

**Protect  
Montana Kids  
Commission**

December 4, 2015

**SAFE  
STRONG  
SUPPORTIVE**

casey family programs

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safe children | strong families | supportive communities

**About Casey**

Casey Family Programs is the nation’s largest operating foundation focused on safely reducing the need for foster care and building Communities of Hope for children and families across America.

Founded in 1966, we work in 50 states, the District of Columbia and Puerto Rico to influence long-lasting improvements to the safety and success of children, families and the communities where they live.

## Introduction

- State commissions and task forces: Opportunities and Questions to consider
- Research and lessons learned that inform state practice and policy
- Statutes of other states

### Four Areas

- I. Trauma-informed child welfare systems
- II. Responding to reports: Investigation, assessment, and safety planning
- III. Workforce capacity
- IV. Transparency

## Questions to Consider

- **What do data indicate about safety, permanency, and well-being for Montana children?**
  - Child abuse and neglect reports
  - Repeat reports/ maltreatment recurrence
  - Child removals/foster care entries
  - Experiences and well-being of children in foster care
  - Permanency
- **What is working well and not working well?**
  - Informed by data, reviews/audits, ombudsman
  - Staff, partners, families, foster/adoptive families, youth
  - Community considerations
  - *What are the policy barriers and supports?*

## Questions to Consider

- **What will it take to improve outcomes?**
  - What are the strategies?
  - Who are the partners?
  - *What policy changes are needed?*
- **How will you know if you're successful?**
  - How will progress be monitored and sustained?

## I. Trauma: Research

- **Trauma:** an event that threatens the life or integrity of the individual or a loved one
  - E.g. child abuse/neglect, death of a parent, witnessing domestic violence, abandonment, community violence, medical issues
  - May be short lived, chronic, and/or complex.
- **Traumatic stress:** the physical, mental, or emotional impact` of traumatic events. Long term impact can include:
  - Physical health problems - heart disease, liver disease, and early death.
  - Mental, emotional and behavioral disorders.
  - Development of a child's brain and other organs.
- **Maladaptive behaviors, outlook on life, and epigenetic changes** are often passed down to future generations.

## Trauma

- By definition, children involved in child welfare systems have been exposed to traumatic situations.
- Removal from home, inappropriate treatment, overly restrictive placements and other system-imposed stressors can re-traumatize, lead to placement disruptions, and compound other negative outcomes.
- **Trauma informed child welfare systems:**
  - *Recognize and respond to the impact of traumatic stress on children, caregivers, families, and those who have contact with the system.*
  - *Knowledge, awareness, and skills are infused into organizational cultures, policies, and practices.*
  - *Organizations act collaboratively, using the best available science, to facilitate and support resiliency and recovery.*

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## Best Practices: Trauma-Informed Child Welfare Systems

- Leadership across systems/partners
- Proper screening and assessment of trauma's impact:
  - Children who have experienced trauma are often misunderstood and treated as oppositional or depressed.
  - Opportunity to intervene and change the trajectory of a child's life and future generations.
- Training, skill and capacity-building for staff /partners.
- Access to trauma-informed practices and treatment.
- Community capacity-building and collaboration.

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## **Key Partners: Achieving positive outcomes requires more than the public child welfare agency.**

- Tribes: tribal councils, courts, social services, BIA
- Judicial system: judges, attorneys, court staff
- Other systems: law enforcement, health, mental health/substance abuse, education, domestic violence, social services
- Private agencies, professionals, service providers
- Community leaders and stakeholders
- Relatives, kin, the public

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## **State Statutes: Trauma-Informed Care**

- States are beginning to provide for trauma-informed care in human services, health care, corrections, mental health care, juvenile justice.
- Most provisions require trauma-informed training for staff and are in administrative code.
- Texas child welfare statutes
  - Require that training in trauma informed programs and services be included in any training provided to foster parents, adoptive parents, kinship caregivers, department caseworkers and supervisors.
  - Require annual refresher training for department caseworkers and supervisors.
  - Encourage staff training for CASAs, child advocacy centers, community mental health centers, domestic violence shelters.

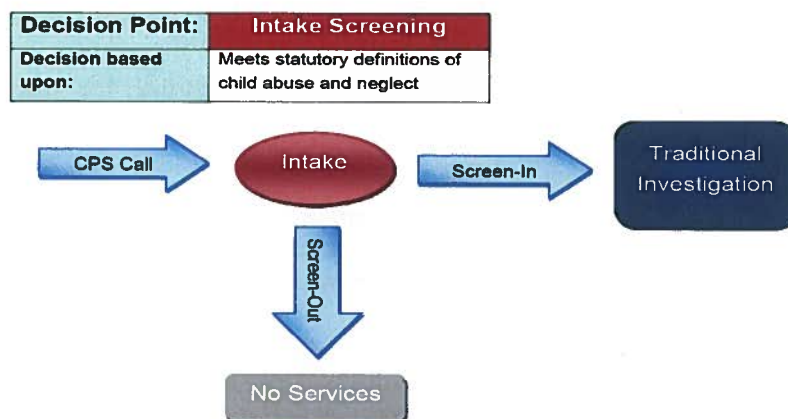
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## State Statutes: Trauma-Informed Care (Cont'd)

- California Continuum of Care Reform (2015 AB403)
  - Establishes a core practice model to govern all services.
  - Services and placement decisions are to be based on a comprehensive, trauma-informed assessment process.
  - A Child and Family Team (CFT) to conduct assessment and develop service plan.
  - Performance measures for accountability of providers in each case.
  - Eliminates certain types of group care, and restricts use of out-of-home placement.
  - Provides for access to child mental health services regardless of setting.

## II. Responding to Child Abuse/Neglect Reports

### A. Traditional Decision Pathway



## **State Statutes: Initial Response & Screening of Child Abuse/Neglect Reports**

- In all states, initial reports may be made to CPS or law enforcement.
- Initial screening: To determine whether report meets state's statutory definition. Usually conducted by agency accepting report.
- Nearly all states use a safety assessment to determine which reports require immediate responses.
- Approx. 37 states categorize reports based on the level of risk of harm and assign different response times.

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## **State Statutes: Investigations**

- Must be initiated in a timely manner. (All states)
  - Usually within 72 hours.
  - Usually within 2 to 24 hours if there is reasonable cause to believe child is in imminent danger.
- Time frame specified for completion – usually within 30 to 60 days. (Approx. 27 states)
- May be conducted by the CPS agency, law enforcement, or cooperatively by both.
- Most states require cross-reporting and shared reports among CPS, law enforcement, and prosecutors.

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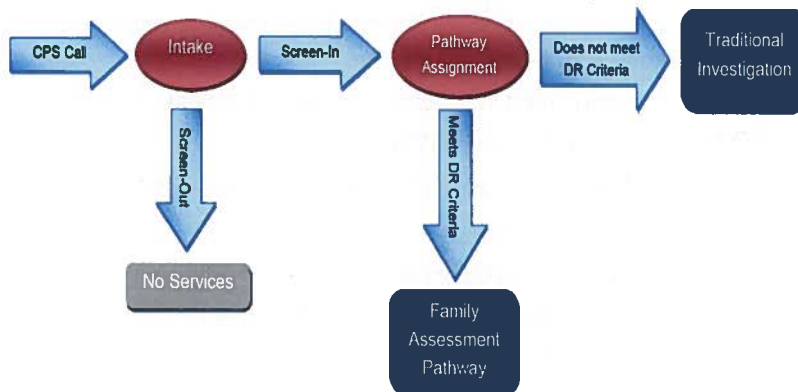


## State Statutes: Investigations

- At least 6 states require multidisciplinary teams.
  - DE, MO, PA, TN, UT, VA, DC
  - Representatives typically from CPS, law enforcement, prosecutor's offices, and health and mental health services
- Investigations conducted by law enforcement:
  - Permitted or required in cases that involve physical or sexual abuse or possible criminal conduct (Approx. 19 states)
  - Required if alleged perpetrator is a person other than the parent or other caregiver. (Approx. 12 states)

## B. Differential Response: Decision Pathway

Decision Point:	Intake Screening	DR Pathway Assignment
Decision based upon:	Meets statutory definitions of child abuse and neglect	DR eligibility criteria (low-moderate risk, absence of safety threats, etc)



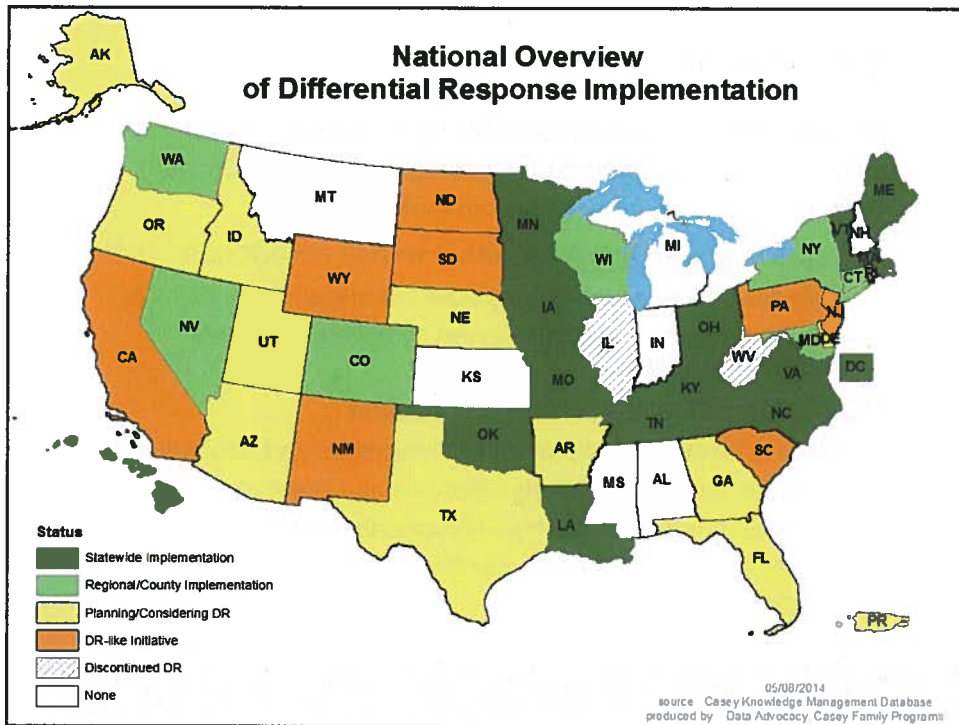


## Differential Response

- Allows CPS to respond differently to accepted reports using 2 or more discrete response pathways: Usually investigation or family assessment.
- Separates screened-in reports into risk categories:
  - High-risk cases served with a traditional investigative pathway,
  - Lower- to middle-risk cases served by alternative family assessment pathway.
- Assessment: Family-centered practice
  - Gathers information about reported concerns and family needs.
  - Engages family in identifying strengths and needs.
  - Connects family with community supports and services.
  - Participation in services is voluntary if there are no safety concerns.

## Differential Response (Cont'd)

- Response proportionate to the severity of alleged maltreatment and the family's level of need.
- Pathway assignment depends on array of factors, e.g.:
  - Presence of imminent danger, level of risk, number of previous reports, source of the report
  - Presenting case characteristics, such as type of alleged maltreatment, age of alleged victim
  - Often, factors are codified
- Original pathway assignment can change, based on new information that alters risk level or safety concerns.



## Differential Response: Research and Experience

- DR systems vary across jurisdictions: No single model.
- Outcome evaluations in 19 states.
  - In 16 of 17 states, all indicators of child safety have been equivalent or better, favoring families receiving the DR track.
  - Note that Illinois' 2013 evaluation findings, showed a higher re-referral rate for families assigned to the DR track.
  - Demonstrated improvements in:
    - Safety
    - Family engagement
    - Worker satisfaction
    - Community satisfaction and cooperation.
- Jurisdictions' concerns/hesitations: Adequate services available to meet families' needs.

## C. Safety Planning and Decisions

- **Goal: Effective decisions and actions for child protection**
  - Safety risk and assessment models use emerging tools.
  - Can be used in both investigation and assessment approaches.
  - Jurisdictions have safely reduced use of foster care.
- **Varying practices and policies, ranging from:**
  - Informal verbal agreements with families and home visits monthly or less often, to
  - Highly prescriptive protocols with written plans, supervisory sign-off, frequent home visits.
- **Many agencies are combining tools and approaches.**
  - Cautions about adding to existing requirements to produce complex policies/procedures for staff.

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## Safety Planning: Two Conceptual Approaches

1. **National Resource Center for Child Protective Services (NRCCPS) safety assessments:**
  - Child is determined safe or unsafe.
  - When unsafe, a plan is developed with the family to eliminate, reduce, or control the threat.
  - If not possible, unsafe child must be removed.
  - Approach uses safety plans less frequently.
2. **Signs of Safety/other family engagement approach**
  - Child safety as a matter of degree that can be scaled (e.g. 1-10).
  - Safety can be developed over time as parents engage and take action.
  - Purpose of CPS: Building child safety over time, in partnership with parents and a "safety network" of other family members and other informal helpers.

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### III. Child Welfare Workforce: A National Crisis

- High staff turnover:
  - High caseload/workload
  - Quality of supervision and support
  - Lack of adequate training and qualifications
  - Burdensome paperwork/ documentation, data systems
  - Salaries, work hours, lack of career ladder
- Aging workforce
- Challenges supporting workers: supervision and coaching, geographic isolation, safety, technology, teaming

Lack of an effective system of first responders

### Child Welfare Workforce: Research

- High caseloads ↔ High worker turnover.
- Both reduce safety and permanency.
  - Reduced ability to make timely, well-supported decisions about safety.
  - Need to take shortcuts and complete investigations quickly, often after a single home visit.
  - Lack of time to monitor safety plans, communicate with staff in community agencies.
  - Negative impact on the timeliness, continuity and quality of services.
  - High maltreatment recurrence rates.
  - Gradual deterioration of program standards.
- Other factors: low salaries, administrative/paperwork burdens, lack of case aide support for transportation, etc.

## **Child Welfare Workforce Research: What Works**

- Frequent worker contacts with parents and children associated with:
  - placement stability
  - receipt of child mental health or educational services
  - timely permanency
- Low worker turnover: lower maltreatment recurrence.
- Sustained investments in reduced caseloads/workloads for CPS investigators and care managers:
  - Approved, current case plans
  - Lower maltreatment recurrence rates
  - Large, lasting reductions in foster care numbers.

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## **Identifying Workforce Improvements**

- Workload studies
- Caseload/workload standards
- National studies/standards for staff qualification, supervision, supports
- Comprehensive Workforce Planning Process
  - A systematic process for identifying and addressing the gaps between the current workforce and future needs
  - Goal is to ensure the right people with the right skills in the right jobs who perform competently and effectively
  - Recommended by the National Child Welfare Workforce Institute

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## National Caseload Standards

Service/Caseload Type	Child Welfare League of America (CWLA) Recommended Standards	Council on Accreditation (COA) – Standards & Guidelines for Accreditation
CPS Investigation/ Assessment	12 active cases per month, per 1 social worker	Generally, not to exceed 15 investigations or 15-30 open cases
Case Management— Voluntary/ In-Home Services	17 active families per 1 social worker and no more than 1 new case assigned for every six open cases	Generally, not to exceed: (1) 12-18 families in programs providing family preservation/stabilization services and (2) 2-6 families in programs providing intensive family preservation/stabilization services
Case Management-Out-of-Home Placement	12-15 children (Foster Family Care)	Recommend no more than 15 children in foster or kinship care, no more than 8 in treatment foster care.
Adoption		Generally, not to exceed 12-25 families

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## State Statutes Addressing Caseload Standards

- Development of caseload standards required: CA, MD, ND, WV
- Caseloads specified in statute: CA, DE, FL, IN, KY, MD, NE
- Department required to maintain caseload standard: IN, MD, NE, ND, TX (subject to appropriation)
- Legislature required to fund standards: DE (subject to appropriation), MD (subject to appropriation), NE
- Agency budget request required to incorporate or report standards: CA, DE, FL,
- Flexibility provided to reallocate funds to achieve standard: CA, DE, WV

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## State Statutes Addressing Caseload Standards (Cont'd)

- Means of setting standards specified:
  - National CWLA Standards: FL, MD, NE
  - Department/ Commissioner: ND, TX, WV
  - Employee Committee: TX, WV
  - Stakeholders Group: CA
  - Independent expert: MD
- Oversight required:
  - Annual or more frequent reports to the Legislature required: CA, DE (quarterly), FL, KY (if standard is exceeded), NE
  - Annual review/public report: MD, TX

## IV. Transparency

### A. Disclosure of Child Abuse and Neglect Information

- All jurisdictions have confidentiality provisions to protect abuse and neglect records from public scrutiny.
- Most jurisdictions permit certain persons access to registry and department records.



## **State Statutes: Persons Allowed Access to Information**

- Many states' statutes specify who may access records and under what circumstances.
  - Placing agencies or treatment providers as needed to provide appropriate care for a child. (28 states including Montana)
  - Person or agency that made the initial report may be provided with a summary of the outcome of the investigation. (21 states including Montana)
  - A prospective foster or adoptive parent to help the parent in meeting the needs of the child. (21 states including Montana)
  - The child's tribe. (7 states including Montana)
  - Public agencies in other states to perform their child protection duties. (28 states)

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## **State Statutes: When Public Disclosure is Allowed**

- Under most circumstances, information from child abuse and neglect records may not be disclosed to the public.
- Exceptions:
  - Some disclosure allowed in cases in which abuse or neglect resulted in a child fatality or near fatality. (33 states)
  - Allowed the purpose of clarifying or correcting the record when information has already been made public through another source. (14 states including Montana)
  - Allowed when suspected perpetrator has been arrested or criminally charged. (6 states)
- Disclosure of information that could compromise a criminal investigation or prosecution is prohibited. (16 states)

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## **Federal Law on Public Disclosure of Information about Child Fatalities and Near Fatalities**

- CAPTA requires, as a condition of receiving grants, public disclosure of “the findings or information about the case of child abuse or neglect which has resulted in a child fatality or near fatality.”
- Federal policy manual details the types of information that must be released:
  - Cause and circumstances regarding the fatality
  - Age and gender of child
  - Previous reports or investigations, including result of such investigations
  - Services provided and actions taken by on behalf of child.
- Exceptions allowed to ensure safety and well-being of a child or family or when releasing information would jeopardize criminal investigation, interfere with protection of those who report abuse or harm the child or child’s family.

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## **B. Child Fatality Review**

- Primary purpose is prevention.
- Every state has a process in place for review of child deaths: Most review deaths from a variety of causes.
- Montana Statute:
  - Authorizes voluntary creation of local review teams that are approved, overseen and assisted by CFSD.
  - Purpose of teams is to analyze preventable causes of death and recommend prevention measures.
  - No central, statewide review process.

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## Child Abuse & Neglect Fatality Reviews

- In six states as of 2013 (CO, FL, IL, KY, ME and MN)
- Often exist alongside other child death review processes that have a broader focus.
- Purpose of review teams: Increase understanding of child abuse/neglect deaths, and identify areas for improvement/ prevention.
- Public release of information:
  - Each state requires an annual report.
  - Some states also require preparation of case-specific reports that are available to the public, absent confidential information, except in cases in which disclosure would jeopardize a criminal investigation.

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## Child Abuse & Neglect Fatality Review Teams

- Duties of review teams:
  - Review circumstances of death, services provided, agency compliance with laws/policies, coordination among involved agencies;
  - Collaborate with legislature and others to develop legislation;
  - Publish reports with recommendations for changes in law, policy or practice to prevent future deaths.
- Structure of review teams:
  - Both state and local review teams: CO, FL, KY, MN
  - Regional review teams overseen at state level: IL
  - State only review team: ME
- Membership: Typically includes representatives from fields of pediatric medicine, mental health, law enforcement, child welfare, education, child abuse prevention, forensic pathology, etc.

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## Conclusion: What It Takes

- Joint ownership and collaboration of many partners
- Leadership across branches: executive, legislative, judicial
- State-tribal communication
- Cross-system and public-private collaboration
- Adequate, sustained resources and capacity for implementation
- Support for a knowledgeable, skilled workforce
- Strong communities where children and families can thrive

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## Upcoming

- **National Commission to Eliminate Child Abuse and Neglect Fatalities:** Report and recommendations in early 2016
- **Proposed federal legislation in Senate Finance Committee with a hearing in January 2016:** (1) To provide funding for prevention services as well as other legislative changes, and (2) to outline federal policy around placement setting for children in foster care.

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**For more information or assistance:**

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