows, two states reported that abuse allegations were

reported initially to police or law enforcement rather than to CPS. In one of these states, the initial reports of child abuse and neglect go to the child abuse hotline run by the state police, who initially determine if maltreatment has occurred based on a protocol written by the state's Department of Human Services. The majority of cases are then referred to the local CPS agency, whose staff follow up to determine health, safety, and other risk considerations. In almost all states (94%), respondents reported that in certain types of cases (e.g., sexual abuse, severe physical abuse or neglect), a joint investigation is conducted by a team that includes social workers and police.

States recognized the need to help families at risk gain better access to services. Although it is unclear what types or levels of services are offered, 43% of respondents reported that services are offered to families statewide even if there is insufficient information to trigger a maltreatment investigation at screening. In slightly more than one-third of states, such services are offered in some counties but not statewide. In approximately one-half of states in which services are offered to families whose cases are screened out, administrators reported that information on and referrals to community services were provided to families. Twenty percent of these administrators reported that an assessment may be done if there is insufficient information to warrant an investigation to determine if the family can be referred to available community or informal services. Some states provide voluntary services such as prevention services, day care, in-home aides, and crisis nurseries. The most common reason for providing services, even in the absence of an investigation, was a desire to prevent children from entering the child welfare system in the future.

Table 2-4. Investigation and decision-making (%)

Investigation and decision-making process	Percent			
	Yes, statewide	Yes, some counties	No	Missing
Abuse allegations reported initially to police/law enforcement	4	-	92	4
In certain types of cases, a joint investigation is conducted by a team, including social workers and police	74	20	6	-
Services are offered to families even if there is not enough information to trigger a maltreatment investigation	43	35	20	2

Performance-based measurement: As Table 2-5 shows, approximately 50% of respondents reported that their states were using performance-based measures and

accountability in each of these areas statewide. Approximately one in eight respondents reported that, though these measures were not being used statewide, they were being used in at least some counties. Every administrator reported at least some use of performance-based measurement in at least one of these 12 areas. Although no state is using performance measures in all 12 categories, the following areas were among those less likely to involve performance-based accountability: family reunification, use of least-restrictive placement, residential treatment, adoptive placements, and independent living.

Table 2-5. Performance-based measurement (%)

Area in which performance-based measures and accountability are used	Percent			
	Yes, statewide	Yes, some counties	No	Missing
CPS	59	17	24	-
Family preservation/family support	52	20	28	-
Family reunification	48	15	37	-
Foster care	63	9	28	-
Residential treatment	48	13	37	2
Special needs adoption	61	9	26	4
Other adoptive placements	54	11	33	2
Subsidized guardianships, long-term foster care placements, and/or permanent placements other than reunification or adoption	46	13	33	9
Independent living	44	15	41	-
Recurrence of abuse or neglect	59	13	26	2
Child fatalities	52	11	35	2
Use of least-restrictive placement	52	11	37	-

2.3 Innovative Programs

Throughout the interviews, state administrators described a variety of programs developed in response to new legislation, to state or local events such as a child fatality, to changes in funding, or simply to the desire of child welfare service providers to find more effective ways to serve children and families. This section presents a synopsis of types/trends of innovative programs described. Boxes interspersed throughout the text each highlight one of several new programs and provide more specific information. For purposes of this section, the innovative programs are divided into two components:

- Programs focused on service delivery
- Programs focused on administration

Appendix B provides a "snapshot" of all the different programs reported to researchers by the states' representatives for this survey. It should be noted that neither this section nor the table purports to be a comprehensive guide to all the diverse or innovative programs in the states; rather they are a synopsis of what the various representatives from 46 states described as exciting programs being implemented, either as demonstration projects in a few counties or statewide. Absence from this table or section does not mean that other states are not utilizing similar programs. It should also be noted that what some respondents described as innovative may indeed be new to their agencies even though similar programs may already have been operating in other counties or states for a while. The goal was to capture the innovations and programs these representatives were excited about in their own states in order to share that information with other states.

2.3.1 Programs Focused on Service Delivery

Several trends emerged from a review of the innovative programs described by the states. Interestingly, many of these programs—such as formalized collaboratives, multidisciplinary teams, and use of community-based services—considered "new" in some states, have actually been operating a number of years in other states. The incremental momentum driving many of these efforts represents a national movement toward institutionalization of these trends.

Collaboratives: Although informal collaborations, usually on the local level, have always existed to provide services to clients and their families, administrators report an increased emphasis on formal collaborations between agencies and groups providing services to those children and families served by child welfare agencies. As discussed in Section 2.2, almost all states reported formal collaboration with at least one other agency.

Many of these collaborating agencies, while serving the same families, struggle with turf and funding issues. One notable trend is the increased collaboration between CPS and those serving victims of domestic violence (DV); 87% of the states reported formal collaboration between the two agencies in at least some of their counties. At times, these agencies have had conflicting perspectives on how best to serve the same families (Findlater and Kelly, 1999). The joining of these different "factions" has in turn led to expanding the collaborations to include both the courts and law enforcement (in some counties, a social worker is deployed with the police to handle domestic violence complaints).

Domestic Violence (DV) Specialists (or liaisons) are personnel who bridge the gap between child welfare staff and domestic violence advocates. This may involve developing CPS protocols that ask questions about domestic violence, joining with DV agencies to work in their shelters with mothers who may be investigated, or being called on to assess cases, provide consultation, accompany child welfare workers on home visits, and link families to community resources. Increasingly in some jurisdictions, DV specialists have been provided office space and computer access in child welfare agencies to promote relationship building between DV specialists and child welfare staff.

Collaboration with substance abuse treatment providers (SATP) serving many of these same families is also on the rise. Research suggests that substance abuse is a significant factor in 40 to 80% of families in the child welfare system (Child Welfare League of America, 1997) and that its presence increases the risk of child maltreatment by threefold or more (Chaffin, Kelleher, and Hollenberg, 1996; National Center on Child Abuse and Neglect, 1993). It is well documented that problems associated with substance abuse have hindered the ability of the child welfare system to protect children and serve families (Tracy, 1994; U.S. General Accounting Office, 1997) and that families with substance abuse problems are more likely to experience placement of their children (Zuravin and DePanfilis, 1997).

One state has a program between CPS and the Department of Alcohol and Other Drugs (AOD) to provide increased treatment to pregnant women. Several states have used their IV-E waiver programs[4] to develop collaborations, often involving a CPS employee working in tandem with an SATP to complete assessments, home visitation, and court testimony for cases involving parental involvement in substance abuse. In many of these cases, the collaborations also deal with families and children who are affected by HIV. These collaborations offer forums to address difficult confidentiality issues so that providers can share pertinent information and provide better wraparound services.

Collaborations with the courts are also increasing, not surprisingly, given that many families involved in substance abuse and child maltreatment end up in court. Several states work with the family courts to provide better monitoring and treatment, often using Court Improvement Project funds (as provided under The Omnibus Budget Reconciliation Act of 1993, P.L. 103-66, Part V, Subchapter C, Sec. 13712). In one state, family group conferencing occurs before the first court appearance, and the agency

[4] The Title IV-E Foster Care program provides funds to states to assist with the costs of foster care maintenance for eligible children; administrative costs to manage the program; and training for staff, for foster parents, and for private agency staff. The purpose of the program is to help states provide proper care for children who need placement outside their homes, in a foster family home or an institution.

encourages family involvement at each step in the court process. Family group conferencing actively involves both the perpetrating parent and his or her chosen representatives, usually biological or fictive kin, in working with the child protective services agency to develop a safety and compliance plan for the family and child. Several other states reported a more active treatment approach utilizing family involvement in the court system and in the development of Family Drug Courts.

The California Department of Social Services (CDSS) program, **Options for Recovery**, provides counties with access to specialized recruitment, training, and respite care for foster parents and federally eligible relative caregivers caring for infants, ages 0 to 36 months, who are prenatally exposed to alcohol and/or other drugs or who test HIV positive. These services are designed to increase the number of trained foster parents and kinship caregivers available to care for substance-exposed and HIV-positive children. If there are not enough proficient and trained caregivers and a foster care and adoptive system that addresses the special needs of these children, says CDSS, all systems (e.g., child welfare, health, developmental, educational, corrections, and alcohol and drug treatment services) stand to suffer in the face of soaring costs.
http://childsworld.org/services/ofr.htm (California Department of Social Services, 2000)

Multidisciplinary teams: Child welfare providers also participate in another form of collaboration, the multidisciplinary team. Although case teams have existed for some time, these innovative programs (1) involve many more partners and (2) begin at an earlier stage in the assessment of children and families. Several of the innovations involve screening teams that conduct comprehensive psychological, medical, and behavioral assessments of the children and family members within 14 days of case dispositions. In one program, the most serious cases assessed at a military hospital are discussed each week; moving the case through the system involves not only CPS and medical staff but also mental health, the district attorney, policymakers, the Child Advocacy Center, and a U.S. Navy representative. In another approach, CPS works in tandem with the Department of Public Health to treat child abuse and neglect as a public health issue. In yet another program, both the Department of Education and the Office of Disabilities work with CPS and mental health services to develop a program of wraparound services for families.

Increasingly, families are integral to the multidisciplinary team as they become involved in the decision-making process through the use of family group conferencing and family group decision-making (which vary in their approach to caseworker involvement) and other vehicles (Connolly and McKenzie, 1999; Wilson, 1999; Merkel-Holguin, Alsop, and Race, 1998). In these cases, families are part of the decision-making team working

not only with service providers but with community members, to develop a safety plan for the child who has been abused and to provide support for the family for family preservation or reunification. In one state, child welfare agency staff collaborate with local Native American tribes in a similar process they call "peace-making circles," a Native American tradition.

Community-based services: In addition to improving service delivery, another impetus behind collaborations and multidisciplinary teams is the emphasis on community-based services in an effort to help the community both to support families and children and to take responsibility for the children's protection. Such programs have evolved from the use of informal support and community groups. Several local agencies have placed CPS workers in satellite neighborhood CPS offices to better serve their clients and to increase their own awareness and use of these informal and less stigmatizing informal supports. Others have utilized the community to help recruit potential adoptive parents and foster parents through the use of the local churches. In one program, the neighborhood centers offer an array of general services to kin providing care to children, whether involved in the child welfare system or not, to provide support to those kinship care families.

> Oregon has long been concerned about the children and families who are at high risk for abuse and neglect but do not cross the legal threshold for intervention by either law enforcement or child protective services—for example, families with an unfounded abuse report in which there are remaining concerns or neglected children who are not in danger—that is, those children and families who "fall through the cracks" of the system. The State Office for Services to Children and Families, the Department of Human Resources, and the Oregon Commission on Children and Families are joining with local and state agencies and community partners in the development of a **Community Safety Net** in each county to identify at-risk families and provide outreach and services to them to prevent abuse and neglect. http://www.scf.hr.state.or.us/safenet.htm (Oregon Department of Human Services, 2000)

In addition to kinship care services, several community-based programs work to enhance permanency and continuity of care for children in foster care. One is a statewide association of current and former foster youth who meet locally and nationally with administrators, judges, and community members to provide a front-line perspective and offer solutions regarding problems in the child welfare system. Another state partners with a local university to provide preservice training via a website to prepare families fostering special needs children. In another program, the foster and birth parents work together to achieve permanency, with the foster parents acting as role models. Increasingly, programs attempt to match children to various placements appropriate to their needs while also keeping them in the same neighborhood; this trend also strives to

California's new **Kinship Support Services Program (KSSP)** provides community-based family support services to relative caregivers and the dependent children placed in their homes by the juvenile court and to those who are at risk of dependency or delinquency. The KSSP also provides post-permanency services to relative caregivers who have become the legal guardian or adoptive parent of formerly dependent children. The program aims to help relatives do the best job they can in raising these children so the family can remain together. The program allocates funds to create these services in many communities throughout the state; services can include support groups; respite care; information and referral; recreation mentoring/tutoring; provision of furniture, clothing, and food; transportation; legal assistance; and many other support services needed by kin families. http://childsworld.org/services/ofr.htm (California Department of Social Services, 2000)

increase school achievement by avoiding movement from school to school with each placement. However, these programs do have their critics, who observe that a policy of keeping children in their same neighborhoods may not necessarily be best for each child, depending on his or her circumstances.

Started with support from the Kellogg Foundation as part of the Families for Kids and now funded by North Carolina's Division of Social Services, **SaySo (Strong Able Youth Speaking Out)** is a statewide association working to improve the substitute care system by educating the community, speaking out about needed changes, and providing support to youth currently or formerly in care. Adolescents who are or were in foster care, group homes, kinship placement, and mental health placements speak to administrators, judges, and community members across the country on real-life out-of-home care situations. Through this organization, the youth say they have learned that "adults really care when we speak. We are now a face to the state administrators and not just a number." SaySo-NC is led by a youth board of directors (ages 14-24) and is supported by an adult advisory committee and Independent Living Resources, Inc. http://sayso-nc.tripod.com (ILR, 2001).

Texas' **Family Advocate Model for Empowerment (FAME)** is an innovative statewide project that trains foster parents to become mentors to birth parents whose children are in foster care. Such mentoring relationships help minimize the separation trauma that children experience with removal and placement into foster care and facilitate reunification efforts. After being trained by the project staff, foster parents provide support, training, and guidance to birth parents so that children can be returned to a safe and nurturing home environment.

Prevention: Although there has always been an emphasis on prevention, more states and agencies now work actively in tandem with multidisciplinary partners and communities to prevent child abuse and neglect. The involvement of schools is a key component in many prevention efforts. States reported active involvement of schools working with CPS; 92% of the states reported formal collaboration on at least a local level. In some states, child welfare workers are now placed in schools to work with high-risk families and to train school personnel to recognize abuse and neglect. Other programs involved formal relationships between CPS and the school to provide support to the foster children in their schools and to work with children who are at risk of dropping out. Several of these programs entail voluntary interventions with the parents of at-risk children while providing parent-based services.

Several of the better known programs, such as Healthy Families, also incorporate home visitation in their prevention efforts. Other prevention programs have been located on-site in a women's prison to enhance the mother-child bond, and several fatherhood initiatives provide similar services in men's prisons. Most of these programs emphasize the importance of education as part of prevention and involve schools, the medical community, and local community collaborations aimed at preventing abuse.

Other: One innovation is the "Abandoned Babies" legislation, based on a European model, that has recently come into prominence. Varying from state to state, the legislation allows parents of newborns who do not wish to keep their newborn child to "abandon" the infant at specified places such as hospitals; the parent remains anonymous and cannot be prosecuted for neglect or abandonment. The hope is that such legislation will prevent maltreatment and death resulting from parents abandoning their newborns. Those opposed to this innovation believe that such an approach communicates a message that parents do not have to take responsibility for their children's safety.

2.3.2 Programs Focused on Administration

In addition to programs focused specifically on service delivery are several that focus on administration. Administrators operate on the assumption that these systemic enhance-

ments contribute to the improvement of service delivery. Most of these programs look at different funding and staffing mechanisms.

Funding: Several states have creatively used surplus TANF monies to fund programs serving the child welfare population, such as those (1) placing social workers in schools to work with high-risk families, (2) creating domestic violence specialist positions, (3) supporting locally based neighborhood centers offering services to kinship care families, and (4) providing child care to families in the child welfare system. Title IV-E waivers have also enabled funding for many of the innovations mentioned earlier, as has funding from the Violence Against Women Act. Often only through collaboration would agencies have access to these surplus funds for their new programs. Although fiscal control remains an issue, it is important to note that more groups are willing to collaborate and pool funds to promote new initiatives.

Staffing: The volume of child abuse and neglect reports today is dramatically higher than it was when child protective services units of social services departments were first tallied. An estimated 2.8 million reports of alleged child maltreatment were received in 1998 (U.S. Department of Health and Human Services, 2000). In comparison, an estimated 700,000 children were reported to CPS in 1976, and approximately 2.2 million in 1987 (American Humane Association, 1998). At the same time, lack of qualifications, low pay, and overwhelming caseloads combined with emotional stress, low status, and a bureaucratic work environment have contributed to burnout and high turnover among the CPS workforce (Larner, Stevenson, and Behrman, 1998). As more families with increasingly complex issues enter the child welfare system, problems arising from the lack of adequate staffing resources only become more acute.

One state addressed the issue by developing legislation forbidding staff caseloads to exceed the Child Welfare League of America (CWLA) capped standards by more than two cases. When staffing falls below those standards due to increased reports of child abuse, the legislation allows the agency to contact legislators to provide funding to ensure compliance with the law. When staff resign, an internal temporary agency provides contractual staff to fill in. Another state takes this a step further with a statewide pool of trained temporary CPS staff. States are incorporating still other innovations to address staff turnover by improving working conditions, such as allowing staff to telecommute from home 1 to 2 days a week.

Many states are improving their training to enhance staff retention. One state has partnered with a local university to upgrade training by adding new curricula and resources to improve staff skills. Several states are using distance learning via video conferencing, CD-ROMs, and the Internet to train their widely dispersed staff. States are also using improved training to increase cultural competency. In one state, the agency developed a language bank with the Southeast Asian Economic Development

Organization to address the growth in service needs for minority populations. Another state's training grant is funded by a foundation to bring Native American tribes and state child welfare workers together to work on cultural competence.

The **Forward Fills Program** was created in Nebraska to reduce the number of long-term, child welfare vacancies. Based on agency caseloads and the number of staff, Forward Fills positions were distributed across the state, and administrators were provided the discretion and flexibility to place temporary staff where needed within child welfare. Temporary staff completed training and immediately stepped into vacant positions; the program has reduced statewide caseloads and staff turnover.

2.3.3 Snapshot of Innovative Programs

The responding states are enthusiastic about their innovative programs and the improved services for children and families. In their interviews and other contacts surrounding NSCAW, many respondents also expressed an interest in learning more about how other states and localities are addressing the concerns and issues facing the agencies and the families they serve. See Appendix B for a "snapshot" of several of these programs currently being implemented. To learn more about the programs, please contact the State Liaison Officer (SLO) in that state; although SLOs were not always points of contact for this survey, they are familiar with these programs or can suggest a contact for additional information. A list of current SLOs is included in Appendix C.

2.4 The Future of Child Welfare

The preceding sections discuss the current state of the child welfare system and the impact of numerous factors. At the end of each interview, researchers asked administrators two open-ended questions regarding their perspective on the future of child welfare. First, they asked each administrator to describe his or her greatest concerns about the future of child welfare, and, second, alternatively, what they considered the most promising developments. Responses to each of these questions were coded and are presented below.

The most frequently reported promising development, identified by 33% of respondents, was a change in the focus of and approach to child welfare. Respondents noted a growing emphasis on prevention and early intervention, as well as a greater focus on child safety. Conversely, 13% of respondents expressed concern about the extent to which the child welfare system focused on the best interests of the child and the need to balance the rights of children with those of the parents.

Twenty-eight percent of respondents identified increased collaboration as one of the most promising developments in child welfare. As discussed above, states reported collaborations with a variety of other service providers, including mental health providers, courts, police, juvenile justice, and domestic violence agencies. Respondents recognized as important not only collaborations with other agencies but also growing opportunities to work with clients and community members. Greater involvement of families in decision-making and the increasing use of family interventions were identified as promising by 22% of respondents. Growing community involvement in and awareness of the child welfare system were cited among the most promising developments in child welfare by 26% of respondents. Specifically, they responded positively to the increasing recognition of child abuse and neglect as a community and societal problem; the growing involvement of consumers, community members, and state leaders in child welfare; and a greater commitment to children at the national level.

Increasing emphasis on evaluation and outcomes was identified as a positive development by 20% of respondents. Two of these respondents specifically mentioned the importance and utility of State Administered Child Welfare Information Systems (SACWIS) data. Interestingly, approximately 1 in 10 respondents said that having insufficient empirical data and information on "what works" was one of their greatest concerns about the future of child welfare.

ASFA was also identified as both a promising development and a concern. Fifteen percent of respondents noted that the goals of ASFA, specifically, achieving permanency quickly and using concurrent planning, were admirable. However, 13% of respondents expressed concern about ASFA forcing a compromise of best practices to meet legal time limits. Families with substance abuse problems, in particular, may have difficulty adhering to timelines, and specific concerns were raised about implications for those families.

Almost one-half of respondents (43%) identified insufficient resources as one of their greatest concerns about the future of child welfare. Specifically, respondents cited a lack of funding coupled with growing and increasingly complex caseloads as a very significant problem. In addition, 41% of respondents identified the child welfare workforce as a great concern. Respondents identified a number of interrelated issues affecting the workforce, including high turnover, low salaries, insufficient training, and large caseloads. Compounding problems with resources and staff was the expanding scope of the child welfare system's responsibility. Seventeen percent of respondents indicated that the child welfare system was increasingly being asked to address societal problems that are or have been out of the scope of traditional child welfare (e.g., domestic violence, poverty, substance abuse).

3. CONCLUSION

The purpose of this report is to provide a cross-sectional national overview of child welfare services as reported by 46 state administrators who participated in the State Agency Discussion Guide interview. Data were collected and analyzed concerning a number of factors, trends, their impact on state policy and service delivery, collaborative agreements, use of subcontractors, performance-based measures, innovative programs, and promising developments in the field of child welfare.

The interviews conducted for this report suggest that, though states often face similar challenges, they are using diverse strategies to address them. State administrators consistently expressed interest in learning about how other states are responding to Federal, state, and local changes and challenges. The information included in this report will benefit state and local child welfare agencies as they evaluate and consider the implementation of new service delivery systems, innovative practice models, and the experiences of other states related to recent changes in Federal legislation and policy.

REFERENCES

American Humane Association. (1998). *Answers to common questions about child abuse and neglect* [Online]. http://americanhumane.org/children/factsheets/faqs.htm [2000, June 16].

Beeman, S., & Hagemeister, A., Edelson, J. (1999). Child protection and battered women's services: From conflict to collaboration. *Child Maltreatment*, *4*, 116-126.

Besharov, D. J., Lowry, M. R., Pelton, L. H., & Weber, M. W. (1998). Four commentaries: How we can better protect children from abuse and neglect. *The Future of Children*, *8*(1):120-132.

California Department of Social Services (2000). *Options for recovery* [Online]. http://childsworld.org/services/ofr.htm [2000, November 28].

Carter, J., & Schecter, S. (1997). *Child abuse and domestic violence: Creating community partnerships for safe families: Suggested components of an effective child welfare response to domestic violence*. San Francisco: Family Violence Prevention Fund.

Chaffin, M., Kelleher, K., & Hollenberg, J. (1996). Onset of physical abuse and neglect: Psychiatric, substance abuse, and social risk factors from prospective community data. *Child Abuse & Neglect*, *20*, 191-203.

Child Welfare League of America (1997). In *Children's legislative agenda: Budget updates and issue briefs*. Washington, DC: Author.

Connolly, M., & McKenzie, M. (1999) *Effective participatory practice: Family group conferencing in child protection*. New York: Aldine de Gruyter.

Courtney, M. E. (1998). The costs of child protection in the context of welfare reform. *The Future of Children*, *8*(1):88-103.

Findlater, J., & Kelly, S. (1999). Child protective services and domestic violence. *The Future of Children: Domestic Violence and Children*, *9*(3):84-95.

Independent Living Resources, Inc. (2001) *SaySo: Strong Able Youth Speaking Out.* Brochure. Durham, NC: Author.

Kamerman, S. B., & Kahn, A. J. (Eds.) (1997). PL 104-193: Challenges and opportunities. In *Confronting the new politics of child and family policy in the United States* (Report 6). New York: Columbia University, School of Social Work.

Larner, M. B., Stevenson, C. S., & Behrman, R. E. (1998). Protecting children from abuse and neglect: Analysis and recommendations. *The Future of children: Protecting children from abuse and neglect*, *8*(1):5-19.

Merkel-Holguin, L., Alsop, R. J., & Race, C. E. (1998). Assessing the promise and implementing the practice: *1997 national roundtable series on family group decision-making: Summary of proceedings*. Englewood, CO: American Humane Association, Children's Division.

National Center on Child Abuse and Neglect. (1993). *Study of child maltreatment in alcohol abusing families: A report to Congress.* Washington, DC: Author.

National Survey of Child and Adolescent Well-Being (NSCAW) Research Group. Methodological Lessons from the National Survey of Child and Adolescent Well-Being: The first three years of the USA's first national probability study of children and families investigated for abuse and neglect. *Children and Youth Services Review*, in press.

Oregon Department of Human Services. (2000). *Community safety net: Building community partnerships for child protection* [Online] http://www.scf.hr.state.or.us/safenet.htm#What is [2001, January 10].

Tracy, E. M. (1994). Maternal substance abuse: Protecting the child, preserving the family. *Social Work*, *39*, 534-540.

Tracy, E. M., & Pine, B. A. (2000). Child welfare education and training: Future trends and influences. *Child Welfare*, *79*(1):93-113.

U.S. Department of Health and Human Services (1999). Blending perspectives and building common ground: A report to Congress on substance abuse and child protection. Washington, DC: Administration for Children and Families, Office of the Assistant Secretary for Planning and Evaluation, Substance Abuse Mental Health Services Administration.

U.S. Department of Health and Human Services, Administration for Children, Youth, and Families. (2000). *Child Maltreatment 1998: Reports from the states to the National Child Abuse and Neglect Data System.* Washington, DC: U.S. Government Printing Office, 2000.

U.S. Department of Health and Human Services, Children's Bureau (2001). *State Grant Programs* [Online] http://www.acf.dhhs.gov/programs/cb/programs/state.htm [2001, March 6]

U.S. General Accounting Office. (1997). *Child protective services: Complex challenges require new strategies* (GAO/HEHS-97-115, July 21, 1997). Washington, DC: Author.

Waldfogel, J. (2000). Reforming child protective services. *Child Welfare*, *79*(1):43-57.

Whitney, P., & Davis, L. (1999). Child abuse and domestic violence in Massachusetts: Can practice be integrated in a public child welfare setting? *Child Maltreatment*, *4*, 158-166.

Wilson, D. B. (1999). Kinship care in family-serving agencies. In Hegar, R. L., and Scannapieco, M. (Eds.), *Kinship foster care: Policy, practice, and research* (pp. 84-92). New York: Oxford Univ. Press.

Zuravin, S. J., & DePanfilis, D. (1997). Factors affecting foster care placement of children receiving child protective services. *Social Work Research*, *21*, 34-42.

APPENDIXES

Appendix A: State Agency Discussion Guide
Appendix B: Innovative Programs, as Described by Respondents
Appendix C: List of State Liaison Officers

Appendix A

State Agency Discussion Guide

National Survey of Child and Adolescent Well-Being

STATE _____

PERSON(S) INTERVIEWED _____

PHONE NUMBER(S) _____

TIME AND DATE OF INTERVIEW _____

LENGTH OF TIME TO COMPLETE INTERVIEW _____

Comments:

1. I would like to begin by asking you about the organization of child welfare service delivery in *[STATE*].

a. In your state, is the child welfare system integrated into an omnibus or umbrella human services agency?

Yes, statewide 1
Yes, in some counties 2
No 3

b. Does the child welfare system have neighborhood services or satellite offices?

Yes, statewide 1
Yes, in some counties 2
No 3

c. Do you have specialized child welfare service units?

Yes, statewide 1
Yes, in some counties 2
No 3

d. Are services organized so that the same caseworker(s) is assigned to a case from the beginning to the end of the case, that is, one case manager works with the family from investigation until all case management and services are ended?

Yes, statewide 1
Yes, in some counties 2
No 3

e. In your state, does the child welfare system use community-based organizations as service providers? By this we mean, are there formal relationships, such as MOUs or contracts, between the child welfare system and community-based organizations? These organizations might include faith-based groups or grassroots community groups.

Yes, statewide 1
Yes, in some counties 2
No 3

With which community-based organizations does the child welfare system have formal relationships?

2. At the present time, either statewide or in some counties, is there formal collaboration between child welfare agencies and any of the following service providers? Formal collaboration may include collaborative planning, pooled funding, interagency agreements, or other means of coordinating services.

Domestic violence service providers
Yes, statewide 1
Yes, in some counties 2
No 3

Schools
Yes, statewide 1
Yes, in some counties . 2
No 3

Substance abuse treatment service providers
Yes, statewide 1
Yes, in some counties 2
No 3

Police
Yes, statewide 1
Yes, in some counties . 2
No 3

Mental health service providers
Yes, statewide 1
Yes, in some counties 2
No 3

Courts
Yes, statewide 1
Yes, in some counties . 2
No 3

Health service providers
Yes, statewide 1
Yes, in some counties 2
No 3

Juvenile justice
Yes, statewide 1
Yes, in some counties . 2
No 3

Other: _____

[If there are currently any collaborations] Please describe the most important or successful collaborative efforts in *[STATE]*. (Prompt if only one is described, but others are identified above: Are there any others?)

Interviewers will request copies of materials about the most successful collaborations, e.g., training manuals, new protocols, MOUs.

What have been the most important "lessons learned" from involvement in collaborations, i.e., if you had to do them over again, what would you have done differently and what would you have done the same?

3. In your state, are any of the following services subcontracted? Please answer

yes even if the subcontracting is only for a part of all services provided.

CPS/investigations/assessment
Yes, statewide 1
Yes, in some counties 2
No 3

Family preservation and family support ➜ Is case management included in the subcontract? Yes . 1 No . . 2
Yes, statewide 1
Yes, in some counties 2
No 3

Family reunification programs ➜ Is case management included in the subcontract? Yes . 1 No . . 2
Yes, statewide 1
Yes, in some counties 2
No 3

Foster care placements ➜ Is case management included in the subcontract? Yes . 1 No . . 2
Yes, statewide 1
Yes, in some counties 2
No 3

Residential treatment ➜ Is case management included in the subcontract? Yes . 1 No . . 2
Yes, statewide 1
Yes, in some counties 2
No 3

Special needs adoption ➜ Is case management included in the subcontract? Yes . 1 No . . 2
Yes, statewide 1
Yes, in some counties 2
No 3

Other adoptive placements ➜ Is case management included in the subcontract? Yes . 1 No . . 2
Yes, statewide 1
Yes, in some counties 2
No 3

Recruitment of foster care/ adoptive families
Yes, statewide 1
Yes, in some counties 2
No 3

➜ Is case management included in the subcontract? Yes . 1 No . . 2

4. Do you subcontract any other child welfare services?
Yes . . . . 1 Please describe:
No 2

5. The next three questions concern the investigation process in your state.

a. Is it the policy in your state -- statewide or in some counties -- that all abuse allegations are reported initially to police/law enforcement rather than CPS?
Yes, statewide 1
Yes, in some counties 2
No 3

b. Are there types of cases in which a joint investigation is conducted by a team that includes both social workers and police?
Yes, statewide 1
Yes, in some counties 2
No 3

[If yes] **In what types of cases is a joint investigation conducted?**

c. In [STATE], when a family is referred and there is not enough information to trigger a maltreatment investigation, are any other agency services offered to these families?
Yes, statewide 1
Yes, in some counties 2
No 3

[If yes] **What else is done?**

Why does your state use this approach?

6. Does your state include family group conferencing, family decision-making, and/or family unity models within their case management practice?

Yes, statewide 1
Yes, in some counties 2
No 3

7. Either statewide or in some counties, has your state begun using performance-based measures and accountability in any of the following areas?

CPS
Yes, statewide 1
Yes, in some counties 2
No 3

Family preservation/family support
Yes, statewide 1
Yes, in some counties 2
No 3

Family reunification
Yes, statewide 1
Yes, in some counties 2
No 3

Foster care
Yes, statewide 1
Yes, in some counties 2
No 3

Residential treatment
Yes, statewide 1
Yes, in some counties 2
No 3

Special needs adoptions
Yes, statewide 1
Yes, in some counties 2
No 3

Other adoptive placements
Yes, statewide 1
Yes, in some counties 2
No 3

Subsidized guardianships, long term foster care placements, and/or permanent placements other than reunification or adoption
Yes, statewide 1
Yes, in some counties 2
No 3

Independent living
Yes, statewide 1
Yes, in some counties 2
No 3

Reoccurrence of abuse or neglect
Yes, statewide 1
Yes, in some counties 2
No 3

Child fatalities
Yes, statewide 1
Yes, in some counties 2
No 3

Use of least restrictive placements
Yes, statewide 1
Yes, in some counties 2
No 3

Other child welfare areas: _____

Next I'd like to discuss the impact of federal legislation on child welfare policies and programs in [*STATE].*

8. The following questions concern the impact of Temporary Assistance for Needy Families (TANF) in your state.

a. How has the implementation of TANF affected state child welfare legislation and/or policies?
(Prompt: For example, is there a policy requiring child welfare workers to assess certain TANF cases for child welfare service needs? If so, which TANF cases are affected by this policy? Have policies been developed regarding working with substance-affected families? Were any policies developed in anticipation of TANF implementation?)

Interviewer will request copies of relevant legislation and/or policies.

b. How has TANF affected child welfare service delivery in your state?
(Prompt: Have multi-program teams been developed that include both TANF and CPS caseworkers? Have interagency task forces been developed? Have new types of services or programs been developed?)

Note: Primary contact may discuss this with program specialists prior to the interview or may refer interviewer directly to them.

c. How has TANF affected the number or characteristics of clients served by child welfare in your state?

9. The following questions concern the Adoption and Safe Families Act (ASFA).

a. How has ASFA affected state child welfare legislation and/or policies?

Interviewer will request copies of relevant legislation and/or policies.

b. How has ASFA affected child welfare service delivery in your state? (Prompt: Have new programs been developed? Has there been a change in the allocation of resources? Has there been a change in emphasis on adoptions of particular groups of children, e.g., adolescents, children in kinship foster care, children with special needs, etc.? Have the number and/or type of post-adoption services changed?)

10. Next I'd like to ask you about the impact of the Multiethnic Placement Act (MEPA) and the Interethnic Adoption Provisions (IEP) in your state.

a. How have MEPA and IEP affected state child welfare legislation and/or policies? (Prompt: Have policies been developed requiring certain types of training?)

Interviewer will request copies of relevant legislation and/or policies.

b. How have MEPA and IEP affected child welfare service delivery in your state? (Prompt: Have new programs been developed? Has there been a change in the number and/or allocation of resources, e.g., for recruiting foster/adoptive families?)

11. Has [*STATE*] begun implementing any service delivery or policy changes in response to the recently passed Foster Care Independence Act?

12. Are child welfare agencies in your state facing particular challenges or important situations, such as changes in the characteristics or needs of the clients served? (Prompt: These might include changes in the racial or ethnic diversity of the population served, the prevalence of substance abuse among referred parents, or the proportion of cases involving family violence.)

Interviewer will request data available on changes in types, number, and characteristics of clients served.

13. Have any other events had an impact on child welfare services in [*STATE*] or in some counties in [*STATE*], such as new state legislation, attention from the media or advocacy groups, or a child fatality?

Yes 1
No 2

Please describe this [these] event(s).

14. In addition to the things we've already discussed, are you aware of other innovative programs or initiatives being implemented in [*STATE*]?

Yes . . . . . 1 Please describe:
No 2

Interviewer will request materials relevant to these programs/initiatives.

15. What are your greatest concerns about the future of child welfare?

16. What do you think are the most promising developments in child welfare?

17. Are there additional questions we should have asked in order to gain a better understanding of the current status and future of child welfare in your state? If so, please describe.

Thank you for your time. If you have any other reports, evaluations, statistics, or other information relevant to these survey questions, could you please send them to [INTERVIEWER] at:

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C/o Caliber Associates
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Question that was added in April 2000:
Based on the new rule from HHS, effective March 25th re: ASFA, MEPA, IV-E and IV-B funds and compliance, IV-E funding can no longer be used for any unlicensed temporary, emergency, kinship, or any other out-of-home care. What effect has this had on agency practice, and in what ways are you dealing with this change?

Appendix B

Innovative programs, as described by respondents

Type of innovation	Description	Sampling of states reporting use of this program (program names noted when known)*
Collaborations		
Domestic violence		
Collaborating with CPS, DV, and other providers to deal with families affected by maltreatment and family violence	Formal collaboration between these agencies to provide better service delivery to clients affected by complex issues	IA, NE (Voices for Children), NH, NJ, NY, OH, VT, OR, WI
Developing new protocols	New protocols developed for use by CPS and DV staffs for use in investigations or working with survivors of DV; some written in Spanish	ME, NC, OR
Establishing Domestic Violence specialists/ liaisons/cross-training of CPS and DV workers	Staffing in CPS with DV specialist who acts as liaison between two groups to provide better and more comprehensive services for CPS families experiencing DV	ME, NY, OH, VT, OR
Contracting with DV service providers	Contracts with DV service providers to examine DHS' services provisions, gaps, funding, impact of services, and possible expansion of services	NJ
Working with courts	CPS has access to court computer system to access database re: family's history of violence	DE
Using TANF surplus funds	Use of funds to create DV specialists or similar collaborations between DV agencies and CPS to work with CPS families	VT, MI

Type of innovation	Description	Sampling of states reporting use of this program (program names noted when known)*
Substance abuse		
Training for foster care parents working with children affected by drugs or HIV	Provides funds for the recruitment, training, and respite care for foster parents to care for children who have medical problems related to drug or alcohol exposure or to AIDS	CA (Options for Recovery) http://childsworld.org/services/ofr.htm
Services to Substance-Abusing Caretakers	Provides two different levels of alcohol and other drug (AOD) treatment to custodial parents with a child who enters placement, including custodial parents who deliver drug-exposed infants	IL
Teaming CPS worker with substance abuse specialist	Provides substance abuse assessments and services to substance-abuse-affected families by having a substance abuse specialist work with CPS worker to identify substance-abuse-related needs and to help parents gain access to community-based treatment and support services	NH, DE, NJ, PA, SC, WI
Courts		
Family Drug Court	Court works with CPS to find ways to work with drug-affected families in the system to find treatment and keep the families together; encourages family involvement	AZ, CO, DE, OK, WV
Working with juvenile court system	CPS works with juvenile justice to consolidate services for adolescents in a community with few resources. Other collaborations with juvenile court system to address overlap with CPS	AK, ND, WI, WV, WY

Type of innovation	Description	Sampling of states reporting use of this program (program names noted when known)*
Multidisciplinary teams		
Joint assessments	CPS conducts joint assessments (along with mental health or others on screening teams) to develop more comprehensive family and child assessments	AZ, MD, MA, TN (Team Care), VA, RI
Wraparound services	Multidisciplinary effort to provide wraparound services (also incorporates juvenile justice, mental health, education, and disabilities offices)	AK
Viewing child maltreatment as a health issue	Partners with local county health departments to approach child abuse and neglect as a health issue; visit families in teams, provides more resources and technical assistance	SC (Children's Health and Safety Council)
Community-based programs		
Community collaborations	State funds programs to develop community collaborations to build on family strengths and provide a support network for families at risk in their own community	PA (Family Service System Reform) , MA, CT and AL (Systems of Care), OR (Community Safety Net http://www.scf.hr.state.or.us/safenet.htm#Whatis), PA (Family Service System Reform project)
Kinship Support Program	Provides community-based support for kinship care families	CA (KSSP http://www.childsworld.org/foster/kincare.htm)
Active family involvement on teams	Families are empowered to work with agencies and the communities to make decisions regarding safety and other issues	CO, MD, OH (Family to Family), FL, NY, OR, MI (Family group conferencing, family unity model), MN (Peacemaking circles), NY (Family Empowerment Project)
Community members watching children at risk	DSS and Housing Authority partner to provide programs where the "grannies" in the community help to look after at-risk children in their neighborhood	GA (Granny Program)

Type of innovation	Description	Sampling of states reporting use of this program (program names noted when known)*
Foster care		
Providing preservice training for foster parents online	CPS agency partnering with local university's law center to provide preservice training through a website to foster parents of special needs children	NE
Utilizing foster parents as role models for birth parents	FAME (Family Advocate Model for Empowerment) uses foster parents as mentors for birth parents to increase chances of successful and sustained family reunification	TX
Sharing assessments with foster parents	Treats young (i.e., pre-verbal) children who are abused with painting or art therapy. Provides physio- and psychological screening to identify placement and shares report with foster parents to improve stability of placements	ME (Pediatric Rapid Evaluation Program)
Sending foster children to college	Waives in-state tuition for foster children at state schools	ME (Nine Program)
Out-of-home-care youth educating the community	SaySo-NC (Strong Able Youth Speaking Out) Statewide association of youth currently or former in substitute care who meet locally and nationally with administrators, judges, and community members to provide front-line perspec-tive and to educate	NC http://sayso-nc.tripod.com/
Other	Neighborhood foster care Annie E. Casey–sponsored initiative around foster care retention, recruitment, and support of foster parents	OR, WA

Type of innovation	Description	Sampling of states reporting use of this program (program names noted when known)*
Using TANF surplus funds	Provides payment subsidies to kin to exit child welfare and become guardians. Provides community support to kinship caregivers	CA (KinGap…Kin Guardianship Assistance Payment program) CA (KSSP see above)
Adoption		
Working with church	State works with the General Baptist Convention to help find homes for African American children (similar to One Church/One Child)	NC
Partnering with university and business	Local child welfare agency partners with local state university and phone company to provide toll-free phone number to recruit potential adoptive parents and help them cut through red tape	NC
Prevention		
Schools		
Placing human services workers in schools	CPS or other human service-agency workers are placed in schools to work with high-risk families, provide prevention programs, and train school personnel in recognizing child abuse or neglect; some states using TANF surplus monies to fund these positions	AR, DE (Promoting Safe and Stable Families), ID, SD
Partnering with schools re: foster children	DSS has a formal relationship with several school districts to provide support to foster children in those schools	MA
Partnering with schools to provide voluntary intervention	Child welfare workers partner with schools to provide voluntary interven-tions with children teachers identify at high-risk of maltreatment or of dropping out of school	NE, ND (Neighbor's Program)

Type of innovation	Description	Sampling of states reporting use of this program (program names noted when known)*
Other prevention programs		
Healthy Families, others	Uses home visitation to help with early intervention	HI, IN, SC
Focusing on child development	Collaboration between child welfare and medical community that targets young parents by educating them about importance of cognitive development in their young children	MI (Infant Brain Development Program)
Working with mothers in prison	Prevention programs to enhance mother/child bond located on-site in women's prison	MT
Legislation		
Working with abandoned infants	Legislation allows babies to be left at hospitals without prosecution of parents	AL
Administration		
Staffing		
Using trained temporary personnel	Uses trained CPS personnel to travel and fill vacant positions across state	NE (Forward Fills)
Telecommuting	To address staff turnover, allowing staff to work from home 1-2 days a week	TX
Training	Partners with local state university to upgrade training and to add new curricula and resources	VT
Cultural competence		
Increasing cultural competency	Kellogg Foundation grant brings Native American tribes and CPS workers together	MT
Utilizing tribal jurisdiction	Subcontracts a CPS unit to assess reports of maltreat-ment	

Type of innovation	Description	Sampling of states reporting use of this program (program names noted when known)*
Developing language bank	Partnered with South-eastern Asia economic development organization to address growth in minority populations	RI
Pooling TANF funds	Subsidize child care to make it more affordable for CPS families	MI

* This table reports only on those programs described in interviews by representatives from the 46 states participating in this discussion. It is not a comprehensive guide either to all programs existing in the states or to all the states implementing the different programs.

Appendix C

LIST OF STATE LIAISON OFFICERS
(as of March 9, 2001, unless noted otherwise)

REGIONS

REGION I

CONNECTICUT
MAINE
MASSACHUSETTS
NEW HAMPSHIRE
RHODE ISLAND
VERMONT

REGION II

NEW JERSEY
NEW YORK
PUERTO RICO
VIRGIN ISLANDS*

REGION III

DELAWARE
DISTRICT OF COLUMBIA
MARYLAND
PENNSYLVANIA
VIRGINIA
WEST VIRGINIA

REGION IV

ALABAMA
FLORIDA
GEORGIA
KENTUCKY
MISSISSIPPI
NORTH CAROLINA
SOUTH CAROLINA
TENNESSEE

REGION V

ILLINOIS
INDIANA
MICHIGAN
MINNESOTA
OHIO
WISCONSIN

REGION VI

ARKANSAS
LOUISIANA
NEW MEXICO*
OKLAHOMA
TEXAS

REGION VII

IOWA
KANSAS
MISSOURI
NEBRASKA

REGION VIII

COLORADO
MONTANA
NORTH DAKOTA
SOUTH DAKOTA
UTAH
WYOMING

REGION IX

AMERICAN SAMOA*
ARIZONA
CALIFORNIA
GUAM*
HAWAII*
NEVADA
NORTHERN MARIANA ISLANDS**

REGION X

ALASKA
IDAHO
OREGON
WASHINGTON

REGION I

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