

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.*

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.

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.

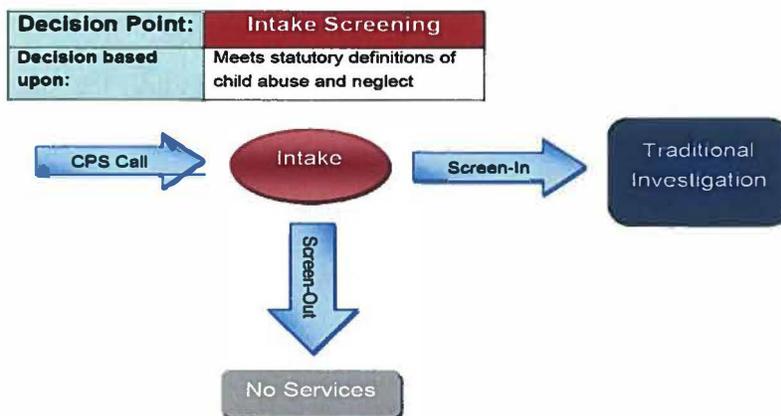
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State Statutes: Trauma-Informed Care (Cont'd)

- 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

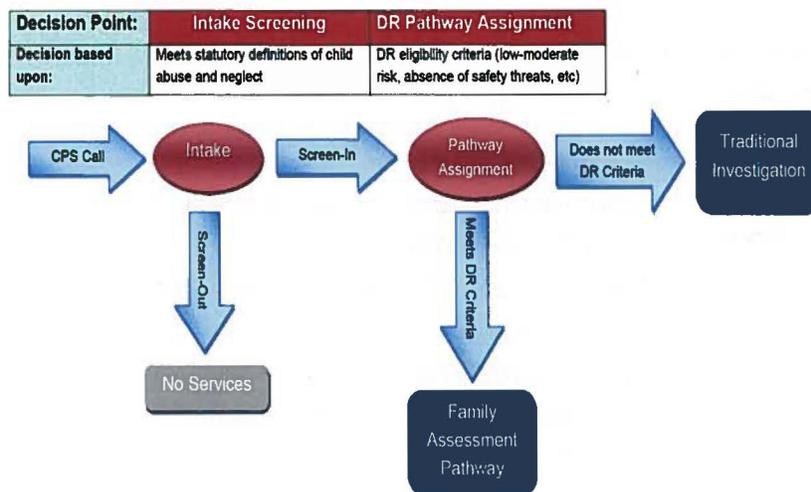
- Must be initiated in a timely manner. (All states)
 - Usually within 72 hours.
 - Usually within 2 to 24 hours if there is reasonable cause to believe child is in imminent danger.
- Time frame specified for completion – usually within 30 to 60 days. (Approx. 27 states)
- May be conducted by the CPS 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

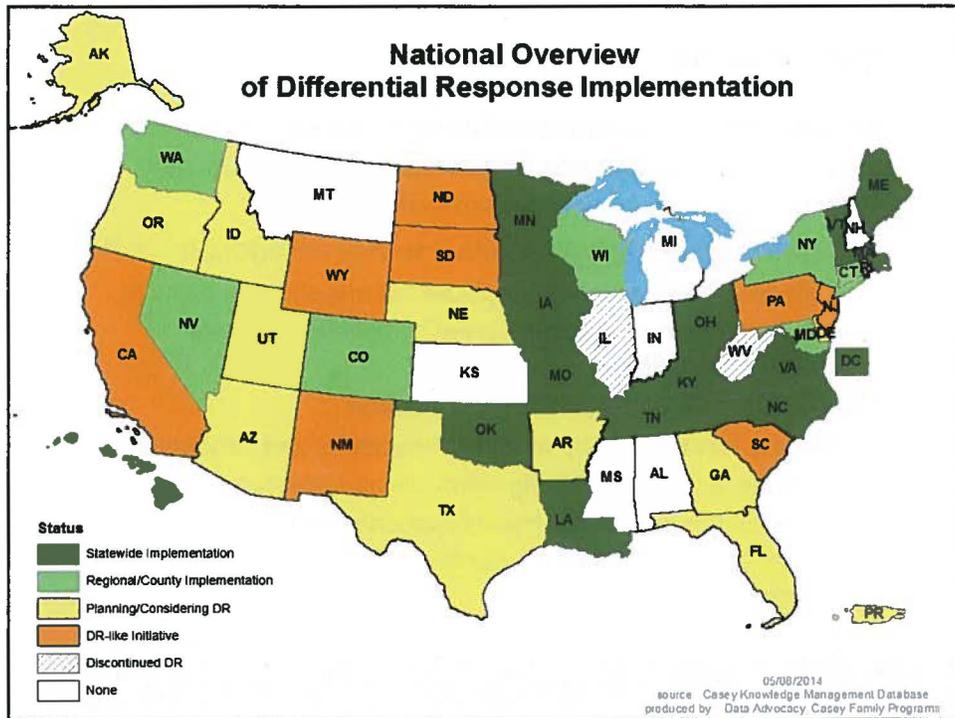


Differential Response

- 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)

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)

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

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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